SNP HEDIS 2008 (Summary) Documentation for Reporting Year 2007

General Information

This documentation presents (1) a description of each of the Special Needs Plan (SNP) HEDIS measures that CMS collected for 340 SNP plan benefit packages (PBPs) for health care provided in calendar year 2007 to Medicare SNP beneficiaries and (2) the location of the rates associated with each SNP HEDIS measure within the HEDIS workbook (HEDIS2008_SNP.XLS). CMS took the description and additional information for each measure from HEDIS 2008 Volume 2: Technical Specifications. This release contains only those rates, percentages, or averages for each measure and not the numerator or denominator used to create those measures.

CMS requires that all managed care organizations undergo an audit on all HEDIS measures. The summary data file includes all submitted data following the audit.

Medicare SNP HEDIS Reporting

The reporting unit for SNP HEDIS is the PBP. Each Medicare Advantage contract must have at least one PBP; many contracts offer more than one. SNP PBPs limit enrollment to special needs individuals, i.e., those who are dual-eligible, institutionalized, or have one or more severe or disabling chronic conditions. In 2008, CMS collected data from 206 Medicare Advantage contracts for health care delivered by 340 SNP PBPs in 2007.

The "Service_Area" sheet in the SNP HEDIS workbook identifies the state(s) and counties where services are offered for that PBP.

HEDIS Technical Specifications

The description and related information provided for each measure in this documentation are taken from the HEDIS 2008 Technical Specifications, which are the specific instructions for calculating HEDIS measures that NCQA provides to Medicare managed care plans. For each measure, the Technical Specifications detail the precise method for sampling (when appropriate), identification of the numerator and denominator, measure calculation, and any other important considerations specific to that measure. The Technical Specifications also contain general guidelines that apply to all measures, such as the use of medical records and when a plan should not report a measure because its eligible membership is too small. Some measures require more detailed specifications than others.

Missing Values

The HEDIS guidelines distinguish between three different types of missing values in the rate field: Not Applicable (NA), No Benefit (NB) and Not Reportable (NR). Health plans report NA when they: do not have a large enough population to calculate a representative rate (e.g., many measures require that rates be based on at least 30 members) or are not eligible for a measure (e.g., a health plan cannot calculate outpatient drug utilization if it does not offer an outpatient drug benefit; a health plan cannot calculate a measure requiring a year of continuous enrollment if its first enrollment began mid-way through the reporting year.) A value of NB is recorded when the health plan did not offer the health benefit required by the measure (e.g., Mental Health/Chemical Dependency). Health plans report NR when: they choose not to calculate and report a rate, or the health plan’s HEDIS Compliance Auditor determines that a rate is materially biased (applicable only to audited measures).

For measures reported as a percentage, material bias is defined as a deviation of more than five percentage points from the true rate. For other measures (e.g., procedures per 1,000 member years), material bias exists if the number of counted procedures deviates by more than ten percent from the true number of procedures.

Suppression for Small Number

Under the Privacy Act, CMS cannot publish or otherwise disclose the data in a form raising unacceptable possibilities that an individual could be identified (i.e., the data must not be beneficiary-specific and must be aggregated to a level where no data cells have 10 or fewer beneficiaries). To ensure that no beneficiary can be identified, CMS has chosen not to report certain measures, specifically enrollment by age category, and has suppressed an extremely small number of rates. CMS has replaced suppressed rates with an 'NA.' Please see the section on missing values above for an explanation of missing value designations.

Additional Variables

CMS includes our record of enrollment as of December of the measurement year in the "GENERAL" sheet in the HEDIS workbook. The HEDIS reported value is adjusted for individuals with partial-year enrollment and reflects the entire contract's enrollment as well as the PBP enrollment.

We have included the Post Balanced Budget Amendment Naming of plan types as well as indicators if the contract offered a Special Needs benefit package or a Part D drug benefit in 2007. These values and others can be found on the sheet named "GENERAL". The full list of fields included on this sheet is described later in this document.

There is a separate sheet called "Service Area" in the SNP HEDIS workbook which contains the contract, state(s) and counties served by the PBPs reporting HEDIS. There is an additional field "EGHP" which indicates if the county is available only to beneficiaries in Employer Groups.

National Enrollment Weighted Average Score

CMS has calculated and included a weighted national average for all of the Effectiveness of Care (EOC) measures. These rates are reported on a separate sheet called "National Rates" in the SNP HEDIS workbook. The rate for each of the EOC measures was calculated using the following formula:

$((En_1/TotE)*Sn_1)+((En_2/TotE)*Sn_2)+\ldots+((En_x/TotE)*Sn_x)$=National Enrollment Weighted Average Score

Where: TotE = Total enrollment for all PBPs with a valid numeric rate in the measure
En_1 = Enrollment in the first PBP with a valid numeric rate
Sn_1 = Reported rate for the first PBP with a valid numeric rate
En_x = Enrollment in the last PBP with a valid numeric rate
Sn_x = Reported rate for the last PBP with a valid numeric rate

EOC010 - Follow-up after Hospitalization for Mental Illness

DESCRIPTION - The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported.

