# Winter 2013–2014 HOS E-Newsletter
## Volume 3, Issue 1

## What's New

**Overview**

Welcome to the latest edition (Winter 2013–2014) of our Medicare Health Outcomes Survey (HOS) e-Newsletter. More than 500 individuals now receive this newsletter. As always, we encourage Medicare Advantage Organizations (MAOs) and other stakeholders to continue sending ideas for future editions tohos@HCQIS.org. We also invite and welcome any best practices that your MAO would like to share. All issues of the HOS e-Newsletter are available on the HOS website (www.hosonline.org).

**Additional Data Sets Available for Cancer Research**

The Surveillance, Epidemiology, and End Results (SEER) and Medicare Health Outcomes Survey (MHOS) data sets are a data linkage available to cancer researchers. These data sets link data on cancer patients to patient-reported outcomes measures using the MHOS. Since adults 65 years and older account for approximately 60 percent of all cancer diagnoses, and more than 40 percent of older adults with cancer diagnoses survive 10 years or more, the potential to investigate the health status and health related quality of life (HRQOL) of older adults enrolled in MAOs—with and without a cancer diagnosis—fills an important gap.[1] The SEER-MHOS linked data sets available now include data collected during the years of 1998–2009. For researchers who are interested in using this linked data in their investigations, please visit the following website for information:http://appliedresearch.cancer.gov/surveys/seer-mhos/seer-mhos_fact_sheet.pdf

[1] Clauser SB, Haffer SC. SEER-MHOS: A New Federal Collaboration on Cancer Outcomes Research.*Health Care Financing Review*. 2008 Summer; 29(4):1–4.

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## HOS Timelines

**HOS 2014 Administration Cycle**

If you are looking for information regarding the 2014 HOS Administration for the Medicare HOS and HOS-Modified (HOS-M)—including the Medicare contracts required to participate, the survey vendor list, and reporting requirements—please visit the National Committee for Quality Assurance (NCQA) website athttp://www.ncqa.org/tabid/446/default.aspx. The website also includes information about monitoring vendor performance throughout data collection.

**HOS Reports Now Available!**

- *2012 Cohort 15* HOS Baseline Reports
- *2010–2012 Cohort 13* HOS Performance Measurement Reports
- *2012* HOS-M Reports

Your Centers for Medicare & Medicaid Services (CMS) Quality Point-of-Contact and Health Plan Managment System (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 e-mail athpms_access@cms.hhs.gov.

**HOS Data Sets Now Available!**

- Data sets and accompanying Data User's Guides (DUGs) for HOS (*Cohorts 1–13*) and HOS-M (2007–2012) data sets.

In response to numerous requests from MAOs, the data are formatted as a Comma Separated Values (.csv) file that is compatible with Microsoft Excel. Contact the HOS Team at hos@HCQIS.orgto 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 Medicare Star Ratings developed by CMS. Five HOS measures are included for Part C (Medicare Advantage) plans in the Medicare Star Ratings—two functional health and three NCQA Healthcare Effectiveness Data and Information Set (HEDIS®) measures. Information about the 2014 Medicare Star Ratings was published on the Medicare Plan Finder on October 8, 2013. The following table presents the average Star Ratings for 2012, 2013, and 2014 Part-C measures included in the HOS.

| Average Star Rating by Part-C Measure* | | | |
|---|---|---|---|
| **Measure** | **2012 Average Star Ratings** | **2013 Average Star Ratings** | **2014 Average Star Ratings** |
| Improving or Maintaining Physical Health | 4.3 | 4.4 | 4.5 |
| Improving or Maintaining Mental Health | 2.2 | 2.2 | 2.0 |
| Monitoring Physical Activity | 1.9 | 2.1 | 2.4 |
| Improving Bladder Control | 1.8 | 2.3 | 2.3 |
| Reducing the Risk of Falling | 3.2 | 3.3 | 3.4 |

The functional health items (Improving or Maintaining Physical and Mental Health) are outcome measures, and the HEDIS items are process measures. For 2014, outcome measures continue to be weighted three times as much as process measures. Though it is important to review your plan's yearly ratings, it is also beneficial for plans to review these measures over time and determine areas for improvement.

