

Winter 2014–2015 HOS E-Newsletter

Volume 4, Issue 1

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Welcome to the winter edition (Winter 2014–2015) of our Medicare Health Outcomes Survey (HOS) e-Newsletter. The purpose of this newsletter is to provide general updates about the HOS Program. This newsletter is now shared with approximately 600 individuals representing a great number of Medicare Advantage Organizations (MAOs), researchers, and other stakeholders.

As always, we encourage 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 (<http://www.hosonline.org>).

What's New

Conditionally Approved Survey Vendor List Now Available

Beginning in 2015, the HOS has moved from a National Committee for Quality Assurance (NCQA)-certified program to a Centers for Medicare & Medicaid Services (CMS)-approved survey vendor program. CMS has posted a list of Conditionally Approved Survey Vendors on the HOS website at <http://www.hosonline.org/Content/ApprovedVendors.aspx>. MAOs must contract with a CMS Conditionally Approved Survey Vendor in order to maintain standardization of data collection and promote comparability of results across MAOs. MAOs were required to report their survey vendor choice via email (hos@ncqa.org) by Friday, January 16, 2015.

Quality Innovation Networks or QINs

Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) are new to the CMS 11th Scope of Work (SoW) that started in August 2014. The former state-level QIOs are now regional networks covering 3–6 states each.

Implementation of HOS Version 3.0

The HOS Version 2.5 was previously implemented in Spring 2013. The next version, HOS 3.0, which incorporates changes based on feedback from HOS 2.5, has been approved by the U.S. Office of Management and Budget (OMB) and will be fielded in 2015. You will notice a change in the layout of the written survey to a two column format.

Other modifications in the HOS 3.0 as compared with the HOS 2.5 include the following changes:

- Leakage of urine questions (Q42–45)
 - Question reworded to focus on leakage of urine rather than urinary incontinence
 - Question asks about its effect upon changes in daily activities or interference with sleep in the past six months, rather than on how much of a problem the leakage of urine is
 - Question asks if beneficiary ever talked with a healthcare provider, not just the current provider
 - Question asks if the beneficiary ever talked about treatment approaches with a healthcare provider rather than having received treatment
- Sleep questions (Q53–Q54)
 - New question asks about average amount of sleep at night
 - New question asks to rate quality of sleep
- Primary language question (Q60)
 - Question reworded to ask what is the main language spoken at home

The addition of the two sleep questions is based on research that suggests inadequate sleep may contribute to heart disease, diabetes, depression, falls, accidents, impaired cognition, and a poor quality of life. ¹ One of the goals of Healthy People 2020 is to increase public awareness of the importance of adequate sleep and increase the awareness that the treatment of sleep disorder can improve quality of life. ² Without sleep health education, beneficiaries may accept constant sleepiness and sleep disruption as an inevitable part of aging.

¹ Smyth C. The Pittsburgh Sleep Quality Index (PSQI). *Try This: Best Practices in Nursing Care to Older Adults*. 2007; 6.1. Available at <http://www.wsna.org/Topics/fatigue/documents/PSQI.pdf>. Accessed October 9, 2014.

² Healthy People 2020. Available at <http://www.HealthyPeople.gov/2020/topics-objectives/topic/sleep-health?topicid=38> . Accessed November 11, 2014.

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HOS Timeline



HOS 2015 Administration Cycle

The fielding phase of the 2015 HOS administration is expected to begin at the end of March and continue through the end of July. The [2015 Medicare Health Outcomes Survey Conditionally Approved Vendor List](#) is now available on the HOSonline.org website.

New HOS Reports Now Available

- 2013 Cohort 16 Baseline Reports
- 2011–2013 Cohort 14 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.

HOS Data Sets Now Available

- Data sets and accompanying Data Users Guides (DUGs) for *Cohorts 1–14*
- Data sets and accompanying DUGs for HOS-M data sets for 2007–2013

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.

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 and HOS

The 2015 Medicare Star Ratings went live on the Medicare Plan Finder (<http://www.medicare.gov/find-a-plan>) on October 9, 2014. The table below depicts the timeline for HOS data collection, report availability, and information about which HOS datasets contribute to a specific quality bonus payment year for the Medicare Star Ratings. The 2015 Medicare Star Ratings will be used to set the 2016 quality bonus payments (see the green highlighted section below).

Medicare HOS Survey Administration and Star Ratings Timeline								
	Data Collection		HOS 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
2017	Cohort 20	Cohort 18	Cohort 19	Cohort 17	2013-2015 Cohort 16	2015 Cohort 18 Baseline & 2015 Cohort 16 Follow Up	2017	2017
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

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. Beginning with the 2012 Medicare Star Ratings, the Osteoporosis Testing in Older Women measure has moved to the display measures on the CMS website and is not part of the Star Ratings. The Management of Urinary Incontinence measure was recently revised and will not be calculated from the 2014 or 2015 HOS or included in the 2016 or 2017 Medicare Star Ratings.

For more information on the Medicare Part C Star Ratings, go to the CMS website at <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html> . For questions related to the Medicare Part C and Part D Star Ratings, contact PartCandDStarRatings@cms.hhs.gov . Be sure to include your contract number in the email.

