



## **CENTER FOR MEDICARE**

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**DATE:** July 26, 2013

**TO:** All Medicare Advantage Organizations

**FROM:** Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group

**SUBJECT:** 2013 Medicare Health Outcomes Survey (HOS) HPMS Update

On behalf of the Medicare Health Outcomes Survey (HOS) Team, I am pleased to announce the release of the updated Health Plan Management System (HPMS) HOS module and the availability of the following reports and data for participating Medicare managed care plans:

- 2010-2012 Cohort 13 Medicare HOS Performance Measurement Report
- 2010-2012 Cohort 13 Medicare HOS Summary Measure Results
- 2010-2012 Cohort 13 Medicare HOS Aggregate Score Analysis
- 2012 Cohort 15 Medicare HOS Baseline Report
- 2012 Medicare HOS-Modified Report

### **Updated HPMS HOS Module**

CMS continues to implement software improvements intended to increase the efficiency of CMS systems for all users. Enhancements to the HPMS HOS module will provide increased functionality and improve overall usability. Users will note that the left navigation links have been replaced by a collapsible right navigation menu. Also, plan users will only be able to view and download reports for their own contracts and the Quality Improvement Organization (QIO) in their state(s). Contract Name is now displayed in addition to Contract Number in the drop down for Baseline, Performance Measurement, and HOS-M reports. Downloads of the Cohort 15 Baseline report and Cohort 13 Performance Measurement report will include summary level data in a CSV file that can be opened in Excel and contains contract-level responses and demographic data for use in quality improvement efforts. Finally, Star Rating Measure data are available as a new option under Summary Measure Analysis. For more information, see below.

### **Medicare HOS Version 2.0**

The *2010-2012 Cohort 13 Performance Measurement Report*, *Summary Measure Results*, *Aggregate Score Analysis*, and the *2012 Cohort 15 Baseline Report* include results from the Medicare HOS version 2.0. In the spring of 2006, CMS implemented the Medicare HOS 2.0 for MAOs. The HOS 2.0 evaluates physical and mental health status using the Veterans RAND 12-Item Health Survey (VR-12). Use of the instrument reduces beneficiary burden and maintains comparability of the HOS results over time.

## ***2010-2012 Cohort 13 Performance Measurement Report***

The *2010-2012 Cohort 13 Performance Measurement Report* presents results for Medicare Advantage Organizations (MAOs) based on data from the Medicare HOS *2010 Cohort 13 Baseline* and *2012 Cohort 13 Follow Up* surveys. The HOS performance measurement results describe change in health status over time for beneficiaries in your MAO.

The Performance Measurement report has been redesigned to help MAOs understand and find their HOS results for key health indicators. New information on the HOS measures utilized in the Medicare Star Ratings, as well as additional resources to assist MAOs in their quality improvement efforts, are included in the report.

The report provides performance measurement results for the thirteenth time since the HOS was introduced as a HEDIS measure in 1998. The HOS measures an MAO's ability to maintain or improve the physical and mental health of its Medicare beneficiaries over time.

## **2010-2012 Medicare HOS Cohort 13 Summary Measure Results**

The 2010-2012 HOS Summary Measure Results present high level performance measurement information for MAOs based on data from the Medicare HOS *2010 Cohort 13 Baseline* and *2012 Cohort 13 Follow Up* surveys. The HOS summary measures describe change in physical and mental health status over time at the contract, state, and region levels. The results compare actual to expected changes in physical and mental health over two years (i.e., better than, the same as, or worse than expected), as well as actual changes in physical and mental health.

### *2014 Star Ratings Measures*

Also included in this year's Summary Measure Results are the 2014 HOS Star Ratings Measures. Explicitly shown are the data for the two HOS and three HEDIS/HOS measures used in the 2014 Star Ratings, as well as one Display Only measure. The two HOS measures are based on data from 2010-2012 Cohort 13 Performance Measurement Results (2010 Baseline and 2012 Follow-up data collections), while the HEDIS/HOS and Display Only measures are based on data from the 2012 Cohort 13 Follow-up and 2012 Cohort 15 Baseline data collections.

## **2010-2012 Medicare HOS Cohort 13 Aggregate Score Analysis**

The 2010-2012 HOS Aggregate Score Analysis reports average *Cohort 13 Baseline* and *Follow up* scores at the contract, state, region, and national levels for the core physical and mental health outcome measures included in the HOS and other indices of functional health status, including:

- Average Physical and Mental Component Summary Scores
- Percentage (%) reporting Health Same or Better Compared to 1 Year Ago
- Percentage (%) reporting Problems with 2 or More Activities of Daily Living
- Percentage (%) reporting 2 or More Chronic Diseases
- Percentage (%) reporting Depressive Symptoms

## ***2012 Cohort 15 Baseline Report***

The baseline report was updated to assist MAOs in identifying opportunities for improvement of HOS results. Health status indicators are displayed within demographic groups to emphasize areas where beneficiaries are doing poorly and to identify where MAO performance differs from the national average for a specific measure. Information on the HOS HEDIS measures utilized in the Star Ratings is also included.

### **Use of HOS Data**

CMS encourages each MAO to work in collaboration with their QIO to examine their results. Readers may visit the HOS website at [www.HOSonline.org](http://www.HOSonline.org) for webinars addressing how the HOS data can be used for quality improvement activities and for additional resources to help MAOs use their HOS results to target quality improvement activities.

Baseline and two-year Performance Measurement results are intended to provide information for each MAO to use in designing an improved health care delivery system to better meet the needs of the beneficiaries in its service area. Aggregate and state level information is provided to each MAO for their own internal review.

## ***2012 Medicare HOS-Modified Report***

The HOS-M, an abbreviated version of the Medicare HOS, assesses physical and mental health functioning of enrollees in Program of All-Inclusive Care for the Elderly (PACE) Organizations to generate information for payment adjustment.

The HOS-M report focuses on specialized plans serving frail and elderly beneficiaries, and provides a summary of demographic information, physical and mental health status, and selected health status measures. Additionally, in each respective plan report, the health status of the plan's frail and elderly enrollees is compared to the combined Medicare HOS-M sample averages (HOS-M Total).

### **Distribution of Reports**

Distribution occurs electronically to MAOs and PACE Organizations through HPMS and to QIOs through QualityNet. QIOs can also access their HOS reports and reports for all MAOs in their state via HPMS. Performance Measurement reports for *Cohorts 10-13*, Baseline reports for *Cohorts 12-15*, and HOS-M reports for years 2009-2012 are available in HPMS. Please note that if your MAO did not participate in the *2010-2012 Cohort 13 Performance Measurement* or *2012 Cohort 15 Baseline*, there are no MAO specific reports for your organization.

For a general overview of the Medicare Health Outcomes Survey program, visit the CMS HOS website at [www.cms.gov/hos](http://www.cms.gov/hos). You may submit technical inquiries to [hos@azqio.sdps.org](mailto:hos@azqio.sdps.org), or contact Health Services Advisory Group through the HOS Information and Technical Support telephone line at (888) 880-0077. HOS program and policy questions may be addressed to [hos@cms.hhs.gov](mailto:hos@cms.hhs.gov).