Supporting Statement Part-A
HEDIS® Data Collection for Medicare Advantage
CMS-10219, OMB 0938-1028

PURPOSE:

The Centers for Medicare & Medicaid Services (CMS) is requesting a renewal of Office of Management and Budget (OMB) number 0938-1028, for the currently approved collection of Healthcare Effectiveness Data and Information Set (HEDIS®) data for Medicare Advantage Organizations (MAOs). The National Committee for Quality Assurance (NCQA) designed, developed, and has maintained HEDIS® measures for use in healthcare beginning in 1997 and CMS first received HEDIS® measures in 1998. NCQA designed HEDIS® to promote accountability and quality of care in managed care. To date, HEDIS® measures are the most comprehensive data available to assess the quality of care delivered in managed care for Medicare, Medicaid, and commercial plans. CMS uses HEDIS® measures in their Medicare Star Ratings to provide information to the public about the comparative quality of care in the hundreds of managed care plans in Medicare Part C. This collection only includes beneficiaries currently enrolled in Medicare health plans that cover Medicare beneficiaries who are 65 years old and older, or who are under 65 years old and disabled.

This submission is a renewal of the 2020 one with updates. The most significant update is that there are more MAOs (808) in this submission relative to 677 contracts in the 2020 submission. The increases in the hours and costs are due to the increase of contracts as well as to the increase in the COLA for the salaries for the Database Administrator and the Medical Records Technician labor categories from May 2020 to May 2023.

CMS requires MAOs, §1876 cost contracts, and Medicare Medicaid Plans (MMPs or demonstrations) to submit HEDIS® data on an annual basis to (1) assess care that is provided to Medicare beneficiaries and (2) to provide information to Medicare beneficiaries to make more informed decisions when choosing a health plan.
The HEDIS® data collection supports the CMS strategic goals of advancing health equity and improving health outcomes for Medicare beneficiaries. The HEDIS® measures are part of the Medicare Part C Star Ratings as described at §§ 422.160, 422.162, 422.164, and 422.166. CMS publishes the Medicare Part C Star Ratings each year to: (1) incentivize quality improvement in Medicare Advantage (MA); and (2) assist beneficiaries in finding the best plan for them. The ratings are used to determine MA Quality Bonus Payments.

HEDIS® data support the agency's goal to hold MA contracts accountable for delivering care in accordance with widely accepted clinical guidelines and standards of care. CMS uses HEDIS® data to obtain the information necessary for the proper oversight of the MA program. This PRA package covers the collection of the information from MA contracts through both administrative data, electronic clinical data systems, and medical record review.

BACKGROUND:

CMS is committed to assessing the quality of care provided by MA contracts. CMS has a responsibility to its Medicare beneficiaries to require that care provided by MAOs and §1876 cost contracts in Part C under contract to CMS is of high quality and conforms to currently accepted standards of medical care. One way of ensuring high quality care in MAOs is publicly reporting quality data indicators. The reporting of quality data is not only beneficial to the public by supporting transparency, but it also contributes to quality improvement in all MAOs.

NCQA designed HEDIS® for private and public health care purchasers to promote accountability and to assess the quality of care provided by managed care organizations. HEDIS® is developed and maintained by the National Committee for Quality Assurance (NCQA) in collaboration with CMS and other representatives of purchaser, managed care industry, provider/practitioner, and health services research communities. HEDIS® is a tool used by more than 90 percent of U.S. health plans to measure performance related to care and services provided.

JUSTIFICATION:

1. Need and Legal Basis

Sections 422.152 and 422.516 of Volume 42 of the Code of Federal Regulations (CFR) specify that MAOs must submit quality performance measures as specified by the Secretary of the Department of Health and Human Services and by CMS. These quality performance measures include HEDIS®. HEDIS® data are used in the Medicare Part C Star Ratings which are used to determine Quality Bonus Payments to Medicare Advantage contracts.

In an effort to promote an active, informed selection among coverage options, the Secretary must provide information to current and potential Medicare beneficiaries about the quality and performance of Medicare health plans.