The 2014 Medicare Star Ratings will be used for 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 for the 2016 quality bonus payments (see the green highlighted section

of the table).

| Medicare HOS Survey Administration and Star Ratings Timeline | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Data Collection | | 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 |
| 2015 | Cohort 18 | Cohort 16 | Cohort 17 | Cohort 15 | 2011-2013 Cohort 14 | 2013 Cohort 16 Baseline & 2013 Cohort 14 Follow Up | 2015 | 2016 |
| 2014 | Cohort 17 | Cohort 15 | Cohort 16 | Cohort 14 | 2010-2012 Cohort 13 | 2012 Cohort 15 Baseline & 2012 Cohort 13 Follow Up | 2014 | 2015 |
| 2013 | Cohort 16 | Cohort 14 | Cohort 15 | Cohort 13 | 2009-2011 Cohort 12 | 2011 Cohort 14 Baseline & 2011 Cohort 12 Follow Up | 2013 | 2014 |
| 2012 | Cohort 15 | Cohort 13 | Cohort 14 | Cohort 12 | 2008-2010 Cohort 11 | 2010 Cohort 13 Baseline & 2010 Cohort 11 Follow Up | 2012 | 2013 |
| 2011 | Cohort 14 | Cohort 12 | Cohort 13 | Cohort 11 | 2007-2009 Cohort 10 | 2009 Cohort 12 Baseline & 2009 Cohort 10 Follow Up | 2011 | |

*For more information about the Medicare Part C Star Ratings, visit the CMS website athttp://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html.

For questions related to the Medicare Part C and D Star Ratings, contactPartCandDStarRatings@cms.hhs.gov. Please be sure to include your contract number(s) in the e-mail.

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## Of Note

**Obesity, Fitness, and Mortality**

Updates on obesity in the general population and its effect on cardiovascular disease are numerous and recommendations plentiful. A recent large study concluded that simply being overweight and/or obese can increase the risk of cardiovascular disease.[1] The American Heart Association and the American College of Cardiology recently developed obesity-specific guidelines geared toward primary care clinicians that include an algorithm for managing obesity. These guidelines had not been updated since 1998.[2]

Research on the risk of obesity in the elderly is particularly complicated and suggests that perhaps we might need a paradigm shift regarding the way we think about the effect of being overweight.[3] In addition, the most appropriate way to measure obesity in the elderly is still under discussion. Researchers have questioned whether using Body Mass Index (BMI) to measure obesity is age-invariant and whether the BMI thresholds for overweight and obese are overly restrictive for older people.[4] Normative values in BMI, waist circumference, and percentages of fat mass have not been ascertained for the elderly.[3]

A recent study examining the prevalence of obesity and its association with HRQOL and outpatient utilization among MAO beneficiaries found that obese beneficiaries, much more than overweight beneficiaries, have poorer health and higher healthcare utilization.[4] An article in *The New York Times* notes that in many studies, overweight and moderately obese patients with certain chronic diseases often live longer and do better than normal-weight people with the same

ailments.[5]Several meta-analyses indicated that mortality and morbidity associated with overweight and obesity only increase at a body mass index >30 kg/m.[3,6,7] Among seniors, underweight and extremely obese persons have higher mortality than normal, overweight, and obese persons.[7]

Although helping overweight beneficiaries attain normal weight may be of value, a focus on helping obese beneficiaries attain overweight status and preventing overweight beneficiaries from becoming obese may have the greatest potential to improve the HRQOL of beneficiaries, while decreasing the utilization and associated costs of their healthcare.[4]

Studies that classify weight and fitness separately indicate that being "fat and fit is better healthwise than being thin and unfit."[5] New research indicates that exercise such as walking may reduce a person's risk for cancer.[8] Regular aerobic exercise and cardiovascular fitness seem to be important predictors of mortality. As one researcher indicates: "Maintaining fitness is good and maintaining low weight is good but if you had to go off one, it looks like it is more important to maintain your fitness than your leanness."[3]

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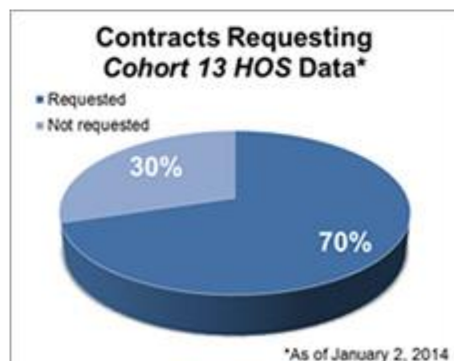
[1] Thomsen M, Nordestgaard BG. Myocardial Infarction and Ischemic Heart Disease in Overweight and Obesity With and Without Metabolic Syndrome. *JAMA Intern Med*. 2014 January;174 (1):15-22.
[2] Jensen, MD, Ryan DH, Apovian CM, Ard JD, et al. 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. Accessed November 19, 2013 at http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437739.71477.ee.citation
[3] Mathus-Vliegen EM. Obesity and the Elderly. *J Clin Gastroenterol*. 2012 August; 46(7):533–544.
[4] Malinoff RL, Elliott MN, Giordano LA, Grace SC, and Burroughs JN. Obesity Utilization and Health-Related Quality of Life in Medicare Enrollees. *Journal of Ambulatory Care Management*. 2013 January; 36(1):61–71.
[3] Mathus-Vliegen EM. Obesity and the Elderly. *J Clin Gastroenterol*. 2012 August; 46(7):533–544.
[5] Brown, Harriet. *The New York Times*, September 17, 2012, by Harriet Brown. Accessed September 20, 2013.
[6] Kulminski AM, Arbeev KG, Kulminskaya IV, et al. Body mass index and nine-year mortality in disabled and nondisabled older U.S. individuals. *J Am Geriatr Soc*. 2008 Jan; 56(1):105–110.
[7] Flegal KM, Graubard BI, Williamson DF, Gail MH. Excess deaths associated with underweight, overweight, and obesity. *JAMA*. 2005 April 20; 293(15):1861–7.
[8] Sifferlin, Alexandra. Health & Family, October 4, 2013 by Alexandra Sifferlin. Accessed October 4, 2013.

