


STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Health Coverage Management Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

December 12, 2006

QUEST MEMO
RPT- 0602

TO: QUEST Medical Plans

FROM: Wesley Mun, Acting Med-QUEST Division Administrator 

SUBJECT: HEDIS REPORTING REQUIREMENTS FOR 2006

Attached is a listing of the Health Plan Employer Data and Information Set (HEDIS) measures the QUEST health plans must complete for 2006. The health plans will report their State fiscal year (SFY) 2006 (July 1, 2005 to June 30, 2006) HEDIS data using, with no exceptions, the technical specifications in the 2006 edition of HEDIS. Please note that in comparison to the 2005 HEDIS Report, we are requiring that no additional measures be reported for the 2006 HEDIS Report. Also, change in the template for the 2006 HEDIS Report was made so that the number of the eligible population, when the hybrid methodology is used for any measure, can be reported.

As in years past, the Med-QUEST Division (MQD) will provide each QUEST plan with the format for the individual reports by electronic mail.

GENERAL CONSIDERATIONS

- Data collection must be completed using HEDIS 2006 methodology for all measures.
- Unless clearly specified in the HEDIS 2006 Technical Specifications, the MQD is requesting that data collection/reporting conform to the following requirements:
 1. Members may not be dropped from a sample because the provider of service no longer participates in the plan.
 2. The technical specifications for each measure in which continuous enrollment is a requirement must be consulted as the specifications for continuous enrollment may vary from measure to measure.
 3. HEDIS data collection should be based on incurred (not only paid) claims.
 4. QUEST-Net and S-CHIP children should be reported. QUEST-Net adults should not be reported.

5. Utilization of care measures should be reported based on member months.
 6. Transfers between institutions are separate admissions. Within one institution, changes in type and level of services are reported as separate admissions between acute and non-acute or between mental health/chemical dependency and non-mental health/chemical dependency, and for mental health/chemical dependency from inpatient, residential care, day/night care.
 7. The measure "Total Enrollment" under the set "Health Plan Descriptive Information," should not be reported. This measure requires that the health plan give enrollment on all lines of business.
 8. As in previous reports, for measures which are reported as percentages, please give the percentage AND the specific numerators and denominators so that a QUEST aggregated percentage can be calculated.
 9. Maternity-related measures such as "Timeliness of Prenatal Care" and "Postpartum Care" have been under reported. Plans that reimburse maternity care as a global payment and do not require encounter reporting of prenatal and postpartum care will be required to adhere to the 2006 HEDIS methodology.
 10. Hybrid measures and sample size reduction may be used as allowed by HEDIS 2006 methodology. The use of hybrid methodology and sample size reduction must be explained in the cover letter submitted by the plans with the HEDIS report. However, when using the hybrid methodology, we require the reporting of the number of the eligible population that was used to pull the sample from.
 11. Member months for different age groups should be reported as whole numbers only.
 12. The due date for HEDIS reports is 2:00 p.m. at the MQD office in Kapolei on January 31, 2007. A diskette and two hard copies of the report are required.
- Attachment A contains a listing of the measures that are due on January 31, 2006.

SPECIFIC CONSIDERATIONS

The reporting requirements for Community Care Services (CCS) are not included.

CHECKING THE HEDIS REPORT

Please have your medical director review the report prior to submittal to the MQD. If problems or questions are identified by your medical director or plan staff, please redo the measure(s), and inform the MQD of the measure(s) being redone. All redone measures will be due to the MQD by February 28, 2007.

Please feel free to direct any technical questions to Mr. An Ming Tan, Encounter Data Specialist, at 692-8097.

Attachment

c: Jon Fujii

I	Effectiveness of Care
	Childhood Immunization Status
	Breast Cancer Screening
	Cervical Cancer Screening
	Chlamydia screening in women
	Beta Blocker Treatment After a Heart Attack
	Comprehensive Diabetes Care
	Hemoglobin A1c (HbA1c) Tested
	Hb1Ac Poorly Controlled (>9.0%)
	Eye Exam (Retinal) Performed
	LDL-C Screening Performed
	LDL-C Screening Level < 130 mg/dL
	LDL-C Screening Level <100mg/dL
	Use of Appropriate Medications for People with Asthma
	Follow-Up After Hospitalization for Mental Illness
	Antidepressant medication management
II	Access/Availability of Care
	Adults' Access to Preventive/Ambulatory Health Services
	Children's Access to Primary Care Providers
	Prenatal and Postpartum Care
	Initiation and engagement of alcohol and other drug dependence treatment
	Claims timeliness (Paid/denied within 30 days)
III	Health Plan Stability
	Practitioner Turnover
IV	Use of Services
	Well-Child Visits in the First 15 Months of Life
	Well-Child Visits in the Third, Fourth, Fifth and Sixth Year of Life
	Adolescent Well-Care Visits
	Frequency of Selected Procedures
	Inpatient Utilization -- General Hospital/Acute Care
	Ambulatory Care
	Inpatient Utilization -- Nonacute Care
	Discharge and Average Length of Stay -- Maternity Care
	Births and Average Length of Stay, Newborns

ATTACHMENT A

IV	Use of Services (continued)
	Mental Health Utilization -- Inpatient Discharges and Average Length of Stay
	Mental Health Utilization -- Percentage of Members Receiving Inpatient, Day/Night Care and Ambulatory Services
	Chemical Dependency Utilization -- Inpatient Discharges and Average Length of Stay
	Identification of alcohol and other drug services
	Outpatient Drug Utilization
	Cesarean Section Rate
	Vaginal Birth After Cesarean Section Rate (VBAC Rate)
V	Health Plan Descriptive Information
	Board Certification
	Member Months of Enrollment by Age and Sex
	Unduplicated Count of QUEST Members
	Weeks of Pregnancy at Time of Enrollment