2007
DATA
USER'S GUIDE

MEDICARE HEALTH
OUTCOMES SURVEY-MODIFIED

CENTERS
FOR MEDICARE
& MEDICAID
SERVICES

HEALTH
SERVICES
ADVISORY
GROUP

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Preface

MEDICARE HEALTH OUTCOMES SURVEY

The Centers for Medicare & Medicaid Services (CMS) is committed to monitoring healthcare quality provided by its programs. The overall focus of the Medicare Health Outcomes Survey (HOS), in particular, is to gather valid and reliable health status data to assess a Medicare Advantage Organization's (MAO) ability to maintain or improve the physical and mental health of its Medicare beneficiaries over time. Since 1998, baseline data are collected from a new cohort annually with one re-measurement two years later.

MEDICARE HEALTH OUTCOMES SURVEY-MODIFIED

The Medicare Health Outcomes Survey-Modified (HOS-M) was fielded for the first time in the spring of 2005. It is a modified version of the Medicare HOS that is administered annually by CMS to frail elderly and dual-eligible beneficiaries (i.e., recipients of both Medicare and Medicaid) in PACE Organizations, as well as Minnesota Senior Health Options, Minnesota Disability Health Options, Wisconsin Partnership Program, and Massachusetts MassHealth Senior Care Options Special Needs Plans for the purpose of adjusting plan payments based on the frailty of their members.

Similar to HOS, the HOS-M design is based on a randomly selected sample of individuals from each participating PACE Organization and Special Needs Plan (SNP). Unlike the HOS, the HOS-M is a cross-sectional survey that measures the physical and mental health functioning of beneficiaries at a single point in time without a follow-up.

This HOS-M 2007 **Data User's Guide** is designed to assist users with the beneficiary level HOS-M data file. The Data User's Guide includes an overview of the file organization, an explanation of the derived fields, a table defining the attributes of all fields in the file, and copies of the survey instrument annotated with the field names in the data file.

STATUTORY AUTHORITY

Section 722 of the Medicare Prescription Drug, Improvement, and Modernization act of 2003 mandates the collection, analysis, and reporting of health outcomes information. This legislation also specifies that data collected on quality, outcomes, and beneficiary satisfaction to facilitate consumer choice and program administration must utilize the types of data collected prior to November 1, 2003. Collected since 1998, the Medicare HOS is the only outcomes measure in Medicare managed care and therefore remains a critical part of assessing health plan quality. In addition, CMS includes the HOS results as one component of Medicare Options Compare, a web-based tool that helps inform beneficiaries about Medicare enrollment choices. CMS incorporates new survey

components in HOS, as appropriate, in order to provide outcome measures that QIOs and MAOs can utilize in quality improvement initiatives.

TECHNICAL ASSISTANCE

The Medicare HOS Information and Technical Support Telephone Line (1-888-880-0077) and the HOS e-mail address (hos@azqio.sdps.org) are available to provide assistance with questions regarding the data file.

Methodology and Design

SAMPLING METHODOLOGY

A total of 23,682 beneficiaries from 52 PACE Organizations and SNPs participated in the HOS-M in 2007. Members were defined as eligible for the HOS-M if they were enrolled in a participating HOS-M plan, resided in the community, did not have End Stage Renal Disease (ESRD), and were over age 65 in some plan categories and age 55 and over in others. Except for the SNPs under the Massachusetts Health Senior Care Options which enrolled members aged 65 and over, all other plans had members aged 55 and over. In general, for eligible plans with Medicare populations of 1,400 or more members, a simple random cross-sectional sample of 1,200 members was selected for the survey (i.e., the survey is not a cohort study). For eligible plans with populations of less than 1,400 members, all eligible members were included in the HOS-M sample.

From the 23,682 beneficiaries, 2,861 beneficiaries were found to be ineligible. Ineligible beneficiaries include deceased, members not enrolled in the health plan, members with incorrect address and phone number, or members having a language barrier. After excluding the 2,861 ineligible beneficiaries, the eligible sample was 20,821. From the eligible sample of 20,821, a total of 16,200 beneficiaries completed the survey, representing a response rate of 77.8%. These 16,200 beneficiaries comprise the 2007 *HOS-M analytic sample.*

The definition of a completed survey, and hence the response rate, depends on the context. The statistics cited above are taken from the HOS-M report, in which a completed survey is defined as one for which a PCS or MCS score could be calculated. However, for purposes of frailty adjustment, a completed survey is defined as one in which all six Activities of Daily Living (ADL) questions are answered.

