CMS-10219
Supporting Statement – Part B

Collection of Information Employing Statistical Methods

In general, the HEDIS® collection uses the same statistical methods described in the original request. HEDIS® measures are collected in one or more three methods: administrative, hybrid, and and/or survey. In the administrative method, Medicare Advantage organizations (MAOs) use transaction data or other administrative databases. If using the hybrid method, the MAOs uses administrative and medical record data for the numerator; the denominator consists of a systematic sample of members drawn from the measure's eligible population. In this method, rather than reporting the entire eligible population using the administrative database information, the MCO uses statistical sampling. There are six Medicare measures that may be collected using what is referred to as the "hybrid" method for reporting. For five of the six measures, the sample size is no larger than 411. For comprehensive diabetes care the sample size is no larger than 548. . Complete information regarding the guidelines for calculations and sampling is available in NCQA's publication HEDIS® 2010, Volume 2 Technical Specifications (See Attachments). 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 managed care organizations.

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.

Since these data are not derived from a survey, response rates are not an issue. 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 (Medicare Advantage) 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. A MAO 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, CMS is expecting that 483 Medicare Advantage contracts will report 2009 HEDIS® data in July 2010.

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 39 through 53 of the HEDIS 2010 Volume 2 Technical Specifications. These technical specifications are included with this package for reference purposes (see Attachments).

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 in Part A, HEDIS® data collection and reporting are conducted on an annual basis, and to collect this information less frequently than on an annual basis would actually increase the burden on MA contracts by reducing efficiencies produced by reporting all of their plan 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.

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.

Mary Braman , MPH
Vice-President, Performance Measurement
NCQA
2000 L Street, NW, Suite 500
Washington, DC 20036
Phone: (202) 955-5139
Fax: (202) 955-3599
Email: Braman@ncqa.org

Alan Hoffman , MPH
Assistant Vice President, Research & Analysis
NCQA
2000 L Street, NW, Suite 500
Washington, DC 20036
Phone: (202) 955-1726
Fax: (202) 955-3599
Email: Hoffman@ncqa.org

Lori Teichman, Ph.D.
Centers for Medicare &Medicaid Services
CPC/MDBG/DCAPP
7500 Security Boulevard
Mail Stop: C1-25-05
Baltimore, MD 21244
Phone: (410) 786-6684
Fax: (410) 786-6303
Email: lori.teichman@cms.hhs.gov

The federal contractors that are performing the analyses of these data for CMS are: National Committee for Quality Assurance (NCQA) and Health Care Dynamics, International (HCDI). HCDI coordinates with NCQA in order to ensure that updates to the patient-level specifications contain all additions, deletions, and changes made to the summary-level HEDIS specifications. HCDI also oversee the submission of the patient-level data from MA contracts, provides technical support to MA plans, and checks the comparability between the summary-level data and the patient-level data.