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2009
DATA
USER'S GUIDE

MEDICARE HEALTH

OUTCOMES SURVEY-MODIFIED

CENTERS
FOR MEDICARE
& MEDICAID
SERVICES

HEALTH
SERVICES
ADVISORY
GROUP



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Preface

MEDICARE HEALTH OUTCOMES SURVEY

The Centers for Medicare & Medicaid Services (CMS) is committed to monitoring healthcare quality provided by its programs. The overall focus of the Medicare Health Outcomes Survey (HOS), in particular, is to gather valid and reliable health status data to assess a Medicare Advantage Organization's (MAO) ability to maintain or improve the physical and mental health of its Medicare beneficiaries over time. Since 1998, baseline data are collected from a new cohort annually with one re-measurement two years later.

MEDICARE HEALTH OUTCOMES SURVEY-MODIFIED

The Medicare Health Outcomes Survey-Modified (HOS-M) was fielded for the first time in the spring of 2005. It is a modified version of the Medicare HOS that is administered annually by CMS to frail elderly and dual-eligible beneficiaries (i.e., recipients of both Medicare and Medicaid) in Program of All-Inclusive Care for the Elderly (PACE) Organizations, as well as Minnesota Senior Health Options, Minnesota Disability Health Options, Wisconsin Partnership Program, and Massachusetts Health Senior Care Options Special Needs Plans for the purpose of adjusting plan payments based on the frailty of their members.

Similar to HOS, the HOS-M design is based on a randomly selected sample of individuals from each participating PACE Organization and Special Needs Plan (SNP). Unlike the HOS, the HOS-M is a cross-sectional survey that measures the physical and mental health functioning of beneficiaries at a single point in time without a follow-up.

This HOS-M 2009 **Data User's Guide** is designed to assist users with the beneficiary level HOS-M data file. The Data User's Guide includes an overview of the file organization, an explanation of the derived fields, a table defining the attributes of all fields in the file, and copies of the survey instrument annotated with the field names in the data file.

STATUTORY AUTHORITY

Section 722 of the Medicare Prescription Drug, Improvement, and Modernization act of 2003 mandates the collection, analysis, and reporting of health outcomes information. This legislation also specifies that data collected on quality, outcomes, and beneficiary satisfaction to facilitate consumer choice and program administration must utilize the types of data collected prior to November 1, 2003. Collected since 1998, the Medicare HOS is the only patient-reported outcomes measure in Medicare managed care and therefore remains a critical part of assessing health plan quality. In addition, CMS includes the HOS results as a component of Medicare Options Compare, a web-based tool that helps inform beneficiaries about Medicare enrollment choices. CMS incorporates new survey components in HOS, as appropriate, in order to provide outcome measures that QIOs and MAOs can utilize in quality improvement initiatives.

TECHNICAL ASSISTANCE

The Medicare HOS Information and Technical Support Telephone Line (1-888-880-0077) and the HOS e-mail address (hos@azqio.sdps.org) are available to provide assistance with questions regarding the data file.

Methodology and Design

SAMPLING METHODOLOGY

A total of 58 PACE Organizations and SNPs participated in the HOS-M in 2009. Members were defined as eligible for the HOS-M if they were enrolled in a participating HOS-M plan, resided in the community, did not have End Stage Renal Disease (ESRD), and were over age 65 in some plan categories and age 55 and over in others. Except for the SNPs under the Massachusetts Health Senior Care Options which enrolled members aged 65 and over, all other plans had members aged 55 and over. In general, for eligible plans with Medicare populations of 1,400 or more members, a simple random cross-sectional sample of 1,200 members was selected for the survey (i.e., the survey is not a cohort study). For eligible plans with populations of less than 1,400 members, all eligible members were included in the HOS-M sample.

The definition of a completed survey, and hence the response rate, depends on the context. For the HOS-M report, a completed survey is defined as one for which a physical component summary (PCS) or mental component summary (MCS) score could be calculated. However, for purposes of frailty adjustment, a completed survey is defined as one in which all six Activities of Daily Living (ADL) questions are answered. For the 2009 HOS-M sample size and response rate information, please refer to the HOS-M section on the HOS website at www.hosonline.org.

