



Measuring the Quality of America's Health Care

July 21, 2004

Dear Colleague:

NCQA is pleased to provide you with the *HEDIS^{®1} 2005 Volume 3 (PPO Version) Update*.

This document contains updates to *HEDIS 2004, Volume 3 (PPO Version): Specifications for Survey Measures*. This update, together with the 2004 version of the publication, comprise the HEDIS 2005 specifications for CAHPS 3.0H surveys for PPOs.

There are only minimum changes to the specifications for the CAHPS^{®2} 3.0H survey; therefore, a 2005 version of *HEDIS Volume 3 (PPO Version): Specifications for Survey Measures* will not be produced. To collect and report CAHPS 3.0H survey results in 2005, the PPO and survey vendor use the 2004 version of the publication in combination with this update.

If you have questions about information in this update, or about other measures, please contact us through our Policy Clarification Support (PCS) system at www.ncqa.org/main/support.htm, or by phone (888/275-7585) or fax (202/955-3599).

Sincerely,

A handwritten signature in black ink, appearing to read "Randall Reid Kiser". The signature is fluid and cursive.

Randall Reid Kiser, MS
Director, Policy

Enclosures

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

²CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Specification Updates

Small Numbers

The small-numbers guideline for CAHPS 3.0H composites has been revised. The PPO must achieve a *denominator* of 100 in order to obtain reportable results for a composite. The denominator is calculated by averaging the number of responses across items used to calculate the composite result. This eases the criteria for obtaining a reportable result without compromising precision.

Replace Guideline 22, *Small Numbers* (page 26) with the following.

22. Small Numbers

100 denominator requirement

The PPO must achieve a denominator of at least 100 to obtain a reportable result. If the denominator for a particular survey result calculation is less than 100, NCQA assigns a measure result of *Not Applicable (NA)*:

- the denominator for a rating is equal to the total number of responses to the rating question
- the denominator for a composite is the average number of responses across all questions used to calculate the composite results
- the denominator for a question summary rate is identified in Table S-9 (page 87).

Note: *There are exceptions to the denominator calculation when questions are paired for composite or question summary rate scoring. Exceptions are detailed in the section Guidelines for Calculating CAHPS 3.0H Survey Results.*

A PPO with a history of achieving low response rates must decide whether it is in its best interest to use the required sample size or to oversample.

Small PPOs

A PPO with a small number of eligible enrollees (so that it anticipates achieving a denominator of less than 100 for most HEDIS survey calculations) should contact NCQA to determine its specific HEDIS survey reporting requirements. The PPO must submit its concerns along with supporting documentation through the NCQA Policy Clarification Support (PCS) system at www.ncqa.org/main/support.htm or fax to the attention of Policy at 202-955-3599.

Replace the *Small numbers* language on page 68 with the following.**Small numbers**

The PPO must achieve a denominator of at least 100 to obtain a reportable result. If the denominator for a particular survey result calculation is less than 100, NCQA assigns a measure result of *Not Applicable (NA)*:

- the denominator for a rating is equal to the total number of responses to the rating question
- the denominator for a composite is the average number of responses across all questions used to calculate the composite results
- the denominator for a question summary rate is identified Table S-9 (page 87).

Replace the *Exceptions* language on page 69 with the following.**Denominator exceptions**

A modified 100 denominator rule is used in the following calculations:

- for the Getting Needed Care composite, Q25 and Q26 are paired for scoring. An enrollee who answers “No” to Q25 is instructed to skip Q26. The denominator for the Getting Needed Care composite is equal to $[(\text{Number responses to Q7}) + (\text{Number responses to Q9}) + (\text{Number responses to Q24}) + (\text{Number “No” responses to Q25} + \text{Number responses to Q26})]/4$.
- for the Customer Service composite for the commercial product line, questions 47 and 48 are paired for scoring. An enrollee who answers “No” to Q47 is instructed to skip Q48. The denominator for the Customer Service composite for the commercial product line is equal to $[(\text{Number responses to Q40}) + (\text{Number responses to Q42}) + (\text{Number “No” responses to Q47} + \text{Number responses to Q48})]/3$.

Member-Level and Summary-Level Data Files

NCQA provides the PPO with validated member-level and summary-level data files via a secure site on the Internet.

Replace Guideline 24, *Member-Level Data* (page 26) with the following.

24. Member-Level Data

NCQA generates a validated member-level data file containing HEDIS survey results and provides it to the PPO and survey vendor via a secure site on the Internet. The validated member-level data file is an ASCII fixed-width text file that contains information about the PPO and the survey submission, and blinded sample frame and response data for each sampled enrollee. The member-level data file layout identifies the data elements and their positions and is posted on the NCQA Web page.

The survey vendor may provide the PPO with additional member-level data elements when it can demonstrate that enrollee confidentiality is not compromised, but *may not* submit member-identified data to the PPO at any time.

Replace Guideline 25, *Summary-Level Data* (page 27) with the following.

25. Summary-Level Data

NCQA generates a summary-level data file containing HEDIS survey results and provides it to the PPO and survey vendor via a secure site on the Internet. The summary-level data file is an ASCII fixed-width text file that contains information about the PPO and the survey submission, aggregated response data and NCQA-calculated survey results. The summary-level data file layout identifies the data elements and their positions and is posted on the NCQA Web page.

Sample Frame Data File Generation

To facilitate the transfer of sample frame data between the PPO and NCQA-Certified HEDIS Survey Vendor, a standardized layout and format are provided for the sample frame data file.

Add the following language at the bottom of page 39.

The PPO is *strongly encouraged* to use the standardized layout and format provided for the sample frame data file. Use of the standardized specifications may result in substantial time and cost savings because the NCQA-Certified Survey Vendors prepare their systems in advance to receive the sample frame data. A PPO may elect to use a different format or layout but must work with the survey vendor to establish a mutually acceptable layout for the customized data file. Customization may result in higher costs and longer turnaround times.

Standardized format

The standardized format for the sample frame consists of an ASCII fixed-width text file with defined, fixed column positions for each data element. It contains one record or line for each enrollee who meets the eligible population criteria (one record/enrollee per line; one line per record).

Data elements adhere to the value label characteristics described in Table S-1 and are placed in the designated columns (field positions). No delimiters are used. Field contents are left justified and data start in the first position of each field. If data is not available, field positions are left blank. Any additional data elements requested by the survey vendor or provided by the PPO are appended to the end of the data.

Replace Table S-1 on page 40 with the following.

Table S-1: Standardized Layout for CAHPS 3.0H Sample Frame Data File

Required Data Element	Field Positions			Value Labels
	Length	Start	End	
Healthcare organization name	60	1	60	
Product line	1	61	61	1 = Commercial
Product	1	62	62	3 = PPO
Subscriber or family ID number	16	63	78	
Enrollee unique ID	16	79	94	This ID differentiates between individuals when family members share the subscriber ID
Enrollee first name	25	95	119	
Enrollee middle initial	1	120	120	
Enrollee last name	25	121	145	
Enrollee gender	1	146	146	1 = Male 2 = Female
Enrollee date of birth	8	147	154	MMDDYYYY
Enrollee mailing address 1	50	155	204	Street address or post office box
Enrollee mailing address 2	50	205	254	Mailing address 2nd line (if needed)
Enrollee city	30	255	284	
Enrollee state	2	285	286	2-character state abbreviation
Enrollee Zip code	5	287	291	5-digit number
Enrollee telephone number	10	292	301	3-digit area code plus 7-digit phone number; no separators or delimiters

