

**Responses to Comments Received
Federal Register Notice on Revised
CMS-10203**

The Centers for Medicare & Medicaid Services (CMS) received one comment from a health plan in response to the February 28, 2014 notice on the proposed changes to the Medicare Health Outcomes Survey (HOS) questionnaire (CMS-10203).

Comment

The commenter recommended CMS discontinue collection of the Medicare HOS and noted that the questionnaire is long and may be especially burdensome for dual eligible beneficiaries and those in poor health; that only a few outlier plans are identified as doing “worse than expected” in terms of taking care of their members’ physical and mental health; and that the information obtained is not actionable by health plans.

CMS Response

CMS acknowledges that the CMS 10203 questionnaire is fairly long but notes that the currently proposed revision reduces its length by 4 questions. CMS also acknowledges that the Medicare HOS may be a greater burden to beneficiaries who are in poorer health, but as the commenter noted, those who are unable to complete the survey themselves may have a family member or other proxy complete the Medicare HOS for them. The goal of the Medicare HOS program is to gather valid, reliable, clinically meaningful data for use in quality improvement activities, plan accountability, public reporting, and improving health. Since 2010, CMS has identified between 2.5 and 4.9 percent of Medicare managed care plans annually that are performing “worse than expected” in terms of meeting their members’ physical and mental health needs, and a similar number of plans that are performing “better than expected.” Medicare HOS data is publically reported in the CMS Medicare Part C Star Ratings on the Medicare Plan Finder (MPF) to help beneficiaries make better informed choices when selecting a health plan. The Star Ratings are also used to determine eligibility for Quality Bonus Payments (QBP) for top-performing health plans. Finally, CMS disagrees with the comment that information obtained from the Medicare HOS is not actionable. Written materials and self-paced training webinars developed to help Medicare Advantage Organizations (MAOs) use the Medicare HOS data in quality improvement activities are available on the CMS HOS website at www.hosonline.org.