Appendix 7

General Recommendations for  
Oversampling for Survey Measures

# APPENDIX 7

# GENERAL RECOMMENDATIONS FOR OVERSAMPLING FOR SURVEY MEASURES

HEDIS survey sample sizes are based on the average number of complete and valid surveys obtained by health plans during prior years; therefore, using the required sample size for a given survey does not guarantee that a health plan will achieve the goal of 411 completed surveys or the required denominator of 100 complete responses for each survey result. Health plans are strongly encouraged to use the information in this appendix to decide whether they should use the required sample size or oversample.

|  |  |
| --- | --- |
| The required survey sample size | NCQA reevaluates HEDIS survey sample sizes annually. Required sample sizes are based on the goal of achieving 411 complete and valid surveys. To establish required sample sizes, NCQA evaluates the prior year’s survey results and analyzes the following.   * Survey response rates (mean, median and distribution of response rates) * The average number of complete and valid surveys achieved * The percentage of members in the sample who were ineligible * The percentage of members in the sample who, because of a bad address or telephone number, were unable to be contacted by the survey vendor * The percentage of members who refused to participate in the survey   A substantial decrease in response rates or in the average number of complete and valid surveys from one year to the next, or a substantial increase in the percentage of ineligibles, refusals and bad addresses or bad telephone numbers indicates a need to increase sample sizes. Alternatively, a substantial increase in response rates or complete and valid surveys or a substantial decrease in ineligibles, refusals and bad address or bad telephone numbers indicates that NCQA can lower the required sample sizes.  NCQA initiates periodic improvements to the survey methodology and survey vendor certification program to attempt to improve response rates and the number of complete and valid surveys, and to reduce the refusal rate. Health plans are responsible for maintaining updated membership information by eliminating disenrolled members and deceased members and updating membership files with address and telephone number corrections. This will help decrease the numbers of ineligibles and members who cannot be contacted due to invalid address and telephone information. |

Calculating the Estimated Number of Complete and Valid Surveys

After data collection is completed, the survey vendor assigns each member of the sample a final disposition code. Analysis of HEDIS survey results from prior years indicates significant variation in final disposition codes across health plans. This is important because HEDIS survey sample sizes are based on *average* performance across health plans. As stated above, using the required adult commercial sample size of 1,100 and achieving a 55 percent response rate *does not guarantee* that a health plan will achieve 411 completed surveys or a denominator of 100 for each survey result. The health plan should work with its survey vendor to determine the number of complete and valid surveys it can expect to obtain without oversampling. To estimate this number, the survey vendor and health plan use the instructions provided in Table A7-1, below. When available, the health plan should use its HEDIS survey results from the previous year to inform estimates. If the health plan decides to oversample, it must work closely with its survey vendor to select final sample sizes and oversampling rates that are consistent with NCQA guidelines.

A health plan with a small number of eligible members (so that it anticipates achieving a denominator of less than 100 for most HEDIS survey calculations) should contact NCQA to determine the specific HEDIS survey reporting requirements. The health plan must submit its concerns, along with supporting documentation, to NCQA through the Policy Clarification Support (PCS) System at www.ncqa.org/pcs, or fax to the attention of Policy at 202-955-3599. Refer to the table below for generating supporting documentation.

