

CMS-10219
Supporting Statement – Part B

Collection of Information Employing Statistical Methods

The HEDIS® collection uses the same statistical methods described in the original request. There are four Medicare measures that may be collected using what is referred to as the “hybrid” method for reporting. Rather than reporting the entire eligible population using the administrative database information, the MCO uses statistical sampling with each sample being no larger than 411. Medical record review is conducted for this sample to supplement information which may be incomplete or unavailable in administrative data sources (i.e.: lab values). The measures for which using the hybrid method is optional currently are: colorectal cancer screening, beta blocker treatment after heart attack, and cholesterol management for patients with cardiovascular conditions, comprehensive diabetes care. The only measure for which the hybrid collection methodology is required is: controlling high blood pressure. Complete information regarding the guidelines for calculations and sampling is available in NCQA’s publication HEDIS® 2007, Volume 2 Technical Specifications (See Attachment). These are the same methods previously used and are the current standard for both the Medicare enrollment collection and the HEDIS® data collection for the commercial enrollment of MCO. Since these measures are not derived from a survey, response rates are not an issue.

1 . Describe (including a numerical estimate) the potential respondent universe and any sampling or other respondent selection method to be used. Data on the number of entities (e.g., establishments, State and local government units, households, or persons) in the universe covered by the collection and in the corresponding sample are to be provided in tabular form for the universe as a whole and for each of the strata in the proposed sample. Indicate expected response rates for the collection as a whole. If the collection had been conducted previously, include the actual response rate achieved during the last collection.

CMS requires reporting of HEDIS at the contract-level, which generally corresponds to a legal entity with a license to operate as a managed care organization with a given state. A Managed care organization is defined based on the legal and management structure and delivery system that support the product-line contracting with Medicare, and offering services to Medicare beneficiaries. This same definition is used for HEDIS reporting and accreditation. An MCO is usually a single legal entity that offers one provider network and is marketed under one name. Contracts that have been in place for one full calendar year and which have at least 1,000 enrollees by July 1 of the measurement year are expected to report HEDIS on their Medicare product as part of their contractual obligation to CMS. Currently, there are 705 contracts that CMS expects to receive data from.

2. Describe the procedures for the collection of information including:

- **Statistical methodology for stratification and sample selection,**
- **Estimation procedure,**
- **Degree of accuracy needed for the purpose described in the justification,**
- **Unusual problems requiring specialized sampling procedures, and**
- **Any use of periodic (less frequent than annual) data collection cycles to reduce burden.**

Detailed sample size calculation, instructions for systematic sampling and complex probability sampling, oversampling rates, and confidence interval calculations for the hybrid collection methodology are located in **pages 41 through 54 of the HEDIS 2007 Volume 2 Technical Specifications**. These technical specifications are included with this package for reference purposes.

In general the sample size is calculated assuming a two-tailed test of significance between two proportions ($\alpha = .05$, 80 percent power, two tailed test of significance). A normal approximation to the binomial with a continuity correction was employed in the sample size calculation. The worst case assumption of a 50 percent expected value was assumed. The detectable difference for most measures is 10 percentage points. This was chosen because it is a big enough difference to be actionable, it is not unduly burdensome for data collection and it is not so small as to be “swamped” by non sampling error.

As stated elsewhere in the statement of support, currently collection and reporting are conducted on an annual basis, and to collect this information less frequently would actually increase the burden on plans by reducing efficiencies produced by reporting all product lines on the same collection timeline.

3. Describe methods to maximize response rates and to deal with issues of non-response. The accuracy and reliability of information collected must be shown to be adequate for intended uses. For collections based on sampling, a special justification must be provided for any collection that will not yield 'reliable' data that can be generalized to the universe studied.

This is not a survey involving beneficiaries or other survey respondents. Therefore discussions of “Response rates” do not apply to this measurement set.

4. Describe any tests of procedures or methods to be undertaken. Testing is encouraged as an effective means of refining collections of information to minimize burden and improve utility. Tests must be approved if they call for answers to identical questions from 10 or more respondents. A proposed test or set of tests may be submitted for approval separately or in combination with the main collection of information.

No new methods or procedures will be tested during HEDIS collection. However, each year after the HEDIS collection cycle has been completed, NCQA analyzes the level of comparability of rates collected using the administrative methodology and the hybrid collection methodology in order to ensure continuing validity and reliability between the two collection methodologies. All new measures that proposed for the HEDIS measurement set that allow a hybrid collection option are pilot tested to ensure

5. Provide the name and telephone number of individuals consulted on statistical aspects of the design and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will actually collect and/or analyze the information for the agency.

Individuals consulted on statistical aspects of the hybrid collection methodology include:

Joachim Roski, Ph.D. M.P.H.

Vice-President, Performance Measurement
NCQA
2000 L Street, NW, Suite 500
Washington, DC 20036; USA

Phone: (202) 955-5139
Fax: (202) 955-3599
Email: roski@ncqa.org

Sarah Hudson Scholle, MPH, DrPH

Assistant Vice President, Research & Analysis
NCQA
2000 L Street, NW, Suite 500
Washington, DC 20036

Phone: (202) 955-1726
Fax: (202) 955-3599
Email: scholle@ncqa.org

Shaheen Halim, Ph.D.

Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Phone: (410) 786-0641
Fax: (410) 786-8933
Email: Shaheen.halim@cms.hhs.gov

Contractors performing analyses of these data for CMS are: National Committee for Quality Assurance (NCQA) and Health Care Dynamics, International (HCDI).