

If you experience problems accessing any portion of our files, please contact CMS at HOS@cms.hhs.gov.

Medicare Health Outcomes Survey Limited Data Sets

File Specifications for *Cohorts 19 through 22* (Plan Fields Removed)

OVERVIEW

The Medicare Health Outcomes Survey (HOS) is the first patient-reported outcomes measure used in Medicare managed care. The goal of the Medicare HOS program is to gather valid and reliable clinically meaningful data. These data have many uses, such as targeting quality improvement activities and resources; monitoring health plan performance and rewarding top-performing health plans; helping beneficiaries make informed health care choices; and advancing the science of functional health outcomes measurement. Managed care plans with Medicare Advantage (MA) contracts must participate. The types of Medicare HOS data files that are available for research purposes are public use files (PUFs), limited data sets (LDSs), and research identifiable files (RIFs).

The HOS LDS files are comprised of the entire national sample for a given cohort. This includes respondents and non-respondents; senior and disabled beneficiaries; and quality reporting and voluntary reporting samples. All baseline and follow up survey items are included, as well as calculated fields; however, the reporting unit (contract number) information has been modified. Plan contract numbers were blinded in the LDS and certain plan level fields were removed (e.g., plan name) or modified (e.g., categorical enrollment) to prevent identification of individual health plans. Researchers who require these plan identifiers should request a RIF, as described below. The LDS retains some protected beneficiary-level health information from the RIF, such as date of birth and date of death; however, specific direct person identifiers (i.e., beneficiary name, Medicare Health Insurance Claim [HIC] number, the CMS beneficiary link key, Medicare Beneficiary Identifier [MBI], Social Security Number [SSN], phone number, and street address) are not included in the LDS files. The files are SAS¹ data sets and were generated with SAS Version 9.4 for *Cohorts 19* through *22*.

A signed Data Use Agreement with CMS is required to obtain an LDS or RIF data file. All research requests for LDS files must be submitted through the CMS LDS File Process, and requests for RIF files are processed through the Research Data Assistance Center (ResDAC) at the University of Minnesota. ResDAC is the CMS contractor that provides assistance to academic, government, and non-profit researchers interested in using Medicare and/or Medicaid data. ResDAC is available to assist in the completion and/or review of requisition forms for Medicare HOS RIF data files prior to their submission to CMS. For additional information and assistance with obtaining Medicare HOS LDS files, go to the [Research Data Files](#) section on the Data page on the HOS website. For more information about obtaining the RIFs, please visit the ResDAC HOS web page (www.resdac.org/cms-data/files/hos-rif). ResDAC may also be contacted by calling 1-888-9RESDAC (1-888-973-7322) between the hours of 8:30 AM and 4:30 PM CST Monday through Friday or by emailing resdac@umn.edu.

¹ SAS® is a registered trademark of the SAS Institute Inc., Cary, NC.

FIELD NAME / DESCRIPTION <i>Bx</i> = BASELINE <i>Fx</i> = FOLLOW UP <i>Px</i> = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19 [§] FIELDS	B20F20 [#] FIELDS	B21F21 [∞] FIELDS	B22F22 [~] FIELDS
<i>FxSRVMODE</i> Round in which Completed Follow Up Survey Obtained	Char	2	Round in which the completed survey was obtained: M1 = 1 st mailing M2 = 2 nd mailing T1 = 1 st telephone T2 = 2 nd telephone T3 = 3 rd telephone T4 = 4 th telephone T5 = 5 th telephone T6 = 6 th telephone T7 = 7 th telephone T8 = 8 th telephone T9 = 9 th telephone MT = Partially completed by mail and converted to complete by telephone TN = Respondent completed the survey during an inbound telephone attempt NC = Not completed	√	√	√	√
<i>FxSRVLANG</i> Survey Language at Follow Up	Num	3	Follow up Survey Language <u><i>Cohort 19</i></u> 1 = English 2 = Spanish 3 = Not Applicable 4 = Chinese <u><i>Cohorts 20 - 22</i></u> 1 = English 2 = Spanish 3 = Not Applicable 4 = Chinese 5* = Russian * While no surveys were completed in Russian for <i>Cohorts 20, 21, and 22 Follow Up</i> , the survey code reflects the Russian language option addition in 2019.	√	√	√	√
<i>FxSRVDATE</i> Date Follow Up Survey Completed	Char	8	Date the follow up survey was completed (date the mail survey was received by the vendor or date the telephone interview was conducted)	√	√	√	√
<i>FxVUCATI</i> Vendor's Follow Up Unique Telephone Interviewer ID	Char	10	Vendor's 10-digit unique telephone interviewer ID at follow up	√	√	√	√
<i>FxMCONUM</i> MAO Provided Beneficiary's Phone Number at Follow Up	Num	3	Did the MAO provide a phone number for the member at follow up? 1 = Yes 2 = No	√	√	√	√