### Table A7-1: Calculating the Estimated Number of Complete and Valid Surveys

|  |  |  |
| --- | --- | --- |
| Steps | Instructions | Example |
| ***Step 1*** | Start with the required sample size and target response rate for the survey. When available, the health plan should use the response rate they achieved for the prior year’s survey.  The target response rate is 55 percent for the commercial product line and 45 percent for the Medicaid product line. | CAHPS 5.0H Adult Commercial:   * Required sample size = 1,100 * Target response rate = 55% |
| ***Step 2*** | Estimate the percentage of members in the sample frame who will disenroll between the time the health plan generates the sample frame and the time the member completes the survey. When available, the health plan should use prior year’s survey results to inform this estimate. | 5% disenrolled members |
| ***Step 3*** | Estimate the percentage of members in the sample frame with invalid addresses *and* invalid telephone numbers. When available, the health plan should use prior year’s survey results to inform this estimate. | 20% members with invalid addresses *and* invalid telephone numbers |
| ***Step 4*** | Add the estimated percentages from steps 1 and 2 and subtract from 100. This is the estimated percent of eligible members.  ***Note:*** *The numbers of members who are ineligible for the following reasons does not vary enough from health plan to health plan to warrant oversampling: deceased, language barrier, mentally or physically incapacitated.* | 100 – (5 + 20) = 75% eligible members |
| ***Step 5*** | Multiply the required sample size by the estimated percent of eligible members from step 4. This is the estimated number of eligible members. | 1,100 **\*** .75 = 825 eligible members |
| ***Step 6*** | Multiply the estimated number of eligible members by the target response rate or prior year’s response rate. This is the estimated number of complete and valid surveys the health plan can expect to obtain using the required sample size. | 825 **\*** .55 = 453 complete and valid surveys  If this health plan only achieved a 45% response rate for the prior year’s survey, the estimated number of complete and valid surveys is:  825 **\*** .45 = 371 complete and valid surveys |

Calculating the Estimated Number of HEDIS Survey Question Responses

|  |  |
| --- | --- |
| Question multipliers | A member does not have to answer every survey question for the survey to be considered complete; therefore, the health plan’s estimated number of responses per survey question will be less than the number of estimated complete and valid surveys. A health plan that collected survey results in the prior year should use the results to inform estimates. A health plan without prior HEDIS survey experience can use the guidelines below to estimate whether it must oversample to achieve a denominator of 100 for each survey calculation.  Table A7-2 contains instructions for calculating the estimated number of responses for individual survey questions. The multipliers in Tables A7-3, A7-4 are based on prior years’ data and indicate the average proportion of respondents completing a survey who are likely to answer the question. |

### Table A7-2: Calculating the Estimated Number of HEDIS Survey Question Responses

|  |  |  |
| --- | --- | --- |
| Steps | Instructions | Example |
| ***Step 1*** | Start with the estimated number of complete and valid surveys. | **371** complete and valid surveys |
| ***Step 2*** | Select a HEDIS survey question. | Q13 of the CAHPS 5.0H adult survey for the commercial product line |
| ***Step 3*** | Select the multiplier for the question. | The multiplier is .796 |
| ***Step 4*** | Multiply the plan’s number of expected complete and valid surveys (in this example the number is 371) by the multiplier for the question. This is the estimated number of responses for the question. | 371 \* .796 = 295 responses |

### Table A7-3: CAHPS 5.0H Adult Survey Question Multipliers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rating or Composite | Adult Commercial | | Adult Medicaid | |
| Question Number | Multiplier | Question Number | Multiplier |
| Rating of All Health Care | 13 | .796 | 13 | .705 |
|  | | | | |
| Rating of Personal Doctor | 23 | .832 | 23 | .732 |
|  | | | | |
| Rating of Specialist Seen Most Often | 27 | .504 | 27 | .341 |
|  | | | | |
| Rating of Health Plan | 42 | .916 | 35 | .886 |
|  | | | | |
| Getting Needed Care | 25 | .518 | 25 | .378 |
| Getting Needed Care | 14 | .605 | 14 | .463 |
|  | | | | |
| Getting Care Quickly | 4 | .358 | 4 | .418 |
| Getting Care Quickly | 6 | .771 | 6 | .666 |
|  | | | | |
| How Well Doctors Communicate | 17 | .739 | 17 | .609 |
| How Well Doctors Communicate | 18 | .739 | 18 | .607 |
| How Well Doctors Communicate | 19 | .736 | 19 | .607 |
| How Well Doctors Communicate | 20 | .736 | 20 | .608 |