For a more detailed discussion on sampling, data collection, and submission, please refer to the HEDIS 2007 Volume 6 manual.[1]

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[1] National Committee for Quality Assurance. *HEDIS® 2007, Volume 6: Specifications for the Medicare Health Outcomes Survey.* Washington, DC: NCQA Publication, 2007.

Medicare HOS-M Instrument

The HOS-M instrument contains Activity of Daily Living (ADL) items as the core items used to calculate the frailty adjustment factor.[2] The HOS-M instrument also contains the Veterans RAND 12-Item Health Survey (VR-12) to further assess the physical and mental health functioning of the PACE Organization and SNP members.[3,4] The HOS-M includes questions about the following: lifting or carrying objects as heavy as 10 pounds; walking a quarter mile; health or physical problems interfering with daily activities, receiving help with ADLs; physical and emotional health compared to one year ago; memory loss; urinary incontinence; and a question on whether the survey was self-completed or completed by a proxy. If the participant received assistance completing the survey, the proxy respondent was asked information about his/her relationship to the participant.

Detailed information about the Medicare HOS-M instrument can be found in the HEDIS 2007 Volume 6 manual.[1] This may be purchased by calling the NCQA Customer Support Telephone Line at 1-888-272-7585 or via NCQA's Secure Online order Center (www.ncqa.org). The survey form may be obtained from the Survey Instrument section of the HOS website (www.hosonline.org). Additionally, a glossary of terms related to the survey may be accessed from the Program Overview section of the Medicare HOS website (www.hosonline.org/surveys/hos/hosoverview.aspx).

SUMMARY MEASURES

The key component of the HOS-M is the VR-12 health survey. The VR-12 was developed from the Veterans RAND 36-Item Health Survey (VR-36; formerly called the Veterans SF-36)[3]. The VR-12 is a generic, multipurpose health survey, which consists of selected items from the eight domains of health in the earlier 36-item survey. These domains include: physical functioning; role-physical; bodily pain; general health; vitality; social functioning; role-emotional; and mental health. The VR-12 has been administered in national Veterans Administration (VA) surveys since 1997. Since 2002,

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[2] Walsh, E.G., Khatustsky, G, and Johnson, L. Functional impairment levels in PACE enrollees. *Health Care Financing Review*. Summer 2008. Volume 29(4): 81-88. Accessed August 29, 2008 from CMS' HCFR website at http://www.cms.hhs.gov/HealthCareFinancingReview/downloads/08Summerpg81.pdf.
[3] Kazis LE, et al. Health status and outcomes of Veterans: Physical and Mental Component Summary Scores (Veterans SF-12). *1998 National Survey of Hospitalized Patients*, Executive Report. Office of Performance and Quality, Health Assessment Project, HSR&D Field Program, Washington, D.C. and Bedford, MA, April 1999.
[4] Kazis LE, Selim A, Rogers W, Ren XS, Lee A, Miller DR. *Veterans RAND 12-Item Health Survey (VR-12): A White Paper Summary*. Unpublished manuscript. Accessed February 15, 2008 at www.hosonline.org/surveys/hos/download/Veterans_RAND_12_Item_Health_Survey_White_Paper_Summary.pdf.

the VA has administered the VR-12 to over 400,000 patients annually as part of its quality management program.

The VR-12 has undergone extensive testing which has shown it to be reliable and valid in ambulatory care patient populations.[5] The taxonomy underlying the construction of the VR-12 summary measures is comprised of a total of 14 items from which the eight domains aggregate one or two items each, and the Physical Component Summary (PCS) and Mental Component Summary (MCS) scores. The VR-12 explains 90% of the reliable variance of the VR-36. PCS and MCS scores are standardized to the U.S. population and are 1990 norm-based, so that scores have a direct interpretation in relation to the distribution of scores in the U.S. population, with a mean of 50 and a standard deviation of 10.

