

Supporting Statement – Part B

Collection of Information Employing Statistical Methods

The HEDIS® collection uses the same statistical methods described in the original request.

1. Describe (including a numerical estimate) the potential respondent universe and any sampling or other respondent selection method to be used.

Since HEDIS® data are not derived from a survey, response rates are not an issue. CMS requires reporting of HEDIS® at the contract level. A Medicare Advantage managed care organization (MAO) 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. All MAO contracts that have been in place for one full calendar year are expected to report HEDIS® on their Medicare product as part of their contractual obligation to CMS.

HEDIS® measures are collected using two methods: administrative and hybrid.

In the administrative method, transaction data or other administrative databases are used to identify the eligible population and numerator. The reported rate is based on all members who meet the eligible population criteria (after optional exclusions, if applicable) and who are found through administrative data to have received the service required for the numerator.

In the hybrid method, organizations look for numerator compliance in both administrative and medical record data. The denominator consists of a systematic sample of members drawn from the measure's eligible population. Organizations should review administrative data to determine if members in the systematic sample received the service and review medical record data for members who do not meet the numerator criteria through administrative data. The reported rate is based on members in the sample who are found to have received the service required for the numerator. There are seven Medicare measures that may be collected using what is referred to as the "hybrid" method for reporting. These seven measures are: Adult BMI Assessment, Colorectal Cancer Screening, Care for Older Adults, Cholesterol Management for Patients With Cardiovascular Conditions, Controlling High Blood Pressure, Comprehensive Diabetes Care, and Medication Reconciliation Post-Discharge. For these seven measures, the sample size for Medicare patients is no larger than 411.

Complete information regarding the guidelines for calculations and sampling is available in NCQA's publication [HEDIS® 2013, Volume 2: Technical Specifications](#).

2. Describe the procedures for the collection of information.

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 2013 Volume 2 Technical Specifications.

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.

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.

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.

The HEDIS Summary Data Collection procedures concern either Administrative or Hybrid methods. For the administrative method, transaction data or other administrative databases are used to identify the eligible population and numerator. The reported rate is based on all members who meet the eligible population criteria (after optional exclusions, if applicable) and who are found through administrative data to have received the service required for the numerator. For the hybrid method, organizations look for numerator compliance in both administrative and medical record data. The denominator consists of a systematic sample of members drawn from the measure’s eligible population. Organizations should review administrative data to determine if members in the systematic sample received the service and review medical record data for members who do not meet the numerator criteria through administrative data. The reported data is based on members in the sample who are found to have received the service required for the numerator.

Each HEDIS measure has clearly defined calculation instructions, but the instructions are complex. Medical record reviewers and database administrators can and do make mistakes. The only protection against errors is to have HEDIS production systems

audited by an independent third party. NCQA has developed a precise, standardized methodology for verifying the integrity of HEDIS data collection and analyses, called the HEDIS Compliance Audit. The initial focus of the audit is on actions that an organization can take to correct its results. The final audit report indicates which measures are reportable and which are not. All MA contracts use NCQA certified auditors.

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.

The National Committee for Quality Assurance (NCQA) is the federal contractor for HEDIS summary level data.

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

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