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August 25, 2023

William N. Parham, III  
Director, Paperwork Reduction Staff  
Office of Strategic Operations and Regulatory Affairs  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244

RE: Agency Information Collection Activities; Proposed Collection; Comment Request; Medicare Health Outcomes Survey Field Test

Dear Mr. Parham:

This letter is in response to the Centers for Medicare and Medicaid Services (CMS) agency information collection notice on the Medicare Health Outcomes Survey Field Test, as issued on June 26, 2023.

Humana Inc., headquartered in Louisville, Kentucky, is a leading health care company that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being. Humana currently serves approximately 5.1 million beneficiaries enrolled in our Medicare Advantage (MA) plans and 3.5 million beneficiaries enrolled in our Medicare Part D Prescription Drug Plans (PDPs). As one of the nation's top contractors for MA, we are distinguished by our long-standing, comprehensive commitment to Medicare beneficiaries across the United States. These beneficiaries – a large proportion of whom depend upon the MA program as their safety net and many in underserved areas – receive integrated, coordinated, quality, and affordable care through our plans. Our perspective is further shaped by the comprehensive medical coverage we provide for Medicaid beneficiaries in seven states. Additionally, Humana's successful history in care delivery and health plan administration is helping to create a new kind of integrated care with the power to improve health and well-being and lower costs.

Proposed Health Outcomes Survey (HOS) Field Test

CMS proposes to conduct a field test of the HOS with the goal of evaluating the measurement properties of new survey items, the effects of new content, and a web-based mode of survey on response patterns and measure scores as compared to existing HOS survey items and protocols.

**Humana Comment:** Humana values the opportunity to provide feedback regarding the new HOS Field Test. There are three new sets of survey content proposed; Patient-Reported Outcomes Measurement Information System Physical Function and Mobility (PROMIS) items, Generalized Anxiety Disorder 2 (GAD-2) Items, and Health-related Social Needs (HRSN) Items. Humana appreciates and agrees with the addition of the PROMIS and GAD-2 questions. These questions

may provide plans with valuable insights into the mental and physical health of MA members. The survey results from these questions would be especially beneficial if plans could access the baseline aggregate data closer to the survey completion date. Earlier access to this data would greatly aid plans in addressing specific populations with reported issues.

While we concur with the addition of these items, we would appreciate CMS's clarification on two subjects:

- 1) Whether or not the PROMIS and GAD-2 questions will contribute to the Improving or Maintaining Physical Health (IMPH) and Improving or Maintaining Mental Health (IMMH) measures for measure year 2025.
- 2) The intention behind the addition of the HRSN items. If the intent is to address social determinants of health, can CMS clarify the type of plan intervention and support CMS considers in scope for this work?

In addition to the new survey content, CMS proposes updates to existing questions. Humana supports all of the proposed wording updates, as we believe they provide additional clarity and will help identify at risk populations. We especially commend the update to questions 2 and 12 to replace "bowling, or playing golf" with "walking at a brisk pace."<sup>1</sup> Many people do not bowl or golf out of preference, but others may be unable to afford to do these activities as often as they may like. Golf is notably an expensive hobby and since the survey also includes questions about personal and social struggles, including getting enough food to eat, this update is appropriate.

However, questions 2 and 12 are very similar in nature. Could CMS clarify whether all survey participants are asked to answer both questions? Or is there a question hierarchy where only those that answer "Yes, limited a lot" or "Yes, limited a little" need to answer question 12? If question 12 is a follow up to question 2, it might be helpful for participants if the questions were in closer proximity in the survey.

#### Web-based Modality

With the addition of the CAHPS Web-based modality option available next year, we agree it is logical to consider a similar structure for HOS. Regarding the proposed field test, Humana would appreciate clarification on the following concerns:

- 1) Is CMS comparing the Web based-only response rates to the combined paper and telephone response rates per study group, or are only the total response rates compared between each study group?

Given that participants in the web-mail-phone test will receive two more opportunities or reminders to take the survey compared to the control group, it is possible that the group with more reminders will have a higher response rate, not due to the way in which the survey was received, but due to the additional opportunities and suggestions that the survey should be completed. For this reason, reviewing the modality responses separately may be helpful in determining the results.

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<sup>1</sup> CMS-10861, CMS HOS Attachment C

- 2) When is the field test planned to launch and how close to the official HOS survey will the test be issued?
- 3) Once the CAHPS Web-based protocol is shared, does CMS plan to use the same or similar protocol for HOS?
- 4) Will plans have the ability to review or see the HOS communication templates (digital and non-digital) before they are distributed to beneficiaries?

As always, we value this opportunity to provide comments and are pleased to answer any questions you may have. We hope that you consider our comments as constructive feedback aimed at ensuring that together we continue to advance our shared goals of improving the delivery of coverage and services in a sustainable, affordable manner to Medicare beneficiaries, focused on improving their total health care experience.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Hoak". The signature is fluid and cursive, with the first name "Michael" and last name "Hoak" clearly distinguishable.

Michael Hoak  
Vice President, Public Policy