

August 23, 2023

William N. Parham III
Director, Paperwork Reduction Staff
Office of Strategic, Operations, and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier/OMB Control Number 10861
Room C4-26-C05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically via www.regulations.gov

RE: Medicare Health Outcomes Survey Field Test (CMS-10861/OMB-0938-New)

Dear Mr. Parham III:

Blue Shield of California (Blue Shield) appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Services' (CMS') proposed changes to the Health Outcomes Survey (HOS) instrument. Blue Shield is a not-for-profit health plan that offers health benefits coverage to individuals and groups throughout the State of California. Our mission is to ensure that all Californians have access to high-quality, affordable health care worthy of our family and friends. Blue Shield is the parent organization of Blue Shield of California Promise Health Plan, and as such is providing comments on behalf of both organizations.

Blue Shield serves a diverse membership, including approximately 14,000 members who are disabled and 20,000 who are dual eligible. Among our dual eligible members, 53% speak a primary language other than English and are considered English-as-a-Second-Language (ESL).

Blue Shield appreciates CMS' commitment to updating survey instruments to provide meaningful insight into our members' well-being. Blue Shield supports CMS' examination of the HOS instrument and proposal to pilot survey questions. However, we encourage CMS to make additional revisions to the instrument and the survey questions. Blue Shield also supports the web-based mode for HOS collection to help improve the number of survey responses.

Below are Blue Shield's detailed recommendations related to: (1) equitable and culturally sensitive HOS survey questions; and (2) HOS methodology.

Considerations for Equity, Relevancy, and Cost

Blue Shield serves diverse communities and encourages CMS to consider culture, cost, and relevancy in the development of the HOS survey instrument. For example, we do not think CMS' use of bowling and golfing in Questions 2 and 12 (see excerpt from Attachment A, Version A below) would be considered relevant examples of physical activity to significant portions of the population and/or many demographic groups. Many people cannot afford or do not have access to bowling or golfing facilities. Across Blue Shield's Medicare Advantage population, about 70% of our members qualify for the Low-Income Subsidy (LIS) program. Given that financial profile, we would expect that a significant portion of our Medicare population would not be able to afford the expense of bowling or golfing. CMS should consider changing these questions to include a more relevant, ubiquitous physical activity such as carrying groceries or walking around the block. Another solution would be to include a response option such as "Not applicable".

Question 10 does not consider that a member may not have routine access to a space where they could climb 5 flights of stairs, which would make self-evaluation of this metric difficult. We also request CMS consider the implications of this question for beneficiaries who are permanently disabled. These individuals may not be able to climb 5 flights of stairs but may be perfectly capable of accomplishing their daily activities of living. Given the extenuating circumstances that many beneficiaries face, we recommend that CMS consider adding a "Not applicable" answer choice to this question.

Finally, we have concerns about the relevancy of Question 13 to our member population. We do not expect most of our elderly, often frail members to be moving furniture, which would make this question difficult for members to self-assess. We have the same concerns with Question 2 in Attachment B which describes moving a table as a moderate activity. We recommend that CMS remove both questions or change them to reference an activity more relevant to senior Medicare Advantage members.

Attachment A. HOS Field Test Questionnaire Version A

2. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

₁ ☐ Yes, limited a lot

₂ ☐ Yes, limited a little

₃ ☐ No, not limited at all

b. Climbing several flights of stairs

₁ ☐ Yes, limited a lot

₂ ☐ Yes, limited a little

₃ ☐ No, not limited at all

12. Does your health now limit you in doing moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

₅ ☐ Not at all

₄ ☐ Very little

₃ ☐ Somewhat

₂ ☐ Quite a lot

₁ ☐ Cannot do

10. Are you able to climb up 5 flights of stairs?

₅ ☐ Without any difficulty

₄ ☐ With a little difficulty

₃ ☐ With some difficulty

₂ ☐ With much difficulty

₁ ☐ Unable to do

13. Does your health now limit you in doing heavy work around the house like moving heavy furniture?

₅ ☐ Not at all

₄ ☐ Very little

₃ ☐ Somewhat

₂ ☐ Quite a lot

₁ ☐ Cannot do

Questions 42 and 53 from Attachment A, Version A (see below) are related to social risks. We believe these questions are redundant to the annual Health Risk Assessment (HRA) survey, and should not be included in HOS. We believe the HRA is a more appropriate survey instrument for social risk factor-related questions, as the HRA is intended to inform a member's care plan. Given that responses to the HOS instrument are anonymous to plans, we are not able to directly mitigate those social risk factors or otherwise reach out to beneficiaries who answer "No" or "Never" to these questions. We understand the importance of assessing social risk factors within our membership, but again urge CMS to forgo these questions given the overlap with the HRA.

