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General Comment

We strongly recommend that CMS discontinue collection of Medicare HOS.

According to CMS' report, a key objective of the survey is to identify plans that are doing "worse than expected" in terms of taking care of their enrollees physical and mental health over a two-year period. While that's clearly important, only a small number of plans are identified each year as being in the "worse than expected" category. For instance, in the most recent results, 12 plans were worse than expected on physical health and 11 for mental health. We seem to be spending a lot of time and money on a process that identifies only a few outliers.

The questionnaire is long and includes very detailed questions about health. Completing the questionnaire may be a burden for beneficiaries, especially dual eligible beneficiaries or beneficiaries who are in poor health. The survey does allow someone else to complete the survey on behalf of the beneficiary, but again, that is a burden.

Plans have no influence over the questions or the survey process.

We are spending almost \$25,000 on our HOS surveys this year and are not convinced we get an equivalent amount of value from this expense. The information obtained is not actionable

information or tell us anything surprising or new. How does it help us to know how many days members felt physically unhealthy in a month?

There is a very long lag between when the survey is conducted and when we get the reports from CMS. It takes about a year to get the reports. This lag can only reduce the potential usefulness of the results.