

Medicare Health Outcomes Survey

Supporting Statement B

Contents

Supporting Statement B.....	2
1. Respondent universe and sample.....	2
2. Procedures for the Collection of Information.....	3
3. Methods to maximize response rates.....	4
4. Tests of procedures or methods.....	5
5. Statistical Consultation and Information Analysis	5

Supporting Statement B

1. Respondent universe and sample

The target population for the HOS is current Medicare beneficiaries enrolled in Medicare Advantage Organizations (MAOs) living in the United States. Aged and disabled beneficiaries enrolled in an MAO with more than 500 members are eligible.

The HOS sampling procedure is designed to reduce burden on survey respondents and to prevent MAOs from identifying beneficiaries selected for HOS participation. MAOs are surveyed at the contract level, and this level also defines the sampling and reporting unit. MAOs in effect on or before January 1 of the previous year with at least 500 beneficiaries as of February 1 of the reporting year are required to report HOS Baseline. A random sample of up to 1,200 eligible beneficiaries (persons with Medicare who are 18 years or older and who are not institutionalized) per reporting unit is selected depending on the size of the contract. The names and addresses of sampled enrollees are obtained from the Integrated Data Repository (IDR) in April each year. For MAOs with fewer than 1,200 beneficiaries, all eligible beneficiaries are sampled for HOS Baseline, whereas for MAOs with 1,201 or more beneficiaries, a random sample of 1,200 beneficiaries is drawn for HOS Baseline.¹ A small number of contracts with between 500 and 1,200 enrollees will have samples comprised of virtually all their enrollees. If there are less than 500 eligible beneficiaries in an MAO, the HOS Baseline survey will not be required for that contract.

MAOs required to administer the Baseline survey are also required to administer a Follow-Up survey two years later, regardless of enrollment size at Follow-Up. All respondents with a valid Physical Component Summary (PCS) or Mental Component Summary (MCS) score calculated from Baseline responses are resurveyed for Follow-Up (two years later) so CMS can calculate the longitudinal measure scores. Beneficiaries who disenrolled from their MAO or died after the Baseline survey are not eligible for Follow-Up.

HOS-M Respondent Population and Sample

The target population for the HOS-M is the Program for All-Inclusive Care for the Elderly (PACE) population. All PACE organizations in effect on or before January 1 of the

¹ Beneficiaries enrolled in an Institutional Special Needs Plan (I-SNP) are not sampled for HOS Baseline.

previous year with 30 or more beneficiaries as of February 1 of the reporting year are required to administer the HOS-M. The sample size is 1,200 for plans with at least 1,200 beneficiaries. The entire eligible enrollment is included in the sample for plans with less than 1,200 beneficiaries. PACE plans with less than 30 beneficiaries are excluded from the HOS-M.

2. Procedures for the Collection of Information

The HOS utilizes a mixed-mode approach for data collection that includes two mailings with telephone follow-up of non-respondents. As noted in Supporting Statement A, CMS is preparing to field test a new mixed-mode protocol that includes a web-based mode under a separately approved package (OMB control number 0938-1464). MAOs contract with CMS-approved survey vendors who collect data on behalf of the MAO. This promotes the confidentiality of sampled beneficiary, as well as a high level of quality in survey administration. CMS trains and oversees the survey vendors. To ensure comparability of survey results, survey vendors are not permitted to modify the wording of survey materials or to change any survey protocols. Therefore, all beneficiaries receive the exact same survey and survey outreach.

Sampled beneficiaries receive survey outreach in the form of a pre-notification letter and a questionnaire with a survey cover letter. Beneficiaries are encouraged to complete the survey and mail it back to their survey vendor in a pre-paid business reply envelope. If a beneficiary does not respond to the first round of mail outreach, they are sent an additional questionnaire with a survey cover letter five weeks after they receive the first questionnaire. This offers beneficiaries another opportunity to respond to the survey if they misplaced the first questionnaire. The language in the HOS mailing materials was designed to maximize respondent understanding while minimizing comprehension burden by using simple language.

Beneficiaries who do not respond to the mailed questionnaires are also contacted via telephone. Survey vendors use specially trained telephone interviewers to contact nonrespondents and attempt to complete the survey with the beneficiary over the phone. Survey vendors are required to conduct at least five telephone attempts to reach the beneficiary. Survey vendors schedule call attempts at different times of the day, on different days of the week, and in different weeks to increase the chances of connecting with a beneficiary when they are available.

3. Methods to maximize response rates

The HOS utilizes various strategies to maximize response rates, including the mixed-mode data collection protocol described above. The mixed-mode methodology is a multi-pronged, comprehensive strategy that avoids the weaknesses of reliance upon mail or telephone administration alone. CMS is also preparing to field test a new mixed-mode protocol that includes a web-based mode that is expected to increase MA response rates (OMB control number, 0938-1464).

In addition to the current protocol outlined above in reaching out to beneficiaries, all HOS mailing material also include a toll-free telephone number and an email address that allows recipients to reach out to ask questions about the survey. Overall, this system has resulted in response rates ranging between 27.6-69.2 percent over the last five years of national data collection.

