

Summer 2014 HOS E-Newsletter

Volume 3, Issue 2

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What's New



Overview

Welcome to the latest edition (Summer 2014) of our Medicare Health Outcomes Survey (HOS) e-Newsletter. Approximately 600 individuals now receive this newsletter. As always, we encourage Medicare Advantage Organizations (MAOs) and other stakeholders to send ideas for future editions to hos@HCQIS.org. Let us know what information would be helpful to you. We also invite and welcome any best practices that your organization would like to share. All issues of the HOS e-Newsletter are available on the HOS website (www.hosonline.org).

Enhancements to the HPMS

When you access the HOS module under "Quality and Performance" in the Health Plan Management System (HPMS) this summer, you will see that the "Summary Measures Score Analysis" selection has been renamed "Star Ratings Validation." In this section, MAOs may review their HOS Star Ratings results from their HOS Baseline and Performance Measurement Reports during the upcoming plan preview periods. Additionally, the "Physical Component Summary (PCS) and Mental Component Summary (MCS) Results (Numbers: Actual vs Expected)" and "PCS and MCS Results (Actual Changes: %)" options have been replaced with "Improving or Maintaining Physical Health (PCS)" and "Improving or Maintaining Mental Health (MCS)," and all corresponding information is displayed under each measure. Please refer to the Medicare Star Ratings topic in this e-Newsletter for more detailed information regarding current HOS Star Ratings elements.

Changes to HOS Version 2.5

The HOS Version 2.5 was implemented in Spring 2013. As you may have noticed, changes in the HOS 2.5 compared with the HOS 2.0 include the following:

- questions on race, ethnicity, sex, primary language, and disability status were updated as part of the Affordable Care Act
- depression was added to the chronic condition list
- new questions including Instrumental Activities of Daily Living (IADLs), cognitive function, memory, living arrangements, and a new rating of pain level were added
- two questions about vision and hearing, and four questions previously used for a depression screen have been replaced with new questions
- questions about chest pain, shortness of breath, leg/foot problems, arthritis pain, and low back pain were removed

The next version, HOS 3.0, is tentatively scheduled to be fielded in 2015, pending approval by the U.S. Office of Management and Budget (OMB).

Additions to Summary Level Data Files

Beginning in 2013, in response to requests from MAOs, Comma Separated Values (CSV) files that summarize the responses to the survey questions were made available through HPMS to accompany Baseline and Performance Measurement Reports. Additionally, the Centers for Medicare & Medicaid Services (CMS) has enhanced these contract-level CSV tables by adding the measures used in the Medicare Star Ratings. The HOS functional health summary measures have been added to the performance measurement CSV table that accompanies the Performance Measurement Reports beginning with the *2011–2013 Cohort 14 Performance Measurement Report*. The Healthcare Effectiveness Data and Information Set (HEDIS[®]) summary measures have been added to the baseline CSV table that accompanies the Baseline Reports beginning with the *2013 Cohort 16 Baseline Report*.

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

New Email Address for Medicare HOS Information and Technical Support

The federal network continues to proceed along its migration path from the Standard Data Processing System (SDPS) to the Health Care Quality Information System (HCQIS). Part of that migration includes a change in the format of the email address for HOS Information and Technical Support. Our new email address is hos@HCQIS.org.

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HOS Timelines



HOS 2014 Administration Cycle

Fielding of the 2014 HOS Administration for the Medicare HOS and HOS-Modified (HOS-M) has recently ended. For information about the Medicare contracts that were required to participate, the survey vendor list, and reporting requirements, please visit the NCQA website at <http://www.ncqa.org/tabid/446/default.aspx>. The website also includes information about the monitoring of vendor performance throughout data collection. Look for 2015 HOS Administration information toward the end of the year.

New HOS Reports Now Available

- *2013 Cohort 16* HOS Baseline Reports
- *2011–2013 Cohort 14* HOS Performance Measurement Reports
- *2013* HOS-M Reports

Your 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 email at hpms_access@cms.hhs.gov.

New HOS Data Sets Now Available

- Data sets and accompanying Data User's Guides (DUGs) for HOS *Cohorts 1–13* and HOS-M data sets for 2007–2013

- The HOS *Cohort 14* data are scheduled to be released by November of this year

Contact the HOS Team at hos@HCQIS.org to request data for your MAO or Program of All Inclusive Care for the Elderly (PACE) Organization.

Medicare Star Ratings

Results of the HOS are included as part of the CMS Medicare Star Ratings. Five HOS measures are currently included in Part C Star Ratings—two functional health and three NCQA HEDIS measures. The first plan preview period for the 2015 Medicare Star Ratings ran from August 8-19. The second preview period is expected to occur in September and will be announced in an HPMS memo. The 2015 Medicare Star Ratings are scheduled to go live on the Medicare Plan Finder (www.medicare.gov/find-a-plan) in early October 2014. Information about the 2015 Medicare Star Ratings will be published on the CMS website at www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html.