For a more detailed discussion on sampling, data collection, and submission, please refer to the HEDIS 2009 Volume 6 manual.^{1, 2}

¹ National Committee for Quality Assurance. *HEDIS® 2009, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2009.

² HEDIS® is a registered trademark of the National Committee for Quality Assurance.

Medicare HOS-M Instrument

The HOS-M instrument contains ADL items as the core items used to calculate the frailty adjustment factor.³ The HOS-M instrument also contains the Veterans RAND 12-Item Health Survey (VR-12) to further assess the physical and mental health functioning of the PACE Organization and SNP members.^{4,5} The HOS-M includes questions about the following: lifting or carrying objects as heavy as 10 pounds; walking a quarter mile; health or physical problems interfering with daily activities, receiving help with ADLs; physical and emotional health compared to one year ago; memory loss; urinary incontinence; and a question on whether the survey was self-completed or completed by a proxy. If the participant received assistance completing the survey, the proxy respondent was asked information about his/her relationship to the participant.

Detailed information about the Medicare HOS-M instrument can be found in the HEDIS 2009 Volume 6 manual.¹ This may be purchased by calling the NCQA Customer Support Telephone Line at 1-888-272-7585 or via NCQA's Secure Online Order Center (www.ncqa.org). The survey form may be obtained from the Survey Instrument section of the HOS website (www.hosonline.org). Additionally, a glossary of terms related to the survey may be accessed from the Program Overview section of the HOS website.

SUMMARY MEASURES

The key component of the HOS-M for assessment of the physical and mental health functioning is the VR-12 health survey. The VR-12 was developed from the Veterans RAND 36-Item Health Survey (VR-36; formerly called the Veterans SF-36).⁴ The VR-12 is a generic, multipurpose health survey, which consists of selected items from the eight domains of health in the earlier 36-item survey. These domains include: physical functioning; role-physical; bodily pain; general health; vitality; social functioning; role-emotional; and mental health. The VR-12 has been administered in national Veterans Health Administration (VHA) surveys since 1997. Since 2002, the VHA has administered the VR-12 to over 400,000 patients annually as part of its quality management program.

³ Walsh EG, Khatustsky G, and Johnson L. Functional impairment levels in PACE enrollees. *Health Care Financing Review*. Summer 2008. Volume 29(4): 81-88. Accessed July 12, 2010 from CMS' HCFR website at <http://www.cms.gov/HealthCareFinancingReview/downloads/2008Summerpg81.pdf>.

⁴ Kazis LE, et al. Health status and outcomes of Veterans: Physical and Mental Component Summary Scores (Veterans SF-12). *1998 National Survey of Hospitalized Patients*, Executive Report. Office of Performance and Quality, Health Assessment Project, HSR&D Field Program, Washington, D.C. and Bedford, MA, April 1999.

⁵ Iqbal SU, Rogers W, Selim A, Qian S, Lee A, Ren XS, Rothendler J, Miller D, Kazis L. The Veterans RAND 12 Item Health Survey (VR-12): What it is and How it is used. Accessed July 12, 2010 at www.chqoer.research.va.gov/docs/VR12.pdf.

The VR-12 has undergone extensive testing which has shown it to be reliable and valid in ambulatory care patient populations.⁶ The taxonomy underlying the construction of the VR-12 summary measures is comprised of a total of 14 items from which the eight domains aggregate one or two items each, and the PCS and MCS scores. Twelve of the 14 items are used to calculate the scores and the other two items are used to assess change in health status, one focusing on physical health and one on emotional problems. The VR-12 explains 90% of the reliable variance of the VR-36. PCS and MCS scores are standardized to the U.S. population and are 1990 norm-based, so that scores have a direct interpretation in relation to the distribution of scores in the U.S. population, which have a mean of 50 and a standard deviation of 10.

The PCS and MCS scores were calculated using the Modified Regression Estimate (MRE).⁶ The MRE is a general method for obtaining scale scores for the eight domains in the context of missing data. The MRE uses complete cases to estimate a regression equation where only those items that are present are used. Depending on the pattern of missing item responses, a different set of regression weights is required. With the MRE it is possible to obtain a score for the PCS alone, MCS alone, or for both scores. Therefore a completed survey has been defined as one that could be used to calculate at least one of the scores. For the HOS-M report, the PCS and MCS scores were *not* adjusted for case mix variables, i.e., demographic characteristics.

Very high PCS scores (scale 0-100) indicate no physical limitations, disabilities or decline in well being; high energy level; and a rating of health as “excellent.” Very high MCS scores (scale 0-100) indicate frequent positive affect, absence of psychological distress, and no limitations in usual social and role activities due to emotional problems.

⁶ Spiro A, Rogers WH, Qian S, Kazis L. Imputing physical and mental summary scores (PCS and MCS) for the Veterans SF-12 Health Survey in the context of missing data. Technical Report prepared by: The Health Outcomes Technologies Program, Health Services Department, Boston University School of Public Health, Boston, MA and The Institute for Health Outcomes and Policy, Center for Health Quality, Outcomes and Economic Research, Veterans Affairs Medical Center, Bedford, MA. Accessed July 12, 2010 at www.hosonline.org/surveys/hos/download/HOS_Veterans_12_Imputation.pdf.

Data File Characteristics

The file is a Comma Separated Value (CSV) file and was generated using PROC EXPORT with the DBMS=CSV option in SAS Version 9.1.3. The first row of the file contains the SAS variable names. The file can be imported directly into MS Excel or MS Access or converted back to SAS. If converting to SAS with PROC IMPORT, it is recommended to first set the SAS system option GUESSINGROWS to a high number (valid values 1-32767) to insure that character fields will not be truncated.

The 2009 HOS-M data file contains 92 fields. Field names contain the prefix M12, which indicates the corresponding round of HOS data collection. The only field without a prefix is the Health Insurance Claim number **HICNUM**, which is a unique alphanumeric identifier used to identify each beneficiary in the file.

FIELD OVERVIEW

The following is a general description of fields included in the Performance Measurement data file. The fields are listed in the order they appear in the file.

Identifier Fields (Fields 1 - 3)

This section contains the HICNUM, which is the unique alphanumeric identifier previously discussed. It also contains an anonymous beneficiary ID (M12PATID) and an anonymous plan ID (M12PLAN).

Sample File Fields (Fields 4 - 27)

This section contains contact, demographic, and other member level data for the sampled beneficiaries submitted in the Sample File by the survey vendor. These fields are obtained from the CMS Medicare Databases. None are obtained from the survey instrument. The plan name, M12PLANNM, and plan ID, M12PLANID, represent each member's plan assignment at the time of sampling in 2009.

Survey Instrument Fields (Fields 28 - 70)

This section contains the member level responses collected from the 19 questions in the survey instrument. The following fields from the VR-12 survey are used to compute the PCS and MCS scores: M12VRGENHTH, M12VRMACT, M12VRSTAIR, M12VRPACCL, M12VRPWORK, M12VRMACCL, M12VRMWORK, M12VRPAIN, M12VRCALM, M12VRENERGY, M12VRDOWN, and M12VRSACT. Two items, M12VRPHCMP and M12VRMHCMP, are contained in the VR-12 survey but are not used to calculate the PCS and MCS scores.

Vendor Generated Fields (Fields 71 - 75)

This section contains member level survey administration fields generated by the survey vendor.

Derived Fields (Fields 76 - 87)

This section contains the following fields: flag to indicate completed surveys, flag to indicate ineligible surveys, dates in SAS date format, age, age and race categories, PCS and MCS scores, and flag to indicate membership in the analytic sample. Age is calculated by counting the number of months between the SAS date fields M12TDOB and M12TSVDATIM, then dividing the result by 12 to produce an integer value for the whole number of years for the beneficiary's age.

Plan Level Fields (Fields 88 - 92)

This section contains plan level fields obtained from the CMS Monthly Report of Managed Care Health Plans from the website <http://www.cms.gov/MCRAdvPartDENrolData>. The Plan state and Plan region are obtained from the 2009 NCQA Plan Contract List.

APPENDIX A

DATA FILE LAYOUT BY POSITION

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
1	<i>HICNUM</i> HIC Number	Char	11		Unique beneficiary identifier
2	<i>M12PATID</i> Anonymous Beneficiary ID	Num	8		Derived field Could be used as a database key if personally identifiable fields (e.g., HICNUM) were removed.
3	<i>M12PLAN</i> Anonymous Plan ID	Num	8		Derived field Could be used as a database key if plan identifiable fields (e.g., M12PLANID) were removed.
4	<i>M12PLANNM</i> Plan Name	Char	60		Obtained from the Sample File
5	<i>M12PLANTYPE</i> Plan Type	Char	8		Obtained from the Sample File
6	<i>M12PLANID</i> Plan ID	Char	5		Obtained from the Sample File
7	<i>M12FNAME</i> Member First Name	Char	30		Obtained from the Sample File
8	<i>M12MIDINIT</i> Member Middle Initial	Char	1		Obtained from the Sample File
9	<i>M12LNAME</i> Member Last Name	Char	35		Obtained from the Sample File
10	<i>M12ADDRS1</i> Address 1	Char	25		Obtained from the Sample File Address fields M12ADDRS1-M12ADDRS6 come from CMS Medicare Databases.
11	<i>M12ADDRS2</i> Address 2	Char	25		Obtained from the Sample File
12	<i>M12ADDRS3</i> Address 3	Char	25		Obtained from the Sample File
13	<i>M12ADDRS4</i> Address 4	Char	25		Obtained from the Sample File
14	<i>M12ADDRS5</i> Address 5	Char	25		Obtained from the Sample File
15	<i>M12ADDRS6</i> Address 6	Char	25		Obtained from the Sample File