√ = Included Non-Survey Item

§ B19F19= 2016-2018 Cohort 19 Merged Baseline and Follow Up LDS

B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS

∞ B21F21= 2018-2020 Cohort 21 Merged Baseline and Follow Up LDS

~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION <i>Bx</i> = BASELINE <i>Fx</i> = FOLLOW UP <i>Px</i> = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19 [§] FIELDS	B20F20 [#] FIELDS	B21F21 [∞] FIELDS	B22F22 [~] FIELDS
<i>FxEXCLUDE</i> Request to Be Excluded from Future Survey Samples Flag	Num	3	Beneficiary's request to be excluded from future survey samples: 1 = Member specifically requested <i>Take me off your list and/or never contact me again</i> 2 = Member did not request <i>Take me off your list and/or never contact me again</i>	√	√	√	√
<i>FxPROXST</i> Proxy Status Indicator that Combines Baseline and Follow Up Information on Who Completed the Surveys	Num	8	Follow up proxy status: 1 = Member at baseline and Member at follow up 2 = Member at baseline and Proxy at follow up 3 = Proxy at baseline and Member at follow up 4 = Proxy at baseline and same Proxy at follow up 5 = Proxy at baseline and different Proxy at follow up 6 = Not Enough Information at baseline 7 = Not Enough Information at follow up	√	√	√	√
<i>FxDISP</i> Survey Response Indicator for Mail/Telephone Responses at Follow Up	Num	3	Beneficiary completed a: 1 = Mail survey at follow up 2 = Telephone survey at follow up	√	√	√	√
<i>FxINVSrv</i> Ineligible Follow Up Survey Indicator	Num	3	Follow up survey is: 0 = Eligible 1 = Ineligible (survey disposition codes equal to M20, M21, M23, M24*, M25, T20, T21, T23, or T24) * The M24 code was implemented in <i>2019 Cohort 20</i> and was removed in <i>2020 Cohort 21</i> . The code was implemented again in <i>2021 Cohort 22</i> .	√	√	√	√
<i>FxADLCount</i> Count of ADL Questions Answered at Follow Up	Num	3	Number of ADL questions answered (range from 0-6) is derived from the 6 ADL questions (<i>FxADLBTH</i> , <i>FxADLDRS</i> , <i>FxADLEAT</i> , <i>FxADLCHR</i> , <i>FxADLWLK</i> , and <i>FxADLTLT</i>) in the Follow Up Survey.	√	√	√	√
<i>FxPCTCMP</i> Percent of Follow Up Survey Completed	Num	8	Percent of the follow up survey that was completed	√	√	√	√
<i>FxCMPSRV</i> Complete Follow Up Survey Indicator	Num	3	A flag created to indicate that 79.5-100% of follow up survey was completed including all 6 ADL items (<i>FxADLBTH</i> , <i>FxADLDRS</i> , <i>FxADLEAT</i> , <i>FxADLCHR</i> , <i>FxADLWLK</i> , and <i>FxADLTLT</i>) 0 = Incomplete 1 = Complete	√	√	√	√
<i>FxCMPFLG</i> Name Provided for Person Completing Follow Up Survey	Num	3	Indicator of whether name was provided for person completing follow up survey 0 = Name not provided 1 = Name provided	√	√	√	√

√ = Included Non-Survey Item

§ B19F19= 2016-2018 Cohort 19 Merged Baseline and Follow Up LDS

∞ B21F21= 2018-2020 Cohort 21 Merged Baseline and Follow Up LDS

B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS

~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)