Of Note



One Magic Pill

In a past 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 last e-Newsletter discussed the harmful effects of a sedentary lifestyle.^{2,3,4,5,6} This edition addresses the impact of stress on mortality—both stress from everyday hassles as well as significant events—and the importance of exercise.^{7,8}

A recent study in the journal *Experimental Gerontology* employing data from the Veterans Affairs Normative Aging Study examined stressful life events and everyday hassles for 1,293 men during the time period between 1989 and 2005.⁹ The study then followed the men until 2010. It was discovered that though each type of stress has a distinct influence on mortality, how a person reacts to the stress is what is important. Taking things in stride is critical. How you manage your stress and "coping skills" are crucial. Dr. Robert Waldinger, a psychiatrist at Massachusetts General Hospital and Harvard University, states "if you could give one magic pill that would improve physical health, mood, reduce weight it would be to exercise 30 minutes a day." When it comes to stress, studies find that in terms of stress relief and antidepressant effect—30 minutes daily is enough.

¹ Mathus-Vliegen EM. Obesity and the Elderly. *Journal of Clinical Gastroenterology*. 2012 August; 46(7):533–544. Available at <http://dx.doi.org/10.1097/MCG.0b013e31825692ce>.

² Bankoski A, Harris TB, McClain JJ, Brychta RJ, et al. Sedentary Activity Associated With Metabolic Syndrome Independent of Physical Activity. *Diabetes Care*. 2011 February; 34:497–503. Available at <http://dx.doi.org/10.2337/dc10-0987>

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, 380: 219-229. Available at [http://dx.doi.org/10.1016/S0140-6736\(12\)61031-9](http://dx.doi.org/10.1016/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.

⁷ Neighmond P. Best to Not Sweat the Small Stuff, Because it Could Kill You Blog. Available at <http://www.npr.org/blogs/health/2014/09/22/349875448/best-to-not-sweat-the-small-stuff-because-it-could-kill-you>. Accessed on February 25, 2015.

⁸ Zimmerman R. Why to Exercise Today: To Beat Back the Toxic Stress of Life. Available at <http://commonhealth.wbur.org/2014/09/why-to-exercise-today-toxic-stress-of-life>. Accessed on September 23, 2014.

⁹ Aldwin CM, Jeong YJ, Igarashi H, Choun S, Spiro A 3rd. Do hassles mediate between life events and mortality in older men?: Longitudinal findings from the VA Normative Aging Study. *Experimental Gerontology*. 2014 November; 59:74-80. Available at <http://dx.doi.org/10.1016/j.exger.2014.06.019>.

HOS Applications



Commonly Asked Questions

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

Where can I find information about the sampling methodology used in the HOS Reports?

The HOS baseline and performance measurement sample reports provide a summary of the sampling methodology in Appendix 1 of each report. Detailed information about the baseline sampling may be found in the *HEDIS 2015, Volume 6 Specifications for the Medicare Health Outcomes Survey* manual. A downloadable PDF of the current year's manual is available in the [Publications section](#) of the HOS website. Information on obtaining additional versions can also be found there.

When may MAOs use HOS-like questions with their health plan members?

The Medicare HOS data collection generally occurs from early April through the end of July each year, during which time health plans should not field other surveys, except for other CMS-sponsored surveys. The HOS instrument is copyrighted by CMS and NCQA. If plans wish to use questions from the HOS, they need to obtain prior permission from NCQA. Downloadable PDFs for the "Medicare Health Outcomes Survey Use Application" and the "Permission to Use and Terms of Use" document are available from the [Survey Instrument section](#) of the HOS website.

Available Articles and Technical Reports

The National Cancer Institute (NCI) and CMS worked together to make the Surveillance, Epidemiology and End Results and Medicare HOS (SEER-MHOS) linked data sets available to researchers interested in investigating the Health Related Quality of Life (HRQOL) of elderly patients with cancer. Newly published SEER-MHOS-related articles have recently been posted on the HOS website:

- **Coexistence of Urinary Incontinence and Major Depressive Disorder with Health Related Quality of Life in Older Americans with and without Cancer** . This study used data from the SEER-MHOS to better understand the combined effect of urinary incontinence and the occurrence of major depressive disorders.
- **Quality of Life Changes During the pre- to post-Diagnosis Period and Treatment-Related Recovery Time in Older Women with Breast Cancer** . The focus of this research was to examine the HRQOL of women aged 65 and older diagnosed with breast cancer. The study found that survivors of breast cancer six months post diagnosis are vulnerable to HRQOL declines, but that decrements generally wane after 12 months.
- **Impact of Bladder Cancer on Health Related Quality of Life in 1,476 Older Americans: A Cross-Sectional Study** . The study used data included in the SEER-MHOS linkage between 1998 and 2007 to determine the impact of bladder cancer diagnosis on HRQOL. Future research into interventions incorporating HRQOL into decision-making models is critical to improve outcomes in older patients with bladder cancer.

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 <http://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://www.hosonline.org>

We welcome your feedback! Please email hos@HCQIS.org and let us know what you think!

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

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On behalf of Medicare HOS