1. The percentage of members who received follow-up within 30 days of discharge

2. The percentage of members who received follow-up within 7 days of discharge

(HEDIS 2008, Volume 2: Technical Specification, Pg. 164)

REPORTING LEVEL - Plan Benefit Package

EOC010-0011	Rate - 7 Days
EOC010-0012	Rate - 30 Days
EOC010-0021	Upper Confidence Interval - 7 Days
EOC010-0022	Upper Confidence Interval - 30 Days
EOC010-0031	Lower Confidence Interval - 7 Days
EOC010-0032	Lower Confidence Interval - 30 Days

EOC030 - Antidepressant Medication Management

DESCRIPTION - The following components of this measure assess different facets of the successful pharmacological management of major depression.

• Optimal Practitioner Contacts for Medication Management. The percentage of members 18 years of age and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner coded with a mental health diagnosis during the 84-day (12-week) Acute Treatment Phase. At least one of the three follow-up contacts must be with a prescribing practitioner.

• Effective Acute Phase Treatment. The percentage of members 18 years of age and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day (12-week) Acute Treatment Phase.

• Effective Continuation Phase Treatment. The percentage of members 18 years of age and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression and treated with anti-depressant medication and who remained on an antidepressant drug for at least 180 days.

(HEDIS 2008, Volume 2: Technical Specifications, Pg. 152)

REPORTING LEVEL - Plan Benefit Package

EOC030-0010	Rate - Effect.Continuation Phase Treat.
EOC030-0020	Lower Confidence Interval - Effect.Continuation Phase Treat.
EOC030-0030	Upper Confidence Interval - Effect.Continuation Phase Treat.
EOC030-0040	Rate - Effect.Acute Phase Treatment
EOC030-0050	Lower Confidence Interval - Effect.Acute Phase Treatment
EOC030-0060	Upper Confidence Interval - Effect.Acute Phase Treatment
EOC030-0070	Rate - Optimal Practitioner Contacts for Medication Mngmnt.
EOC030-0080	Lower Confidence Interval - Contacts for Medication Mngmnt.
EOC030-0090	Upper Confidence Interval - Contacts for Medication Mngmnt.

EOC035 - Controlling High Blood Pressure

DESCRIPTION -The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year. Use the Hybrid Method for this measure. (HEDIS 2008, Volume 2: Technical Specification, Pg. 116)

REPORTING LEVEL - Plan Benefit Package

EOC035-0100	Rate - Total
EOC035-0110	Lower Confidence Interval tot
EOC035-0120	Upper Confidence Interval tot

EOC040 - Colorectal Cancer Screening

DESCRIPTION - The percentage of members 50–80 years of age who had appropriate screening for colorectal cancer. (HEDIS 2008, Volume 2: Technical Specification, Pg. 77)

REPORTING LEVEL - Plan Benefit Package

EOC040-0010	Rate
EOC040-0020	Lower Confidence Interval
EOC040-0030	Upper Confidence Interval

EOC045 - Osteoporosis Management in Women Who Had a Fracture

DESCRIPTION -The percentage of women 67 years of age and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture. (HEDIS 2008, Volume 2: Technical Specification, Pg. 144)

REPORTING LEVEL - Plan Benefit Package

EOC045-0010	Reported rate
EOC045-0020	Lower Confidence Interval
EOC045-0030	Upper Confidence Interval

EOC050 - Glaucoma Screening in Older Adults

DESCRIPTION - The percentage of Medicare members 65 years and older, without a prior diagnosis of glaucoma or glaucoma suspect, who received a glaucoma eye exam by an eye-care professional for early identification of glaucomatous conditions. (HEDIS 2008, Volume 2: Technical Specification, Pg. 84)

REPORTING LEVEL - Plan Benefit Package

EOC050-0010	Reported Rate
EOC050-0020	Lower Confidence Interval
EOC050-0030	Upper Confidence Interval

EOC055 - Persistence of Beta-Blocker Treatment After a Heart Attack

DESCRIPTION - The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge. (HEDIS 2008, Volume 2: Technical Specification, Pg. 121)

REPORTING LEVEL - Plan Benefit Package

EOC055-0010	Reported rate
EOC055-0020	Lower Confidence Interval
EOC055-0030	Upper Confidence Interval

EOC070 - Use of High-Risk Medications in the Elderly

DESCRIPTION -

• The percentage of Medicare members 65 years of age and older who received at least one high risk medication

• The percentage of Medicare members 65 years of age and older who received at least two different high risk medications

For both rates, a lower rate represents better performance.

