

Medicare Health Outcomes Survey—  
Modified (HOS-M)

*Quality Assurance Guidelines  
and Technical Specifications  
Addendum*

**Final**

**Version 2.9**  
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**Medicare Health Outcomes Survey—Modified (HOS-M)**  
***HOS-M Quality Assurance Guidelines and Technical  
Specifications Addendum***

**Acknowledgments**

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# Medicare HOS-M

## *Quality Assurance Guidelines and Technical Specifications Addendum*

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# I. Introduction and Overview

## Background

CMS, in collaboration with NCQA, launched the Medicare Health Outcomes Survey (HOS) in 1998 as part of the Effectiveness of Care component of the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®1</sup>). The Medicare Health Outcomes Survey—Modified (HOS-M) is an abbreviated version of the HOS that is administered to certain vulnerable Medicare beneficiaries who are at greatest risk for poor health outcomes. Initially fielded as the *Programs of All-Inclusive Care for the Elderly Health Survey* in 2002, it was renamed *Medicare Health Outcomes Survey—Modified* when it was first administered to members of specialized Medicare plans other than Programs of All-Inclusive Care for the Elderly (PACE) in 2005.

## HOS-M Administration

The HOS-M is administered to members of each participating PACE organization and is a cross-sectional survey that measures the physical and mental health functioning of members at a single point in time. This differs from the longitudinal nature of HOS, which has a follow-up component. One of the main goals of the HOS-M is to annually assess the frailty of the population in PACE organizations in order to adjust Medicare payments, using limitations on activities of daily living (ADL) questions.

## About This Document

This document is an addendum to the *2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9*. Survey vendors must refer to the following sections for additional requirements that apply to the HOS-M in the *2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9*, which are not covered in this addendum.

- Program Requirements
  - Roles and Responsibilities
  - Survey Management System
  - Member Confidentiality
- Communications and Technical Support
- Data Collection Protocol
  - Mail Protocol
    - Mail Materials
      - Prenotification Letters and Survey Cover Letters Requirements
      - Questionnaire Formatting and Printing Guidelines
      - Envelope Guidelines
      - Optional Formatting Guidelines

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<sup>1</sup> Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) is a registered trademark of the National Committee for Quality Assurance (NCQA).

- Outgoing Mail Guidelines
  - Address Standardization
  - Data Receipt of Questionnaires Completed by Mail
  - Data Entry/Processing Guidelines
  - Data Storage
  - Quality Control Guidelines
- Telephone Protocol
  - Electronic Telephone Interviewing System Operations
  - Inbound Telephone Protocol
  - Optional Telephone Interviewing Guidelines
  - Timing of the Telephone Phase of the Data Collection Protocol
  - Obtaining Telephone Numbers
  - Wireless Phone Numbers
  - Internal Corporate Do Not Call Lists
  - Retention and Storage of Data Collected by Telephone
  - Quality Control Guidelines
  - Interviewer Training
  - Telephone Interview Monitoring and Quality Oversight
- Distressed Respondent Procedures
- Incentives
- Member Confidentiality
- Data Coding
  - Decision Rule Guidelines
  - Survey Completion and Coding Guidelines
    - Assigning Bad Address and/or Bad Telephone Number Disposition Codes
    - Assigning the Survey Vendor's Unique Telephone Interviewer ID Variable
    - Quality Control Procedures
- Data Submission
  - Record Storage and Retention
- Quality Oversight
- Discrepancy Reports

## II. Sampling

### Overview

This section provides information about HOS-M sampling for PACE organizations, including the sampling process, enrollment criteria, and receiving and reviewing the sample file. The HOS-M sampling methodology depends on the PACE organization's population size. For additional information about sampling, refer to *HEDIS Measurement Year (MY) 2024 Volume 6: Specifications for the Medicare Health Outcomes Survey*.

### Sample Selection and Eligibility Criteria

All PACE organizations with Medicare contracts in effect on or before January 1, 2024, and with enrollment of at least 30 members as of February 2025, as reflected in the [March 2025 Monthly Enrollment File by Contract](#), are required by CMS to administer the HOS-M in 2025.

Eligible members must be community-dwelling members who do not have end-stage renal disease (ESRD) and are age 55 or older. RTI removes members who are flagged as long-term institutionalized.

