2012
DATA
USER'S GUIDE

MEDICARE HEALTH

OUTCOMES SURVEY-MODIFIED

CENTERS
FOR MEDICARE
& MEDICAID
SERVICES

HEALTH
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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 2002 as the Program of All-Inclusive Care for the Elderly (PACE) Health Survey, and was renamed in 2005 as the HOS-M. It is a modified version of the Medicare HOS that is administered annually by CMS to frail elderly and predominantly dual-eligible beneficiaries (i.e., recipients of both Medicare and Medicaid) in PACE Organizations 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. 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 2012 **Data User's Guide (DUG)** is designed to assist users with the beneficiary level HOS-M data file. The DUG 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 first patient-reported 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 a component of the Medicare Plan Finder, 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 Quality Improvement Organizations (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 72 PACE Organizations participated in the HOS-M in 2012. Beneficiaries were defined as eligible for the HOS-M if they were enrolled in a participating PACE plan, resided in the community, did not have End Stage Renal Disease (ESRD), and were age 55 or older. 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. Ineligible beneficiaries included deceased members, members not enrolled in the health plan, members with incorrect address and phone number, and members having a language barrier.

The definition of a completed survey, and hence the response rate, depends on the context. For the HOS-M report, a completed survey is defined as one for which a physical component summary (PCS) or mental component summary (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 the 2012 HOS-M sample size and response rate information, please refer to the HOS-M section on the HOS website at www.HOSonline.org.

For a more detailed discussion on sampling, data collection, and submission, please refer to the HEDIS 2012 Volume 6 manual.[1, 2]

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[1] National Committee for Quality Assurance. *HEDIS® 2012, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2012.
[2] HEDIS® is a registered trademark of the National Committee for Quality Assurance.

Medicare HOS-M Instrument

The HOS-M instrument contains ADL items as the core items used to calculate the frailty adjustment factor.[3] 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 each PACE Organization's members.[4,5] 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 2012 Volume 6 manual.[1] This may be purchased by calling the NCQA Customer Support Telephone Line at 1-888-275-7585 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 HOS website.

SUMMARY MEASURES

The key component of the HOS-M for assessment of the physical and mental health functioning is the VR-12 Health Survey. The VR-12 consists of 14 items, 12 of which are used in the calculation of the 8 health domains and the two summary measures: the physical component summary (PCS) and mental component summary (MCS) scores. The VR-12 measures the same eight health domains as the 36-item health survey: 1) Physical Functioning, 2) Role-Physical, 3) Role-Emotional, 4) Bodily Pain, 5) Social Functioning, 6) Mental Health, 7) Vitality, and 8) General Health. Each domain aggregates one or two items each and all eight domains are utilized in the calculation of the two summary measures, as illustrated in the VR-12 mapping model on the following page. Two of the 14 items, which ask about change in physical health and emotional health compared to one year ago, are not used in the calculation of the PCS and MCS scores. The field names for the 14 items begin with the prefix "M15VR" in the data file.

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

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[3] Walsh EG, Khatustsky G, and Johnson L. Functional impairment levels in PACE enrollees. *Health Care Financing Review*. Summer 2008. Volume 29(4): 81-88. Accessed May 29, 2013 from CMS' HCFR website at www.cms.gov/HealthCareFinancingReview/downloads/2008Summerpg81.pdf.
[4] Jones D, Kazis LE, Lee A, Rogers W, Skinner K, Cassar L, Wilson N, Hendricks A. Health status assessments using the Veterans SF-36 and SF-12. Methods for evaluating outcomes in the Veterans Health Administration. *Journal of Ambulatory Care Management*. 2001; 24(3):1-19.
[5] Iqbal SU, Rogers W, Selim A, Qian S, Lee A, Ren XS, Rothendler J, Miller D, Kazis L. The Veterans RAND 12 Item Health Survey (VR-12): What it is and How it is used. Accessed May 29, 2013 at www.chqoer.research.va.gov/docs/VR12.pdf.

set of regression weights is required.[6] With the MRE it is possible to obtain a score for the PCS alone, MCS alone, or for both scores. Therefore a completed survey has been defined as one that could be used to calculate at least one of the scores.

