

# PUBLIC SUBMISSION

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(CMS-10203) Medicare Health Outcomes Survey (HOS)

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## General Comment

Primary end users of HOS data are CMS (to monitor health plan performance) and MAOs (to target quality improvement activities and resources).

### Goal:

The goal of the Medicare HOS program is to gather valid, reliable, clinically meaningful health status data in Medicare managed care for use in quality improvement activities, plan accountability, public reporting, and improving health.

### Discussion:

Survey data may not be the only way for CMS to provide oversight management of the MAOs. There may be other ways worth investigating that provide real time data that is also reliable and accurate. This would also decrease the burden on the beneficiaries to complete the survey. Some suggestions are: For feedback on HEDIS Effectiveness of Care measures (fall risk, bladder control, osteoporosis testing in older women and physical activity) these can be added to the CAHPS survey that is sent out from March through June of each year. Since the results of the baseline and follow-up of the same year are combined to provide these results and they are usually released one year later - combining with CAHPS would shorten the time frame and the number of surveys (just CAHPS instead of Baseline HOS and Follow-up HOS).

To use the HRA as a vehicle to obtaining this information. CMS can standardize the HRA process to streamline this effort. A random sample of members can then be selected for data submission very similar to HEDIS and that would be a good substitute for the surveys.

### Recommendation:

CMS should investigate other reliable and accurate ways to collect HOS data including HRA and CAHPS.

## Drawbacks of the HOS Survey:

### Response rates:

There are 1200 members selected in the baseline. The CMS estimated response rate for the baseline survey is 60 % or 720 members. In fact the response rate for the 2015 Cohort 18 Baseline was 46.7% nationally (well below the 60% estimate). The baseline response rate was 46.6% for 2014 Cohort 17 and 48.3% for 2013 Cohort 16, nationally. Of these respondents CMS estimates 75% response for the follow-up and the response for the 2012-2014 cohort 15 Performance Measurement was 72.2% nationally, the lowest in the last 3 years (it was 75.2 nationally for 2011-2013 Cohort 14 and 73.2% nationally for the 2010-2012 Cohort 13). This trend is indicative of the labor involved in completing the 11 page, 68 question survey.

With the elimination of the large plan exclusion from the HOS sample protocol beginning in 2018, there is a possibility that a beneficiary will be selected for the baseline survey in consecutive years (and therefore also for the follow-up). Even though the exclusion introduces a bias in the results, the selection of a member in two consecutive years will reduce the response rates for the baseline and follow-up.

The HOS survey is not available on-line for Medicare beneficiaries. To comply with the Paperwork Reduction Act of 1995, giving the beneficiaries the option of completing the survey online may increase response rates. As long as the surveys are not offered electronically we will see the response rates dropping for Medicare HOS and CAHPS surveys.

### Recommendation:

CMS should work to improve HOS response rates by giving beneficiaries an online option to complete the survey and ensuring the same beneficiaries are not selected for the survey in consecutive years.

### Time Lag from Survey Execution to Results:

There is a 3 year time lag from the baseline survey to receiving the final HOS Performance Measurement Results. And a few months after that the member level details are received. The QIP programs implemented by the health plans, from conclusions drawn from this data set may also be out-of-step with the population due to this time lag. There has to be an effective way to get real-time data or data with less of a time lag, in order for the improvement programs to be effective. The HOS member level data lag does not allow for quality improvement in a meaningful timeframe.

### Recommendation:

CMS should reduce the time frame from survey execution to receiving the final results.

### Time Frames Referenced in the HOS Survey:

The HOS survey references multiple experience periods and that may be confusing to beneficiaries:

4 weeks

Compared to one year ago

Past 30 days

In the last 7 days

Over the past 2 weeks

In the last 12 months

During the past month

### Recommendation:

CMS should implement a consistent experience time frame into HOS.

Please see file for additional comments. There were not enough characters for submission here. Thank you.

## Attachments

HOS Comments 06022017\_Final