The sample size is 1,200 for plans with at least 1,200 members. For smaller PACE organizations, the entire eligible enrollment is included.

<b>Programs with populations of <math>\geq 1,200</math> participants</b>	One thousand two-hundred Medicare eligible program participants are randomly selected for HOS-M.
<b>Programs with populations of <math>&lt; 1,200</math> participants</b>	All Medicare members are included in the sample. PACE organizations create a detailed contact list for all PACE organization members enrolled in the Medicare program.

### *Do Not Survey List*

Survey vendors maintain a Do Not Survey (DNS) list of members who requested removal from contact for future surveys. Survey vendors use this list to assign an *Exclude from Future Survey Samples Flag* to each sampled member. The flag identifies members who request to be removed from the mailing list **and never contacted again**. Survey vendors code this flag in the final data files and CMS excludes these members from future HOS-M samples. See the *Assigning the Exclude from Future Survey Samples Flag* subsection in the *Data Coding* section for more information in the QAG.

### *Gatekeeper DNS Requests*

Gatekeepers are permitted to refuse to complete the survey on behalf of the member. A gatekeeper (i.e., a representative of an institution), is not permitted to request that a member be added to the DNS list and excluded from future surveys.

### **Sample Preparation**

The CMS Office of Information Technology pulls a sample frame of eligible members from the Integrated Data Repository. RTI draws the HOS-M sample from this sample frame. The sample files include a series of specified variables in the HOS-M Sample File Layout. Refer to **Appendix B** for the complete HOS-M Sample File Layout, including a description of each variable, the field positions within the file, and the valid values.

Survey vendors receive the following files:

- *HEADER* file: Contains survey vendor and submission information.
- *SAMPLE* file: Contains names, contact information, and other variables for sampled members. Survey vendors will receive a single file that includes all sampled member data for its PACE organization clients.

### **Receiving and QA of the Sample File**

The HOS-M Project Team provides survey vendors, via a secure portal, one sample file which contains sampled member data for all PACE organizations that the survey vendor is contracted with to submit HOS-M data.

Survey vendors must review the HOS-M sample file to confirm that all contracted PACE organizations are included, perform the following verifications, and report errors to the HOS-M Project Team immediately. If there are questions about a member's eligibility, survey vendors must contact RTI.

- **Foreign addresses:** If a member in the sample has a foreign address, survey vendors must use standard means, such as the National Change of Address (NCOA) database, to secure an accurate United States address. If a United States mailing address cannot be matched to the member and survey vendors cannot obtain a working telephone number for the member, the member is assigned a final disposition code of "T24 – Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number."
- **Date of birth:** If the date of birth corresponds to January 1, 1970 (01011970) or later by increments of one year or seems questionable, the survey vendor must contact RTI for instructions.  
**Note:** Members born after January 1, 1970 (01011970) are ineligible for the HOS-M in 2025. The frailty adjustor is used to check eligibility and calculated only for members who are 55 years of age and older.
- **Duplication of member:** If there are duplicate members, contact RTI.

The survey vendor loads the sample data into its survey management system (SMS) after reviewing the HOS-M sample files.

### **Death and Disenrollment Updates to the Sample File**

RTI updates death and disenrollment information using the CMS Integrated Data Repository (IDR) during fielding. PACE organizations **do not** need to provide death and disenrollment updates to survey vendors. The HOS-M Project Team delivers the death and disenrollment files at three points during survey administration. See *Data Collection Protocol* below.

### **Removing Long-Term Nursing Home Residents from the Sample File**

RTI removes members who are flagged as long-term nursing home residents prior to survey administration using data provided by CMS. Additionally, RTI uses data provided by CMS to remove long-term nursing home residents from the sample following survey administration. If survey vendors discover a member is long-term institutionalized during data collection, they assign the survey disposition code of “M35/T35 – Nonresponse: Respondent Institutionalized.” See *Data Coding* for more information on assigning disposition codes.

### III. Data Collection Protocol

#### Overview

This section describes the HOS-M data collection protocol and procedures. The data collection protocol allows for the comparability of HOS-M survey data.

