

**Date:** December 20, 2007

**To:** All Part C Medicare Advantage Organizations  
All Medicare Quality Improvement Organizations

**From:** Abby L. Block  
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**Subject:** 2008 Medicare Health Outcomes Survey and Medicare Health Outcomes Survey-  
Modified Reporting Requirements

I am pleased to provide you with the 2008 Medicare Advantage reporting requirements for the HEDIS® Medicare Health Outcomes Survey (HOS) and the HOS-Modified (HOS-M).

The HOS is an annual performance measure that provides the Centers for Medicare & Medicaid Services (CMS) with a general indication of how well a Medicare Advantage Organization (MAO) manages the physical and mental health functioning of its beneficiaries over time and may be used as a data source to target MA quality improvement activities.

The HOS-M is an abbreviated version of the HOS. The HOS-M is administered to vulnerable Medicare beneficiaries in specialized MAOs at greatest risk for poor health outcomes. The main goal of the HOS-M is to assess the frailty of the population to generate information for payment adjustment.

This memo provides the information that MAOs need to comply with CMS' HOS or HOS-M reporting requirements for 2008 and is organized as follows:

- 2008 HOS reporting requirements for Cohort 11 Baseline and Cohort 9 Follow-up
- 2008 HOS-M reporting requirements
- Non-renewing/Terminating MAOs
- Contracting with a certified HOS survey vendor
- HOS Data Feedback

## **HOS REPORTING REQUIREMENTS**

The following types of Part C MAOs are required to report the Cohort 11 Baseline HOS in 2008, provided that they have a minimum enrollment of 500 members:

- ALL coordinated care plans, including local and regional preferred provider organizations (PPOs), with Medicare contracts in effect on or before January 1, 2007
- Continuing cost contracts that held §1876 risk and cost contracts, with Medicare contracts in effect on or before January 1, 2007
- Social HMOs (SHMOs), regardless of contract effective date

In addition, all MAOs with contracts in place on or before January 1, 2005, which participated in the Cohort 9 Baseline survey in 2006, are required to administer a Cohort 9 Follow-up survey in 2008.

Please note for mergers and acquisitions that HOS reporting is required for the surviving MAO's membership only.

### **New in 2008 – Special Needs Plans (SNPs) Must Report HOS**

Starting in 2008, **all** MAOs comprised of one or more SNP plan benefit package (PBP), which meet the HOS reporting requirements outlined above, will be required to participate in HOS. This new reporting requirement applies across MAOs, regardless of whether a SNP PBP enrolls institutionalized, chronically ill, or dually eligible members. Reporting will continue to be at the contract (H-number) level.

Please note that certain specialized MAOs with exclusive SNP enrollment will continue to participate in HOS-M (*see HOS-M reporting requirements below*).

### **New in 2008- Private Fee-for-Service (PFFS) Plans May Voluntarily Report HOS**

Starting in 2008, PFFS plans, with a minimum enrollment of 500 members, with Medicare contracts in effect on or before January 1, 2007, may voluntarily report HOS.

## **HOS Survey Process**

Participating MAOs will have one HOS reporting unit for each contract. This aligns HOS reporting with the level at which MAO performance is monitored and quality assessment and performance improvement projects are performed, i.e. at the contract level. Note that the HOS is not a substitute for assessment tools that MAOs currently use for clinical quality improvement.

The HOS measures beneficiaries' self-reported physical and mental health status at the beginning (Baseline) and end of a two-year period (Follow-up). Each year a baseline cohort is drawn and 1,200 beneficiaries per reporting unit are surveyed. The survey is designed to achieve a 70 percent response rate. If the contract-market has fewer than 1,200 eligible members but meets the minimum size requirement of 500, all will be surveyed. Additionally, each year respondents from a baseline cohort drawn two years previously will be resurveyed. During the 2008 HOS administration, Cohort 11 Baseline will be surveyed and Cohort 9 Follow-up will be surveyed.

Aged and disabled members are eligible for the HOS measure, regardless of institutional status. Members with end-stage renal disease (ESRD) are excluded from baseline sampling.

Results from each cohort are used to calculate a change score for the physical health and emotional well being of each respondent. Depending on the amount of expected change, the respondent's physical and mental health status will be categorized as better, the same or worse than expected over the two-year period. Members who are deceased at follow-up are included in the "worse" physical outcome category. The MAO-specific results aggregate member-level results to report the percentage of beneficiaries whose physical and mental health status are better than expected, the same, or worse than expected over two years.

