Appendix 8

Standardized HEDIS/CAHPS   
Internet Data Collection   
Protocol Enhancement

APPENDIX 8

STANDARDIZED HEDIS/CAHPS INTERNET DATA COLLECTION  
PROTOCOL ENHANCEMENT

Internet data collection has the potential to reduce costs associated with HEDIS survey data collection. NCQA makes this standardized Internet data collection protocol enhancement available to health plans and survey vendors for optional use.

The Internet enhancement consists of a standard HEDIS protocol and gives members the option of completing the survey over the Internet. The standard HEDIS *Letter for First Questionnaire* and *Letter for Second and Third Questionnaires* are replaced with an Internet enhancement version. Survey vendors must follow the specifications listed below.

General Guidelines

The survey vendor uses the Internet version of the *Letter for First Questionnaire* and *Letter for Second and Third Questionnaires* (located at the end of this appendix), which contain a user name and password and instructions for completing the survey on a secure Web site. Cover letters may be modified only with prior NCQA approval. Each member is assigned two unique IDs: a user name and a password. User names and passwords are not sequential and are randomly assigned; a member cannot complete the Internet survey more than once and the survey vendor must link survey responses to the appropriate member in its survey management systems. The HEDIS survey URL entry page and the HEDIS Internet questionnaire pages cannot link to either the survey vendor or the health plan’s home page. Providing member access directly from the questionnaire could bias survey responses.

The Internet questionnaire is programmed to allow members to complete the survey in stages. This capacity is not communicated through the Internet survey tool (telling members about this option could discourage them from completing the survey in one sitting); however, a member who only partially completes the survey via the Internet can be contacted by the survey vendor and encouraged to complete the survey at a later date.

To maximize the number of completed surveys, the survey vendor is encouraged to triage members that only partially complete a HEDIS/CAHPS survey via Internet to CATI interviewing so that missing responses can be obtained (for a health plan that uses the mixed methodology).

As with the standard protocols, the survey vendor’s survey management systems must prevent duplicate records. If a member completes more than one survey (returns a completed mail questionnaire and completes a survey via the Internet), the survey vendor must establish a protocol for determining which survey should be used (responses from two separate questionnaires are never combined to form one completed questionnaire). The survey vendor must implement a secure Internet survey tool that protects confidentiality of member responses.

The survey vendor must use firewall protection and use Secure Socket Layer (SSL) to transmit HEDIS survey data. There must be one SSL for each server used to collect HEDIS survey data.

The HEDIS Survey URL or HEDIS Survey Entry Page

The Internet enhancement letters instruct members to log on to the survey vendor’s HEDIS survey URL. The survey vendor establishes a URL for the Internet survey tool, which should only be accessed by typing the address into the URL address field (an Internet search engine should not pick up the URL and the survey vendor’s Internet sites should not contain links to the URL).

At the HEDIS Survey Entry Page, the member is instructed to enter the unique user name and password. The entry page created by the survey vendor also provides general instructions for completing the questionnaire over the Internet, and includes the following.

* Assurance that member confidentiality is protected.
* Instructions on how to return to previous questions in the survey to check or change an answer.
* Additional instructions specific to each survey vendor’s Internet survey tool.

A **Questions** link on the entry page takes the member to a page with the following text: “[Survey Vendor Name] is an independent research firm that is helping us conduct the survey. Please call them at their toll-free number (1-800-[Number]) if you have any questions.” The survey vendor also has the option of providing an e-mail address (in addition to the toll-free number) for members with questions. After entering the unique user name and password, the member enters the HEDIS Internet Questionnaire.

The HEDIS Internet Questionnaire

The questionnaire is programmed with one survey question per page. Survey questions are not numbered (question numbers could confuse respondents, since the Internet survey tool is programmed to follow skip patterns). The questionnaire gives the member the opportunity to return to previous survey questions. Questions that permit only one response are programmed to accept only one response; questions that permit multiple responses are programmed to accept multiple responses. Open-ended questions are programmed to accept open-ended responses. There are a number of open-ended questions across the different versions of the HEDIS/CAHPS surveys. These are listed in the table below.

### Table A8-1: Crosswalk of Open-Ended Survey Questions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question Description | CAHPS 5.0H Adult Commercial | CAHPS 5.0H Adult Medicaid | CAHPS 5.0H Child (With CCC Measure) | CAHPS 5.0H Child (Without CCC Measure) |
| Health plan name | 2 | 2 | 2 | 2 |
| Child’s age | NA | NA | 74 | 39 |

The survey vendor must adhere to the instructions below that pertain to each open-ended question when programming the Internet survey tool.