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
16	<i>M12DOB</i> Date of Birth	Char	10		Obtained from the Sample File
17	<i>M12GENDER</i> Gender	Num	8	1 = Male 2 = Female	Obtained from the Sample File
18	<i>M12RACE</i> Race	Num	8	0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native	Obtained from the Sample File
19	<i>M12ADDRSS</i> Participant Street	Char	65		Obtained from the Sample File Address Fields: M12ADDRSS, M12CITY, M12STATE, and M12ZIP come from the Contact Data File developed by small plans, which may be more up to date than the CMS Medicare Databases.
20	<i>M12CITY</i> Participant City	Char	25		Obtained from the Sample File
21	<i>M12STATE</i> Participant State	Char	20		Obtained from the Sample File
22	<i>M12ZIP</i> Participant Zip Code	Char	20		Obtained from the Sample File
23	<i>M12BENELANG</i> Participant Primary Language	Char	35		Obtained from the Sample File
24	<i>M12RCVOMAIL</i> Participant Receives Own Mail	Char	35		Obtained from the Sample File
25	<i>M12LVINFAC</i> Participant Lives in Facility	Char	40		Obtained from the Sample File
26	<i>M12SHAREPH</i> Participant Shares a Phone	Char	13		Obtained from the Sample File
27	<i>M12PACECTR</i> PACE Center, Care System, or Center Attended	Char	55		Obtained from the Sample File
28	<i>M12VRGENHTH</i> Q1 General Health	Num	8	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
29	<i>M12DIFCARRY</i> Q2 Difficulty Lifting 10 Pounds	Num	8	1 = No difficulty at all 2 = A little difficulty 3 = Some difficulty 4 = A lot of difficulty 5 = Not able to do it	Entered from the survey (See Appendix B)
30	<i>M12DIFBLKS</i> Q3 Difficulty Walking 2-3 Blocks	Num	8	1 = No difficulty at all 2 = A little difficulty 3 = Some difficulty 4 = A lot of difficulty 5 = Not able to do it	Entered from the survey (See Appendix B)
31	<i>M12ADLBTH</i> Q4a Difficulty Bathing	Num	8	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
32	<i>M12ADLDRS</i> Q4b Difficulty Dressing	Num	8	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
33	<i>M12ADLEAT</i> Q4c Difficulty Eating	Num	8	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
34	<i>M12ADLCHR</i> Q4d Difficulty In/Out Chairs	Num	8	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
35	<i>M12ADLWLK</i> Q4e Difficulty Walking	Num	8	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
36	<i>M12ADLTLT</i> Q4f Difficulty Using Toilet	Num	8	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
37	<i>M12HLPBTH</i> Q5a Receive Help Bathing	Num	8	1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity	Entered from the survey (See Appendix B)
38	<i>M12HLPDRE</i> Q5b Receive Help Dressing	Num	8	1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity	Entered from the survey (See Appendix B)
39	<i>M12HLPPEAT</i> Q5c Receive Help Eating	Num	8	1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity	Entered from the survey (See Appendix B)
40	<i>M12HLPCHR</i> Q5d Receive Help In/Out Chairs	Num	8	1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity	Entered from the survey (See Appendix B)
41	<i>M12HLPWLK</i> Q5e Receive Help Walking	Num	8	1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity	Entered from the survey (See Appendix B)
42	<i>M12HLPPLT</i> Q5f Receive Help Using Toilet	Num	8	1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
43	<i>M12VRMACT</i> Q6a Limited Moderate Activities	Num	8	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Entered from the survey (See Appendix B)
44	<i>M12VRSTAIR</i> Q6b Limited Climbing Several Stairs	Num	8	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Entered from the survey (See Appendix B)
45	<i>M12VRPACCL</i> Q7a Physical Health Accomplished Less	Num	8	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
46	<i>M12VRPWORK</i> Q7b Physical Health Limited Work Activities	Num	8	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
47	<i>M12VRMACCL</i> Q8a Emotional Problems Accomplished Less	Num	8	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
48	<i>M12VRMWORK</i> Q8b Emotional Problems Work Not Careful	Num	8	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
49	<i>M12VRPAIN</i> Q9 Pain Interfere Past 4 Weeks	Num	8	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely	Entered from the survey (See Appendix B)
50	<i>M12VRCALM</i> Q10a Past 4 Weeks Felt Calm/Peaceful	Num	8	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Entered from the survey (See Appendix B)
51	<i>M12VRENERGY</i> Q10b Past 4 Weeks A Lot of Energy	Num	8	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Entered from the survey (See Appendix B)
52	<i>M12VRDOWN</i> Q10c Past 4 Weeks Blue or Sad	Num	8	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
53	<i>MI2VRSACT</i> Q11 Past 4 Weeks Phys or Emot Interfere Social Activities	Num	8	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Entered from the survey (See Appendix B)
54	<i>MI2VRPHCMP</i> Q12 Physical Health Compared with One Year Ago	Num	8	1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Entered from the survey (See Appendix B)
55	<i>MI2VRMHCMP</i> Q13 Emotional Health Compared with One Year Ago	Num	8	1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Entered from the survey (See Appendix B)
56	<i>MI2MEMLOSS</i> Q14 Memory Loss Interferes with Daily Activities	Num	8	1 = Yes 2 = No	Entered from the survey (See Appendix B)
57	<i>MI2EVERURN</i> Q15 How Often Difficulty Controlling Urination	Num	8	1 = Never 2 = Less than once a week 3 = Once a week or more often 4 = Daily 5 = Catheter	Entered from the survey (See Appendix B)
58	<i>MI2CMPWHO</i> Q16 Who Completed Survey Form	Num	8	1 = Medicare participant 2 = Family member, relative, or friend of Medicare Participant 3 = Nurse or other health professional	Entered from the survey (See Appendix B)
59	<i>MI2PROXRSN1</i> Q17 Reason Filled Out Due to Physical Problems	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
60	<i>MI2PROXRSN2</i> Q17 Reason Filled Out Due to Memory Loss or Mental Problems	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
61	<i>MI2PROXRSN3</i> Q17 Reason Filled Out Due to Unable to Speak/Read English	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
62	<i>MI2PROXRSN4</i> Q17 Reason Filled Out Due to Person Not Available	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
63	<i>MI2PROXRSN5</i> Q17 Reason Filled Out Due to Other	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
64	<i>MI2PROXHOW1</i> Q18 Helped Read Questions to the Person	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
65	<i>MI2PROXHOW2</i> Q18 Helped Write Down Answers	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
66	<i>MI2PROXHOW3</i> Q18 Helped Answer Based on Experience with Person	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
67	<i>MI2PROXHOW4</i> Q18 Helped By Using Medical Records to Fill Out Survey	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
68	<i>MI2PROXHOW5</i> Q18 Helped Translate the Survey	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
69	<i>MI2PROXHOW6</i> Q18 Helped Other	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
70	<i>MI2CAREPOS</i> Q19 Staff/Caregivers Position	Num	8	1 = Home Health Aide, Personal Care Attendant, or CNA 2 = Nurse (RN, LPN, or NP) 3 = Social Worker or Case Manager 4 = Adult Foster Care, Adult Day Care, Assisted Living, Residential Care Staff 5 = Interpreter 6 = Other 7 = Appropriately skipped	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
71	M12SRVDSP Disposition of Survey	Char	3	M10 = Complete survey (Q4a-f answered) M11 = Non-response: partial complete survey (≥ 1 of Q4a-f missing) M20 = Ineligible: deceased M23 = Ineligible: language barrier M25 = Ineligible: removed from sample M26 = Duplicate: beneficiary listed twice in database M32 = Non-response: refusal by member M34 = Non-response: physically/mentally incapacitated M36 = Non-response: after maximum attempts M37 = Non-response: refusal by proxy T10 = Complete survey (Q4a-f answered) T11 = Non-response: partial complete survey (≥ 1 of Q4a-f missing) T20 = Ineligible: deceased T23 = Ineligible: language barrier T24 = Ineligible: bad address and phone number T25 = Ineligible: removed from sample T32 = Non-response: refusal by member T33 = Non-response: respondent unavailable T34 = Non-response: physically/mentally incapacitated T35 = Non-response: respondent institutionalized T36 = Non-response: after maximum attempts T37 = Non-response: refusal by proxy T38 = Non-response: gatekeeper refusal	Generated by the survey vendor Note: For survey disposition codes, M=Mail and T=Telephone

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
72	<i>M12RNDNUM</i> Survey Round	Char	3	M1 = 1 st mailing M2 = 2 nd mailing T1 = 1 st telephone T2 = 2 nd telephone T3 = 3 rd telephone T4 = 4 th telephone T5 = 5 th telephone T6 = 6 th telephone T7 = 7 th telephone T8 = 8 th telephone T9 = 9 th telephone T10 = 10 th telephone T11 = 11 th telephone T12 = 12 th telephone MM = Partially completed by mail and converted to complete by mail re-contact MT = Partially completed by mail and converted to complete by telephone NC = Not completed	Generated by the survey vendor
73	<i>M12PCTANS</i> Percentage of Survey Questions Answered	Num	8		Generated by the survey vendor Based on the 31 questions M12VRGENHTH to M12CMPWHO (fields 28-58) and survey disposition M12SRVDSP. If M12SRVDSP = M10, T10, M11, or T11 then M12PCTANS = (Number answered)/31*100; Otherwise M12PCTANS=0.
74	<i>M12SVLANG</i> Survey Language	Char	1	C = Chinese E = English O = Other S = Spanish	Generated by the survey vendor
75	<i>M12SVDATE</i> Date Survey Was Completed	Char	8		Generated by the survey vendor
76	<i>M12CMPSRV</i> Completed Survey	Num	8	0 = Incomplete Survey 1 = Completed Survey	Derived field Based on the six ADL questions ADLBTH to ADLTLT (fields 31-36) If all six answered then M12CMPSRV = 1; Otherwise M12CMPSRV = 0.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
77	<i>M12INVSrv</i> Ineligible Survey Flag	Num	8	0 = Eligible 1 = Ineligible	Derived field Ineligible survey includes deceased, members not enrolled in the health plan, members with incorrect address and phone number, or members having a language barrier.
78	<i>M12TDOB</i> Date of Birth (SAS Date)	Num	8		Derived field SAS date equivalent of M12DOB. MMDDYY10. format.
79	<i>M12TSVDATE</i> Date of Survey (SAS Date)	Num	8		Derived field SAS date equivalent of M12SVDATE. MMDDYY10. format.
80	<i>M12TSVDATIM</i> Date of Survey (SAS Date with Missing Values Imputed)	Num	8		Derived field If M12TSVDATE is missing, then M12TSVDATIM = 28APRIL2009 Otherwise M12TSVDATIM=M12TSVDATE
81	<i>M12DOELMT</i> Date of Accretion Limit - 03/01/2009 (SAS Date)	Num	8		Derived field 03/01/2009 for all records. MMDDYY10. format.
82	<i>M12AGE</i> Age (Exact Calculation)	Num	8		Derived field Calculated from M12TDOB and M12TSVDATIM
83	<i>M12AGECAT</i> Age Groups (6 Categories from Calculated AGE)	Num	8	1 = 55 to 64 years 2 = 65 to 69 years 3 = 70 to 74 years 4 = 75 to 79 years 5 = 80 to 84 years 6 = 85 years or older	Derived field Obtained from M12AGE
84	<i>M12RACECAT</i> Race Groups (3 Categories from CMS Race)	Num	8	1 = White 2 = Black 3 = Other	Derived field Obtained from M12RACE
85	<i>M12PCS</i> Physical Component Summary Score	Num	8		Derived field Unadjusted PCS score.
86	<i>M12MCS</i> Mental Component Summary Score	Num	8		Derived field Unadjusted MCS score.
87	<i>M12ANALYT</i> Analytic Sample Indicator	Num	8	0 = Not included in analytic sample 1 = Included in analytic sample	Derived field

