

# Summer 2013 HOS E-Newsletter Volume 2, Issue 2



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## What's New



### Overview

Welcome to our latest edition (Summer 2013) of the Medicare Health Outcomes Survey (HOS) e-Newsletter. We appreciate the comments/suggestions regarding the e-Newsletter received thus far and encourage Medicare Advantage Organizations (MAOs) and other stakeholders to continue sending ideas to [hos@HCQIS.org](mailto:hos@HCQIS.org). We also invite and welcome any best practices that your MAO would like to share. All issues of the HOS e-Newsletter are available on the [HOS website](#).

### Enhancements to the HPMS

When you access the Quality and Performance HOS module in the Health Plan Management System (HPMS) this summer to obtain your HOS reports, you will notice several enhancements to the site that make navigation easier and more user friendly.

- MAOs will be able to review their own HOS reports and view the Quality Improvement Organization (QIO) reports for their own state.
- The contract name is now displayed in addition to the contract number in the drop-down menu for HOS reports.
- The HOS Summary Measure Score Analysis Report now includes Star Ratings Measures for the selected cohort of data (for *Cohort 13* and future cohorts).
- For *Cohort 15 Baseline* and *Cohort 13 Performance Measurement*, MAOs will be able to click one link to obtain their reports, along with the corresponding summary-level data and a documentation file.
- The summary-level data set can be opened in Excel and contains contract-level responses and demographic data.

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## HOS Timelines



## **HOS 2013 Survey Administration Cycle**

If you are looking for information regarding the 2013 HOS Survey Administration for the Medicare HOS and HOS-Modified (HOS-M) Surveys—including the Medicare contracts required to participate, the survey vendor list, and reporting requirements—please visit the National Committee for Quality Assurance (NCQA) website at <http://www.ncqa.org/tabid/446/default.aspx>. The website also includes information about monitoring vendor performance throughout data collection.

## **HOS Version 2.5!**

The HOS Version 2.5 was implemented in spring 2013. This interim version of the HOS retired certain items from the HOS Version 2.0 and incorporated new standards required by Section 4302 of the Affordable Care Act related to race, ethnicity, and disabilities. Some additional items related to the ability to function independently, cognitive functioning, limitations due to pain, living arrangement, providing care to others, and transportation were added as pilot items. The next version, HOS Version 3.0, is tentatively scheduled to be fielded in 2015.

## **HOS Reports Now Available!**

- *2012 Cohort 15* HOS Baseline Reports
- *2010–2012 Cohort 13* HOS Performance Measurement Reports
- *2012* HOS-M Reports

Your Centers for Medicare & Medicaid Services (CMS) Quality Point-of-Contact and HPMS users should have access to these reports through the HPMS. If assistance is required regarding HPMS access to the reports, please contact CMS via e-mail at [hpms\\_access@cms.hhs.gov](mailto:hpms_access@cms.hhs.gov).

## **HOS Data Sets Now Available!**

- Data sets and accompanying Data User's Guides (DUGs) for HOS Cohorts 1–12 and HOS-M data sets for 2007–2012

In response to numerous requests from MAOs, the data are formatted as a Comma Separated Values (CSV) file that is compatible with Microsoft Excel. Contact the HOS Team at [hos@HCQIS.org](mailto:hos@HCQIS.org) to request data for your MAO or Program of All-Inclusive Care for the Elderly (PACE) Organization.

## **Timeline for the Medicare Part C Star Ratings**

Results of the HOS are included as part of the Medicare Star Ratings developed by CMS. Five HOS measures are included for MAOs in the Medicare Star Ratings—two functional health and three NCQA HEDIS<sup>®</sup> measures.

CMS has allocated two time periods during which an MAO may preview its Medicare Star Ratings data. During the late summer, MAOs will be able to preview their data in the HPMS Performance Metrics modules. Medicare Star Rating assignments will not be available during this first review period; however, the actual HOS results will now be available for verification in the HOS module. There will be a second plan preview period in the fall when MAOs can review their Medicare Star Ratings data and assignments prior to their display on the Medicare Plan Finder (MPF).

The Medicare Star Ratings for 2013 will be used for the 2014 quality bonus payments. Follow the green highlighted section of the table below. The Medicare Star Ratings for 2014 will be used for the 2015 quality bonus payments. Follow the yellow highlighted section of the table below.

## Medicare HOS Survey Administration and Star Ratings Timeline

	Data Collection		Reports		Medicare Part C Star Ratings			Quality Bonus
	Base-line	Follow Up	Base-line	Follow Up	2-yr PCS/MCS Change	HEDIS Measures	Report Year	Payment Year
<b>2014</b>	Cohort 17	Cohort 15	Cohort 16	Cohort 14	2010-2012 Cohort 13	2012 Cohort 15 Baseline & 2012 Cohort 13 Follow Up	2014	2015
<b>2013</b>	Cohort 16	Cohort 14	Cohort 15	Cohort 13	2009-2011 Cohort 12	2011 Cohort 14 Baseline & 2011 Cohort 12 Follow Up	2013	2014
<b>2012</b>	Cohort 15	Cohort 13	Cohort 14	Cohort 12	2008-2010 Cohort 11	2010 Cohort 13 Baseline & 2010 Cohort 11 Follow Up	2012	2013
<b>2011</b>	Cohort 14	Cohort 12	Cohort 13	Cohort 11	2007-2009 Cohort 10	2009 Cohort 12 Baseline & 2009 Cohort 10 Follow Up	2011	
<b>2010</b>	Cohort 13	Cohort 11	Cohort 12	Cohort 10	2006-2008 Cohort 9	2008 Cohort 11 Baseline & 2008 Cohort 9 Follow Up	2012	

For more information about the Medicare Part C Star Ratings, visit the CMS website at <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html>.

For questions related to the Medicare Part C and D Star Ratings, contact [PartCandDStarRatings@cms.hhs.gov](mailto:PartCandDStarRatings@cms.hhs.gov). Please be sure to include your contract number(s) in the e-mail.

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### Of Note



#### **Association Between Medicare Star Ratings and Enrollment**

The Medicare Part-C Plan Ratings, also referred to as the Medicare Star Ratings, were developed by CMS to rate the relative quality of care and service provided by MAOs based on a five-star rating scale and to reward high-performing plans. Additionally, the Medicare Star Ratings were developed to empower Medicare beneficiaries by giving them more information about the relative quality of service and care provided by health plans.

A recently published study in the *Journal of the American Medical Association* assessed the association between publicly reported MA plan quality ratings and actual beneficiary enrollment decisions. The study found a consistent and strong relationship between achievement in the Medicare Star Ratings Score and enrollment decisions. For new enrollees, every one-star increase was associated with a 9.5 percentage point increase in the likelihood that a patient would enroll in that plan.<sup>1</sup>

<sup>1</sup> Reid RO, Deb P, Howell BL, Shrank WH. Association Between Medicare Advantage Plan Star Ratings and Enrollment. *JAMA*. 2013; 309 (3): 267-274.

#### **Summary      Data      Now      Available      with      HOS      Reports**

Thank you to everyone who responded to our request for feedback on this topic in the previous edition of the e-Newsletter. As you are aware, beneficiary-level data sets from an entire HOS cohort (baseline and follow up) are made available to MAOs **after** the Performance Measurement Report is distributed. These data sets contain all beneficiary survey responses to the HOS, along with a DUG specific to the cohort of data.

In addition to the above, CMS is now providing summary data to go along with the Baseline and Performance Measurement Reports that can be used for quality improvement efforts. The summary-level data set can be opened

in Excel (CSV) and contains contract-level responses to each HOS question, as well as demographic data. These aggregate data will be made available for each contract so that an MAO can view its own aggregate results or concatenate results within a parent organization for multiple contracts. The summary-level data are available beginning with the *Cohort 15 Baseline* and *Cohort 13 Performance Measurement Reports* that were distributed in July.

As always, we appreciate your feedback and ideas. Please contact us at our Technical Support e-mail address, [hos@HCQIS.org](mailto:hos@HCQIS.org), and share your suggestions.

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## HOS Applications



### One of Our Most Commonly Asked Questions

By far, the most commonly asked question received on our Medicare HOS Information and Technical Support site is:

*How do I obtain the Medicare HOS reports and beneficiary-level data for my health plan?*

Baseline and Performance Measurement Reports are made available to MAOs through the HPMS. HOS-M Reports are also made available to PACE Organizations through the HPMS. An HPMS User ID and password are required to access these results. If you do not have an HPMS User ID, you may contact your organization's CMS Quality Point-of-Contact to obtain access to the reports. If assistance is required regarding HPMS access, you may contact HPMS via e-mail at [hpms\\_access@cms.hhs.gov](mailto:hpms_access@cms.hhs.gov).

Beneficiary-level data sets from the entire HOS cohort (baseline and 2-year follow up) are made available to MAOs after the Performance Measurement Reports are distributed. HOS-M beneficiary-level data sets are made available to PACE Organizations yearly. Similar to the reports, the announcement of the availability of the new cohort data is shared through the HPMS. After the announcement, you may contact HOS Information and Technical Support via e-mail ([hos@HCQIS.org](mailto:hos@HCQIS.org)) to request the data. Make sure to provide the contract number you are authorized to request and information about the year or cohort of data you are requesting, as well as your own contact information.

A helpful starting point to learn about how to obtain and use your HOS reports and data sets is the tutorial, *Introduction to the Medicare Health Outcomes Survey (HOS)*, available on the HOS Web site ([www.hosonline.org](http://www.hosonline.org)).

### Available Articles and Technical Reports

New HOS-related articles and technical reports are continuously being posted on the HOS website. We welcome the opportunity to post HOS-related, peer-reviewed articles written by MAOs. Please send proposed articles to [hos@HCQIS.org](mailto:hos@HCQIS.org) for review and approval for posting by CMS.

A recent theme issue of the *Journal of Ambulatory Care Management* (October/December 2012) focuses on the use of the HOS in the evaluation of MAOs. Citations for the articles are available in the Publications Section of the website. Examples of some of the articles posted on the HOS Web site are included below.

- **Evaluating Outcomes of Care and Targeting Quality Improvement Using Medicare Health Outcomes Survey Data, 2012** This article describes the goals of the HOS Program and how the HOS supports healthcare reform.
- **Monitoring Outcomes for the Medicare Advantage Program: Methods and Application of the VR-12 for Evaluation of Plans, 2012** This article discusses a new metric approach for the VR-12 called the "VR-6D."

- **Identifying Older Adults at High Risk of Mortality Using the Medicare Health Outcomes Survey, 2012** This study describes the development of a screening tool for at-risk elderly population based upon a modified version of the HOS.
- **Activities of Daily Living, Chronic Medical Conditions, and Health-Related Quality of Life in Older Adults, 2012** This study investigates associations between chronic medical conditions, activities of daily living and health-related quality of life.

For a full listing of HOS-related articles in the literature and technical reports, please visit the [Publications Section](#) of the HOS Web site.

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## HOS Training



### New Self-Paced Training Webinar

The latest in self-paced tutorials, titled *Using Your Medicare Health Outcomes Survey (HOS) Data*, is now available [here](#). This intermediate-level tutorial provides practical information about how to use the HOS Performance Measurement data sets to improve the health and well-being of your MAO's beneficiaries. This tutorial builds upon knowledge contained in the previous tutorials located on the HOS website.

Other available Web-based tutorials include:

- *Introduction to the Medicare Health Outcomes Survey (HOS)*, a basic tutorial that should serve as a helpful starting point to learn about the HOS and how to obtain and use your HOS reports and data sets.
- *Getting the Most from Your Medicare Health Outcomes Survey (HOS) Baseline Report*, an intermediate-level tutorial developed to help MAOs understand how to use their HOS Baseline Reports to support quality improvement efforts.
- *Understanding the Medicare Health Outcomes Survey (HOS) Performance Results Used in the MA Plan Ratings*, which is designed to help MAOs increase their understanding and use of HOS data. This tutorial describes the methodology used in calculating performance measurement results. It also discusses how the HOS Survey results are used in the MA Plan Ratings.

[Click here](#) to view all of these tutorials.

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### Medicare HOS Contacts

#### General Questions about the Medicare HOS:

Contact: Medicare HOS Information and Technical Support:

Telephone: 1-888-880-0077

E-Mail: [hos@HCQIS.org](mailto:hos@HCQIS.org).

#### Questions about the HOS Program or Policy

Contact the Centers for Medicare & Medicaid Services at [hos@cms.hhs.gov](mailto:hos@cms.hhs.gov)

#### Questions about the Part C and D MA Plan Ratings

[PartCandDStarRatings@cms.hhs.gov](mailto:PartCandDStarRatings@cms.hhs.gov)

Medicare HOS Web Site:  
<http://hosonline.org>

**We welcome your feedback! Please e-mail: [hos@HCQIS.org](mailto:hos@HCQIS.org) and let us know what you think!**

To view past issues, visit <http://hosonline.org>

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