Mapping of HOS 2.0 VR-12 to 8 Health Domains and 2 Summary Measures
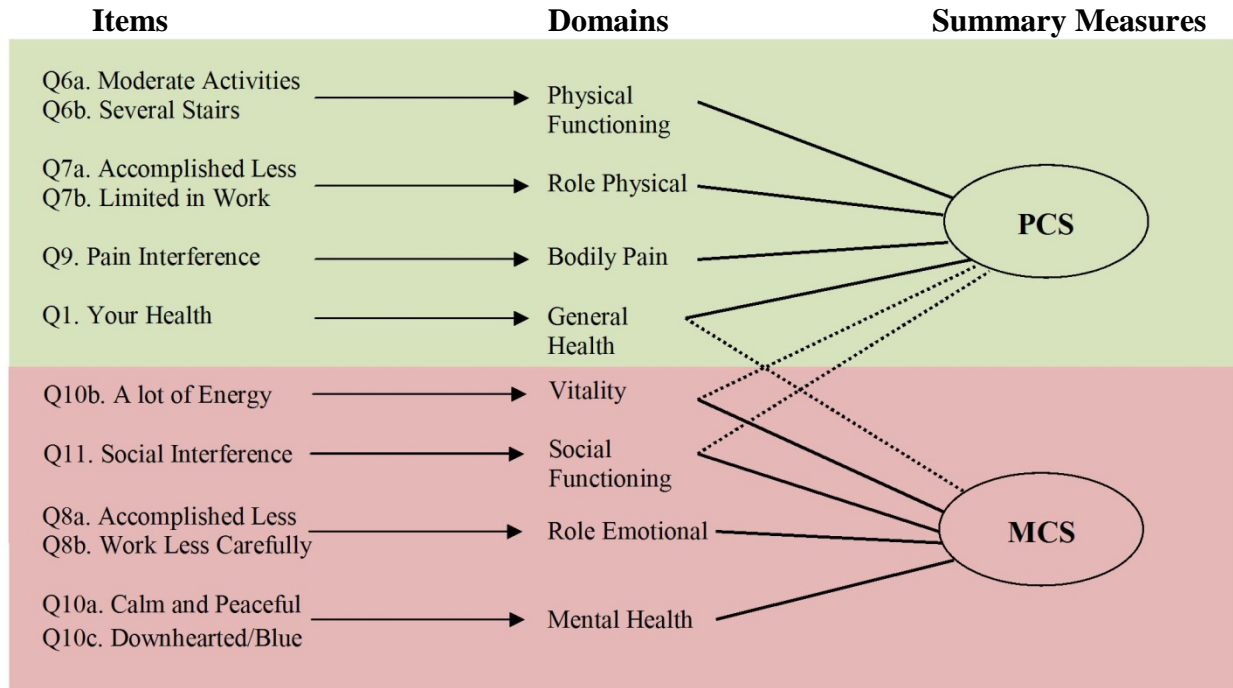
Note: Domains contributing the most to each summary measure are indicated by a solid line. Domains contributing to a lesser degree are indicated by a broken line. However, all domains contribute to some extent to the scoring of both summary measures (PCS and MCS).

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, which have a mean of 50 and a standard deviation of 10. In addition, PCS and MCS scores were adjusted for the impact of telephone administration since studies have shown that health status scores tend to be more favorable with interviewer administered surveys. For telephone surveys, 1.9 points were subtracted from the PCS scores and 4.5 points were subtracted from the MCS scores. On a scale of 0-100, a higher PCS or MCS score reflects better health status. For the PCS, very high scores indicate no physical limitations, disabilities or decline in well being; high energy level; and a rating of health as "excellent." Similarly, very high MCS scores indicate frequent positive affect, absence of psychological distress, and no limitations in usual social and role activities due to emotional problems.

Note that for the HOS-M report, the PCS and MCS scores were *not* adjusted for case mix variables, i.e., demographic characteristics.