October 2022

Prepared by Health Services Advisory Group

Page 58

FIELD NAME / DESCRIPTION <i>Bx</i> = BASELINE <i>Fx</i> = FOLLOW UP <i>Px</i> = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19[§] FIELDS	B20F20[#] FIELDS	B21F21[∞] FIELDS	B22F22[~] FIELDS
<i>FxTDOB</i> Beneficiary's Follow Up Date of Birth (SAS Date Format)	Num	8	Beneficiary's SAS date of birth from the follow up member level record. This information is derived from CMS databases. MMDDYY10. Format	✓	✓	✓	✓
<i>FxTSRVDAT</i> Date Follow Up Survey Completed (SAS Date Format)	Num	8	Beneficiary's follow up survey SAS date MMDDYY10. Format	✓	✓	✓	✓
<i>FxTDOE</i> Beneficiary's Follow Up Date of Accretion into Plan (SAS Date Format)	Num	8	Beneficiary's follow up accretion into plan SAS date MMDDYY10. Format	✓	✓	✓	✓
<i>FxTSRVDATIM</i> Date Follow Up Survey Completed with Missing Values Imputed (SAS Date Format)	Num	8	Follow Up survey SAS date created from original date (<i>FxSRVDATE</i>). Records with a missing survey date were imputed by replacing missing values with the midpoint survey date, which occurs in May each year. MMDDYY10. Format	✓	✓	✓	✓
<i>FxTDOELMT</i> Follow Up Date of Accretion Limit into Plan (SAS Date Format)	Num	8	Follow Up survey SAS date of accretion limit into plan MMDDYY10. format Note: This variable, in combination with date of accretion into plan (<i>FxTDOE</i>), was used to calculate enrollment duration (<i>FxENRDUR</i>)	✓	✓	✓	✓
<i>FxBMI</i> Calculated Body Mass Index at Follow Up	Num	8	$BMI = [FxWEIGHTLB / (Height\ in\ inches\ from\ FxHEIGHTFT\ and\ FxHEIGHTIN)^2] \times 703$	✓	✓	✓	✓
<i>FxBMICAT</i> Categories of Body Mass Index at Follow Up	Num	8	1 = Underweight (BMI < 18.5) 2 = Normal (BMI 18.5 -< 25) 3 = Overweight (BMI 25 -< 30) 4 = Obese (BMI ≥ 30)	✓	✓	✓	✓
<i>FxENRDUR</i> Beneficiary's Enrollment Duration at Follow Up	Num	8	Beneficiary's enrollment duration (in months) at the time of the follow up survey	✓	✓	✓	✓
<i>FxENRCAT</i> Beneficiary's Enrollment Duration Category at Follow Up	Num	8	Beneficiary's enrollment duration category at the time of the follow up survey 1 = 0 to 5 months 2 = 6 to 12 months 3 = 13 to 36 months 4 = 37 or more months	✓	✓	✓	✓
<i>FxAGE</i> Beneficiary's Age at Follow Up	Num	8	Beneficiary's age at follow up. $AGE = \text{floor}(\text{intck}('month', FxTDOB, FxTSRVDATIM) - (\text{day}(FxTSRVDATIM) < \text{day}(FxTDOB))) / 12)$	✓	✓	✓	✓

✓ = Included Non-Survey Item

§ B19F19= 2016-2018 Cohort 19 Merged Baseline and Follow Up LDS

∞ B21F21= 2018-2020 Cohort 21 Merged Baseline and Follow Up LDS

B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS

~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION <i>Bx</i> = BASELINE <i>Fx</i> = FOLLOW UP <i>Px</i> = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19 [§] FIELDS	B20F20 [#] FIELDS	B21F21 [∞] FIELDS	B22F22 [~] FIELDS
<i>PxPLTAXST</i> Plan Tax Status at the Time of Performance Measurement Reporting	Char	25	Plan's Tax Status at the time of performance measurement reporting For Profit Not-for-Profit/Non-Profit Not Applicable	√	√	√	√
<i>PxPLREGCDE</i> Plan's CMS Regional Office Code at the Time of Performance Measurement Reporting	Num	3	Plan's regional office code as derived from the CMS regional office listed in the HPMS Plan Contract List at the time of performance measurement reporting 1 = Boston 2 = New York 3 = Philadelphia 4 = Atlanta 5 = Chicago 6 = Dallas 7 = Kansas City 8 = Denver 9 = San Francisco 10 = Seattle	√	√	√	√
<i>PxPLDUR</i> Duration of Plan Contract at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract, in years, calculated from the plan start date (<i>PxPLSTDT</i>) from the CMS Monthly Report at the time of performance measurement reporting	√	√	√	√
<i>PxPLNDCT</i> Duration of Plan Contract Categories at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract categories at the time of performance measurement reporting 1 = Less than 1 year 2 = 1.0 to 4.9 years 3 = 5.0 to 9.9 years 4 = 10 or more years	√	√	√	√
<i>PxRPTST</i> Reporting Plan State at the Time of Performance Measurement Reporting	Char	2	This field was the state level unit of analysis for the Performance Measurement Reports. All values, except the following recoded values for Private FFS and Regional PPO contracts, are identical to state codes from the <i>PxPLANSTN</i> field. FS = PFFS RS = RPPO	√	√	√	√

√ = Included Non-Survey Item

§ B19F19= 2016-2018 Cohort 19 Merged Baseline and Follow Up LDS

B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS

∞ B21F21= 2018-2020 Cohort 21 Merged Baseline and Follow Up LDS

~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS