



October 16, 2014

Dear Colleague:

NCQA is pleased to present the HEDIS^{®1} 2015 *Volume 3: Technical Update*. With this memo, NCQA freezes the technical specifications for Volume 3.

This update includes significant changes to the policy for the use of supplemental questions as well as other changes. Review all items below and incorporate them into your implementation processes. HEDIS Survey Vendors will consider these documents to be part of the specifications.

Please note the following important licensing information which pertains to UB codes included in the Volume 3 Value Set Directory: Uniform Bill Codes (“UB Codes”) are protected under federal copyright laws and are owned by the American Hospital Association (AHA). The UB Codes in the HEDIS specifications are included with the permission of the AHA. The UB Codes contained in the HEDIS specifications may be used by health plans and other health care delivery organizations for the purpose of calculating and reporting HEDIS results or using HEDIS measure results for their internal quality improvement purposes. All other uses of the UB Codes require a license from the AHA. Software vendors and all others desiring to use the UB Codes in a commercial product to generate HEDIS results, or for any other use, must obtain a commercial use license directly from the AHA. To inquire about licensing, please contact ub04@healthforum.com.

If you have questions about information included in the *Technical Update* or about other measure specifications, contact us through our Policy Clarification Support (PCS) system at <http://pcs.ncqa.org>. We wish everyone a successful HEDIS data collection season!

Sincerely,

Cindy Ottone, MHA
Director, Policy

Enclosure

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

Changes to Volume 3

1. **Appendices 1-4 CAHPS 5.0H Questionnaires:** For all versions of the questionnaire, replace the language in the box on the cover page with the following:

Personally identifiable information will not be made public and will only be released in accordance with Federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

*If you want to know more about this study, please call
{SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.*

2. **Sample Frame Data File Generation, page 53:** Under *Sample Frame Data File Generation*, replace the second paragraph and two bullets with the following:
 - Health plans must generate a **complete sample frame** that includes the entire eligible population.
3. **Supplemental Question Policy, page 63:** Replace the *Supplemental Questions Option* section with the text that follows.

Supplemental Questions Option

The purpose of the supplemental question policy and review process is:

- To minimize respondent burden.
- To prevent the possibility that responses to the CAHPS questions are affected by the supplemental questions.
- To prevent a high nonresponse rate to the survey due to the presence of supplemental questions.
- To maintain a level of standardization necessary for results to be considered HEDIS/CAHPS survey results and appropriate for plan-to-plan comparison.

Supplemental questions are limited to a maximum of 12 questions per survey. If an organization uses multi-part questions, each part of the question counts toward the 12-question limit.

Supplemental questions must be placed at the end of the survey, after the last CAHPS 5.0H survey question.

Supplemental questions must be approved annually by NCQA; approvals from prior years are void.

Data collected through supplemental questions are excluded from the member-level data file that the survey vendor submits to NCQA.

NCQA strongly encourages health plans and survey vendors to test supplemental questions cognitively prior to implementation. Questions in the CAHPS 5.0H survey have undergone significant testing, including cognitive interviewing. NCQA recommends that survey vendors and plans apply this same level of rigor and approach to testing supplemental questions.

Supplemental Question Review Process

Supplemental questions must be approved annually by NCQA prior to survey administration. Questions that are approved in a particular year may not necessarily be approved the following year. Approval of supplemental questions does not convey NCQA endorsement.

During its review, NCQA will consider whether the supplemental question is consistent with the *key principles of CAHPS survey questions*:

- Questions are as specific as possible.
- Questions minimize wordiness, complexity and technical jargon.
- Response options match the question wording in a way that reflects respondent experiences.
- Response options are consistent with CAHPS question response choices. For example, response options are written in the first-person voice and are in the same order as the CAHPS response choices (e.g., Never, Sometimes, Usually, Always).
- Questions are neutral and do not lead the respondent to a particular response choice.
- Questions do not rely on grids or matrices (several questions with the same introduction listed vertically with the introduction to the question, or stem, used only once), since respondents frequently forget the question's stem and reference period after the first few items.
- Questions relate directly to patient experience of care.

NCQA will not approve any supplemental questions that:

- Pose an undue burden to the respondent, based on length and complexity of questions or response sets.
- Refer to or reference any item in the CAHPS 5.0H survey.
- Are redundant with any core survey questions.
- Ask about sensitive medical, health or personal topics that may cause the respondent to terminate the survey.
- Jeopardize respondent confidentiality.
- Ask a respondent about competing health plans.