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
88	<i>MI2PLTYPE</i> Plan Type - source CMS 05/09	Char	40		Obtained from CMS
89	<i>MI2PLORGNM</i> Plan Organization Name - source CMS 05/09	Char	50		Obtained from CMS
90	<i>MI2PLANSTN</i> Plan State - source NCQA 08/09	Char	2		Obtained from the 2009 NCQA Plan Contract List.
91	<i>MI2PLNDCT</i> Duration of Plan Contract Categories	Num	8	1 = less than 1 year 2 = 1 to 4 years 3 = 5 to 9 years 4 = 10 years or more	Obtained from the 2009 NCQA Plan Contract List.
92	<i>MI2PLREGCDE</i> Plan CMS Region Code	Num	3	1 = Region 1 - Boston (CT, ME, MA, NH, RI, and VT) 2 = Region 2 - New York (NY, NJ, Puerto Rico, and the Virgin Islands) 3 = Region 3 - Philadelphia (DE, Washington DC, MD, PA, VA, and WV) 4 = Region 4 - Atlanta (AL, FL, GA, KY, MS, NC, SC, and TN) 5 = Region 5 - Chicago (IL, IN, MI, MN, OH, and WI) 6 = Region 6 - Dallas (AR, LA, NM, OK, and TX) 7 = Region 7 - Kansas City (IA, KS, MO, and NE) 8 = Region 8 - Denver (CO, MT, ND, SD, UT, and WY) 9 = Region 9 - San Francisco (AZ, CA, Guam, HI, and NV) 10 = Region 10 - Seattle (AK, ID, OR, and WA)	Derived from the 2009 NCQA Plan Contract List.

APPENDIX B (Annotated Survey Form)

Medicare Health Outcomes Survey—Modified

1. In general, would you say your health is:

M12VRGENHTH

Excellent	Very good	Good	Fair	Poor
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

2. How much difficulty, if any, do you have lifting or carrying objects as heavy as 10 pounds, such as a sack of potatoes?