The response rate for HOS (Baseline and/or Follow-Up) and HOS-M is calculated using the total number of complete surveys divided by all eligible members of the sample. For the HOS, a survey is considered complete if the responses can be used to calculate Physical or Mental Component Summary scores. For the HOS-M, complete surveys are surveys with all Activities of Daily Living (ADL) questions completed. Eligible sampled members include the entire random sample minus members assigned a disposition code of “Ineligible.” The total survey response rate is calculated as follows:

$$\frac{\text{Number of Complete Surveys}}{\text{Entire random sample – Ineligible beneficiaries}^*}$$

*[Beneficiaries are ineligible for any of the following reasons: Deceased, Not enrolled in MAO, Language barrier, Removed from sample, Duplicate, Listed twice in the sample frame, Bad address and nonworking/unlisted phone number or person unknown at the dialed phone number, or Bad address and no available telephone protocol]

Refer to **Attachment D** for the number of entities included in data collection and response rates from 2014 through 2023.

Additional efforts employed to maximize response rates include making the survey available in multiple languages and testing of the survey questions prior to their inclusion in the questionnaires to ensure that beneficiaries comprehend the questions and can answer with minimal effort. HOS is offered in English, Spanish, Chinese, and Russian. CMS routinely evaluates requests for new survey languages to meet the needs of the Medicare population, and in

2019, expanded the language options to include Russian in response to stakeholder requests. Due to the wide variety of languages offered, less than 1 percent of survey responses are lost due to language barriers.

Additionally, the HOS permits the use of proxies who can complete the survey on behalf of a beneficiary. This practice increases response rates, as some beneficiaries are unable to complete the survey on their own due to health reasons or various other circumstances. Telephone interviewers are trained to seek proxies who can answer questions about the beneficiary's health, so that the proxy is informed and can provide accurate information.

A shortened version of the survey instrument is administered to the frailest portion of the sample. The Medicare HOS-M survey is a modified version of the Medicare HOS (and remains unchanged). The instrument assesses the physical and mental health functioning of PACE and FIDE-SNP members to generate frailty information for payment adjustment. It includes 12 physical and mental health status questions, ADLs, one question about memory loss interfering with daily activities, and one question about urinary incontinence. The HOS-M also asks about the use of proxy survey respondents.

4. Tests of procedures or methods

The survey and its protocols have been rigorously tested over time. Survey questions, mailing materials, and telephone scripts have been cognitively tested in different languages to ensure comparability of results across the survey translations and cultural competence. As mentioned in Supporting Statement A, CMS is preparing to field test additional items to be added or removed from the questionnaire, as well as a revised mixed-mode protocol that will include a web-based mode, as approved under a separate OMB control number, 0938-1464.

5. Statistical Consultation and Information Analysis

CMS receives ongoing input from statisticians in developing, designing, conducting, and analyzing the information collected from this survey. The HOS data analysis programs use multivariate analysis to control for differences in plan enrollments according to specific enrollee characteristics for which the plan has no control, such as age, education, marital status, home ownership, and chronic conditions. By adjusting for these effects, the measures control for differences in the proportions of enrollees in each plan having these characteristics.

In the January 2021 Federal Register² CMS finalized substantive updates to two measures from the Medicare HOS: Improving or Maintaining Physical Health and Improving or Maintaining Mental Health. The first change was to the case-mix adjustment for the measures. CMS modified the approach for adjusting for differences in the case-mix of enrollees across contracts, improving the case-mix model performance and simplifying implementation and interpretation of case-mix results when particular case-mix variables are missing. Under the implemented approach, which has been used for the MA and PDP CAHPS surveys for many years, when an adjuster is missing for a beneficiary, it is replaced with the mean value for that adjuster for other beneficiaries in the same contract. The second change involved increasing the minimum required denominator from 30 to 100 for the two measures. The increase brings these measures into alignment with the denominator requirements for the HEDIS measures contained in the HOS survey and increases the reliability of these measures compared to the prior reporting minimum of 30. Since the change to the case-mix specifications was substantive, the two measures remained on display for the 2024 and 2025 Star Ratings and will be returned to the Star Ratings program in 2026 with a temporary weight of 1.

Statistical expertise for the Medicare HOS will continue to be available from Health Services Advisory Group (HSAG), the National Committee for Quality Assurance (NCQA, and), RAND.

Ongoing statistical consultation is provided by:

Alana Berrett, MPH
Health Services Advisory Group
3133 E. Camelback Rd., Suite 140
Phoenix, AZ 85016

Kathryn Connor, MPP
National Committee for Quality Assurance
1100 13th Street NW, Third Floor
Washington, DC 20005

Marc Elliott, PhD
RAND Health
1776 Main Street
Santa Monica, CA 90401

Megan K. Beckett, PhD
RAND Health
1776 Main Street
Santa Monica, CA 90401

² Federal Register /Vol. 86, No. 11 /Tuesday, January 19, 2021 / Final Rule posted at <https://www.federalregister.gov/d/2021-00538/p-690>.

Medicare Health Outcomes Survey

NCQA manages data collection for HOS under contract to CMS. NCQA also calculates the HEDIS Effectiveness of Care measure results. HSAG conducts data cleaning, analysis, and data dissemination for HOS under contract to CMS.