

Winter 2012–2013 HOS E-Newsletter

Volume 2, Issue 1

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What's New



Overview

Welcome to our latest edition (Winter 2012–2013) of the Medicare Health Outcomes Survey (HOS) e-Newsletter. We are pleased with the interest generated by the first few editions. We encourage you to send comments or suggestions regarding this e-Newsletter to 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 will be available on the [HOS Web site](#).

We have expanded the HOS Timeline section in this e-Newsletter so that you can easily see where we are in the HOS cycle and which reports and data are available. We have also added a section called "Of Note" for kernels of information that might be of use to plans, including important changes, policies, and practices related to managed care.

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-M Surveys—including the Medicare contracts required to participate, the survey vendor list, and reporting requirements—please go to the NCQA Web site at <http://www.ncqa.org/tabcid/446/default.aspx>.

HOS Reports Now Available!

- 2011 Cohort 14 HOS Baseline Reports
- 2009-2011 Cohort 12 HOS Performance Measurement Reports
- 2011 HOS-M Reports

Your CMS Quality Point-of-Contact and Health Plan Management System (HPMS) users should have access to these reports through HPMS. If assistance is required regarding HPMS access for the reports, please contact CMS via e-mail at ahpms_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 2007-2011

In response to numerous requests from MAOs, the data are formatted as a Comma Separated Values (CSV) file that is compatible with MS Excel. Contact the HOS Team at hos@HCQIS.org to request data for your MAO or PACE Organization.

Timeline for the MA Plan Ratings

Results of the HOS are included as part of the MA Plan Ratings developed by CMS. Five HOS measures are included in the MA Part C Plan Ratings—two functional health and three NCQA HEDIS® measures.

CMS has allocated two time periods during which a plan may preview its MA Plan Ratings Data. During the late summer, plans will be able to preview their MA Plan Ratings data in the HPMS. Star rating assignments will not be available during this first review period. There will be a second plan preview period in the fall when you can review your MA Plan Ratings data and Star assignments prior to their display on the Medicare Plan Finder (MPF).

The HOS MA Plan Ratings for 2013 will be used for the 2014 quality bonus payments. Follow the green highlighted section of the table below.

Medicare HOS Survey Administration and Plan Rating Timeline									
	Data Collection		Reports		MA Part C Plan Ratings			Plan Rating	Quality Bonus
	Baseline	Follow Up	Baseline	Follow Up	2-yr PCS/MCS Change	HEDIS Measures	Report Year	Payment Year	
2014	<i>Cohort 17</i>	<i>Cohort 15</i>	<i>Cohort 16</i>	<i>Cohort 14</i>	<i>2010-2012 Cohort 13</i>	<i>2012 Cohort 15 Baseline & 2012 Cohort 13 Follow Up</i>	2014	2015	
2013	<i>Cohort 16</i>	<i>Cohort 14</i>	<i>Cohort 15</i>	<i>Cohort 13</i>	<i>2009-2011 Cohort 12</i>	<i>2011 Cohort 14 Baseline & 2011 Cohort 12 Follow Up</i>	2013	2014	
2012	<i>Cohort 15</i>	<i>Cohort 13</i>	<i>Cohort 14</i>	<i>Cohort 12</i>	<i>2008-2010 Cohort 11</i>	<i>2010 Cohort 13 Baseline & 2010 Cohort 11 Follow Up</i>	2012	2013	
2011	<i>Cohort 14</i>	<i>Cohort 12</i>	<i>Cohort 13</i>	<i>Cohort 11</i>	<i>2007-2009 Cohort 10</i>	<i>2009 Cohort 12 Baseline & 2009 Cohort 10 Follow Up</i>			
2010	<i>Cohort 13</i>	<i>Cohort 11</i>	<i>Cohort 12</i>	<i>Cohort 10</i>	<i>2006-2008 Cohort 9</i>	<i>2008 Cohort 11 Baseline & 2008 Cohort 9 Follow Up</i>			

For more information about the Part C MA Plan Ratings, visit the CMS Web site at www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html.

For questions related to the Part C and D MA Plan Ratings, contact PartCandDStarRatings@cms.hhs.gov. Please be sure to include your contract number in the e-mail.

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Of Note



Baby Boomers Are a New Prototype

The total MA plan enrollment has risen steadily from 19 percent (8.4 million) of Medicare beneficiaries in 2007 to about 27 percent (13.1 million) in 2012.¹ The MA Plan enrollment includes the following: 65 percent of Medicare beneficiaries are enrolled in HMOs, 28 percent in local or regional PPOs, 4 percent in private fee-for-service, and 3 percent in other programs.^{2,3} It is likely that with the sheer number of "aging" baby boomers reaching the age of Medicare eligibility and the recessed economy, there will be continued growth in MA plan participation.