Attachment A. HOS Field Test Questionnaire Version A

42. In the past 12 months, how often did you have reliable transportation for medical appointments?

- ¹ ☐ Never
- ² ☐ Rarely
- ³ ☐ Sometimes
- ⁴ ☐ Often
- ⁵ ☐ Always

53. Do you currently have a steady place to live?

- ¹ ☐ Yes
- ² ☐ No

Testing within Diverse Populations

Blue Shield recommends that CMS test the revised HOS with non-White and non-English speaking population to better understand how these populations interpret the revised questions and answer choices. We also believe it would be helpful to evaluate the updated HOS instrument within populations that have low literacy levels.

Adding back questions that were eliminated from the original HOS.

Blue Shield encourages CMS to include Question 58 (see below from the original HOS) in the proposed, revised survey since the question provides insight into members' risk of social isolation, an important factor that affects members' health and well-being. We also recommend that Questions 61 and 62 from the original HOS be retained because it is important for plans to know whether a proxy respondent answered the survey as proxies often have a different perception of the members health and risk factors than the person would have of themselves.

61. Who completed this survey form?
- 1 ☐ Person to whom survey was addressed → **STOP HERE**
 - 2 ☐ Family member or relative of person to whom the survey was addressed → **Go to Question 62**
 - 3 ☐ Friend of person to whom the survey was addressed → **Go to Question 62**
 - 4 ☐ Professional caregiver of person to whom the survey was addressed → **Go to Question 62**
58. Do you live alone or with others? (One or more categories may be selected)
- 1 ☐ Alone
 - 2 ☐ With spouse/significant other
 - 3 ☐ With children/other relatives
 - 4 ☐ With non-relatives
 - 5 ☐ With paid caregiver
62. Did someone help you complete this survey? If so, please fill in that person's name.
- DO NOT** enter the name of the person to whom this survey was addressed.
- Please **print** clearly.
- First Name:** _____
- Last Name:** _____

Methodology Recommendations

Currently, the HOS is conducted as a blinded, longitudinal survey and health plans are unable to retrieve specific respondents' answers. If we were able to collect information on beneficiary's name, we would be able to close the loop with the members by providing them access to services specifically that they indicated in their HOS responses. We also could engage providers on their patients' responses and differentiate provider performance on addressing their patients' needs and/or closing their health gaps. Blue Shield strongly recommends that CMS consider an option to include beneficiary information. For example, it would be helpful to be able to have the beneficiary's name that coincides with the survey results.

Consistency in Likert scale and answer choices: Blue Shield strongly recommends that CMS be consistent in their answer choice wording and Likert-scale wording. Offering too many answer choices and inconsistent wording can lead to member confusion and biases when responding to the HOS questions, which in turn can result in negative response rates.

Through our member advisory committee and various health education classes, we have heard that inconsistencies with the Likert scales and answer choices make it difficult for members to provide a clear response. It would be beneficial if CMS would provide alignment on Likert scales and limit the answer choices to a few options. Our English-as-a-Second Language (ESL) and Dual Eligible populations with low literacy levels provided feedback that they prefer simple Likert scale and answer choice options. This is particularly important for ESL members because the survey may be translated in a way that is inaccurate or unrelatable.

Conclusion

We strongly support updating the HOS instrument and encourage CMS to consider our comments to improve the relevance of questions to diverse populations.

Thank you for the opportunity to comment. We appreciate your attention. If you have any questions or would like to discuss this further, we would be happy to do so.

Sincerely,

A handwritten signature in black ink that reads "Jamie Chan". The signature is fluid and cursive, with the first name "Jamie" being more prominent than the last name "Chan".

Jamie Chan
Vice President, Clinical Quality
Blue Shield of California