### Table A7-3: CAHPS 5.0H Adult Survey Question Multipliers *(continued)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rating or Composite | Adult Commercial | | Adult Medicaid | |
| Question Number | Multiplier | Question Number | Multiplier |
| Customer Service | 35 | .285 | 31 | .227 |
| Customer Service | 36 | .286 | 32 | .227 |
|  | | | | |
| Claims Processing | 40 | .369 | NA | NA |
| Claims Processing | 41 | .371 | NA | NA |
|  | | | | |
| Shared Decision Making\* | 10 |  | 10 |  |
| Shared Decision Making\* | 11 |  | 11 |  |
| Shared Decision Making\* | 12 |  | 12 |  |
|  | | | | |
| Health Promotion and Education\* | 8 |  | 8 |  |
|  | | | | |
| Coordination of Care | 22 | .467 | 22 | .350 |
|  | | | | |
| Plan Information on Costs | 31 | .135 | NA | NA |
| Plan Information on Costs | 33 | .189 | NA | NA |
|  | | | | |
| Rating of Overall Health | 43 | .921 | 36 | .906 |
| Rating of Overall Mental/Emotional Health\*\* | 44 |  | 37 |  |
|  | | | | |
| Written Materials or Internet Provided Needed Information | 29 | .265 | 29 | .163 |
| Plan Gave Forms to Fill Out | 37 | .909 | 33 | .888 |
| Forms Were Easy to Fill Out | 38 | .198 | 34 | .232 |

### \* Multipliers are not available because the composite is changing for HEDIS 2013 and no data are available to calculate valid multipliers.

\*\* Multipliers are not available because this is a new item in HEDIS 2013.

### Table A7-4: CAHPS 5.0H Child Survey Question Multipliers (Medicaid\*)

|  |  |  |  |
| --- | --- | --- | --- |
| Rating or Composite | Child With CCC Question Number | Child Without CCC Question Number | Medicaid Multiplier |
| Rating of All Health Care | 14 | 13 | .699 |
|  | | | |
| Rating of Personal Doctor | 41 | 26 | .843 |
|  | | | |
| Rating of Specialist Seen Most Often | 48 | 30 | .177 |
|  | | | |
| Rating of Health Plan | 54 | 36 | .918 |
|  | | | |
| Getting Needed Care | 46 | 28 | .198 |
| Getting Needed Care | 15 | 14 | .284 |
|  | | | |
| Getting Care Quickly | 4 | 4 | .335 |
| Getting Care Quickly | 6 | 6 | .652 |

**\***Because of the small number of submissions, multipliers are not available for the commercial product line.

### Table A7-4: CAHPS 5.0H Child Survey Question Multipliers (Medicaid\*) *(continued)*

|  |  |  |  |
| --- | --- | --- | --- |
| Rating or Composite | Child With CCC Question Number | Child Without CCC Question Number | Medicaid Multiplier |
| How Well Doctors Communicate | 32 | 17 | .656 |
| How Well Doctors Communicate | 33 | 18 | .656 |
| How Well Doctors Communicate | 34 | 19 | .656 |
| How Well Doctors Communicate | 37 | 22 | .652 |
|  | | | |
| Customer Service | 50 | 32 | .139 |
| Customer Service | 51 | 33 | .140 |
|  | | | |
| Shared Decision Making\*\* | 11 | 10 |  |
| Shared Decision Making\*\* | 12 | 11 |  |
| Shared Decision Making\*\* | 13 | 12 |  |
|  | | | |
| Health Promotion and Education\*\* | 8 | 8 |  |
|  | | | |
| Coordination of Care | 40 | 25 | .255 |
|  | | | |
| Rating of Overall Health | 58 | 37 | .939 |
| Rating of Overall Mental/Emotional Health\*\*\* | 59 | 38 |  |
|  | | | |
| Plan Gave Forms to Fill Out | 52 | 34 | .937 |
| Forms Were Easy to Fill Out | 53 | 35 | .214 |

### \* Because of the small number of submissions, multipliers are not available for the commercial product line.

### \*\* Multipliers are not available because the composite is changing for HEDIS 2013 and no data are available to calculate valid multipliers.

### \*\*\* Multipliers are not available because this is a new item in HEDIS 2013.