The upcoming group of baby boomers reaching Medicare eligibility should be different from their predecessors going into Medicare 10 years ago. This new group will be accustomed to healthcare that employs copays and some limitations in the number of participating providers. As a recent article in Managed Healthcare Executive suggested, this change in the prototype of the senior beneficiary, with their existing familiarity with managed care, frees plans to change their marketing strategies during open enrollment and focus on building name recognition rather than explaining what managed care is.⁴ The Medicare Plan Finder (MPF) is also mentioned as a positive, suggesting that the MPF helps beneficiaries clearly see their annual cost of their coverage. Many of the major carriers "have outreach programs for people who are aging into Medicare, starting at age 55."⁵

¹ Centers for Medicare & Medicaid Services Web Site. Accessed October 10, 2012 at www.cms.gov/fastfacts/

² Medicare Advantage 2012 Data Spotlight; Enrollment Market Update. Accessed October 10, 2012 at the Kaiser family Foundation's Web site on www.kff.org/medicare/upload/8323.pdf.

³ The Medicare Advantage program: Status report. Medicare Payment Advisory Commission Web site. Available at www.medpac.gov/chapters/Mar12_Ch12.pdf. Accessed October 10, 2012.

^{4,5} Sandler J. Medicare Advantage grows in size, percentage of total enrollment. Managed Healthcare Executive. November 1, 2011. Available at <http://managedhealthcareexecutive.modernmedicine.com/mhe/article/articleDetail.jsp?id=747557>. Accessed October 3, 2012.

Soliciting Feedback!

Exploring the Possibility of Summary Data with HOS Reports

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 response to feedback from MAOs, CMS is considering providing some user-friendly summary data along with the Baseline and Performance Measurement Reports that can be used for quality improvement efforts. Under consideration is a data set that can be opened in Excel and contains summary-level responses to each question. This would be provided with both reports and would contain aggregate demographic information for the contract in addition to aggregate level responses to each question. Information for each contract within a parent organization would be available so that an MAO could view its own aggregate results or concatenate results for multiple contracts.

We are interested in your feedback and ideas for what would work best for you. Please contact us at our technical support e-mail address, hos@HQIS.org, and share your suggestions.

HOS Applications



One of Our Most Commonly Asked Questions

What are the Aggregate Score Analysis and Summary Measure Score Analysis?

Each year in the summer, both the Aggregate Score Analysis and Summary Measure Score Analysis are posted on HPMS by CMS for each contract. These scores are provided to give plans a brief, high-level synopsis of contract results from their latest Performance Measurement Report. The plan is given the option of viewing its results by selecting the contract, state, or region. The scores are posted on HPMS in tables that a plan can print or save as a downloadable PDF. Though plans can use this information to create tables containing the results for several contracts over several cohorts, they cannot perform any type of pooled analyses without the beneficiary-level data.

- The Summary Measure Analysis includes some of the information that will be incorporated into the MA Plan Ratings (same as expected, better than expected and worse than expected percentages). The Summary Measure Score Analysis information and more are in the Plan Performance Measurement Report in the Executive Summary and are also available in the Results section.
- The Aggregate Score Analysis provides contract level baseline and follow up results for PCS, MCS, health compared to 1 year ago, percent reporting problems with 2 or more ADLs, percent reporting 2 or more chronic diseases and percent reporting depressive symptoms.

Available Articles and Technical Reports

New HOS-related articles and technical reports are continuously being posted on the HOS Web site. Some examples of recently posted journal articles follow. To view these articles, visit the [Publications Section](#) of the HOS Web site.

- **Health-Related Quality of Life and Quality of Care in Specialized Medicare Managed Care Plans, 2013**

This article focuses on the Special Needs Plans (SNPs) and examines the health related quality of life of these Medicare beneficiaries who require more coordination of care than most beneficiaries served through the MA program.

- **Evaluating Outcomes of Care and Targeting Quality Improvement Using Medicare Health Outcomes Survey Data, 2012**

This article reviews the goals of the HOS program, describes how the HOS supports health care reform, and outlines recent HOS studies exploring data applications for monitoring outcomes and implementing quality improvement activities.

- **A Preference-Based Measure of Health: the VR-6D Derived from the Veterans RAND 12-Item Health Survey, 2011**

This article describes using the Veterans RAND 12-Item Health Survey (VR12) to produce a single utility index the VR-6D that is responsive to change. The index can be used in evaluations of health care plans and cost-effectiveness analysis to compare the health gains that health care interventions can achieve.

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

HOS Training



Watch for the New Self-Paced Training Webinar

The latest in self-paced tutorials, titled "Using Your Medicare Health Outcomes Survey (HOS) Data," will be available soon. The 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 plan's beneficiaries. This tutorial builds upon knowledge contained in the previous tutorials located on the HOS Web site.

Other available Web-based tutorials include:

- *Introduction to the Medicare Health Outcomes Survey (HOS)*, is a basic tutorial that should serve as a helpful starting point to learn about the HOS Survey and how to obtain and use your HOS reports and data sets.
- *Getting the Most from Your Medicare Health Outcomes Survey (HOS) Baseline Report* is 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*, 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 utilized in the MA Plan Ratings.

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

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.

Questions about the HOS Program or Policy

Contact the Centers for Medicare & Medicaid Services at hos@cms.hhs.gov

Questions about the Part C and D MA Plan Ratings

PartCandDStarRatings@cms.hhs.gov

Medicare HOS Web Site:

<http://hosonline.org>

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We welcome your feedback! Please e-mail: hos@HCQIS.org and let us know what you think!

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

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