

<i>Title of Information Collection</i>	Medicare Health Outcomes Survey (HOS)
<i>Use</i>	It is critical to CMS' mission that we collect and disseminate valid and reliable information that can be used to improve quality of care through identification of quality improvement opportunities, assist us in carrying out our oversight responsibilities, and help beneficiaries make an informed choice among health plans
<i>Form Number</i>	CMS-10203 (OMB control number: 0938-0701)
<i>Frequency</i>	Yearly
<i>Affected Public</i>	Individuals and households
<i>Number of Respondents</i>	739,959
<i>Total Annual Responses</i>	554,895
<i>Total Annual Hours</i>	183,115

Continued from data entry field:

Events Taking Place in the Beneficiaries Lives that May Impact their Responses to the HOS Survey Questions:

The survey does not ask the beneficiary if they have suffered a loss of a loved one (spouse, sibling or friend), have experienced a life changing event (like being admitted to an assisted living center or nursing home or even the loss of a driver's license) or had a negative diagnosis on their health or well-being (diagnosis of cancer, heart disease etc.). All of these factors could affect their responses to the survey.

Recommendation:

CMS should accommodate for life changing events in the HOS survey analysis and results.

Regional Differences in HOS Metrics:

It is clear from the HOS results that there are regional differences. There are several drivers for these differences including the availability of a good transportation system, weather, overall health of the State and availability of community resources. This puts some States at an advantage for HOS quality measures.

The HOS survey is offered in English, Spanish and Chinese. As we look at the cultural diversity of health plans the survey response rates will drop for health plans that serve communities that

do not speak these three languages. This is a disadvantage to health plans that serve a diverse population.

Recommendation:

CMS should account for regional differences including infrastructure, state health scores and diversity of the population (race, ethnicity and language) into the HOS and ensure that plans are not disadvantaged based on the population served.

Role of the PCP:

The HOS survey questions are primarily centered on conversations with the doctor. At times the beneficiary is seeing the specialist rather than their PCP (e.g. after a hospital admission for cardiovascular disease, the beneficiary will probably follow-up with their cardiologist rather than their PCP). The “discuss” and “treatment” sections of the HOS Star Ratings typically address the conversations with the “doctor” during the office visit. For example:

*A fall is when your body goes to the ground without being pushed. In the **past 12 months**, did you talk with your doctor or other health provider about falling or problems with balance or walking?*

Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking?

This survey makes the health plan responsible for the conversation and treatment at the doctor’s office. As a health plan we have taken a lot of steps on the provider and beneficiary side to prompt these conversations when the beneficiary is in the doctor’s office. The one thing we cannot do is attend the physician visit and ensure the conversation has taken place.

Recommendation:

CMS should work to remove the burden on the health plans to manage the office visit between the beneficiary and the physician.

Changes to Reducing the Risk of Falling (Part C):

Two changes were made to this measure, that will move it to display for the 2019 and 2020 Star Ratings:

1. Denominator will include all beneficiaries age 65 and older, as opposed to limiting the denominator to those aged 75 and older or aged 65-74 with a balance or walking problem or fall in the past year. This action removes a potential bias toward sampling only patients who were treated unsuccessfully.

2. NCQA updated the list of example interventions removing the phrase “ check your blood pressure lying down or standing” and adding “suggest you take Vitamin D”

Recommendation:

1. CMS should keep the option “ Check your blood pressure lying down or standing”
2. CMS should change the language for the proposed change from “suggest you take Vitamin D” to “check your Vitamin D level”