## **HOS-MODIFIED REPORTING REQUIREMENTS**

All Programs of All Inclusive Care for the Elderly (PACE), Minnesota Senior Health Options/Minnesota Disability Health Options (MSHO/MnDHO) plans, Wisconsin Partnership Programs (WPP), and Massachusetts MassHealth Senior Care Options (SCO) plans with contracts in effect on or before January 1, 2007 are required by CMS to administer the HOS-M survey in 2008. A minimum enrollment threshold does not apply to the HOS-M.

### **HOS-M Survey Process**

The sample size for the 2008 HOS-M survey administration will be 1,200 for eligible MAOs with at least 1,400 participants. If an eligible MAO has fewer than 1,400 beneficiaries enrolled, at the time the sample is drawn, the entire membership must be surveyed.

Participating MAOs, depending on enrollment size, will be required to provide information prior to, during and after the survey administration, including contact information for each participant and up to two of their family contacts or other caregiver contacts.

### **NON-RENEWING/TERMINATING MAOS**

MAOs that otherwise meet the HOS or HOS-M reporting requirements stated above but have terminated contracts effective as of January 1, 2008 will not be required to participate in the respective 2008 HOS or HOS-M survey.

### **CONTRACTING WITH A CERTIFIED SURVEY VENDOR**

The CMS contracts with the National Committee for Quality Assurance (NCQA) to manage and standardize HOS and HOS-M survey operations. Annually, NCQA certifies survey vendors to administer the HOS and HOS-M. All MAOs eligible to administer the Cohort 11 Baseline and/or Cohort 9 Follow-up HOS are expected, at their expense, to contract with an NCQA-certified HOS vendor, **no later than February 1, 2008**, to ensure timely survey implementation. Similarly, all MAOs eligible to administer the HOS-M are expected to contract with an NCQA-certified HOS-M vendor **no later than January 31, 2008**. To expedite the survey process, MAOs may be asked to provide telephone numbers or verify telephone numbers for the respondents unable to be identified using other means.

MAOs must ensure the integrity of the data files they provide to the survey vendors by checking for, among other things, shifted data fields or out of range values. MAOs will be financially liable for the cost of any re-work (including but not limited to re-administration of the survey) and subsequent delay by the vendor resulting from corrupt data files transmitted to the vendor by the MAO.

Questions on the general administration of the HOS and HOS-M, including survey vendor certification, may be directed to NCQA at [hos@ncqa.org](mailto:hos@ncqa.org).

## **Vendor Reports**

The vendors administering the survey may provide you with reports on the progress of mail and telephone survey administration. Each report may consist of data on the number of surveys issued during the first and second survey mailings, the number of surveys returned completed or partially completed, the number of sampled members for whom a survey could not be obtained (e.g., due to death, disenrollment, language barrier), and mail and telephone response rate calculations.

Please DO NOT ask your vendor for additional analyses or member specific data. They are prohibited from providing this type of information. Requests for interpretation of the data or more detailed analyses of the data should be directed to your State Quality Improvement Organization (QIO).

## **HOS DATA FEEDBACK**

Please note that individual member level HOS data will not be provided to MAOs after baseline data collection. However, you will receive the following from CMS:

### **HOS Baseline Profile Report**

A profile report is made available to all MAOs participating in the previous year's baseline cohort. This quality improvement tool, which presents an aggregate overview of the baseline health status of your MAO's Medicare enrollees, was developed and extensively tested to ensure that MAOs would find the data useful and actionable. Your State QIO also receives copies of the baseline profiles and stands ready to collaborate with you on interpreting the data, identifying opportunities to improve care, assisting you in planning effective, measurable interventions, and evaluating and monitoring the results of your interventions. Using data from the Medicare HOS to plan and conduct a quality improvement project may fulfill one of the Quality Improvement (QI) program requirements. Baseline profile reports are normally available by late May or early June. Effective Fall 2003, MAO report distribution no longer occurs in hard copy format. Instead all report distribution will occur electronically through Health Plan Management System (HPMS). Please contact your plan's CMS Quality Point of Contact to gain access to your HOS reports.

### **HOS Performance Measurement Report and Data**

After the administration of each follow up cohort, a cohort specific performance measurement report is produced. Survey responses from baseline and follow up are merged to create a performance measurement data set. The HOS performance measurement results are computed using a rigorous case mix/risk adjustment model. The resulting aggregation of these scores across beneficiaries within a plan yields the HOS plan level performance measurement results. The performance measurement reports and corresponding data results are designed to support MAO quality improvement activities. After performance measurement reports have been distributed to the participating MAOs and QIOs each summer, beneficiary level performance measurement data are made available to MAOs upon request and disseminated electronically to all participating QIOs. MAOs are notified of the availability of performance measurement data electronically through HPMS.

### **HOS-M Profile Reports and Data**

Plan profile reports for HOS-M are currently under development and scheduled to be available beginning in 2008. MAO-level HOS-M data will be available in late 2008 or early 2009.