#### 2025 Data Collection Schedule

Tables 1 and 2 below summarize the tasks and timing for conducting the 2025 HOS-M administration. Survey vendors adhere to this data collection schedule as outlined and may not depart from or modify this schedule in any way.

**Table 1. Pre-Data Collection Tasks**

Task	2025 Dates	Timeframe
PACE Orientation Webinar (hosted by RTI).	Monday, March 17	-119 Days
Survey vendors develop mailing materials and program telephone systems.	Beginning Thursday, March 20	-116 Days
PACE organizations notify NCQA of survey vendor selections.	By Friday, April 25	-80 Days
HOS-M Project Team provides sample files to survey vendors.	Monday, June 23	-21 Days
Survey vendors obtain telephone numbers for members in large PACE organizations (≥1,200 members). PACE organizations provide telephone numbers <b>for all their Medicare enrollees</b> . Survey vendors <b>must not</b> send the sample files to PACE organizations. Obtaining addresses and language preference flags from PACE organizations is optional.	Beginning no later than Monday, June 23	-21 Days
Survey vendors must obtain telephone numbers using additional sources (e.g., number look-up services, directory websites, or applications).	Beginning no later than Monday, June 23	-21 Days
Survey vendors test external functionality of customer support telephone numbers and email addresses prior to the prenotification letter mailing.	By Monday, July 14	Day 0

**Table 2. Data Collection Tasks**

Task	2025 Dates	Timeframe
Mail prenotification letter.	Monday, July 14	Day 0
Open customer support services (telephone and email).		
Open electronic telephone interviewing for inbound member requests to complete survey by telephone.		
Mail first questionnaire.	Monday, July 21	Day 7
Mail first reminder/thank-you postcard.	Monday, July 28	Day 14
HOS-M Project Team provides first Death and Disenrollment File to survey vendors.	Monday, August 11	Day 28
Mail second questionnaire.	Monday, August 25	Day 42
HOS-M Project Team provides second Death and Disenrollment File to survey vendors.	Friday, August 29	Day 46

Task	2025 Dates	Timeframe
Mail second reminder/thank-you postcard.	Tuesday, September 2	Day 50
Conduct outbound electronic telephone interviewing for nonrespondents: <ul style="list-style-type: none"> <li>• Call attempts must be scheduled at different times of the day, on different days of the week, and in different weeks.</li> <li>• Minimum of 6 attempts, maximum of 12 attempts.</li> </ul>	Monday, September 15 – Monday, November 3	Days 63 – 112
Submit interim data files to the HOS-M Project Team. <ul style="list-style-type: none"> <li>• Survey vendors <b>must</b> submit interim data files by October 2.</li> <li>• All survey data received up to three business days prior to the interim data submission due date (September 29, 2025) must be processed and included in the interim data files.</li> </ul>	Tuesday, September 30 – Thursday, October 2	Day 78 – Day 80
HOS-M Project Team provides third Death and Disenrollment File to survey vendors.	Wednesday, October 22	Day 100
End data collection: <ul style="list-style-type: none"> <li>• End all data entry/scanning of returned mail surveys.</li> <li>• End all telephone interviews.</li> <li>• Close customer support services (telephone and email).</li> </ul>	Monday, November 3	Day 112
Prepare and submit final data files.	Monday, November 3 – Monday, November 17	Days 112 – 126
Final data files due to the HOS-M Project Team.	Monday, November 17	Day 126

## Description of the Questionnaire

The HOS-M questionnaire contains 19 questions and 34 individual items, and includes the following components:

- ADL questions to assess the frailty of the PACE population in order to adjust Medicare payments.
- Questions to collect results for the Veteran’s RAND 12-Item Health Survey (VR-12), the core component measuring physical and mental health status.
- Other health questions about memory loss and difficulty controlling urination.
- Questions about who completed the survey (i.e., sampled member, family/friend, or health professional) and the reason the survey was completed by someone other than the sampled member (e.g., physical problems or memory loss).

Response categories vary by question. Most questions are scale questions and include response categories such as “All of the time,” “Most of the time,” “Some of the time,” “A little of the time,” or “None of the time.” Some questions are dichotomous questions with “Yes” and “No” responses.