* *Health plan name.* The Internet survey tool is programmed to accept up to a 60-character response to the question.
* *Child’s age.* The Internet survey tool is programmed to accept up to a two-character response to the question where the member is asked to “write in” the answer.

|  |  |
| --- | --- |
| Skip patterns | The Internet questionnaire is programmed to follow all survey skip patterns. |
| Valid health plan alias | A response of “No” to Q1 and an open-ended response to Q2 result in administration of the remainder of the questionnaire. The survey vendor may include a pull-down menu of known *Valid Health Plan Aliases* for Q2. A survey vendor who opts to include a pull-down menu must include a response of “Other,” which prompts the member to provide an open-ended response to the question.  The survey vendor verifies each member’s eligibility retrospectively, based on responses to Q1 and Q2, and assigns final disposition codes as indicated in the Quality Assurance Plan (QAP). |
| “Questions” link | A **Questions** link at the bottom of each survey page takes the member to a page with the following text; “[Survey Vendor Name] is an independent research firm that is helping us conduct the survey. Please call them at their toll-free number [1-800-[Number]] if you have any questions.” The survey vendor also has the option of providing an e-mail address (in addition to the toll-free number) for members with questions. The survey vendor can opt to include instructions at the bottom of each survey question page. |
| Exit page | After the last survey question is complete, the exit page provides confirmation that the survey has been received and thanks the member for participating. |

Obtaining NCQA Prior Approval for Use of the Internet Enhancement

A health plan or survey vendor who elects to use the standardized Internet data collection protocol enhancement must perform the following steps annually.

|  |  |
| --- | --- |
| *Step 1* | The survey vendor generates all printed materials (survey letters), constructs the Internet survey tool and completes an Internet Enhancement Information Form (below). |
| *Step 2* | The survey vendor submits all printed materials and a completed Internet Enhancement Information Form to NCQA. |
| *Step 3* | NCQA reviews the printed materials, reviews the completed Internet Enhancement Information Form, tests the Internet survey tool and notifies the survey vendor of the outcome within five working days of receipt of the proposal. |

### Internet Enhancement Information Form

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Survey Vendor Name | |  | |
| 2. Survey Vendor Contact Name | |  | |
| 3. Survey Vendor’s HEDIS Survey URL | |  | |
| 4. Provide five sample user names and passwords that NCQA can use to test your Internet survey tool | | | |
|  | Sample User Name | | Sample Password |
| Test Case #1 |  | |  |
| Test Case #2 |  | |  |
| Test Case #3 |  | |  |
| Test Case #4 |  | |  |
| Test Case #5 |  | |  |
| 5. Describe how your Internet survey tool captures and downloads members’ responses. What features of your system prevent against the loss of data? | | | |
| 6. Describe the data security features of your Internet survey tool, your servers and your network. What features protect against an electronic breach of confidentiality or interception of data that is submitted via the Internet? | | | |
| 7. Describe any other special features of your process for collecting survey data or your Internet survey tool. | | | |

## Text for Internet Enhancement Letters

Internet Enhancement Version: Letter for First Questionnaire   
(Adult Survey)

[Health Plan Letterhead]

[Name and Address of Member]

Dear [Name of Member]:

How can [Health Plan Name] better serve you? How can consumers choose the health care plan that is best for them?

The survey in this package gives you the chance to tell us what you think about the care and service we provide at [Health Plan Name]. It will take less than 20 minutes to complete.

The survey is part of a national project by the National Committee for Quality Assurance (NCQA), a non-profit group that helps consumers learn more about health care plans around the country. The results will help consumers like you learn more about health care plans.

If you like, you can complete this survey on the Internet. To complete the survey on the Internet, log on to [**Survey Vendor HEDIS Survey URL**] and enter the following user name and password:

User name: [Member Unique User Name]

Password: [Member Unique Password]

[Survey Vendor Name] is an independent research firm that is helping us conduct the survey. No one   
but the staff at [Survey Vendor Name] will see your answers. Please call them at the toll-free number   
(1-800-[Number]) if you have any questions.

You are among only a few [Health Plan Name] members I am asking to help us. **It is very important that you complete the survey right away.** The survey will be useful only if everyone who gets the survey completes it. Thank you for helping to make health care better for everyone.