The functional health items (Improving or Maintaining Physical and Mental Health) are outcome measures, and the HEDIS items (Monitoring Physical Activity, Improving Bladder Control, and Reducing the Risk of Falling) are process measures. For 2014, outcome measures continue to be weighted three times as much as process measures. CMS provides the industry with up to two years of advance notice of potential future changes through the Annual Request for Comments and the Call Letter Process.

The Improving Bladder Control measure is under revision and will not be calculated from the 2014 or 2015 HOS, nor will it be included in the 2016 or 2017 Medicare Star Ratings. For more specific information regarding these changes please refer to NCQA’s HEDIS 2014 Volume 6 Specifications for the Medicare Health Outcomes Survey (www.ncqa.org).

The 2014 Medicare Star Ratings were used to set the 2015 quality bonus payments (see the yellow highlighted section of the table below for data collection and reporting periods). The 2015 Medicare Star Ratings will be used to set the 2016 quality bonus payments (see the green highlighted section of the table).

| Medicare HOS Survey Administration and Star Ratings Timeline | | | | | | | | |
|--|-----------------|-----------|---------------------|-----------|------------------------------|--|-------------|---------------|
| | Data Collection | | Report Distribution | | 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 |
| 2016 | Cohort 19 | Cohort 17 | Cohort 18 | Cohort 16 | 2012-2014 Cohort 15 | 2014 Cohort 17 Baseline & 2014 Cohort 15 Follow Up | 2016 | 2016 |
| 2015 | Cohort 18 | Cohort 16 | Cohort 17 | Cohort 15 | 2011-2013 Cohort 14 | 2013 Cohort 16 Baseline & 2013 Cohort 14 Follow Up | 2015 | 2015 |
| 2014 | Cohort 17 | Cohort 15 | Cohort 16 | Cohort 14 | 2010-2012 Cohort 13 | 2012 Cohort 15 Baseline & 2012 Cohort 13 Follow Up | 2014 | 2014 |
| 2013 | Cohort 16 | Cohort 14 | Cohort 15 | Cohort 13 | 2009-2011 Cohort 12 | 2011 Cohort 14 Baseline & 2011 Cohort 12 Follow Up | 2013 | 2013 |
| 2012 | Cohort 15 | Cohort 13 | Cohort 14 | Cohort 12 | 2008-2010 Cohort 11 | 2010 Cohort 13 Baseline & 2010 Cohort 11 Follow Up | 2012 | |

*Four HEDIS Effectiveness of Care Measures collected by the HOS are calculated from the combined round of baseline and follow up data by reporting year: Management of Urinary Incontinence in Older Adults, Physical Activity in Older Adults, Fall Risk Management, and

Osteoporosis Testing in Older Women. Since the 2012 Medicare Star Ratings, the Osteoporosis Testing in Older Women measure has been a display measure on the CMS website and is not part of the Star Ratings. For more information on the Medicare Part C Star Ratings, go to the CMS website at 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. Please be sure to include your contract number in the email. Note: The Management of Urinary Incontinence measure is under revision and will not be calculated from the 2014 or 2015 HOS or included in the 2016 or 2017 Medicare Star Ratings.

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Of Note



The Harmful Effects of a Sedentary Lifestyle

In our last e-Newsletter, we spoke about the importance of maintaining fitness and how some research indicates that being fit is more important than being lean.¹ The harmful effects of a sedentary lifestyle have been a popular topic of research of late, and studies on sedentary behavior especially in the senior population have proliferated.^{2,3,4,5}

Researchers are identifying the deleterious effects of long periods of sitting and, interestingly, the effects are independent of whether someone goes to the gym several times a week or even exercises daily. In fact, “sitting is the new smoking” is the catch phrase often heard and seen in print.⁶ Too much sitting has been shown to be associated with metabolic syndrome, increased mortality, and disabilities in activities of daily living, regardless of exercise status or body mass index (BMI). Sedentary behavior is its own risk factor.⁴

These findings suggest the need to encourage older adults to decrease their sedentary behavior and increase the number of physical activity breaks taken during sedentary time. Older adults need to reduce the amount of time sitting, whether it is in front of a TV, talking on the phone, reading, or listening to music. Decreasing sedentary time may be easier to accomplish than exercise for many seniors.⁴

¹ Mathus-Vliegen EM. Obesity and the Elderly. *Journal of Clinical Gastroenterology*. 2012 August; 46(7):533–544.

² Bankoski A, Harris TB, McClain JJ, Brychta RJ, et al. 2011 Sedentary Activity Associated With Metabolic Syndrome Independent of Physical Activity. *Diabetes Care*. 2011 February; 34:497–503.