To facilitate comparability, neither the survey vendor nor a PACE organization may change the wording or order of the survey questions or the response categories. Survey vendors may make minor modifications to the format and layout of the questionnaire, adhering to the formatting

parameters specified later in this section and in the 2025 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9*.

## Protocol Paths

HOS-M sampled members fall in one of four protocols (or *protocol paths*) listed in this section based on survey language. In the HOS-M sample file, RTI designates CMS Language Preference and the CMS Language Code from the CMS IDR. For small plans (less than 1,200 members), RTI also designates the Participant Primary Language from the contact list that PACE organizations provide. No additional language information is available for large plans (1,200 or more members). Language variables identify which protocol path a member follows and which mailing materials a member receives during survey administration.

The four protocol paths and instructions on assigning them are discussed below.

### *Assigning the Protocol Path*

Survey vendors assign each member one of the *Protocol Identifier Flags* in Table 3 below.

**Table 3. HOS-M Protocol Identifier Flags**

Protocol Path	Protocol Identifier Flag
English	E
Spanish	S
Chinese	C
Russian	R

Members with a CMS Language Code or CMS Language Preference designated in the sample file receive the corresponding Protocol Identifier Flag. If no CMS Language Code or CMS Language Preference is assigned, the protocol path is determined by the Participant Primary Language (*BeneLanguage*) variable.

Use of the Chinese and Russian questionnaires is optional and done at the request of the PACE organization. The HOS-M is available in Russian by mail only. There is **no** telephone interviewing conducted in Russian.

### *Mailing Material Tracking Numbers*

Letters and postcards used for the protocol paths are assigned a tracking number, as shown in Table 4 below.

**Table 4. Mailing Material Tracking Numbers**

Tracking Number	Mailing Material	Language
1	Prenotification Letter	English
2	Letter for First Questionnaire Mailing (Survey Cover Letter)	English
3	<ul style="list-style-type: none"> <li>• First Reminder/Thank-You Postcard</li> <li>• Second Reminder/Thank-You Postcard</li> </ul>	English

Tracking Number	Mailing Material	Language
4	Letter for Second Questionnaire Mailing (Survey Cover Letter)	English
5	HOS-M Questionnaire	English
S1	Prenotification Letter	Spanish
S2 + 2	Letter for First Questionnaire Mailing (Survey Cover Letter)	Spanish
S3	<ul style="list-style-type: none"> <li>• First Reminder/Thank-You Postcard</li> <li>• Second Reminder/Thank-You Postcard</li> </ul>	Spanish
S4	Letter for Second Questionnaire Mailing	Spanish
S5	HOS-M Questionnaire	Spanish
C1	Prenotification Letter	Chinese
C2 + 2	Letter for First Questionnaire Mailing (Survey Cover Letter)	Chinese
C3	<ul style="list-style-type: none"> <li>• First Reminder/Thank-You Postcard</li> <li>• Second Reminder/Thank-You Postcard</li> </ul>	Chinese
C4	Letter for Second Questionnaire Mailing (Survey Cover Letter)	Chinese
C5	HOS-M Questionnaire	Chinese
R1	Prenotification Letter	Russian
R2 + 2	Letter for First Questionnaire Mailing (Survey Cover Letter)	Russian
R3	<ul style="list-style-type: none"> <li>• First Reminder/Thank-You Postcard</li> <li>• Second Reminder/Thank-You Postcard</li> </ul>	Russian
R4	Letter for Second Questionnaire Mailing (Survey Cover Letter)	Russian
R5	HOS-M Questionnaire	Russian

### ***English Protocol***

Members with a Protocol Identifier Flag of *E* are part of the English protocol. Survey vendors send the sampled member mailing materials in English. If a non-English speaking member requests a version of the questionnaire in another language, survey vendors have the following options:

- *For a request for Spanish materials:* Send the appropriate language materials or include the member in the Spanish protocol paths. Note the language change in the “Survey Language” field of the variables table and flag members who want survey materials or electronic telephone interviewing in Spanish.
- *For a request for Chinese or Russian materials:* If the survey vendor is approved to field the survey in Chinese or Russian, then send the appropriate language materials or include the member in the Chinese or Russian protocol paths. Members requesting Chinese materials must be flagged for electronic telephone interviewing in Chinese. If the survey vendor is not approved to field the survey in Chinese or Russian, then attempt to have the member or proxy complete the survey in one of the survey vendor’s approved languages. If the member cannot complete the survey in any of the survey vendor’s approved languages, then assign the member a survey disposition code of “M23/T23 – Ineligible: Language Barrier.”