Sincerely,

[Signature of Health Plan Executive]  
[Health Plan Executive’s Name]  
[Health Plan Executive’s Title]

Internet Enhancement Version: Letter for Second and Third Questionnaires   
(Adult Survey)

[Health Plan Letterhead]

[Name and Address of Member]

Dear [Name of Member]:

About three weeks ago we sent you a survey about your experience with [Health Plan Name]. If you have already responded, we thank you for your help and please ignore this letter.

If you have not had time to respond or if you have lost the survey, please take a little time to complete the enclosed survey now. It should take you less than 20 minutes. You can also log on to [**Survey Vendor HEDIS Survey URL**] to complete the survey on the Internet. Use the following user name and password:

User name: [Member Unique User Name]

Password: [Member Unique Password]

You are among only a few [Health Plan Name] members I am asking to help us. The survey gives you the chance to tell us what you think about the care and service we provide at [Health Plan Name].

Members of other health plans across the country are filling out the same survey. The survey results will help consumers like you learn more about health care plans. The results will be useful only if everyone who receives the survey completes it.

[Survey Vendor Name] is a survey research organization working with us to carry out this survey. After  
you have completed the survey, please send it back to them in the enclosed pre-paid envelope. No one   
but the staff at [Survey Vendor Name] will see your answers. Please call them at the toll-free number   
(1-800-[Number]) if you have any questions.

Thank you for helping to improve health care for all consumers.

Sincerely,

[Signature of Health Plan Executive]  
[Health Plan Executive’s Name]  
[Health Plan Executive’s Title]

Internet Enhancement Version: Letter for First Questionnaire   
(Child Survey)

[Health Plan Letterhead]

[Name of Parent/Caretaker]  
Name of Child Member]   
[Address of Parent/Caretaker or Child Member]

Dear [Name of Parent/Caretaker]:

How can [Health Plan Name] better serve your family? How can consumers choose the health care plan that is best for them?

The survey enclosed in this package gives you the chance to tell us what you think about the care and service we provide to your child at [Health Plan Name]. It will take less than 20 minutes to complete. The person who knows the most about your child’s health care should fill out the survey. Please answer the questions **only for the child whose name is listed above**. Do not answer for any other children.

The survey is part of a national project by the National Committee for Quality Assurance (NCQA), a non-profit group that helps consumers learn more about health care plans around the country. The results will help consumers like you learn more about health care plans.

If you like, you can complete this survey on the Internet. To complete the survey on the Internet, please log on to [**Survey Vendor HEDIS Survey URL**] and enter the following user name and password:

User name: [Member Unique User Name]

Password: [Member Unique Password]

[Survey Vendor Name] is an independent research firm that is helping us conduct the survey. No one but the staff at [Survey Vendor] will see your answers. Please call them at the toll-free number (1-800-[Number]) if you have any questions.

You are among only a few [Health Plan Name] members I am asking to help us. **It is very important that you complete the survey right away.** The survey will be useful only if everyone who gets the survey completes it. Thank you for helping to make health care better for everyone.

Sincerely,

[Signature of Health Plan Executive]  
[Health Plan Executive’s Name]  
[Health Plan Executive’s Title]

Internet Enhancement Version: Letter for Second and Third Questionnaires   
(Child Survey)

[Health Plan Letterhead]

[Name of Parent/Caretaker]  
Name of Child Member]   
[Address of Parent/Caretaker or Child Member]

Dear [Name of Parent/Caretaker]:

About three weeks ago we sent you a survey about the care and service we give your child at [Health Plan Name]. If you have already sent it in, we thank you for your help and please ignore this letter.

If you have not had time to respond or if you have lost the survey, please take a little time to complete the enclosed survey now. Please answer the questions **only for the child whose name is listed above**. Do not answer for any other children. The survey should take you less than 20 minutes. You can also log on to [**Survey Vendor HEDIS Survey URL**] to complete the survey on the Internet. Use the following user name and password:

User name: [Member Unique User Name]

Password: [Member Unique Password]

You are among only a few [Health Plan Name] members I am asking to help us. The survey gives you the chance to tell us what you think about the care and service we provide at [Health Plan Name].

Members of other health plans across the country are filling out the same survey. The survey results will help consumers like you learn more about health care plans. The study results are useful only if everyone who receives the survey completes it.

[Survey Vendor Name] is a research firm working with us to carry out this survey. After you have completed the survey, please send it back to them in the enclosed pre-paid envelope. No one but the staff at [Survey Vendor Name] will see your answers. Please call them at the toll-free number (1-800-[Number]) if you have any questions.

Thank you for helping to improve health care for all children.

Sincerely,

[Signature of Health Plan Executive]  
[Health Plan Executive’s Name]  
[Health Plan Executive’s Title]