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[6] 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. 2004. Accessed May 29, 2013 at www.hosonline.org/surveys/hos/download/HOS_Veterans_12_Imputation.pdf

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 9.2. 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.

The 2012 HOS-M data file contains 93 fields. Field names contain the prefix M15, which indicates the corresponding 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.

Note that selected field attributes (i.e., field name, type, length and/or label) may have been modified for some fields included in the 2012 HOS-M data file when compared to the same fields included in previous HOS-M data files. You may refer to Appendix A for detailed information regarding all field attributes contained in the 2012 HOS-M data file.

NEW FIELDS

There were no new survey fields in the 2012 HOS-M data file compared with the 2011 HOS-M data file.

EXCLUDED FIELDS

There were no **excluded** fields in the 2012 HOS-M data file compared with the 2011 HOS-M data file.

FIELD OVERVIEW

The following is a general description of fields included in the HOS-M data file. The fields are listed in the order they appear in the file.

Identifier Fields (Fields 1 - 4)

This section contains the HICNUM, which is the unique alphanumeric identifier previously discussed. It also contains an anonymous beneficiary ID (M15PATID), an anonymous plan ID (M15PLAN) and the survey measurement year (M15RPTYR).

Sample File Fields (Fields 5 - 28)

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 Databases. None are obtained from the survey instrument. The plan name,

M15PLANNM, and plan ID, M15PLANID, represent each member's plan assignment at the time of sampling in 2012.

Survey Instrument Fields (Fields 29 - 71)

This section contains the member level responses collected from the 19 questions in the survey instrument. The following fields from the VR-12 survey are used to compute the PCS and MCS scores: M15VRGENHTH, M15VRMACT, M15VRSTAIR, M15VRPACCL, M15VRPWORK, M15VRMACCL, M15VRMWORK, M15VRPAIN, M15VRCALM, M15VRENERGY, M15VRDOWN, and M15VRSACT. Two items, M15VRPHCMP and M15VRMHCMP, are contained in the VR-12 survey but are not used to calculate the PCS and MCS scores.

Vendor Generated Fields (Fields 72 - 76)

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

Derived Fields (Fields 77 - 88)

This section contains the following fields: flag to indicate completed surveys, flag to indicate ineligible surveys, dates in SAS date format, age, age and race categories, PCS and MCS scores, and flag to indicate membership in the analytic sample. Age is calculated by counting the number of months between the SAS date fields M15TDOB and M15TSVDATIM, then dividing the result by 12 to produce an integer value for the whole number of years for the beneficiary's age.

Plan Level Fields (Fields 89 - 93)

This section contains plan level fields obtained from the CMS Monthly Enrollment by Contract Report of Managed Care Health Plans from the website http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/. The Plan state and Plan region are obtained from the 2012 HPMS Plan 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	*M15PATID* Anonymous Beneficiary ID	Num	8		Derived field Could be used as a database key if personally identifiable fields (e.g., HICNUM) were removed.
3	*M15PLAN* Anonymous Plan ID	Num	8		Derived field Could be used as a database key if plan identifiable fields (e.g., M15PLANID) were removed.
4	*M15RPTYR* Report Year	Num	8		HOS-M survey measurement year
5	*M15PLANNM* Plan Name	Char	60		Obtained from the Sample File
6	*M15PLANTYPE* Plan Type	Char	8		Obtained from the Sample File
7	*M15PLANID* Plan ID	Char	5		Obtained from the Sample File
8	*M15FNAME* Member First Name	Char	30		Obtained from the Sample File
9	*M15MIDINIT* Member Middle Initial	Char	1		Obtained from the Sample File
10	*M15LNAME* Member Last Name	Char	35		Obtained from the Sample File
11	*M15ADDRS1* Address 1	Char	25		Obtained from the Sample File Address fields M15ADDRS1-M15ADDRS6 come from CMS Medicare Databases.
12	*M15ADDRS2* Address 2	Char	25		Obtained from the Sample File
13	*M15ADDRS3* Address 3	Char	25		Obtained from the Sample File
14	*M15ADDRS4* Address 4	Char	25		Obtained from the Sample File
15	*M15ADDRS5* Address 5	Char	25		Obtained from the Sample File
16	*M15ADDRS6* Address 6	Char	25		Obtained from the Sample File

