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General Comment

- We appreciate CMS' efforts in reviewing the HOS instrument. However, the proposed revisions are insufficient in addressing the issues already brought forward on this survey instrument. We recommend that the whole instrument have an additional review with stakeholder input from diverse communities, such as special needs plans, and that the review assesses the question order, format, length, and total duration to complete. We agree that response rate is important, but comprehension of each item and the instrument as a whole, in the way that it is experienced by the respondent, is at least equally important. Please consider comprehension of languages outside of English and Spanish, such as Hmong and Somali - prominent languages spoken in metro Minnesota.
- When testing, we recommend that CMS include a high proportion of beneficiaries from diverse backgrounds (i.e, dual eligible, disable or low-income, non-White, non-English speaking) and select contracts that support a substantial proportion of frail, elderly enrollees. We also recommend that the sample size for this testing be substantially increased to allow for adequate comparison between social risk factors identified above.
- Outside of testing, we continue to have concerns with sample size and composition for the HOS. The composition of respondents is too small for adequate, meaningful reporting. Even with the addition of a web-based submission process, the respondent sample has historically been heavily biased to White, English-speaking individuals.
- We do not recommend adding the proposed social risk screening items to the survey as these same social risk issues of housing, food, and transportation insecurity are already addressed in the required social risk screening through the Health Risk Assessment. In addition, NCQA already has a measure for social risk screening and follow-up that focuses on the same three risk issues. We recommend focusing on the Health Risk Assessment requirement and quality measures already in play that address social risk screening and follow-up.
- We do not feel that the calculate burden was accurately stated in the materials, believing that the time to complete HOS is underestimated. Fifteen minutes will not suffice for completing the whole HOS as recommended. A closer estimate would be 60-75 minutes per respondent.
- Overall, we do not feel that a blinded, longitudinal instrument offers actional information to a health plan or provider. Health plans are unaware and unable to see who or how our members are responding to these survey questions to assist members in getting the care they require.