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HEDIS[®] Medicare Health Outcome Survey (HOS)

*Sonya Bowen, MSW
HOS Program Administrator
sonya.bowen @cms.hhs.gov*

What is the Medicare HOS?

- HEDIS Effectiveness of Care measure implemented by CMS in 1998
- Annual survey of 1,200 randomly selected (non-ESRD) Medicare beneficiaries from EACH eligible MAO at contract level
- Collects longitudinal health status data (remeasurement at 2 years)
- Self-administered mail survey with telephone follow-up

Who must report HOS?

- **Required MA Contracts:** local and regional coordinated care plans (all types), SHMO, 1876 cost (w/ open enrollment)
- **Voluntary MA Contracts:** PFFS
- **Contract Effective Date:** On or before Jan. 1 of year preceding measurement year
- **Minimum Enrollment Threshold:** 500

Note: Employer/Union, MSA, 1833 Cost, and Demonstration contracts excluded

Special Needs Plans

- Prior to 2008, MA contracts with exclusive SNP enrollment exempt from HOS (with exception of LTC demo plans in HOS-M)
- New in 2008
 - Otherwise eligible MA contracts comprised of one or more SNP PBP must participate in HOS
 - Sampled and collected at contract level, inclusive of all SNP and/or non-SNP benefit package(s)

Goal of HOS Program

Collect valid and reliable data that may be used to promote:

- Managed Care Performance Assessment
- Quality Improvement
- Beneficiary Choice
- Outcomes Research

HOS-Modified (HOS-M)

- Shorter, modified version of HOS instrument
- Allows CMS to adjust payment for PACE and former long term care demo plans (*latter plan-type will phase into HOS in 2010*)

Survey Content

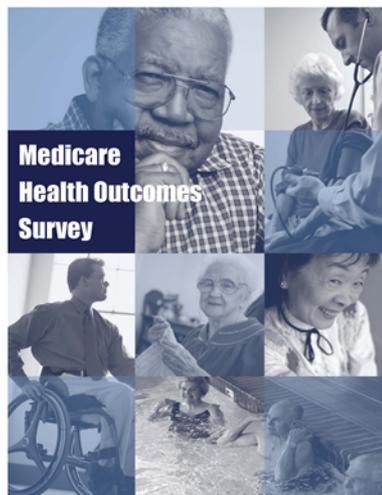
Physical Health Status

Mental Health Status

Chronic Medical Conditions

Clinical Symptoms

Activities of Daily Living



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Height & Weight

Depression Indicator

Smoking Status

HEDIS Measures:
UI/Falls/Phys Act/Osteo

Healthy Days

Demographics

Included HEDIS Measures

- Management of Urinary Incontinence in Older Adults
- Physical Activity in Older Adults
- Fall Risk Management
- Osteoporosis Testing in Older Women

HOS Outcome Measure

- % whose physical and mental health improved over two years;
 - % whose physical and mental health remained the same over two years; and,
 - % whose physical and mental health declined over two years.
- * All numbers are case-mix and risk adjusted for valid comparison between health plans.

How does CMS use HOS results?

- Monitor health plan performance
- Reward top performing plans with regulatory relief
- Construct a frailty adjustor for payment purposes (HOS-M)
- Inform agency programs and priorities (e.g., health care disparities, disease management, disabled)

How do MAOs and QIOs use HOS results?

- Identify opportunities to improve care
- Target quality improvement activities and resources using HOS tools
 - Beneficiary level data and data user guides
 - Summary level Baseline Profile & 2-Year Performance Measurement (PM) reports
 - HOS technical support
 - Best practice & applied research results

Annual Survey Administration

Notify eligible MAOs	Nov-Dec
Finalize survey specifications	Dec-Jan
MAOs contract with HOS vendors	January
Train & certify HOS vendors	February
Baseline & Follow-Up sampling	March
Field Baseline survey	April-June
Field Follow Up survey	May-July
Survey data submissions	Aug-Sept
Test, clean, & score data	Sept-Dec

HOS Data Reporting

Baseline Data Analysis	January
PM Data Analysis	Feb-March
Baseline Report Production	Feb-May
PM Report Production	Apr-June
Baseline Report Release	May
Baseline Data Release (QIOs only)	June
PM Report Release	July
PM Data Release (MAOs & QIOs)	August

HOS Resources

- Email: hos@cms.hhs.gov
- Web: www.hosonline.org
- Technical support for end-users
Email: hos@azqio.sdps.org
Toll Free: (888) 880-0077