2. Information Users

The data are used by CMS staff to monitor MAOs' performance and to inform beneficiaries about the quality of their plan choices through their display in CMS's consumer-oriented public website – Medicare Plan Finder. The HEDIS® measures are one of the most common sets of health care performance measures used to assess the care provided by health plans. MAOs use the data for quality assessment and as part of their quality improvement programs and activities. A subset of HEDIS® measures are included in the Part C Star Ratings and MA Quality Bonus Payments. Other HEDIS® measures are displayed on a display page on www.cms.hhs.gov for informational purposes. See Table 3 which includes information about the use of the HEDIS® measures. Additionally, CMS

makes health plan level HEDIS® data available to researchers and others as Public Use Files (PUFs) on the CMS website, www.cms.gov.

3. Use of Information Technology

The HEDIS® measures are reported through NCQA's Web-Based Interactive Data Submission System (IDSS) that includes many automation and quality control features permitting importing of data, pre-populated fields, and built-in edit checks. Information about the IDSS is available at the NCQA website.

4. Duplication of Efforts

This information collection does not duplicate any other effort and the information cannot be obtained from any other source. As stated previously above, MAOs have been submitting HEDIS® data to CMS since 1998. The incremental costs of doing HEDIS® for the Medicare population are small relative to the fixed costs that MAOs have invested in to do it for commercial and Medicaid plans.

5. Small Businesses

The burden on small MAOs is reduced by requiring a standardized and commonly accepted measure set in the managed care industry, with which the contracts can meet requirements of Medicare and many private purchasers for reporting performance. There is no way to further reduce the burden and still collect the necessary information.

6. Less Frequent Collection

CMS collects the HEDIS® data annually. To collect data less frequently would increase burden because we would lose the efficiencies gained by using a standardized, industry-accepted and commonly used measurement set which makes it possible for MAOs to meet the data reporting requirements of Medicare and other private purchasers using the same instrument and submission process.

CMS publishes the HEDIS® measures in the Medicare Part C Star Ratings each year to: (1) incentivize quality improvement in Medicare Advantage (MA), (2) assist beneficiaries in finding the best plan, and (3) determine MA Quality Bonus Payments. Moreover, the ratings support the efforts of CMS to improve the level of accountability for the care provided by physicians, hospitals, and other providers. In addition, contracts between CMS and MAOs are renewable on an annual basis, so we need this performance data for program management and contracting decisions. It is also used to help Medicare beneficiaries and their caregivers make decisions about which health plan to choose each year during open enrollment season.

7. Special Circumstances

The publicly reported HEDIS® data that CMS makes available will not identify beneficiaries. The HEDIS® patient level file is available only to requesters who for confidentiality reasons must sign a CMS Data Use Agreement that include, but are not limited to, submitting a research protocol to ResDAC for approval. Requestors must start the process as outlined by ResDAC.

There are no special circumstances that would require an information collection to be conducted in a manner that requires respondents to:

- Report information to the agency more often than quarterly;
- Prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Submit more than an original and two copies of any document;
- Retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Collect data in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study,
- Use a statistical data classification that has not been reviewed and approved by OMB;
- Include a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

8. Federal Register Notice/Outside Consultation

The 60-day notice published in the Federal Register on December 8, 2023 and the public comment period closed at close of business on February 6, 2024. CMS received one comment that was not related to any content of this PRA package.

The 30-day notice published in the Federal Register on TBD.

9. Payment/Gifts to Respondents

Respondents will receive no payments or gifts for their participation in this collection of information. As noted at sections 422.152 and 422.516 of Volume 42 of the Code of Federal Regulations (CFR), Medicare contracts must submit quality performance

measures as specified by the U.S. Department of Health & Human Services (DHHS) Secretary and CMS.

10. Confidentiality

The data collection of HEDIS® quality measures are covered under the System of Records Notice titled, "Health Plan Management System (HPMS)" --
SORN #09-70-500.

11. Sensitive Questions

The HEDIS® measurement set does not contain any sensitive questions. HEDIS® data are from health plan administrative data and medical record review. These data are primarily administrative record data and medical record data.

12. Burden Estimate (Hours and Wages)

Wages

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2023 National Occupational Employment and Wage Estimates for all salary estimates (http://www.bls.gov/oes/current/oes_nat.htm). In this regard, the following table presents the mean hourly wage, the cost of fringe benefits (calculated at 100 percent of salary), and the adjusted hourly wage. Please note that the level of effort by these professionals is unchanged from what is set out in the currently approved collection.