(HEDIS 2008, Volume 2: Technical Specification, Pg. 178)

REPORTING LEVEL - Plan Benefit Package

EOC070-0010	Rate - one prescription
EOC070-0020	Lower Confidence Interval - one prescription
EOC070-0030	Upper Confidence Interval - one prescription
EOC070-0040	Rate - at least 2 prescriptions
EOC070-0050	Lower Confidence Interval - at least 2 prescriptions
EOC070-0060	Upper Confidence Interval - at least 2 prescriptions

EOC075 - Annual Monitoring for Patients on Persistent Medications

DESCRIPTION - The percentage of members 18 years of age and older who received at least a 180-days supply of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. For each product line, report each of the four rates separately and as a total rate.

• Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)

• Annual monitoring for members on digoxin

• Annual monitoring for members on diuretics

• Annual monitoring for members on anticonvulsants

• Total rate (the sum of the four numerators divided by the sum of the four denominators)

(HEDIS 2008, Volume 2: Technical Specification, Pg. 168)

REPORTING LEVEL - Plan Benefit Package

EOC075-0010	Reported rate - Digoxin
EOC075-0020	Lower Confidence Interval - Diuretics
EOC075-0030	Upper Confidence Interval - Anticonvulsants
EOC075-0040	Lower Confidence Interval - Digoxin
EOC075-0050	Upper Confidence Interval - Diuretics
EOC075-0060	Numerator events by administrative data - Total
EOC075-0070	Upper Confidence Interval - Digoxin
EOC075-0080	Numerator events by administrative data - Anticonvulsants
EOC075-0090	Reported rate - Total
EOC075-0100	Numerator events by administrative data - Diuretics
EOC075-0110	Reported rate - Anticonvulsants
EOC075-0120	Lower Confidence Interval - Total
EOC075-0160	Reported rate - Diuretics
EOC075-0170	Lower Confidence Interval - Anticonvulsants
EOC075-0180	Upper Confidence Interval - Total

EOC080 - Use of Spirometry Testing in the Assessment and Diagnosis of COPD

DESCRIPTION - The percentage of members 40 years of age and older with a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis. (HEDIS 2008, Volume 2: Technical Specification, Pg. 101)

REPORTING LEVEL - Plan Benefit Package

EOC080-0010	Reported rate
EOC080-0020	Lower Confidence Interval
EOC080-0030	Upper Confidence Interval

EOC090 - Potentially Harmful Drug-Disease Interactions in the Elderly

DESCRIPTION - The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a contraindicated medication, concurrent with or after the diagnosis.

Report each of the three rates separately and as a total rate.

• A history of falls and a prescription for tricyclic antidepressants, antipsychotics or sleep agents

• Dementia and a prescription for tricyclic antidepressants or anticholinergic agents

• Chronic renal failure and prescription for nonaspirin NSAIDs or Cox-2 Selective NSAIDs

• Total rate (the sum of the three numerators divided by the sum of the three denominators)

Members with more than one disease or condition can appear in the measure multiple times (i.e., in each indicator for which they qualify). For all three rates, a lower rate represents better performance.

(HEDIS 2008, Volume 2: Technical Specification, Pg. 173)

REPORTING LEVEL - Plan Benefit Package

EOC090-0010	Rate - DDI Falls + Tricyclic Antidepress or Antipsych
EOC090-0020	Lower Confidence Interval - DDI Falls + Tricyclic Antidepress or Antipsych
EOC090-0030	Upper Confidence Interval - DDI Falls + Tricyclic Antidepress or Antipsych
EOC090-0040	Rate - DDI Dementia + Tricyclic Antidepress or Anticholl
EOC090-0050	Lower Confidence Interval - DDI Dementia + Tricyclic Antidepress or Anticholl
EOC090-0060	Upper Confidence Interval - DDI Dementia + Tricyclic Antidepress or Anticholl
EOC090-0070	Rate - DDI Chronic Renal Failure + Non Asp NSAIDs or Cox-2
EOC090-0080	Lower Confidence Interval - DDI Chronic Renal Failure + Non Asp NSAIDs or Cox-2
EOC090-0090	Upper Confidence Interval - DDI Chronic Renal Failure + Non Asp NSAIDs or Cox-2
EOC090-0100	Rate - Total
EOC090-0110	Lower Confidence Interval - Total
EOC090-0120	Upper Confidence Interval - Total

EOC105 - Pharmacotherapy Management of COPD Exacerbation

DESCRIPTION - The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED encounter between January 1–December 1 of the measurement year and who were dispensed appropriate medications. Two rates are reported.