The PCS and MCS scores were calculated using the Modified Regression Estimate (MRE).[5] The MRE is a general method for obtaining scale scores for the eight domains in the context of missing data. The MRE uses complete cases to estimate a regression equation where only those items that are present are used. Depending on the pattern of missing item responses, a different set of regression weights is required. For the HOS-M report, the PCS and MCS scores were *not* adjusted for case mix variables, i.e., demographic characteristics.

Very high PCS scores (scale 0-100) indicate no physical limitations, disabilities or decline in well being; high energy level; and a rating of health as "excellent". Very high MCS scores (scale 0-100) indicate frequent positive affect, absence of psychological distress, and no limitations in usual social and role activities due to emotional problems. Although rarely occurring, scores of less than 0 or greater than 100 are mathematically possible.

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[5] Spiro A, Rogers WH, Qian S, Kazis L. Imputing physical and mental summary scores (PCS and MCS) for the Veterans SF-12 Health Survey in the context of missing data. Technical Report prepared by: The Health Outcomes Technologies Program, Health Services Department, Boston University School of Public Health, Boston, MA and The Institute for Health Outcomes and Policy, Center for Health Quality, Outcomes and Economic Research, Veterans Affairs Medical Center, Bedford, MA. Accessed August 13, 2008 at www.hosonline.org/surveys/hos/hospublications.aspx.

Data File Characteristics

The file is a Comma Separated Value (CSV) file and was generated using PROC EXPORT with the DBMS=CSV option in SAS Version 9.1.3 The first row of the file contains the SAS variable names. The file can be imported directly into MS Excel or MS Access or converted back to SAS. If converting to SAS with PROC IMPORT, it is recommended to first set the SAS system option GUESSINGROWS to a high number (valid values 1-32767) to insure that character fields will not be truncated.

Field names contain the prefix M10, which corresponds to the annual round of HOS data collection. The only field without a prefix is the Health Insurance Claim number **HICNUM**, which is a unique alphanumeric identifier used to identify each beneficiary in the file.

FIELD OVERVIEW

The following is a general description of fields included in the Performance Measurement data file. The fields are listed in the order they appear in the file.

Identifier Fields (Fields 1 - 3)

This section contains the HICNUM, which is a unique alphanumeric identifier used to identify each beneficiary in the file. It also contains an anonymous beneficiary ID (M10PATID) and an anonymous plan ID (M10PLAN) generated by HSAG.

Sample File Fields (Fields 4 - 27)

This section contains contact, demographic, and other member level data for the sampled beneficiaries submitted in the Sample File by the survey vendor. These fields are obtained from the CMS Medicare Enrollment Database (EDB). None are obtained from the survey instrument.

Survey Instrument Fields (Fields 28 - 70)

This section contains the member level responses collected from the 19 questions in the survey instrument. The following fields comprise the VR-12 survey, which is used to compute the PCS and MCS scores: M10VRGENHTH, M10VRMACT, M10VRSTAIR, M10VRPACCL, M10VRPWORK, M10VRMACCL, M10VRMWORK, M10VRPAIN, M10VRCALM, M10VRENERGY, M10VRDOWN, and M10VRSACT.

Vendor Generated Fields (Fields 71 - 75)

This section contains member level survey administration fields generated by the survey vendor.

HSAG Derived Fields (Fields 76 - 87)

This section contains fields derived by HSAG. These include age, age and race categories, dates in SAS date format, PCS and MCS scores, and flags to indicate completed surveys, valid surveys, and membership in the analytic sample.

Plan Level Fields (Fields 88 - 92)

This section contains plan level fields obtained from the CMS Monthly Report of Managed Care Health Plans from the website http://www.cms.hhs.gov/MCRAdvPartDEnrolData. The Plan Region is obtained from the NCQA 2007 Contract List.