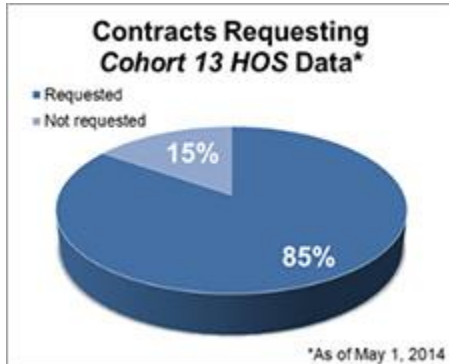
³ Min L, Shiroma EJ, Lobelo F, Puska P, et al. Impact of Physical Inactivity on the World’s Major Non-Communicable Diseases. *Lancet*. 2012 July 21; 380(9838):219-229/dpo10/1016/S0140-6736(12)61031–9.

⁴ Dunlop D, Song J, Arnston E, Semanik P, et al. Sedentary Time in U.S. Older Adults Associated with Disability in Activities of Daily Living Independent of Physical Activity. *Journal of Physical Activity and Health*. <http://www.ncbi.nlm.nih.gov/pubmed/24510000>. 2013–0311.

⁵ Vlahos J. Is Sitting a Lethal Activity? *The New York Times*, April 14, 2011. Available at http://www.nytimes.com/2011/04/17/magazine/mag-17sitting-t.html?_r=0. Accessed on April 23, 2014.

⁶ Merchant N. Sitting is the Smoking of Our Generation. Harvard Business Review Blog, January 14, 2013. Available at <http://blogs.hbr.org/2013/01/sitting-is-the-smoking-of-our-generation>. Accessed on: May 1, 2014.

HOS Data Requests Continue to Increase



The number and percentage of MAOs asking for their HOS data has continued to steadily increase. Eighty-five percent of contracts have asked for their most recent HOS data. Each fall, once the announcement of the availability of the latest cohort data are shared through HPMS, contact the HOS Team at athos@HCQIS.org. We encourage plans to coordinate their requests to avoid requests from multiple individuals for the same data sets.

A DUG is included with each data set and provides detailed documentation about file construction and contents for the data set. In the DUG, you will find information on HOS methodology and design, the HOS instrument, data file characteristics, data file layout by position, and annotated baseline and follow up survey forms.

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HOS Applications



Commonly Asked Questions

Some recent questions received by our Medicare HOS Information and Technical Support site include:

What NCQA HEDIS scores are included in the Medicare Star Ratings?

The 2015 Medicare Star Ratings include three HEDIS Effectiveness of Care Measures from the HOS: Monitoring Physical Activity, Improving Bladder Control, and Reducing the Risk of Falling. Results for the HEDIS measures are calculated by NCQA using data collected in the combined baseline and follow up survey samples from a single measurement year. The HEDIS scores for your MAO are provided in the HOS Baseline Report. As mentioned previously in this e-Newsletter, the Improving Bladder Control measure is under revision.

Where can I find information regarding HOS measures in the Medicare Star Ratings?

Details regarding the HOS measures included in the Medicare Star Ratings can be found in the following documents:

- Medicare Part C & D Star Rating Technical Notes
- Medicare Part C & D Display Measure Technical Notes

Both documents may be downloaded from the CMS website at www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html.

Available Articles and Technical Reports

New HOS-related articles and technical reports are continuously posted on the HOS website. We welcome the opportunity to post HOS-related, peer-reviewed articles written by MAOs. Please send published articles to hos@HCQIS.org for CMS review and approval for posting. Recent additions include:

- **Analysis of Key Drivers of Improving or Maintaining Medicare Health Outcomes Survey (HOS) Scores**

This study used data from the HOS 2009 Cohort 12 Baseline and 2011 Cohort 12 Follow Up to describe how two-year mortality and two-year changes in the Veterans RAND 12-Item Health Survey (VR-12) items relate to key Medicare HOS measures used in the Medicare Star Ratings. The HOS measures relate to maintaining and improving health and are derived from changes in the PCS and MCS scores. The results from this study clarify the properties of several CMS quality measures used for the Medicare Star Ratings.

- **Identifying Elderly HOS Beneficiaries at Risk for Mortality Using the Updated 2009 VES-HOS Risk Scoring**

The focus of this research was to extend and improve a previously validated Vulnerable Elders Survey-Medicare Health Outcomes Survey (VES-HOS) predictive model for identifying older adults at high risk of mortality using the HOS 2.0.

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

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HOS Training



Self-Paced Training Webinar

As a reminder, a tutorial titled, *Understanding the Medicare Health Outcomes Survey (HOS) Performance Results Used in the MA Plan Ratings* is available at www.hosonline.org. This tutorial is designed to help MAOs understand the methodology used in calculating performance measurement results. It also discusses how the HOS results are used in the Medicare Star

Ratings.

[Click here](#) to view this and all other 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
Email: hos@HCQIS.org.

Questions about the HOS Program or Policy:

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

Medicare HOS website:

<http://hosonline.org>

We welcome your feedback! Please email hos@HCQIS.org and let us

know what you think!

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

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