Field #	Field Name/ Description	Field Type	Field Length	Valid Values	Comments
17	*M15DOB* Date of Birth	Char	10		Obtained from the Sample File
18	*M15GENDER* Gender	Num	8	1 = Male 2 = Female	Obtained from the Sample File
19	*M15RACE* Race	Num	8	0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native	Obtained from the Sample File
20	*M15ADDRSS* Participant Street	Char	65		Obtained from the Sample File Address Fields: M15ADDRSS, M15CITY, M15STATE, and M15ZIP come from the Contact Data File developed by small plans, which may be more up to date than the CMS Medicare Databases.
21	*M15CITY* Participant City	Char	25		Obtained from the Sample File
22	*M15STATE* Participant State	Char	20		Obtained from the Sample File
23	*M15ZIP* Participant Zip Code	Char	20		Obtained from the Sample File
24	*M15BENELANG* Participant Primary Language	Char	35		Obtained from the Sample File
25	*M15RCVOMAIL* Participant Receives Own Mail	Char	35		Obtained from the Sample File
26	*M15LVINFAC* Participant Lives in Facility	Char	40		Obtained from the Sample File
27	*M15SHAREPH* Participant Shares a Phone	Char	13		Obtained from the Sample File
28	*M15PACECTR* PACE Center, Care System, or Center Attended	Char	55		Obtained from the Sample File
29	*M15VRGENHTH* Q1 General Health	Num	8	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
30	*M15DIFCARRY* 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)
31	*M15DIFBLKS* 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 5 = Not able to do it	Entered from the survey (See Appendix B)
32	*M15ADLBTH* 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)
33	*M15ADLDRS* 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)
34	*M15ADLEAT* 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)
35	*M15ADLCHR* 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)
36	*M15ADLWLK* 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)
37	*M15ADLTLT* 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)
38	*M15HLPBTH* 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)
39	*M15HLPDRE* 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)
40	*M15HLPEAT* 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)
41	*M15HLPCHR* 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)
42	*M15HLPWLK* 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)
43	*M15HLPTLT* 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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
44	*M15VRMACT* 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)
45	*M15VRSTAIR* 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)
46	*M15VRPACCL* 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)
47	*M15VRPWORK* 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)
48	*M15VRMACCL* 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)
49	*M15VRMWORK* 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)
50	*M15VRPAIN* 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)
51	*M15VRCALM* 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)
52	*M15VRENERGY* 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)
53	*M15VRDOWN* 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 4 = Some of the time 5 = A little of the time 6 = None of the time	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
54	*M15VRSACT* 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)
55	*M15VRPHCMP* 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)
56	*M15VRMHCMP* 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)
57	*M15MEMLOSS* Q14 Memory Loss Interferes with Daily Activities	Num	8	1 = Yes 2 = No	Entered from the survey (See Appendix B)
58	*M15EVERURN* 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)
59	*M15CMPWHO* 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)
60	*M15PROXRSN1* Q17 Reason Filled Out Due to Physical Problems	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
61	*M15PROXRSN2* 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)
62	*M15PROXRSN3* 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)
63	*M15PROXRSN4* 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)
64	*M15PROXRSN5* Q17 Reason Filled Out Due to Other	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
65	*M15PROXHOW1* Q18 Helped Read Questions to the Person	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
66	*M15PROXHOW2* Q18 Helped Write Down Answers	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
67	*M15PROXHOW3* Q18 Helped Answer Based on Experience with Person	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
68	*M15PROXHOW4* 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)
69	*M15PROXHOW5* Q18 Helped Translate the Survey	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
70	*M15PROXHOW6* Q18 Helped Other	Num	8	0 = No 1 = Yes 7 = Appropriately skipped	Entered from the survey (See Appendix B)
71	*M15CAREPOS* 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 7= Appropriately skipped	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
72	*M15SRVDSP* Disposition of Survey	Char	3	M10/T10 = Complete survey (Q4a-f answered) M11/T11 = Non-response: partial complete survey (≥ 1 of Q4a-f missing) M20/T20 = Ineligible: deceased M21/T21 = Ineligible: Not enrolled in MAO M23/T23 = Ineligible: language barrier T24 = Ineligible: Bad address and phone number M25/T25 = Ineligible: removed from sample M26/T26 = Duplicate: beneficiary listed twice in database M32/T32 = Non-response: refusal by member M33/T33 = Non-response: respondent unavailable M34/T34 = Non-response: physically/mentally incapacitated M35/T35 = Non-response: respondent institutionalized M36/T36 = Non-response: after maximum attempts M37/T37 = Non-response: refusal by proxy T38/T38 = Non-response: gatekeeper refusal	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
73	*M15RNDNUM* 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
74	*M15PCTANS* Percentage of Survey Questions Answered	Num	8		Generated by the survey vendor Based on 31 responses for M15VRGENHTH to M15CMPWHO (fields 29-59) and survey disposition M15SRVDSP. If M15SRVDSP = M10, T10, M11, or T11 then M15PCTANS = (Number answered)/31*100; Otherwise M15PCTANS=0.
75	*M15SVLANG* Survey Language	Char	1	C = Chinese E = English O = Other S = Spanish	Generated by the survey vendor
76	*M15SVDATE* Date Survey Was Completed	Char	8		Generated by the survey vendor
77	*M15CMPSRV* Completed Survey	Num	8	0 = Incomplete Survey 1 = Completed Survey	Derived field Based on the six ADL questions ADLBTH to ADLTLT (fields 32-37) If all six answered then M15CMPSRV = 1; Otherwise M15CMPSRV = 0.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
78	*M15INVSRV* Ineligible Survey Flag	Num	8	0 = Eligible 1 = Ineligible	Derived field Ineligible survey includes deceased, members not enrolled in the health plan, members with incorrect address and phone number, or members having a language barrier.
79	*M15TDOB* Date of Birth (SAS Date)	Num	8		Derived SAS date field SAS date equivalent of M15DOB. MMDDYY10. format.
80	*M15TSVDATE* Date of Survey (SAS Date)	Num	8		Derived SAS date field SAS date equivalent of M15SVDATE. MMDDYY10. format.
81	*M15TSVDATIM* Date of Survey (SAS Date with Missing Values Imputed)	Num	8		Derived SAS date field If M15TSVDATE is missing, then M15TSVDATIM = 25APR2012 Otherwise M15TSVDATIM=M15TSVDATE MMDDYY10. format.
82	*M15TDOELMT* Date of Accretion Limit - 03/01/2012 (SAS Date)	Num	8		Derived SAS date field 03/01/2012 for all records. MMDDYY10. format.
83	*M15AGE* Age (Exact Calculation)	Num	8		Derived field Calculated from M15TDOB and M15TSVDATIM
84	*M15AGECAT* Age Groups (6 Categories from Calculated AGE)	Num	8	1 = 55 to 64 years 2 = 65 to 69 years 3 = 70 to 74 years 4 = 75 to 79 years 5 = 80 to 84 years 6 = 85 years or older	Derived field Obtained from M15AGE
85	*M15RACECAT* Race Groups (3 Categories from CMS Race)	Num	8	1 = White 2 = Black 3 = Other	Derived field Obtained from M15RACE
86	*M15PCS* Physical Component Summary Score	Num	8		Derived field Unadjusted PCS score.
87	*M15MCS* Mental Component Summary Score	Num	8		Derived field Unadjusted MCS score.
88	*M15ANALYT* Analytic Sample Indicator	Num	8	0 = Not included in analytic sample 1 = Included in analytic sample	Derived field

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
89	*M15PLTYPE* Plan Type - source CMS 05/12	Char	40		Obtained from CMS
90	*M15PLORGNM* Plan Organization Name - source CMS 05/12	Char	50		Obtained from CMS
91	*M15PLANSTN* Plan State - source HPMS 08/12	Char	2		Obtained from the 2012 Plan Contract List.
92	*M15PLNDCT* 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 the 2012 Plan Contract List.
93	*M15PLREGCDE* Plan CMS Region Code	Num	3	1 = Region 1 - Boston (CT, ME, MA, NH, RI, VT) 2 = Region 2 - New York (NY, NJ, PR, VI) 3 = Region 3 - Philadelphia (DE, Washington DC, MD, PA, VA, WV) 4 = Region 4 - Atlanta (AL, FL, GA, KY, MS, NC, SC, TN) 5 = Region 5 - Chicago (IL, IN, MI, MN, OH, WI) 6 = Region 6 - Dallas (AR, LA, NM, OK, TX) 7 = Region 7 - Kansas City (IA, KS, MO, NE) 8 = Region 8 - Denver (CO, MT, ND, SD, UT, WY) 9 = Region 9 - San Francisco (AZ, CA, Guam, HI, NV) 10 = Region 10 - Seattle (AK, ID, OR, WA)	Derived from the 2012 HPMS Plan Contract List.