**HOS Data Requests Increasing!**




HOS data have been successfully used to direct and develop interventions that are relevant to the specific needs of Medicare beneficiaries and have a positive effect on functional status and overall well-being. Not surprisingly, the number and percentage of MAOs asking for their HOS data has steadily increased over the years, and contracts are now asking for their data sooner than ever before, immediately upon receipt of the notice of data availability. Once the announcement of the availability of the new cohort data is shared each fall through HPMS, you can contact Health Services Advisory Group, Inc. (HSAG), through the HOS e-mail at hos@aHCQIS.org. Additionally, participating MAOs may request earlier cohort data that was not previously requested. 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. 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 of our most commonly asked questions received by our Medicare HOS Information and Technical Support site are:

*What cohorts are used to calculate the NCQA HEDIS score?*

The 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. For example, for the 2013 measurement year, the *Cohort 16* Baseline and the *Cohort 14* Follow up data are combined. The HEDIS scores for your MAO are provided in the HOS Baseline Report.

*Are beneficiaries who disenrolled prior to the time of follow up included in the calculation of Performance Measurement results?*

Beneficiaries who disenrolled from their MAO prior to the time of follow up are included in the Performance Measurement analytic sample and in the calculation of certain MAO level performance measurement results, such as the MAO death rate for baseline respondents. However, in accordance with CMS policy, data on disenrolled beneficiaries are not included in the MAO level performance measurement data files distributed to participating MAOs.

*How can I obtain the summary level data for my MAO?*

CMS now provides summary data to go along with the Baseline and Performance Measurement Reports. The summary level data are provided in a data set (.csv) that can be opened in Excel and contain contract-level responses to each HOS question, as well as demographic information. The summary data became available beginning with the *Cohort 15* Baseline and *Cohort 13*Performance Measurement Reports.

The summary level data files accompany the Baseline and Performance Measurement Reports available on HPMS. A zip file is provided for each contract and contains the report (.pdf), the summary data (.csv), and a documentation file explaining the summary data (.txt).

**Available Articles and Technical Reports**

New HOS-related articles and technical reports are continuously being 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:

- **Urinary Incontinence and Health-Related Quality of Life among Older Americans With and Without Cancer: a Cross-Sectional Study, 2013**
  This article uses the results of the HOS surveys to examine the HRQOL among MAO beneficiaries with urinary incontinence and with and without a history of bladder, breast,

endometrial/uterine, or prostate cancer.

- **Guideline-Recommended Medications: Variation across Medicare Advantage Plans and Associated Mortality, 2013**
  This article evaluates variation in the prescription of guideline recommended medication across Medicare Advantage plans.
- **Urinary Incontinence, Functional Status, and Health-Related Quality of Life Among Medicare Beneficiaries Enrolled in the Program for All-Inclusive Care for the Elderly and Dual Eligible Demonstration Special Needs Plans, 2013**
  The article examines the relationship between urinary incontinence, functional outcomes, and HRQOL among frail, community dwelling adults.
- **Multiple Risk Factors and the Likelihood of Patient-Physician Communication and Health Maintenance Services in Medicare Health Plans, 2013**
  This study examined the effects of race, education, and health-based risk factors on health maintenance services among Medicare plan members.

For a full listing of HOS-related articles in the literature and technical reports, please visit thePublications 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
E-mail: 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 e-mail hos@HCQIS.org and let us know what you think!**

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

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This message was sent by:

**Medicare HOS**

Prepared by:

**Health Services Advisory Group, Inc.**
3133 East Camelback Road, Suite 100
Phoenix, AZ 85016
Phone: 602-801-6600
Fax: 602-801-6051

On behalf of Medicare HOS