Troy Medicare Policy and Procedure

Title: Healthcare Effectiveness Data and Information Set (HEDIS®)
Policy Number: QUA 001

Primary Department: Quality
LOB: Medicare Advantage
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Effective Date: 1/1/2022
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Review Date(s): 
Archive Date: 

Interactive Related Department(s)
☑ All Departments
☐ Compliance
☐ Medical Management
☐ Provider Operations
☐ Sales and Marketing
☐ Appeals and Grievances
☐ Pharmacy
☐ Member Services
☐ Quality Management
☐ Utilization Management
☐ Care Management
☐ Enrollment
☐ Plan Administration
☐ Claims
☐ Other _____________

POLICY PURPOSE
To state the requirements and process for HEDIS® reporting and manage results.

SCOPE
This policy applies to the entire Medicare Advantage population and Troy Medicare staff.

REFERENCES
Medicare Managed Care Manual: Ch. 5, Section 30.1 HEDIS Reporting Requirements
  • CMS Reporting Requirements for 2022 HEDIS®, HOS, CAHPS® Measures

RESPONSIBLE PARTIES
  • Senior Director of Quality
  • Senior Director of Operations

DEFINITIONS
  • N/A

POLICY
Troy Medicare is expected to adhere to the established CMS and the National Committee for Quality Assurance

PROCEDURE
Reporting Requirements:

1. Troy Medicare must report HEDIS® measures for its Medicare Advantage members if all the following criteria are met:
   a. The contract was in effect on 1/1 of the measurement year or earlier.
   b. The contract had initial enrollment on 1/1 of the measurement year or earlier.
   c. No minimum membership required.
   d. The contract was not terminated on or before 1/1 of the reporting year.

2. The Senior Director of Quality is responsible for ensuring that complete and valid data is available for HEDIS® reporting.

Sampling and Reporting Unit

1. Troy Medicare must report all the CMS-required Medicare HEDIS® measures with enough members, 30 or more in the denominator.

Submission Requirements

1. Troy Medicare must submit HEDIS® data to NCQA covering the 2021 measurement year. Detailed specifications for HEDIS® measures are included in the HEDIS MY 2021 Volume 2: Technical Specifications for Health Plans.

2. The Senior Director of Quality is responsible for ensuring that the submission requirements are satisfied. Those requirements include:
   a. Contracting with a NCQA-certified HEDIS® reporting vendor by July 1, 2021.
   b. Contracting with a NCQA-certified HEDIS® auditor by October 1, 2021.
   d. Completing the Health Organization Questionnaire (HOQ), when made available by NCQA in February 2022.
   e. Access to the Interactive Data Submission System by April of the reporting year, which will allow for initiation of loading of data.
   f. Preliminary rate review by January 31 of the reporting year.
   g. Hybrid sample size approval by February 1 of the reporting year.
   i. Plan-lock the IDSS submission by June 1, 2022.
   j. Submit Patient Level Data (PLD) files to CMS by June 15, 2022.

Final Audit Reports, Use and Release Requirements:

1. Following the receipt by Troy Medicare of the Final Audit Report from the contracted NCQA-licensed audit firm, Troy Medicare must make available a copy of the final report to the CMS ROs as needed. CMS ROs may request the report upon
completion or as part of the pre-site monitoring visit package. In addition, the reports should be available for review onsite during monitoring visits. Troy Medicare will retain data used for reporting for 10 years.

Quality Activities:

1. Results will be reported to the Quality Improvement Committee and the Board of Directors as part of the Annual Quality Improvement Program Evaluation report.

2. HEDIS® results are compared to regional, national, and/or state benchmarks and prior year’s results through statistical testing.

3. A HEDIS® team is led by the Senior Director of Quality and includes representatives from care management, pharmacy, and quality improvement.
   
   a. Based on the HEDIS® results and the statistical comparison against benchmarks and prior year’s results, the HEDIS® team identifies areas for improvement, such as those measures that did show a significant (p<.05) decrease from the prior year or that show to be statistically significantly lower than benchmarks.

   b. Once measures are selected, the HEDIS® team prioritizes them, identifies root causes and barriers whether related to data collection, provider or member behavior, and devises activities for improvement.

ATTACHMENTS/RELATED POLICIES/STANDARD OPERATING PROCEDURES

> Attachment A: [2022 reporting requirements for hedis hos and cahps.pdf](unnamed)

APPROVALS

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HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).