APPENDIX B (Annotated Survey Form)

Medicare Health Outcomes Survey—Modified

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

   M15VRGENHTH

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?

   M15DIFCARRY

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?

   M15DIFBLKS

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.............................. **M15ADLBTH**	☐₁	☐₂	☐₃
b. Dressing........................... **M15ADLDRS**	☐₁	☐₂	☐₃
c. Eating **M15ADLEAT**	☐₁	☐₂	☐₃
d. Getting in or out of chairs............ **M15ADLCHR**	☐₁	☐₂	☐₃
e. Walking.............................. **M15ADLWLK**	☐₁	☐₂	☐₃
f. Using the toilet....................... **M15ADLTLT**	☐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............................... **M15HLPBTH**	☐ 1	☐ 2	☐ 3
b. Dressing............................. **M15HLPDRE**	☐ 1	☐ 2	☐ 3
c. Eating **M15HLPEAT**	☐ 1	☐ 2	☐ 3
d. Getting in or out of chairs **M15HLPCHR**	☐ 1	☐ 2	☐ 3
e. Walking............................. **M15HLPWLK**	☐ 1	☐ 2	☐ 3
f. Using the toilet **M15HLPTLT**	☐ 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 **M15VRMACT**	☐ 1	☐ 2	☐ 3
b. Climbing **several** flights of stairs **M15VRSTAIR**	☐ 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........ **M15VRPACCL**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. Were limited in the **kind** of work or other activities........................ **M15VRPWORK**	☐ 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.... **M15VRMACCL**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. Didn't do work or other activities as **carefully** as usual **M15VRMWORK**	☐ 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)? **M15VRPAIN**

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**? **M15VRCALM**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b. did you have **a lot of energy**? **M15VRENERGY**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
c. have you felt **downhearted and blue**? **M15VRDOWN**	☐ 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.)?

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

M15VRSACT

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?**

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

M15VRPHCMP

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

M15VRMHCMP

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?

M15MEMLOSS

☐₁ Yes

☐₂ No

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

M15EVERURN

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?

M15CMPWHO

☐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 — **M15PROXRSN1**

2 ☐ Memory loss or mental problems — **M15PROXRSN2**

3 ☐ Unable to speak or read English — **M15PROXRSN3**

4 ☐ Person not available — **M15PROXRSN4**

5 ☐ Other — **M15PROXRSN5**

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

1 ☐ Read the questions to the person — **M15PROXHOW1**

2 ☐ Wrote down the person's answers — **M15PROXHOW2**

3 ☐ Answered the questions based on my experience with the person — **M15PROXHOW3**

4 ☐ Used medical records to fill out the survey — **M15PROXHOW4**

5 ☐ Translated the survey questions — **M15PROXHOW5**

6 ☐ Other — **M15PROXHOW6**

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) — **M15CAREPOS**

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.