

December 9, 2024

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: CMS-10203
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Submitted Electronically: https://www.regulations.gov

Re: Medicare Health Outcomes Survey

Dear Sir/Madam:

UnitedHealthcare (UHC) is pleased to respond to CMS's request for comments regarding the *Medicare Health Outcomes Survey* published in the Federal Register on October 9, 2024 (89 FR 81917).

UnitedHealthcare offers a full range of health benefits, enabling affordable coverage, simplifying the health care experience and delivering access to high-quality care. UnitedHealthcare is the health benefits business of UnitedHealth Group, a health care and well-being company working to help build a modern, high-performing health system through improved access, affordability, outcomes and experiences. We are committed to a future where every person has access to high-quality, affordable health care and a modern, high-performing health system that reduces disparities, improves outcomes, and lessens the burden of disease.

Removal of Instrumental Activities of Daily Living and Three Healthy Days items

UHC supports removal of the following questions from the Medicare Health Outcomes Survey:

- The Instrumental Activities of Daily Living (IADL) item (Q11a-c). CMS is seeking to remove this item because it is no longer being considered as a quality measure for Star Ratings.
- Three Healthy Days items (Q12-Q14). CMS seeks to remove these items because they have proven challenging for older adults to complete.

Removal of Numeric Pain Scale Question (Q35)

UHC does not support removal of the numeric pain scale question. This question has a strong correlation to the physical component score (PCS) change score and is a key driver for explaining a respondent's changing score over the period of two years. A focus on controlling pain can be an effective way to improve or maintain physical health and this question gives additional insight into a respondent's changing physical health beyond what is used in the VR-12 set of questions to calculate the score.

CMS's rational for removing this item states, in part, that there is other work in this area to measure pain. UHC requests clarification regarding the other work referenced. If this other work includes potential new questions based on the upcoming HOS field test, then self-reported pain could be addressed in other ways.

Evaluation of MCS and PCS Score Calculation

For future consideration, UHC recommends re-evaluation of the mental component score (MCS) and the physical component score (PCS). MCS and PCS score calculation uses a regression model with specific coefficients for each of the 12 questions on the VR-12, with the coefficients differing by measure. The answers to all 12 questions are used in the calculation of both the mental and physical component scores. UHC believes that the coefficients and how they were derived for the regression model can sometimes lead to unexpected and unintuitive results. For the MCS score calculation there are five questions relating to physical health that use a negative coefficient, meaning that better self-reported physical health will lead to a lower MCS score. Additionally, for the PCS score calculation there are five questions relating to mental health where better reported mental health will lead to lower PCS scores. This can lead to confounding results for a respondent between the baseline and follow-up survey, where a respondent reports improved physical health over a two-year period but their MCS change score declines even in the absence of any reported decline in mental health domains of the VR-12. UHC recommends re-evaluating the coefficients used to calculate MCS and PCS.

Thank you for your thoughtful consideration of our comments. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Jennifer Martin

Director, Regulatory Affairs

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