1. Dispensed a systemic corticosteroid within 14 days of the event

2. Dispensed a bronchodilator within 30 days of the event

(HEDIS 2008, Volume 2: Technical Specification, Pg. 103)

REPORTING LEVEL - Plan Benefit Package

EOC105-0010	Reported rate - Systemic corticosteroid
EOC105-0020	Lower 95% confidence interval - Systemic corticosteroid
EOC105-0030	Upper 95% confidence interval - Systemic corticosteroid
EOC105-0040	Reported rate - Bronchodilator
EOC105-0050	Lower 95% confidence interval - Bronchodilator
EOC105-0060	Upper 95% confidence interval - Bronchodilator

General - General Information

DESCRIPTION - General organization Information. These fields are not explicitly identified in the HEDIS Technical Specifications.

REPORTING LEVEL - N/A

General-0010	Type of Organization (Local CCP, 1876 Cost, etc.)
General-0011	Type of Plan (Post Balanced Budget Amendment Naming)
General-0014	Offers Special Needs Plans to beneficiaries (Yes or No)
General-0015	Offers Part D benefits (Yes or No)
General-0020	Line of Business (HMO, POS, etc.)
General-0050	12/2007 Contract Enrollment as reported by the Medicare Advantage Prescription Drug (MARx) system
General-0060	CMS Region Number
General-0070	CMS Region Name
General-0080	Patient Population
General-0090	Plan Benefit Package Identifier
General-0095	Plan Benefit Package Marketing Name
General-0100	Special Needs Plan Benefit Package Indicator (Yes or No)
General-0105	Type of Special Needs Plan Benefit Package
General-0110	Does the Plan Benefit Package offer drugs (Yes or No)
General-0115	Is the Plan Benefit Package offered to Employer Groups (Yes or No)
General-0120	The number of Non-Special Needs Plan Benefit Packages offered by the contract
General-0125	The number of Special Needs Plan Benefit Packages offered by the contract
General-0130	The total number of Plan Benefit Packages offered by the contract
General-0135	Full SNP - all Plan Benefit Packages offered by the contract are Special Needs Plans) (Yes or No)
General-0140	12/2007 Enrollment in the Plan Benefit Package as reported by the Medicare Advantage Prescription Drug (MARx) system

National_Rates - National Rates

CMS has calculated and included a weighted national average for all of the Effectiveness of Care (EOC) measures. These rates are reported on a separate sheet called "National Rates" in the HEDIS workbook. The rate for each of the EOC measures was calculated using the following formula:

((En1/TotE)*Sn1)+((En2/TotE)*Sn2)+...+((Enx/TotE)*Snx)=National Weighted Average Score

Where:

TotE = Total enrollment for all PBPs with a valid numeric rate in the measure

En1 = Enrollment in the first PBP with a valid numeric rate

Sn1 = Reported rate for the first PBP with a valid numeric rate

Enx = Enrollment in the last PBP with a valid numeric rate

Snx = Reported rate for the last PBP with a valid numeric rate

REPORTING LEVEL - National

NR-010	Measure from the HEDIS Public Use File for which the national rate has been calculated

NR-020	Field from the HEDIS Public Use File for which the national rate has been calculated
NR-030	The national rate for this measure and field
NR-040	The number of contracts that submitted a numeric HEDIS rate for this measure and field
NR-050	The total number of enrollees in the contracts that submitted a numeric HEDIS rate for this measure and field

PDI801 - Board Certification/Residency Completion

DESCRIPTION - The percentage of the following physicians whose board certification is active as of December 31 of the measurement year.

- Family medicine physicians
- Internal medicine physicians
- Pediatricians
- OB/GYN physicians
- Geriatricians
- Other physician specialists

Board certification refers to the various specialty certification programs of the American Board of Medical Specialties and the American Osteopathic Association. The organization should report separately for each product as of December 31 of the measurement year.

(HEDIS 2008, Volume 2: Technical Specification, Pg. 371)

REPORTING LEVEL - Plan Benefit Package

PDI801-0010	Family Medicine Board Cert Pct
PDI801-0030	Oth Specialists Board Cert Pct
PDI801-0050	Geriatricians Board Cert Pct
PDI801-0060	Internal Medicine Board Cert Pct

Service_Area - Contract Service Area

DESCRIPTION - The area where the contract provides services to Medicare beneficiaries. These data come from the Health Plan Management System (HPMS) as reported by the contract.

REPORTING LEVEL - N/A

SA-0005	Plan Benefit Package Identifier
SA-0030	Social Security Administration (SSA) State/County Code
SA-0040	American National Standards Institute (ANSI) State/County Code INCITS 31-2009 (formerly Federal Information Processing Standard [FIPS] State/County Codes)
SA-0050	State Abbreviation (United States Postal Service (USPS) State Code)
SA-0060	County Name
SA-0070	County serves only beneficiaries in an Employer Group Health Plan (Y = Yes, N = No)