M12DIFCARRY

No difficulty at all	A little difficulty	Some difficulty	A lot of difficulty	Not able to do it
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

3. How much difficulty, if any, do you have walking a quarter of a mile—that is about 2 or 3 blocks?

M12DIFBLKS

No difficulty at all	A little difficulty	Some difficulty	A lot of difficulty	Not able to do it
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

4. Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?**

		No, I do not have difficulty	Yes, I have difficulty	I am unable to do this activity
a. Bathing.....	M12ADLBTH	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Dressing.....	M12ADLDRS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Eating.....	M12ADLEAT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Getting in or out of chairs.....	M12ADLCHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Walking.....	M12ADLWLK	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Using the toilet.....	M12ADLTLT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

5. Do you receive **help from another person** with any of these activities?

		Yes, I receive help	No, I do not receive help	I do not do this activity
a. Bathing.....	M12HLPBTH	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Dressing.....	M12HLPDRE	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Eating.....	M12HLPEAT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Getting in or out of chairs.....	M12HLPCHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Walking.....	M12HLPWLK	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Using the toilet.....	M12HLPRTL	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

6. The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	M12VRMACT		
b. Climbing several flights of stairs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	M12VRSTAIR		

7. **During the past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?** (If you are not able to do work or regular daily activities, please answer 'yes, all of the time' to both questions).

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. Accomplished less than you would like.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	M12VRPACCL				
b. Were limited in the kind of work or other activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	M12VRPWORK				

8. **During the past 4 weeks**, have you had any of the following problems with your regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? (If you are not able to do work or regular daily activities, please answer 'yes, all of the time' to both questions.)

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. Accomplished less than you would like	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
M12VRMACCL					
b. Didn't do work or other activities as carefully as usual	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
M12VRMWORK					

9. **During the past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and house)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
M12VRPAIN				

These questions are about how you feel and how things have been with you **during the past four weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

10. How much of the time **during the past 4 weeks**:

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. have you felt calm and peaceful?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
M12VRCALM						
b. did you have a lot of energy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
M12VRENERGY						
c. have you felt downhearted and blue?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
M12VRDOWN						

11. **During the past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
M12VRSACT				

Now, we'd like to ask you some questions about how your health may have changed.

12. Compared to one year ago, how would you rate your **physical health** in general **now**?

			About the same		
Much better		Slightly better		Slightly worse	Much worse
1 <input type="checkbox"/>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

M12VRPHCMP

13. Compared to one year ago, how would you rate your **emotional problems** (such as feeling anxious, depressed or irritable) in general **now**?

			About the same		
Much better		Slightly better		Slightly worse	Much worse
1 <input type="checkbox"/>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

M12VRMHCMP

14. Do you experience memory loss that interferes with daily activities?

1 Yes

2 No

M12MEMLOSS

15. How often, if ever, do you have difficulty controlling urination (bladder accidents)?

Never		Less than once a week	Once a week or more often	Daily	Catheter
1 <input type="checkbox"/>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

M12EVERURN

16. Who completed this survey form?

1 Medicare Participant

2 Family member, relative, or friend of Medicare Participant

3 Nurse or other health professional

M12CMPWHO

→ **STOP HERE**

→ **Go to Question 17**

→ **Go to Question 17**

17. What was the reason you filled out this survey for someone else? (Please answer **ALL** that apply.)

- 1 Physical problems
- 2 Memory loss or mental problems
- 3 Unable to speak or read English
- 4 Person not available
- 5 Other

M12PROXRSN1

M12PROXRSN2

M12PROXRSN3

M12PROXRSN4

M12PROXRSN5

18. How did you help complete this survey? (Please answer **ALL** that apply.)

- 1 Read the questions to the person
- 2 Wrote down the person's answers
- 3 Answered the questions based on my experience with the person
- 4 Used medical records to fill out the survey
- 5 Translated the survey questions
- 6 Other

M12PROXHOW1

M12PROXHOW2

M12PROXHOW3

M12PROXHOW4

M12PROXHOW5

M12PROXHOW6

FOR PROFESSIONAL STAFF (CAREGIVERS) ONLY

19. Which of the following **best describes** your position? (Please choose **one** answer.)

- 1 Home Health Aide, Personal Care Attendant, or Certified Nursing Assistant
- 2 Nurse (RN, LPN, or NP)
- 3 Social Worker or Case Manager
- 4 Adult Foster Care/Adult Day Care/Assisted Living/Residential Care Staff
- 5 Interpreter
- 6 Other

M12CAREPOS

YOU HAVE COMPLETED THE SURVEY. THANK YOU.