Table 1. Summary of Wage Estimates for 808 MAOs to collect HEDIS®

Occupation Title	Occupation Code	Median Hourly Wage ($/hour)	Fringe Benefit ($/hour)	Adjusted Hourly Wage ($/hour)
Database Administrators	15-1141	48.29	48.29	96.58
Medical Records and Health Information Technicians	29-2098	24.42	24.42	48.84

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and overhead

costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, there is no practical alternative, and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Burden Estimates

Outside of the labor occupation titles, codes and wages, the following burden estimates come from NCQA's experience working with health plans. CMS consulted with NCQA and confirmed the number of hours.

The Medical Records and Health Information Technicians pull administrative data or electronic data to determine the numerator and denominator of each measure. They are also responsible for pulling medical records as needed. Currently, it is estimated to be approximately 240 hours annually. The database administrator pulls both the administrative and medical record information together to submit the files to NCQA. This is estimated to be 80 hours annually and similarly it is anticipated that this will go down over time as plans move to more electronic systems.

In aggregate for HEDIS® 2023 (i.e., measurement year 2023), the total hours for the Medical Records and Health Information Technician in all contracts is estimated at 193,920 hours (240 hours x 808 contracts) at a cost of $9,471,053 (193,920 hours x $48.84/hour) per contract.

In aggregate for HEDIS® 2023, the total hours for the Database Administrator in all contracts is estimated at 64,640 hours (80 hours x 808 contracts) at a cost of $6,436,091 (64,640 hours x $96.58/hours) per contract.

In HEDIS® 2023, the total burden is estimated at 258,560 hours (193,920 hours+64,640 hours) at $15,907,144 ($9,471,053+$6,436,091) for 808 MAOs.

We expect the number of contracts to be similar.

13. Capital Costs

There are no capital costs associated with this collection.

14. Cost to Federal Government

The total annual cost to the Federal Government for HEDIS® is $720,477. This is derived from $552,814 for the federal contractor and $167,663 for the federal staff (federal labor at 100% of GS-14 step 9 salary).

Note: $ 167,663/year @ GS-14 step 9 for the Washington-Baltimore-Arlington locality (effective January 2023). See OPM website.

$552,814 (contractor costs)
+$167,663 (federal labor)
$720,477 (total annual cost to the federal government)

15. Changes to Burden

The burden is based on the number of contracts required to submit and the measures they need to submit.

Type of Contracts that are required to Submit HEDIS® data

All Medicare members covered in the following contracts (Table 2) are included in Medicare HEDIS® reporting. CMS communicates directly with all contracted organizations on HEDIS® reporting requirements, data collection, data submission, and the data files due date (about June 15th).

Table 2: Type and Number of Medicare Contracts Required to Report HEDIS® 2023 Compared with HEDIS® 2020

	HEDIS® 2023	**HEDIS® 2020**
Medicare Plan/Contract Type	**Number of Contracts**	**Number of Contracts**
Medicare Advantage-Local CCPs (MA)	**741**	**591**
Section 1876 Cost Contracts	**6**	**9**
Medical Savings Account (MSA)	**2**	**4**
Private Fee-for-Service (PFFS)	**5**	**5**
Demonstrations (MMPs)	**28**	**40**
Regional CCPs	**26**	**28**
Total of Medicare Plans/Contract Types	**808**	**677**

Type of HEDIS® Measures that are required from MAOs, §1876 Cost Contracts, and Medicare Medicaid Plans

Annually, the MAOs, §1876 Cost Contracts, and Medicare Medicaid Plans are required to submit HEDIS® Measures to CMS. The measures are comprised of administrative and

medical record data collected by these providers about their respective members. HEDIS® data provide CMS with information that cannot be easily obtained from these providers through other existing CMS databases. The HEDIS® quality measures for these providers are typically the same for every year. However, over the past 25 years of the HEDIS® program, some measures have been retired and some new measures have been added to the required list of measures. The Star Ratings Program does not include all of the HEDIS® measures that are collected on an annual basis. Some measures are collected and not yet publicly reported. Some measures are collected and publicly reported but they are not included in the Star Ratings and the Quality Bonus Payments.

Table 3: HEDIS® Measures

HEDIS® Measures	Changes from 2020* (✓ means that it is still required for HEDIS® reporting)	Measure Use
Breast Cancer Screening	✓	Star Ratings
Colorectal Cancer Screening	✓	Star Ratings
Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease	✓	Display Page
Pharmacotherapy Management of COPD Exacerbation[1]	✓	Display Page
Controlling High Blood Pressure	✓	Star Ratings
Persistence of Beta-Blocker After a Heart Attack[1]	✓	Display Page
Statin Therapy for Patients with Cardiovascular Disease	✓	Star Ratings
Comprehensive Diabetes Care (This includes Hemoglobin A1c Control for Patients with Diabetes, Blood Pressure Control for Patients with Diabetes, Eye Exam for Patients with Diabetes, and Kidney Health Evaluation for Patients with Diabetes)	✓	Star Ratings
Statin Therapy for Patients with Diabetes[1]	✓	Star Ratings

HEDIS® Measures	Changes from 2020* (✓ means that it is still required for HEDIS® reporting)	Measure Use
Osteoporosis Management in Women Who Had a Fracture	✓	Star Ratings
Antidepressant Medication Management	✓	Display Page
Follow-up After Hospitalization for Mental Illness	✓	Display Page
Follow-up After Emergency Department Visit for Mental Illness	✓	Display Page
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	✓	Display Page
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	✓	Monitoring of Plan Performance
Medication Reconciliation Post-Discharge[1]	Removed	Collected through the Transitions of Care measure - Star Ratings
Transitions of Care[1]	✓	Star Ratings
Follow-up After Emergency Department Visit for People with Multiple High Risk Chronic Conditions	✓	Star Ratings
Non-Recommended PSA-Based Screening in Older Men	✓	Monitoring of Plan Performance

HEDIS® Measures	Changes from 2020* (✓ means that it is still required for HEDIS® reporting)	Measure Use
Potentially Harmful Drug-Disease Interactions in the Elderly	✓	Monitoring of Plan Performance
Use of High-Risk Medications in the Elderly	✓	Monitoring of Plan Performance
Use of Opioids at High Dosage	✓	Display Page
Use of Opioids from Multiple Providers	✓	Display Page
Medicare HOS (Health Outcomes Survey)	Approved through OMB 0938-0701	Star Ratings
Falls Risk Management (collected in HOS Survey)	Approved through OMB 0938-0701	Star Ratings
Management of Urinary Incontinence in Older Adults (collected in HOS Survey)	Approved through OMB 0938-0701	Star Ratings
Osteoporosis Testing in Older Women (collected in HOS Survey)	Approved through OMB 0938-0701	Star Ratings
Physical Activity in Older Adults (collected in HOS Survey)	Approved through OMB 0938-0701	Star Ratings
Flu Vaccinations for Adults Ages 65 and Older collected in CAHPS Survey (Consumer Assessment of Healthcare Providers System Survey)	Approved through OMB 0938-0732	Star Ratings

HEDIS® Measures	Changes from 2020* (✓ means that it is still required for HEDIS® reporting)	Measure Use
Medical Assistance with Smoking and Tobacco Cessation (collected in CAHPS Survey)	Approved through OMB 0938-0732	Monitoring of Plan Performance
Pneumococcal Vaccination Status for Older Adults (collected in CAHPS Survey)	Approved through OMB 0938-0732	Display Page
Adults' Access to Preventive/Ambulatory Health Services	✓	Display Page
Initiation and Engagement of Substance Use Disorder Treatment	✓ Measure has been renamed.	Display Page/Proposed for Star Ratings
Frequency of Selected Procedures[1]	Removed	Can obtain from alternative sources of data
Identification of Alcohol and Other Drug Services[1]	Removed	Can obtain from alternative sources of data
Mental Health Utilization[1]	Removed	Can obtain from alternative sources of data
Antibiotic Utilization	Removed	Can obtain from alternative sources of data
Plan All-Cause Readmissions[1]	✓	Star Ratings
Hospitalization Following Discharge from a Skilled Nursing Facility[1]	✓	Monitoring of Plan Performance

HEDIS® Measures	Changes from 2020* (✓ means that it is still required for HEDIS® reporting)	Measure Use
Acute Hospital Utilization[1]	✓	Monitoring of Plan Performance
Emergency Department Utilization[1]	✓	Monitoring of Plan Performance
Hospitalization for Potentially Preventable Complications[1]	✓	Monitoring of Plan Performance
Language Diversity of Membership	✓	Analysis of HEDIS® Data
Total Membership	Removed	Can obtain from other data sources.
Depression Screening and Follow-Up for Adolescents and Adults	New	Display Page
Adult Immunization Status	New	Display Page
Social Need Screening and Intervention	New	Display Page

[1]Section 1876 Cost Contracts do not report these measures.

There have been very minor changes in the measurement set for HEDIS®. Six measures are removed or retired and three measures are added as noted in Table 3. Information related to the six measures removed can be obtained from alternative sources so are removed to minimize burden. The three new measures support the Universal Foundation. Across our CMS quality rating and value-based care programs, where applicable, we are

implementing the "Universal Foundation"[1] of quality measures which is a subset of measures that are aligned across programs. This "Universal Foundation" is a building block to which programs will add additional aligned or program-specific measures.

The hours and the costs are greater in this package because in 2020 there were 677 MAOs and in 2023 there are 808 MAOs. There was also an increase in salary of the persons preparing the data collection and data files for the annual submission of HEDIS® data to CMS on or before June 15th. For HEDIS® 2020, the total burden was 216,640 hours at $12,806,674 for 677 MAOs. The average burden for each MAO in HEDIS® 2020 was 320 hours at $18,917.

By comparison, in HEDIS® 2023, there was a total burden of 258,560 hours at $15,907,144 for 808 MAOs. The average burden for each MAO in HEDIS® 2023 is 320 hours at $19,687.

In summary, when one looks at that in HEDIS® 2020, the average burden to each MAO is 320 hours at $18,917, compared with the average burden of 320 hours at $19,687 in HEDIS® 2023, it does not work out to be a notable increase.

In 2020, the total annual burden to the 677 contracts is 216,640 hours at a cost of $12,806,674. In 2023, the total annual burden to the 808 contracts is 258,560 hours at a cost of $15,907,144.

In aggregate for HEDIS® 2023, the total hours for the Medical Records and Health Information Technician in all contracts is estimated at 193,920 hours (240 hours x 808 contracts) at a cost of $9,471,053 (193,920 hours x $48.84/hour) or $11,722 per contract.

In aggregate, the total hours for the Database Administrator in all contracts is estimated at 64,640 hours (80 hours x 808 contracts) at a cost of $6,436,091 (64,640 hours x $96.58/hours) or $7,965 per contract.

In HEDIS® 2023, the total burden is estimated at 258,560 hours (193,920 hours+64,640 hours) at $15,907,144 ($9,471,053+$6,436,091) for 808 MAOs, or $19,687 per contract.

Table 4. Annual Burden Estimates for HEDIS® 2020 for 677 contracts

	Medical Records Technician	Database Administrator	Total
Hours	162,480	54,160	216,640
Costs	$7,542,322	$5,264,349	$12,806,671

[1] Jacobs, D. B., Schreiber, M., Seshamani, M., Tsai, D., Fowler, E., & Fleisher, L. A. (2023). Aligning quality measures across CMS—the universal foundation. New England Journal of Medicine, 388(9), 776-779. Available at: https://www.nejm.org/doi/full/10.1056/NEJMp2215539

Table 5. Annual Burden Estimates for HEDIS® 2023 for 808 contracts

	Medical Records Technician	Database Administrator	Total
Hours	193,920	64,640	258,560
Costs	$9,471,053	$6,436,091	$15,907,144

16. Publication /Tabulation Dates

HEDIS® data have been published in beneficiary information products for 25 years and are used in numerous CMS information products about quality assurance. CMS makes HEDIS® data available to Medicare beneficiaries on its consumer website and in print materials available through the toll-free consumer phone line, upon request. This information is available through the beneficiary website in an enhanced comparison tool called Medicare Plan Finder. CMS makes health plan-level HEDIS® data freely available to researchers and others in Public Use Files on www.cms.gov.

17. Expiration Date

The expiration date is displayed in all NCQA's published documents printed and electronically for the collection of Medicare HEDIS® measures, including IDSS.

18. Certification Statement

There are no exceptions to this certification statement.