POLICY PURPOSE

To state the requirements and processes to conduct HOS survey, report and manage results.

SCOPE

This policy applies to the entire Medicare Advantage population and Troy Medicare quality staff.

RESPONSIBLE PARTIES

- Senior Director of Quality

DEFINITIONS

- N/A

POLICY

Health Outcome Survey (HOS) Reporting Requirements.

PROCEDURE

Reporting Requirements:

1. Troy Medicare must report the Health Outcomes Survey (HOS) if:
a. It has a minimum of 500 members enrolled as of February of the reporting year per H contract.

b. Baseline surveys of 1200 members per contract will be conducted every year for new cohorts.

c. Re-surveys will be conducted every 2 years after each baseline survey.

2. The Senior Director of Quality is responsible for contracting with an NCQA certified HOS survey vendor.

3. The Senior Director of Quality is expected to have a contract in place by January of the reporting year.

4. The Quality team will ensure that updated contact information (beneficiaries’ telephone numbers) will be provided to the contracted vendor in time for survey initiation in April of the measurement year.

5. The results of the survey (Baseline Profile Report and Performance Measurement Report), as reported by the survey contracted vendor, are to be reported to the Quality Improvement Committee and the Board of Directors as part of the Annual Quality Improvement Program Evaluation Report.

6. Troy Medicare will analyze and validate the data results, identify opportunities for improvement, conduct barrier analysis and implement interventions where results do not meet the initial plan’s goals.

   a. A summary of these findings will be submitted and discussed to the Quality Improvement Committee for review and identification of quality improvement opportunities.

ATTACHMENTS/RELATED POLICIES/STANDARD OPERATING PROCEDURES

- Related Policy A: 001_P&P_Quality_HEDIS.docx
- Related Policy B: 002_P&P_Quality_CAHPS.docx

APPROVALS

Head of Quality

11 / 11 / 2022

Date: