



Acing the HOS Test

● A Guide to Improved Star Ratings

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When it comes to the HOS, higher weights mean higher stakes.

In Star Year 2027, the HOS (Health Outcomes Survey) will contribute [close to 15%](#) of a plan’s Star Ratings – doubling the weight of HOS measures [in 2022](#). And if 2026 Stars performance is any indication, plans without a best-in-class solution to address the HOS need to act now.

In Star Year 2026, HOS outcomes continued to underperform the rest of Part C. Only 10 Part C measures received a Star average of 3.2 or lower in 2026 – including all five measures derived from HOS. Three Part C measures received the lowest Star Rating average across all measures: 2.7. And two of these three were HOS-derived measures for Reducing the Risk of Falling and Improving Bladder Control.

As its share of the total Stars pie grows, HOS can no longer be an afterthought for plans to unlock critical bonus payments and remain competitive. Leading plans can change the tide on their HOS performance and turn these historically-overlooked measures into a positive driver for overall Stars performance, member engagement and retention, clinical outcomes, and cost of care.

In this Guide, you’ll find insights and actionable strategies to boost your ratings across HOS-derived measures to enhance your plan’s Stars performance, engage members, elevate program quality, and improve overall outcomes.



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● Written in the Stars: Why HOS and Why Now

In 2022, 74 Medicare Advantage plans achieved a coveted 5-star rating. In so doing, they unlocked critical bonus payments and the ability to enroll members year-round.

Fast forward a few years, however, and the Stars landscape looks markedly different. In the past 3 years, the number of 5-star plans has dropped precipitously — 18 plans achieved the rating in Star Year 2026, up from just 7 in 2024.



#1 factor for member plan selection

One out of four beneficiaries said Star Ratings are the number-one reason they select a Medicare Advantage plan¹

\$20M Revenue Lift from achieving 4 Stars

For a plan serving 40,000 members, a half-star jump from 3.5 to 4.0 stars could result in an estimated \$20 million in reimbursements via the CMS Quality Bonus Payments²

5x increase for HOS weighting in Star Ratings

In Star Year 2027, HOS will contribute more than 15% of a plan's Star Ratings – a 2.5x increase from 2022³

Stars itself is changing, most critically with its increased attention on measures derived from the Health Outcomes Survey, or HOS – launched by the Centers for Medicare & Medicaid Services (CMS) in 1998 to measure the quality of life and functional health status of Medicare beneficiaries enrolled in managed care.

CMS has made a concerted effort to encourage plans to continuously outperform their previous ratings, making HOS performance even more essential given its historic neglect. At the same time, [cut points have increased in recent years](#), making it harder for plans to score better or maintain current ratings. In fact, 2025 saw “the highest star rating cut points in the history of the Star Ratings program,” according to a [Wakely Consulting Group report](#).

1. [McKinsey & Company, Medicare Advantage Survey Findings, 2022](#).

2. [Press Ganey, Reaching 5 Stars, 2023](#).

3. [CMS, 2027 Star Ratings Measures and Weights](#). [CMS, 2022 Part C & D Star Ratings Technical Notes](#).

Year-after-year, Star Ratings across HOS measures reinforce how challenging the survey is: 2026 Part C measures derived from HOS were [among the lowest-performing measures](#) across the board. With a focus on self-reported outcomes and changes over time, along with regulations around survey communication, plans have long struggled to identify what actually works to educate and engage members tied to the HOS measures.

What’s more, the black box of if members will respond to the HOS is an added layer of complexity for plans to address. HOS response rates have declined in recent years, potentially skewing results and causing small to mid-sized plans to lack sufficient data needed to report certain measures.

For those members that do respond, the questions are framed to lean into members’ perceptions of their health and well-being at the time of the survey. A member that is otherwise healthy but had a non-injurious fall – meaning she wasn’t hospitalized and hasn’t yet discussed with her doctor, but plans to at her next visit – weeks before the HOS, will likely rate her overall physical health lower than she did two years prior and will report that she hasn’t received a treatment plan from a provider for falls.

This is why a year-round approach to understanding, engaging, and supporting members is crucial – not just for HOS, but all Stars. With the right approach, which we’ll dive into later in this Guide, leading plans can change the tide on their HOS performance and turn these tricky measures into a positive driver for overall Stars performance, member engagement and retention, clinical outcomes, and cost of care.