APPENDIX A

DATA FILE LAYOUT BY POSITION

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
1	*HICNUM* HIC Number	Char	11		Unique beneficiary identifier
2	*M10PATID* Anonymous Beneficiary ID	Num	8		Derived by HSAG Could be used as a database key if personally identifiable fields (e.g HICNUM) were removed.
3	*M10PLAN* Anonymous Plan ID	Num	8		Derived by HSAG Could be used as a database key if plan identifiable fields (e.g M10PLANID) were removed.
4	*M10PLANNM* Plan Name	Char	60		Obtained from the Sample File
5	*M10PLANTYPE* Plan Type	Char	8		Obtained from the Sample File
6	*M10PLANID* Plan ID	Char	5		Obtained from the Sample File
7	*M10FNAME* Member First Name	Char	30		Obtained from the Sample File
8	*M10MIDINIT* Member Middle Initial	Char	1		Obtained from the Sample File
9	*M10LNAME* Member Last Name	Char	35		Obtained from the Sample File
10	*M10ADDRS1* EDB Address 1	Char	25		Obtained from the Sample File Address fields M10ADDRS1-M10ADDRS6 come from the CMS Enrollment Database
11	*M10ADDRS2* EDB Address 2	Char	25		Obtained from the Sample File
12	*M10ADDRS3* EDB Address 3	Char	25		Obtained from the Sample File
13	*M10ADDRS4* EDB Address 4	Char	25		Obtained from the Sample File
14	*M10ADDRS5* EDB Address 5	Char	25		Obtained from the Sample File
15	*M10ADDRS6* EDB Address 6	Char	25		Obtained from the Sample File
16	*M10DOB* EDB Date of Birth	Char	10		Obtained from the Sample File
17	*M10GENDER*	Num	8	1 = Male	Obtained from the Sample

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
	EDB Gender			2 = Female	File
18	*M10RACE* EDB Race	Num	8	0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native	Obtained from the Sample File
19	*M10ADDRSS* Participant Street	Char	65		Obtained from the Sample File Address fields M10ADDRSS, M10CITY, M10STATE, and M10ZIP come from the Contact Data File developed by small plans, which may be more up to date than the EDB.
20	*M10CITY* Participant City	Char	25		Obtained from the Sample File
21	*M10STATE* Participant State	Char	20		Obtained from the Sample File
22	*M10ZIP* Participant Zip Code	Char	20		Obtained from the Sample File
23	*M10BENELANG* Participant Primary Language	Char	35		Obtained from the Sample File
24	*M10RCVOMAIL* Participant Receives Own Mail	Char	35		Obtained from the Sample File
25	*M10LVINFAC* Participant Lives in Facility	Char	40		Obtained from the Sample File
26	*M10SHAREPH* Participant Shares a Phone	Char	13		Obtained from the Sample File
27	*M10PACECTR* PACE Center, Care System, or Center Attended	Char	55		Obtained from the Sample File
28	*M10VRGENHTH* Q1 General Health	Num	8	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor	Entered from the survey (See Appendix B)
29	*M10DIFCARRY* Q2 Difficulty Lifting 10 Pounds	Num	8	1 = No difficulty at all 2 = A little difficulty 3 = Some difficulty 4 = A lot of difficulty 5 = Not able to do it	Entered from the survey (See Appendix B)
30	*M10DIFBLKS* Q3 Difficulty Walking 2-3 Blocks	Num	8	1 = No difficulty at all 2 = A little difficulty 3 = Some difficulty 4 = A lot of difficulty	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
				5 = Not able to do it	
31	*M10ADLBTH* Q4a Difficulty Bathing	Num	8	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
32	*M10ADLDRS* Q4b Difficulty Dressing	Num	8	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
33	*M10ADLEAT* Q4c Difficulty Eating	Num	8	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
34	*M10ADLCHR* Q4d Difficulty In/Out Chairs	Num	8	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
35	*M10ADLWLK* Q4e Difficulty Walking	Num	8	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
36	*M10ADLTLT* Q4f Difficulty Using Toilet	Num	8	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
37	*M10HLPBTH* Q5a Receive Help Bathing	Num	8	1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity	Entered from the survey (See Appendix B)
38	*M10HLPDRE* Q5b Receive Help Dressing	Num	8	1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity	Entered from the survey (See Appendix B)
39	*M10HLPEAT* Q5c Receive Help Eating	Num	8	1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity	Entered from the survey (See Appendix B)
40	*M10HLPCHR* Q5d Receive Help In/Out Chairs	Num	8	1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity	Entered from the survey (See Appendix B)
41	*M10HLPWLK* Q5e Receive Help Walking	Num	8	1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
42	*M10HLPTLT* Q5f Receive Help Using Toilet	Num	8	1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity	Entered from the survey (See Appendix B)
43	*M10VRMACT* Q6a Limited Moderate Activities	Num	8	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Entered from the survey (See Appendix B)
44	*M10VRSTAIR* Q6b Limited Climbing Several Stairs	Num	8	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Entered from the survey (See Appendix B)
45	*M10VRPACCL* Q7a Physical Health Accomplished Less	Num	8	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
46	*M10VRPWORK* Q7b Physical Health Limited Work Activities	Num	8	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
47	*M10VRMACCL* Q8a Emotional Problems Accomplished Less	Num	8	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
48	*M10VRMWORK* Q8b Emotional Problems Work Not Careful	Num	8	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
49	*M10VRPAIN* Q9 Pain Interfere Past 4 Weeks	Num	8	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely	Entered from the survey (See Appendix B)
50	*M10VRCALM* Q10a Past 4 Weeks Felt Calm/Peaceful	Num	8	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Entered from the survey (See Appendix B)
51	*M10VRENERGY* Q10b Past 4 Weeks A Lot of Energy	Num	8	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Entered from the survey (See Appendix B)
52	*M10VRDOWN* Q10c Past 4 Weeks Blue or Sad	Num	8	1 = All of the time 2 = Most of the time 3 = A good bit of the time	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
				4 = Some of the time 5 = A little of the time 6 = None of the time	
53	*M10VRSACT* Q11 Past 4 Weeks Phys or Emot Interfere Social Activities	Num	8	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Entered from the survey (See Appendix B)
54	*M10VRPHCMP* Q12 Physical Health Compared with One Year Ago	Num	8	1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Entered from the survey (See Appendix B)
55	*M10VRMHCMP* Q13 Emotional Health Compared with One Year Ago	Num	8	1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Entered from the survey (See Appendix B)
56	*M10MEMLOSS* Q14 Memory Loss Interferes with Daily Activities	Num	8	1 = Yes 2 = No	Entered from the survey (See Appendix B)
57	*M10EVERURN* Q15 How Often Difficulty Controlling Urination	Num	8	1 = Never 2 = Less than once a week 3 = Once a week or more often 4 = Daily 5 = Catheter	Entered from the survey (See Appendix B)
58	*M10CMPWHO* Q16 Who Completed Survey Form	Num	8	1 = Medicare participant 2 = Family member, relative, or friend of Medicare Participant 3 = Nurse or other health professional	Entered from the survey (See Appendix B)
59	*M10PROXRSN1* Q17 Reason Filled Out Due to Physical Problems	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
60	*M10PROXRSN2* Q17 Reason Filled Out Due to Memory Loss or Mental Problems	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
61	*M10PROXRSN3* Q17 Reason Filled Out Due to Unable to Speak/Read English	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
62	*M10PROXRSN4* Q17 Reason Filled Out Due to Person Not Available	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
63	*M10PROXRSN5* Q17 Reason Filled	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
	Out Due to Other				
64	*M10PROXHOW1* Q18 Helped Read Questions to the Person	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
65	*M10PROXHOW2* Q18 Helped Write Down Answers	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
66	*M10PROXHOW3* Q18 Helped Answer Based on Experience with Person	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
67	*M10PROXHOW4* Q18 Helped By Using Medical Records to Fill Out Survey	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
68	*M10PROXHOW5* Q18 Helped Translate the Survey	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
69	*M10PROXHOW6* Q18 Helped Other	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
70	*M10CAREPOS* Q19 Staff/Caregivers Position	Num	8	1 = Home Health Aide, Personal Care Attendant, or CNA 2 = Nurse (RN, LPN, or NP) 3 = Social Worker or Case Manager 4 = Adult Foster Care, Adult Day Care, Assisted Living, Residential Care Staff 5 = Interpreter 6 = Other	Entered from the survey (See Appendix B)
71	*M10SRVDSP* Disposition of Survey	Char	3	M10 = Complete survey (Q4a-f answered) M11 = Non-response: partial complete survey (≥ 1 of Q4a-f missing) M20 = Ineligible: deceased M23 = Ineligible: language barrier M25 = Ineligible: removed from sample by RTI M32 = Non-response: refusal by member M34 = Non-response: physically/mentally incapacitated M36 = Non-response: after maximum attempts	Generated by the survey vendor Note: For survey disposition codes, M=Mail and T=Telephone

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
				M37 = Non-response: refusal by proxy T10 = Complete survey (Q4a-f answered) T11 = Non-response: partial complete survey (≥ 1 of Q4a-f missing) T20 = Ineligible: deceased T23 = Ineligible: language barrier T24 = Ineligible: bad address and phone number T25 = Ineligible: removed from sample by RTI T32 = Non-response: refusal by member T33 = Non-response: respondent unavailable T34 = Non-response: physically/mentally incapacitated T35 = Non-response: respondent institutionalized T36 = Non-response: after maximum attempts T37 = Non-response: refusal by proxy T38 = Non-response: gatekeeper refusal	
72	*M10RNDNUM* Survey Round	Char	3	M1 = 1st mailing M2 = 2nd mailing T1 = 1st telephone T2 = 2nd telephone T3 = 3rd telephone T4 = 4th telephone T5 = 5th telephone T6 = 6th telephone T7 = 7th telephone T8 = 8th telephone T9 = 9th telephone T10 = 10th telephone T11 = 11th telephone T12 = 12th telephone MM = Partially completed by mail and converted to complete by mail re-contact MT = Partially completed by mail and converted to complete by telephone NC = Not completed	Generated by the survey vendor
73	*M10PCTANS* Percentage of Survey Questions Answered	Num	8		Generated by the survey vendor Based on the 31 questions M10VRGENHTH to M10CMPWHO (fields 28-

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
					58) and survey disposition M10SRVDSP If M10SRVDSP= M10, T10, M11, or T11 then M10PCTANS = (Number answered)/31*100 otherwise M10PCTANS=0
74	*M10SVLANG* Survey Language	Char	1	C = Chinese E = English O = Other S = Spanish	Generated by the survey vendor
75	*M10SVDATE* Date Survey Was Completed	Char	8		Generated by the survey vendor
76	*M10CMPSRV* Completed Survey	Num	8	0 = Incomplete Survey 1 = Completed Survey	Derived by HSAG: Based on the six ADL questions ADLBTH to ADLTLT (fields 31-36) If all six answered then M10CMPSRV = 1 otherwise M10CMPSRV = 0
77	*M10INVSRV* Invalid Survey Flag	Num	8	0 = Valid 1 = Invalid	Derived by HSAG Invalid survey includes deceased, members not enrolled in the health plan, members with incorrect address and phone number, or members having a language barrier.
78	*M10TDOB* Date of Birth (SAS Date)	Num	8		Derived by HSAG: SAS date equivalent of from M10DOB
79	*M10TSVDATE* Date of Survey (SAS Date)	Num	8		Derived by HSAG: SAS date equivalent of M10SVDATE
80	*M10TSVDATIM* Date of Survey (SAS Date with Missing Values Imputed)	Num	8		Derived by HSAG: If M10TSVDATE is missing, then M10TSVDATIM = 30MAY2007 Otherwise M10TSVDATIM=M10TSVDATE
81	*M10TDOELMT* Date of Accretion Limit - 03/01/2007 (SAS Date)	Num	8		Derived by HSAG
82	*M10AGE* Age (Exact Calculation)	Num	8		Derived by HSAG: Calculated from M10TDOB and M10TSVDATIM
83	*M10AGECAT* Age Groups (6 Categories from	Num	8	1 = 55 to 64 years 2 = 65 to 69 years 3 = 70 to 74 years 4 = 75 to 79 years	Derived by HSAG: Obtained from M10AGE

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
	Calculated AGE)			5 = 80 to 84 years 6 = 85 years or older	
84	*M10RACECAT* Race Groups (3 Categories from CMS Race)	Num	8	1 = White 2 = Black 3 = Other	Derived by HSAG: Obtained from M10RACE
85	*M10PCS* Physical Component Summary Score	Num	8		Derived by HSAG
86	*M10MCS* Mental Component Summary Score	Num	8		Derived by HSAG
87	*M10ANALYT* Analytic Sample Indicator	Num	8	0 = Not included in analytic sample 1 = Included in analytic sample	Derived by HSAG
88	*M10PLTYPE* Plan Type - source CMS 05/07	Char	40		Obtained from CMS
89	*M10PLORGNM* Plan Organization Name - source CMS 05/07	Char	50		Obtained from CMS
90	*M10PLANSTN* Plan State - source NCQA 08/07	Char	2		Obtained from CMS
91	*M10PLNDCT* Duration of Plan Contract Categories	Num	8	1 = less than 1 year 2 = 1 to 4 years 3 = 5 to 9 years 4 = 10 years or more	Obtained from CMS
92	*M10PLREGCDE* Plan CMS Region Code	Num	3	1 = Region 1 - Boston (CT, ME, MA, NH, RI, and VT) 2 = Region 2 - New York (NY, NJ, Puerto Rico, and the Virgin Islands) 3 = Region 3 - Philadelphia (DE, Washington DC, MD, PA, VA, and WV) 4 = Region 4 - Atlanta (AL, FL, GA, KY, MS, NC, SC, and TN) 5 = Region 5 - Chicago (IL, IN, MI, MN, OH, and WI) 6 = Region 6 - Dallas (AR, LA, NM, OK, and TX) 7 = Region 7 - Kansas City (IA, KS, MO, and NE) 8 = Region 8 - Denver (CO, MT, ND, SD, UT, and WY) 9 = Region 9 - San Francisco	Derived from the NCQA 2007 Contract List

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
				(AZ, CA, Guam, HI, and NV) 10 = Region 10 - Seattle (AK, ID, OR, and WA)	

APPENDIX B

Medicare Health Outcomes Survey—Modified

1. In general, would you say your health is:

   M10VRGENHTH

Excellent	Very good	Good	Fair	Poor
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

2. How much difficulty, if any, do you have lifting or carrying objects as heavy as 10 pounds, such as a sack of potatoes?

   M10DIFCARRY

No difficulty at all	A little difficulty	Some difficulty	A lot of difficulty	Not able to do it
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

3. How much difficulty, if any, do you have walking a quarter of a mile—that is about 2 or 3 blocks?

   M10DIFBLKS

No difficulty at all	A little difficulty	Some difficulty	A lot of difficulty	Not able to do it
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

4. Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?**

	No, I do not have difficulty	Yes, I have difficulty	I am unable to do this activity
a. Bathing...................................... **M10ADLBTH**	☐ 1	☐ 2	☐ 3
b. Dressing................................... **M10ADLDRS**	☐ 1	☐ 2	☐ 3
c. Eating....................................... **M10ADLEAT**	☐ 1	☐ 2	☐ 3
d. Getting in or out of chairs............ **M10ADLCHR**	☐ 1	☐ 2	☐ 3
e. Walking **M10ADLWLK**	☐ 1	☐ 2	☐ 3
f. Using the toilet............................ **M10ADLTLT**	☐ 1	☐ 2	☐ 3

5. Do you receive **help from another person** with any of these activities?

	Yes, I receive help	No, I do not receive help	I do not do this activity
a. Bathing M10HLPBTH	1 ☐	2 ☐	3 ☐
b. Dressing....................................... M10HLPDRE	1 ☐	2 ☐	3 ☐
c. Eating M10HLPEAT	1 ☐	2 ☐	3 ☐
d. Getting in or out of chairs............. M10HLPCHR	1 ☐	2 ☐	3 ☐
e. Walking M10HLPWLK	1 ☐	2 ☐	3 ☐
f. Using the toilet............................ M10HLPTLT	1 ☐	2 ☐	3 ☐

6. The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf M10VRMACT	1 ☐	2 ☐	3 ☐
b. Climbing **several** flights of stairs ... M10VRSTAIR	1 ☐	2 ☐	3 ☐

7. **During the past 4 weeks,** have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?** (If you are not able to do work or regular daily activities, please answer 'yes, all of the time' to both questions).

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. **Accomplished less** than you would like............ M10VRPACCL	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. Were limited in the **kind** of work or other activities. M10VRPWORK	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

8. **During the past 4 weeks,** have you had any of the following problems with your regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? (If you are not able to do work or regular daily activities, please answer 'yes, all of the time' to both questions.)

