ATI Advisory

SNP Alliance

EXECUTIVE SUMMARY:

Ensuring Equity and Fairness in Medicare Advantage Quality Measurement

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The Centers for Medicare & Medicaid Services (CMS) use various tools to ensure the Medicare Advantage (MA) program provides high-quality care to Medicare beneficiaries. One tool, the Medicare Health Outcomes Survey (HOS), has been used since 1998 and relies on beneficiary self-reported physical and mental health status. In its current design as used in MA quality measurement, the HOS does not support an accurate or equitable approach for the increasingly diverse Medicare population. This is particularly the case for MA Special Needs Plans (SNPs), whose member populations are more racially and ethnically diverse, more likely to have unstable housing and frequently changing phone numbers, and less likely to speak English as compared to the general MA population. SNP Alliance and ATI Advisory collaborated to identify opportunities to improve the HOS for equitable quality measurement within the MA population, with a focus on SNPs. SNPs are a type of MA plan created in 2003, designed to serve certain high-need Medicare beneficiaries. SNPs have grown to cover 5.1 million beneficiaries as of November 2022.[1]

1 Centers for Medicare & Medicaid Services. (2022). SNP comprehensive report 2022 11. https://www.cms.gov/research-statistics-data-and-systemsstatistics-trends-and-reportsmcradvpartdenroldataspecial-needs/snp-comprehensive-report-2022-11

Summary of the Issue

Current HOS questions and administration processes do not reflect an equitable and fair approach to MA quality measurement.

About the HOS

The HOS is administered yearly to a random sample of enrollees from each MA plan that has a minimum of 500 enrollees. Two years later, the baseline respondents are surveyed again as a follow-up measurement to see how their self-reported outcomes have changed, if at all, over the two-year period. The HOS can be completed via proxy, like a caregiver or family member, if the intended respondent is unable to complete the survey. There are six HOS-derived measures included in the Medicare Star Ratings program.[2] The HOS is used to gather beneficiary data that offers a snapshot of the person's self-report of health status. Changes in health status between the two data collection periods are attributed to health plan performance.

To be appropriately equitable, quality measurement should be person-centered, validated, accessible, and leverage reliable tools that enable timely, actionable, and transparent results. Tools must be appropriate and work for all beneficiaries, including across race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and changes in address and phone numbers over time.

Vision: An Equitable and Fair Approach to Medicare Advantage Quality Measurement

Three key underlying principles are necessary for achieving an equitable and fair approach to quality measurement:

Principle 1:

Survey questions should be inclusive and culturally appropriate.

→ Survey questions must be culturally relevant for diverse populations and inclusive of varying definitions of optimal health.

Principle 2:

Survey administration should be representative and equitable.

→ Survey administration must reflect equitable access for and representation of diverse subpopulations.

Principle 3:

Survey results should provide actionable insights for improving quality among diverse populations.

→ Survey results must be transparent and actionable for those evaluated to improve quality of care among all populations and reduce disparities between subgroups in a timely manner.

2 Centers for Medicare & Medicaid Services, Health Services Advisory Group. (2022). Medicare Health Outcomes Survey. https://www.hosonline.org/en/

Summary of Findings

Key Principle 1:

Survey questions should be inclusive and culturally appropriate.

- The instruments from which HOS was derived were developed and validated on a veteran population that was 98% male, 81% white, and 72% married.[3] HOS has not been validated on core subpopulations, including individuals with disabilities, people with social risk factors, those with degenerative chronic conditions or behavioral health complexity, people of advanced age or frailty, and those with low literacy.
- The HOS includes questions that are not culturally relevant to a considerable portion of MA and SNP enrollees. For example, to assess physical functioning, the HOS asks respondents how much they participate in moderate activities such as bowling or playing golf.[4]
- The HOS relies on several measures of limited relevance to those with physical disabilities or those who are frail older adults. For example, to assess physical health, the HOS asks if the respondent has been limited in moderate activities, like moving a table or pushing a vacuum cleaner.
- The HOS does not control for factors that affect the likelihood of potential improvements or declines in health status when determining mental and physical health summary scores.

3 Kazis, L.E., et al. (2004). Patient-reported measures of health: The Veterans Health Study. The Journal of ambulatory care management. 27(1), 70-83. https://doi.org/10.1097/00004479-200401000-00012

4 The National Committee for Quality Assurance. (2021). Medicare Health Outcomes Survey (HOS) questionnaire (English). https://www.ncqa.org/wp-content/uploads/2022/06/HOS-2022-Questionnaire-English.pdf

Key Principle 2:

Survey administration should be representative and equitable.

- The HOS is administered via mail and telephone* in four languages: English, Spanish, Chinese, and Russian.[5] Limited language options restrict the MA respondents who can access the survey. More than four million Americans over the age of 65 speak a language other than English or Spanish.[6]
- Changes in address and phone number make it hard to survey the same beneficiary at both baseline and follow-up, which affects the ability to survey low-income individuals like those in SNPs most severely.
- Proxy bias is likely with the HOS because the same proxy respondent is not required to complete the survey at both baseline and follow-up. If two different proxies complete the HOS at each time period, their responses will inconsistently reflect the beneficiary's health status.

*Note that Russian is administered by mail only (not via telephone).

Key Principle 3:

Survey results provide actionable insights for improving quality among diverse populations.

- Although HOS responses are used to evaluate health plans, the HOS includes no questions on the respondent's insurer nor the communication between the insurer and the respondent. Additionally, because the respondent sample is blinded from the health plan and survey results are not reported until more than two years after the initial measurement period, health plans are further inhibited from leveraging HOS results for actionable and timely quality improvement. The vague, delayed connection between survey results and the insurer's role impedes health plans' ability to implement informed changes to improve their mental and physical health summary scores, and therefore the quality of their care and coverage, over time.
- It is difficult to interpret self-reported measures of health, like those leveraged in the HOS, due to significant differences in responses depending on race, ethnicity, and gender for evaluating population health.

5 Centers for Medicare & Medicaid Services. (2022). Medicare Health Outcomes Survey 2022 Survey Vendor Update Training. https://www.hosonline.org/globalassets/hos-online/survey-administration/hos2022srvyvndrupdtngslds.pdf

6 U.S. Census Bureau. (2021). American Community Survey 1-Year Estimates: Age by language spoken at home for the population 5 years and older. https://data.census.gov/table?q=Language+Spoken+at+Home&tid=ACSDT1Y2021.B16007

Summary of Recommendations

To ensure MA quality measurement equitably reflects the demographics of the Medicare population, **Congress should require CMS to update its quality measurement approaches** (including the HOS) to align with the principles described above, and consistent with CMS health equity priorities outlined in CMS's recently released Framework for Health Equity 2022-2032.

Inclusive and Culturally Appropriate Survey Questions

- Quality measures should be **adequately tested and validated on diverse populations** (e.g., physically and intellectually disabled, people with social risk factors, those with degenerative chronic conditions and behavioral health complexity, broad age groups, people with low literacy). In addition, alternative wording of HOS questions should be considered, to ensure inclusivity of and accessibility and meaningfulness to diverse populations. HOS could use alternative, validated, and widely used self-report measures that have been translated into many languages and been tested with diverse people with functional limitations, disabilities, and degenerative chronic conditions (e.g., PROMIS Global Health, Dartmouth COOP Charts, etc.).*
- Quality measures evaluating health status improvement or decline over time should **adjust for variables that might affect rate of decline and/or exclude individuals who have differing likelihoods of decline**. Individuals in palliative care or with degenerative conditions should be excluded from potential HOS samples.

*Other self-report measures of well-being in adults are compiled in Linton, M-J. et al., 2016.

Representative and Equitable Survey Administration

- Survey questions should **meet current mandatory translation requirements** as is required for other MA public-facing documents (i.e., any non-English language that is the primary language of at least five percent of individuals in a plan's service area).* Non-English, Spanish, Chinese, or Russian speakers should have pathways to complete the HOS. This might include requiring translation of the HOS into other languages that are the primary languages of at least five percent of the Medicare population in a state. Translations of the HOS should be tested to ensure comprehension and meaningfulness to each sub-group before being used.
- Surveys should be accessible through a variety of formats to allow for respondent completion regardless of consistent phone or mail access. HOS administrators should be required to **introduce an online and smart phone accessible survey administration option**. This is particularly important for people who have unstable housing and frequently changing phone numbers.
- To prevent significant proxy bias across two data collection periods, the HOS should allow or report on proxy responses only in instances where the **same proxy representative completes the survey at baseline and follow-up**.

*See 42 CFR § 422.2267(a)(2) for existing language standards for MA required materials and content.

Actionable Survey Results

- Survey results should **provide actionable insights** for improving quality among diverse populations. This requires additional detail as well as more transparency and timely access to findings.
  - Consider including additional questions on beneficiaries' communication, engagement, and/or experience with their health plans.
  - Provide health plans with internal-use interim performance reports summarized by demographics such as race, ethnicity, language, and age, to allow for more real-time ability to address issues identified in the initial data collection period.
  - Conduct longer-term, year-over-year analysis of PCS and MCS aggregate performance with 5-year trends, enrollment characteristics, and plan benchmarks in conjunction with a transparent platform for health plans to discuss this analysis, understand how performance may be associated with certain beneficiary characteristics, and guide quality improvement efforts.

Summary of Impact

Taken together, the approaches enumerated above would allow for a quality measurement approach that is more reflective and inclusive of today's MA and SNP populations. As Congress and CMS seek to advance health equity and to better understand and quantify the quality of care received by Medicare beneficiaries, there is an important and timely opportunity to address the shortcomings of the HOS and modernize it to better reflect and understand the changing Medicare population. As policymakers seek to assess programs and policies for unintended consequences and health equity impact, quality measurement should prioritize accessibility, inclusivity, and transparency. To that end, Congress should require that CMS update its quality measurement approaches, including the HOS.

For more information, please see the full report here.

ATI Advisory

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SNP Alliance

The SNP Alliance is a national non-profit leadership organization dedicated to improving policy and practice for serving high risk and complex needs individuals through Medicare Advantage Special Needs Plans (SNPs) and Medicare-Medicaid Plans (MMPs). The SNP Alliance's 26 health plan organization members serve over 2.8 million special needs individuals in 47 states and the District of Columbia. For more information, visit **snpalliance.org**.