HOS measures have lagged Part C average Stars by more than 15% in the last four years



Zooming In: HOS Measure-By-Measure

Beginning in 2026, five measures are derived from HOS to inform plans’ overall Star Ratings. HOS surveys operate on a two-year timeframe and rely on self-reported health outcomes from members. Increased weights beginning in 2027 signal a renewed emphasis on longitudinal care.

- 1. Improving or Maintaining Physical Health
- 2. Improving or Maintaining Mental Health
- 3. Monitoring Physical Activity
- 4. Reducing the Risk of Falling
- 5. Improving Bladder Control

Improving or Maintaining Physical Health

2026 STAR AVERAGE: 3.2
New in 2026 & Triple-Weighted in 2027

Made up of questions that attempt to understand a member’s ability to accomplish daily activities – like household chores, climbing stairs, or playing golf – without pain or limited mobility.

 **TIP**

Addressing this measure requires a sustained focus on functionality and agency: giving members the tools to know which activities are safe for them, and promoting personalized programs and interventions that enable them to live life unencumbered.

Improving or Maintaining Mental Health

2026 STAR AVERAGE: 3.2
New in 2026 & Triple-Weighted in 2027

Provider interaction on physical activity is the basis of this measure, based on questions that ask members if they've talked with a doctor about their level of activity in the past year and if they received guidance from a health care provider to “start, increase, or maintain” their level of exercise.

 **TIP**

Personalize automated follow-ups from provider visits that reinforce options for exercise and low-barrier ways to increase physical activity, keeping in mind traditional fitness offerings remain starkly under-utilized by Medicare members. Meet members where they are with diverse exercise offerings that focus on introducing safe and simple daily activities, while driving behavior change and habit formation.

Monitoring Physical Activity

2026 STAR AVERAGE: 3.1

Provider interaction on physical activity is the basis of this measure, based on questions that ask members if they've talked with a doctor about their level of activity in the past year and if they received guidance from a health care provider to "start, increase, or maintain" their level of exercise.



TIP

Most exercise solutions focus on those who already have a consistent routine, despite the fact that the 65+ cohort is [the least likely age demographic to hold a gym membership](#). When assessing vendor options, focus on those that offer age- and ability-appropriate exercise for a broad swath of your population by leveraging technology and personalization.

Reducing the Risk of Falling

2026 STAR AVERAGE: 2.7

Lowest-performing Star Rating of any part C measure in 2025, and 1 of 3 measures in 2026 to receive the lowest average score of 2.7

This measure captures the percentage of members with problems falling, walking, or balancing who discussed these topics with a provider and received a treatment plan or recommendations.



TIP

Plans should identify emerging risk for falls by tracking [related risk factors](#) like diabetes or heart disease, thyroid issues, or taking certain medications. Give members who are at risk of falling a clear action plan with at-home programs that build balance and stability, along with support that builds confidence and celebrates action – as falls are among many seniors' biggest fears related to aging.

71%

of seniors say physical activity matters most to their long-term health⁴

70%

of falls are driven by modifiable risk factors such as inactivity, balance deficits, and muscle weakness⁵

25-61%

Of women who experience weekly bladder control episodes discuss the problem with a provider⁶

Improving Bladder Control

2026 STAR AVERAGE: 2.7

Trending down over last 3 Star Years

This measure is based on the percentage of members who discussed treatment options for issues like urine leakage with a provider, based on those who reported having any urine leakage in the past six months.



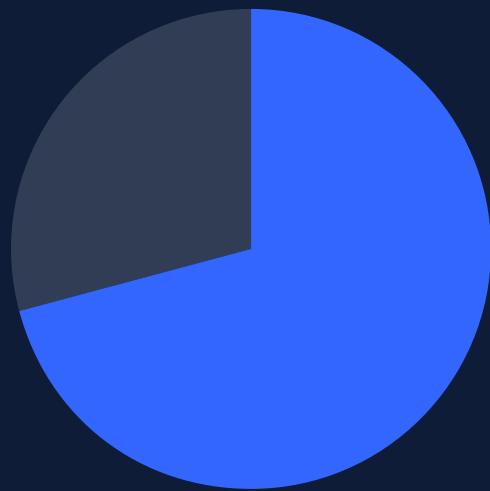
TIP

Despite the prevalence of bladder control issues among older adults, shame and stigma keeps members from raising these issues with their providers. Plans should train providers on the importance of checking in on urinary incontinence at each visit, while focusing on year-round campaigns that normalize bladder issues and attempt to reduce stigma.

THE BOTTOM LINE

For plans to perform well on HOS measures, long-term member engagement is critical. And this presents an area of improvement for plans – [in a recent survey of Medicare-eligible adults with one or more chronic condition](#), 69% said they would consider switching plans for better long-term health support.

4. [Bold, The First Line of Defense Survey, 2025.](#)
5. [Int J Gen Med, Analyzing the Problem of Falls Among Older People, 2012.](#)
6. [Mayo Clinic, Is Urine Incontinence Normal for Women?, 2022.](#)



70%

of seniors say they would switch Medicare plans for better long-term health support

In the past year, have you spoken to your provider about any of the following?

PHYSICAL ACTIVITY

43% Yes 57% No

FALL PREVENTION

20% Yes 80% No

STRESS MANAGEMENT

16% Yes 89% No

BLADDER HEALTH / INCOMPETENCE

16% Yes 89% No

What is your most trusted resource for learning how to age well?

PRIMARY CARE PROVIDER

89%

FAMILY

55%

HEALTH PLAN

53%

ONLINE SEARCH

49%

- **Key Elements of a Gold-Standard HOS Solution**



“The goal is to see how well health plans help beneficiaries maintain or improve their health over time.”

– [CMS on the Medicare Health Outcomes Survey](#)

Just-in-time interventions Medicare Advantage plans have historically relied on to influence HOS performance – like refrigerator magnets, postcards, and the occasional email – fall flat. Given the two-year timeframe for HOS measures along with the focus on self-reported outcomes and perceptions of health, isolated touchpoints alone can’t alter member well-being or move the needle on HOS performance.

Increasingly, plans are also finding that relying on multiple programs or solutions to address each individual HOS measure is not only cumbersome and hard to measure, but largely ineffective. Take bladder control, for instance: urinary incontinence and bladder control issues are [linked to](#) depression and decreased independence, and are a leading cause of falls.

Indeed, single solutions to individual measures and one-off interventions largely miss the point: addressing HOS effectively means improving members’ health outcomes and overall quality of life. This holistic approach is what sets a gold standard HOS solution apart. With the growing importance of HOS measures on overall Star Ratings, designing and implementing a best-in-class solution with the right partner has never been more urgent.

The 5 Pillars of a Holistic HOS Solution

1 Risk prediction, modeling and ongoing analytics

2 Personalized programs

3 Omnichannel campaigns

4 Member-level reporting

5 Year-round focus

1. Risk prediction, modeling and ongoing analytics

Regular and rigorous analysis of member-level data is at the core of any successful approach to HOS improvement. Using data available in claims and eligibility files, plans should:

- **Model predicted risk** of negative responses to HOS-related questions for initial targeting and train model on HOS risk patterns to uncover changes regularly
- **Segment** your member population based on risk to target outreach and campaigns
- **Map** member population characteristics and current programs to identify gaps and deliver customized, evidence-based programs
- **Pinpoint** member-level insights to inform broader quality strategies

2. Personalized programs

Engage members in personalized, expert-led programs for fall prevention, urinary incontinence, physical activity, pain and musculoskeletal health, and mental health. Use HOS risk mapping to target populations for specific interventions and programs, and ensure ongoing assessments and touchpoints through different mediums to identify emerging risk factors.

Focus on behavior change and habit formation for members tied to HOS, as getting members to take repeated actions tied to falls or bladder control issues is a powerful recall tool. Bake in customized, timely follow-up to members after conversations with their providers to reiterate recommended treatment plans and guidance from their care team tied to HOS.

3. Omnichannel campaigns

Launch campaigns throughout the year that reach and engage members across multiple different channels – email, direct mail, text, phone, mobile app, member portal, and handouts. [According to McKinsey research](#), Medicare Advantage beneficiaries “increasingly expect a seamless omnichannel experience akin to those they routinely enjoy when engaging with other industries.”

Actionable tips and clear next steps should sit at the heart of these omnichannel campaigns, and keep messaging and branding consistent across all channels to boost engagement. Equip providers and care teams with materials and talking points to reinforce campaigns in their interactions with members.