	No, none of the time	**Yes, a little of the time**	**Yes, some of the time**	**Yes, most of the time**	**Yes, all of the time**
a. **Accomplished less** than you would like M10VRMACCL	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. Didn't do work or other activities as **carefully** as usual M10VRMWORK	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

9. **During the past 4 weeks,** how much did **pain** interfere with your normal work (including both work outside the home and house? M10VRPAIN

Not at all	**A little bit**	**Moderately**	**Quite a bit**	**Extremely**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

These questions are about how you feel and how things have been with you **during the past four weeks.** For each question, please give the one answer that comes closest to the way you have been feeling.

10. How much of the time **during the past 4 weeks**:

	All of the time	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**None of the time**
a. have you felt **calm and peaceful**?.... M10VRCALM	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b. did you have **a lot of energy**? M10VRENERGY	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
c. have you felt **downhearted and blue**? M10VRDOWN	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

11. **During the past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)? M10VRSACT
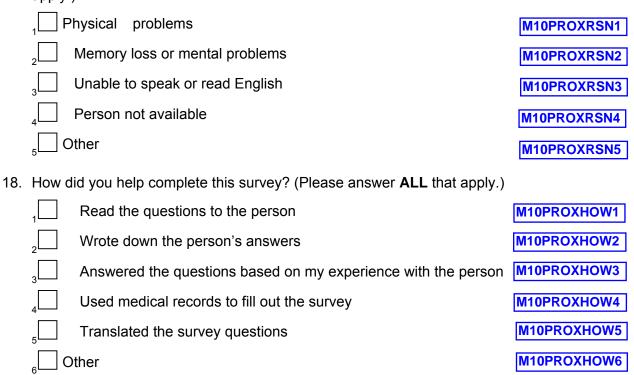
All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Now, we'd like to ask you some questions about how your health may have changed.

12. **Compared to one year ago,** how would you rate your **physical health** in general **now?**

M10VRPHCMP

Much better	**Slightly better**	**About the same**	**Slightly worse**	**Much worse**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

13. **Compared to one year ago,** how would you rate your **emotional problems** (such as feeling anxious, depressed or irritable) in general **now?**

M10VRMHCMP

Much better	**Slightly better**	**About the same**	**Slightly worse**	**Much worse**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

14. Do you experience memory loss that interferes with daily activities?

☐ 1 Yes

☐ 2 No

M10MEMLOSS

15. How often, if ever, do you have difficulty controlling urination (bladder accidents)?

M10EVERURN

Never	**Less than once a week**	**Once a week or more often**	**Daily**	**Catheter**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

16. Who completed this survey form?

M10CMPWHO

☐ 1 Medicare Participant   > *STOP HERE*

☐ 2 Family member, relative, or friend of Medicare Participant   > *Go to Question 17*

☐ 3 Nurse or other health professional   > *Go to Question 17*

17. What was the reason you filled out this survey for someone else? (Please answer **ALL** that apply.)

₁ ☐ Physical   problems `M10PROXRSN1`

₂ ☐ Memory loss or mental problems `M10PROXRSN2`

₃ ☐ Unable to speak or read English `M10PROXRSN3`

₄ ☐ Person not available `M10PROXRSN4`

₅ ☐ Other `M10PROXRSN5`

18. How did you help complete this survey? (Please answer **ALL** that apply.)

₁ ☐ Read the questions to the person `M10PROXHOW1`

₂ ☐ Wrote down the person's answers `M10PROXHOW2`

₃ ☐ Answered the questions based on my experience with the person `M10PROXHOW3`

₄ ☐ Used medical records to fill out the survey `M10PROXHOW4`

₅ ☐ Translated the survey questions `M10PROXHOW5`

₆ ☐ Other `M10PROXHOW6`

FOR PROFESSIONAL STAFF (CAREGIVERS) ONLY

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19. Which of the following **best describes** your position? (Please choose **one** answer.)

₁ ☐ Home Health Aide, Personal Care Attendant, or Certified Nursing Assistant

₂ ☐ Nurse (RN, LPN, or NP) `M10CAREPOS`

₃ ☐ Social Worker or Case Manager

₄ ☐ Adult Foster Care/Adult Day Care/Assisted Living/Residential Care Staff

₅ ☐ Interpreter

₆ ☐ Other

YOU HAVE COMPLETED THE SURVEY. THANK YOU.