Multichannel campaigns should focus on:

- Increasing member confidence and providing tactical tools for members to engage with their care team about their health across HOS topics year-round
- Timing engagement campaigns with key moments like Fall Prevention Awareness Month in September
- Integrating into existing provider and care management workflows with education, tools, and materials that help enhance HOS and drive clinical outcomes
- Educating members and supporting memory retention of important HOS topics via year-round engagement
- Building self-efficacy and behavior change that leads to positive outcomes and improves member perception of their health

4. Member-level reporting

Embed rich data reporting and analytics to create a continuous feedback loop of insights at the member and population level. Capture data regularly tied to HOS measures, including:

- Baseline physical activity levels
- Leading indicators for HOS responses (e.g. discussions with providers on key topics)
- History of falls, pelvic symptoms, activity goals and preferences, emotional health
- Self-reported outcomes
- Member satisfaction

Use reporting to identify opportunity areas, adjust outreach campaigns and segmentation, and categorize HOS risk for personalized outreach. Collaborate with care management teams to reach members with more complex care needs.

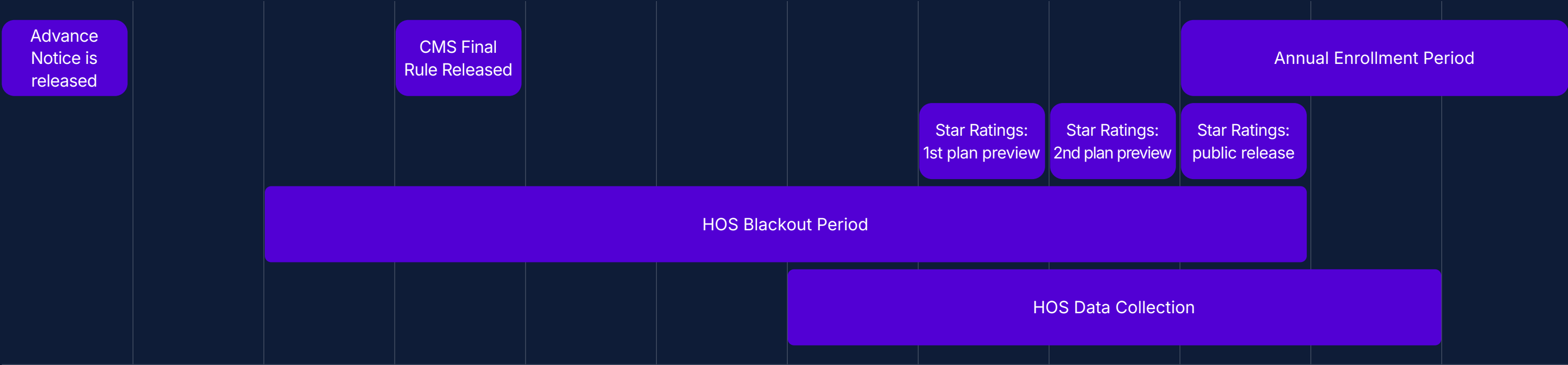
5. Year-round focus

Engage members of all risk and ability levels year-round to demonstrate improvement of member health outcomes and overall satisfaction. Invest in evergreen member engagement year-round to get more members to respond if they receive the Survey and to drive favorable responses to the HOS questions.

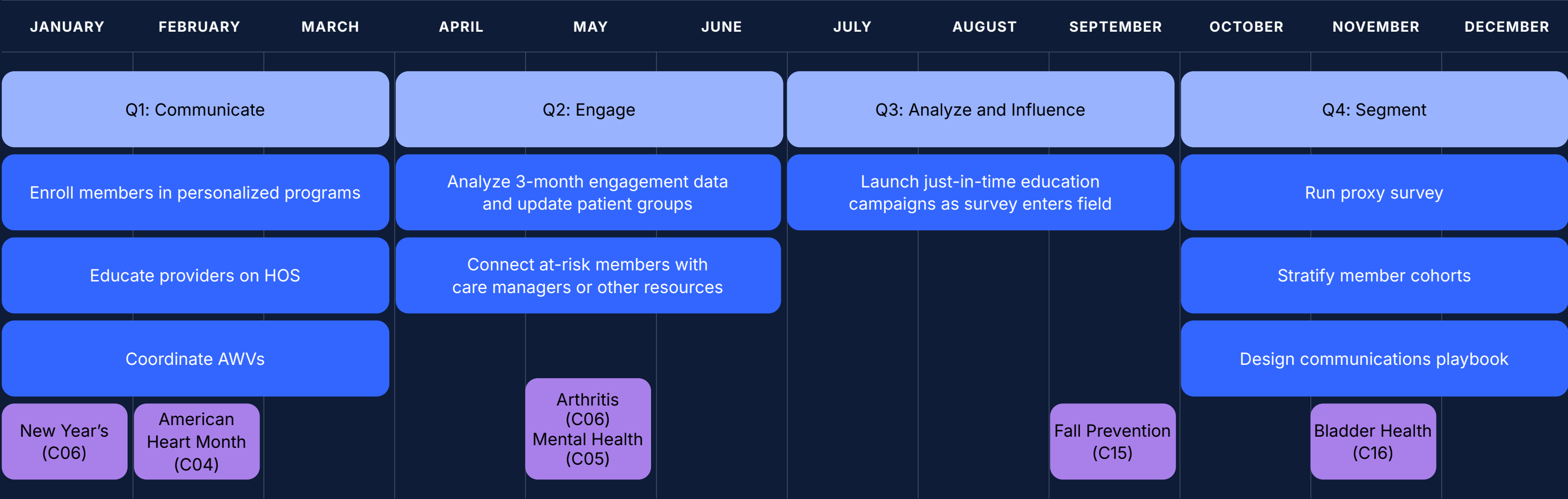
Designing a Year-Round HOS Action Plan

- Key Moments in HOS
- HOS Action Plan
- Awareness Months
- Themes

KEY MOMENTS IN HOS



HOS ACTION PLAN



● Next Steps for Quality Leaders

To turnaround HOS performance and stay ahead of changes, leading plans should begin with a data-driven, collaborative assessment that centers long-term member engagement.

1. Identify an end-to-end HOS partner

Select a trusted partner as your single, end-to-end HOS solution who will own your approach across all five measures – from identifying cohorts to leading member engagement campaigns and measuring impact and opportunities with data and reporting – and implement a best-in-class action plan. Assess vendors by strength and breadth of expertise across the six pillars of a gold standard solution outlined above.

2. Evaluate current approach and interventions to flag gaps and opportunities

Work with your partner to evaluate interventions and campaigns over the past three years in a uniform, unbiased manner tied to overall Star Ratings across measures. Create a standard measurement matrix that allows you to gain clarity on what has worked and what hasn't when it comes to member engagement, education, and action tied to the HOS.

3. Elevate latest member insights for better understanding and engagement

Go a level deeper in your data analysis to uncover member insights that allow you to better engage them year-round and make them feel supported in new and novel ways. Conduct regular assessments and proxy surveys as keeping up with your members' evolving needs, preferences, and health indicators as they age is vital to HOS success.

4. Consult the right stakeholders across your plan early and often

Ensure you bring in key collaborators across your plan from the start and include them in regular reporting and updates. Break down siloes between Stars and clinical teams to develop a truly holistic approach that drives health outcomes.

5. Focus on the central role of HOS to your plan and your members

The overall health and quality of life of your members is at the heart of the HOS. With historic underinvestment in the HOS, ongoing internal education with plan leadership across departments is necessary to change mindsets, rethink interventions, and ultimately unlock the right levels of investment to hit your goals.

Plans that take a holistic approach to HOS are seeing results with Bold, including:



8 in 10

members are more likely to stay with their plan because it offers Bold

>40%

reduction in falls and fall-related hospitalizations

80%

members report improved strength, heart health, and mobility

66-86%

improved self-reported outcomes aligned with HOS (including self-reported falls, fear of falling, pain, emotional health)

● Your partner in unlocking long-term HOS success

Bold partners with leading Medicare Advantage plans to deliver personalized prevention programs that reduce care costs and improve HOS. Bold augments the work of Stars and Quality teams with a single, end-to-end HOS solution proven to address all five HOS-derived measures through advanced data analytics, advisory support, and deep member engagement.

For your members, Bold offers evidence-based programs for fall prevention, urinary incontinence, physical activity, pain and musculoskeletal health, and mental health. Bold's platform delivers best-in-class engagement with members of all ability levels through its intuitive interface, powerful behavior-change tools, and personalized, expert-led classes and education that serve a diverse array of member needs. Bold's programming adapts with members over time, driving long-term behavior change and improved outcomes for members with no prior exercise habit and multiple chronic conditions.

Learn more at AGEBOLD.COM/PARTNERSHIPS