- *For a request for materials in a language other than English, Spanish, Chinese, or Russian:* Attempt to have the member complete the survey in one of the survey vendor's approved languages. If the member cannot complete the survey in any of the survey vendor's approved languages, then assign the member a survey disposition code of "M23/T23 – Ineligible: Language Barrier."

For the telephone protocol, the interviewer calls the sampled member. If the sampled member is unavailable (out or otherwise unable to come to the phone at the time of the call), the interviewer must attempt to schedule a callback and call back at another time. If the sampled member will be unavailable for the duration of the study or is physically/mentally unable to complete a telephone interview, the interviewer must attempt to interview a proxy.

### ***Spanish Protocol***

Members with a Protocol Identifier Flag of *S* are part of the Spanish protocols. The survey vendor sends the sampled member mailing materials in Spanish. The letter for the first questionnaire mailing must contain English on the back and the reminder/thank-you postcard must remain in the designated protocol language.

For the telephone protocol, the interviewer calls the sampled member. If the sampled member is unavailable (out or otherwise unable to come to the phone at the time of the call), the interviewer must attempt to schedule a callback and call back at another time. If the sampled member will be unavailable for the duration of the study or is physically/mentally unable to complete a telephone interview, the interviewer must attempt to interview a proxy. The proxy interview may be completed in English or Spanish.

### ***Chinese Protocol***

The survey vendor works with the PACE organizations to determine if the sampled members should receive the survey in Chinese. Members with a Protocol Identifier Flag of *C* are part of the Chinese protocols. If the survey vendor is approved to administer the survey in Chinese, then the survey vendor sends the sampled member mailing materials in Chinese. The letter for the first questionnaire mailing must contain English on the back and the reminder/thank-you postcard must remain in the designated protocol language. If unable to complete a telephone interview in Chinese, then the interviewer must attempt to interview a proxy in English, Spanish, or Chinese.

If the survey vendor is not approved to administer the survey in Chinese, then members assigned with a Protocol Identifier Flag of *C* must receive mailing materials in English and receive telephone attempts in English. If unable to complete a telephone interview with the member, the interviewer must attempt to interview a proxy in English or Spanish.

### ***Russian Protocol***

The survey vendor works with the PACE organizations to determine if the sampled members should receive the survey in Russian. Members with a Protocol Identifier Flag of *R* are part of the Russian protocol. If the survey vendor is approved to administer the survey in Russian, then the survey vendor must send the sampled member mailing materials in Russian. The letter for the first questionnaire mailing must contain English on the back and the reminder/thank-you

postcard must remain in Russian. Because there is no telephone interviewing conducted in Russian, the survey vendor can attempt to complete the interview with the member in its other approved languages (e.g., English, Spanish, or Chinese [if applicable]) with a telephone protocol. If unable to complete a telephone interview with the member, the interviewer must attempt to interview a proxy in English or Spanish.

### Appropriate Contact of Proxies

Members are encouraged to complete the survey on their own or seek the assistance of a proxy (e.g., a family member, friend, or caregiver) if they are unable to complete the survey on their own. If there is a gatekeeper (i.e., representative of the institution) refusal, or if the member is physically or mentally incapacitated or will be unavailable for the duration of the study, the use of a proxy to complete the interview is highly encouraged.

The HOS-M sample file may contain contact information for up to two proxies. Attempts to contact the member must be made before proxies are contacted, unless the sample file indicates that the member does not receive his/her own mail (*Receives Own Mail* = No), in which case mailing materials should be addressed to the member in care of the proxy.

Proxies may not be contacted if a member gives written or verbal refusal to participate in the survey.

PACE organization or subcontractor staff members should not be listed as a proxy contact in the contact information file. PACE organizations may not list the PACE facility address as a member or proxy address in the contact information file unless the PACE facility is the member's primary residence.

The survey vendor assigns priority for contacting proxies as displayed in Table 5 below.

**Table 5. Priority for Contacting Proxies**

Priority	Person to Survey
First Priority	Member or first proxy if member does not receive his/her own mail.
Second Priority	Proxy recommended by the member.
Third Priority	Proxy contained in sample frames in the order listed.
Last Priority	Proxy recommended by another proxy.

### Limitations to PACE Staff Involvement

PACE organization staff may fill out the survey questionnaire or complete the telephone interview *at the request* of the member, family member, or other caregiver. No PACE staff should independently contact the survey vendor to provide answers to the HOS-M survey on behalf of any sampled member. If CMS finds that plans do not follow these protocols, then the HOS-M data will be considered invalid.

If asked for help, PACE staff may complete all or part of the survey as proxies. Staff may also read questions to participants and mark responses for participants. When asked to complete a survey for a member, PACE staff must use the original printed survey and business reply

envelope for the member. Staff are not required to fill out the survey, even if requested to by the member, family, or caregiver, if they consider it too burdensome.

PACE organizations may not track who received or responded to the HOS-M or ask survey vendors whether a particular member is in the survey sample or should have received a survey.

## **Members in a Common Facility**

Survey vendors may identify common facilities where members reside. Survey vendors may make calls to gatekeepers who may complete the survey at the member's request. For example, if a convent is also a care facility and is the residence for elderly nuns enrolled in a PACE organization, the survey vendor contacts the Mother Superior (who would usually receive the questionnaire) to discuss completing the questionnaire for the members/nuns under her care. Survey vendors must document processes for contacting members in a common facility in their survey vendor QAP.

## **Mail Protocol**

This section provides information about the mail component of the HOS-M mixed mode data collection protocol. Survey vendors administer the mail protocol as described below and in *HEDIS MY 2024 Volume 6: Specifications for the Medicare Health Outcomes Survey*. Survey vendors must also refer to the Mail Protocol section of the *2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9* for information not covered in this HOS-M addendum (see *About this Document* in *Section I. Introduction and Overview*).

### ***Production of Survey Mailing Materials***

The HOS-M Project Team provides electronic versions of all survey mailing materials to survey vendors, who must produce sufficient quantities of the following materials in English, Spanish, Chinese, and Russian, if applicable, for mailing to sampled members:

- Prenotification letters.
- Survey cover letters.
- Reminder/thank-you postcards.
- Questionnaires.

Refer to the *2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9* for information about producing survey mailing materials.

### ***Mailing Materials Guideline Specific to the HOS-M***

The HOS-M questionnaire is formatted in one column. Survey vendors **may not** reformat the HOS-M questionnaire in two columns.

### **Reminder/Thank-you Postcard Requirements**

Survey vendors adhere to the following requirements for reminder/thank-you postcards.

- Do not alter text on postcards.
- Use the CMS logo on all postcards (on the return address side). Neither the survey vendor nor the PACE Organization logo may appear on reminder/thank-you postcards.
- Use a block format for the survey vendor return address on all postcards as follows:
  - [CMS logo]
  - c/o Survey Processing
  - [Survey vendor mailing address]
- Print on 4" X 5.5" or larger postcard-weight paper (at least 0.007" thick).
- Print in Arial font in 12-point type or larger. For Chinese characters, print in PMingLiu, SimSun, or another readable font in 12-point type or larger.
  - The HOS-M Project Team will review mailing material fonts during quality oversight for readability and approve the use prior to mailing.
- Personalize the salutation to the member with the member's first and last name listed in the sample file, (e.g., "Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]").
- Include a bar or alphanumeric coded unique identifier (ID) on letters for tracking purposes.
  - The unique ID must be in a user-friendly format. This includes a font size of Arial in 12-point type or larger, as well as a format that is easy to read (e.g., use hyphens to break apart larger IDs or do not require the member to read a long series of zeros or other numbers).
  - Survey vendors must provide an example of the unique ID on the sample materials to the HOS-M Project Team for review prior to bulk printing.
- Include English instructions on how to request the survey in English on the Spanish, Chinese, and Russian postcards.
- Include the survey vendor toll-free customer support number and email address.
  - *Optional:* Tag lines are permitted and may be printed in color. Tag lines must be included on the copy of the postcards submitted to the HOS-M Project Team for approval.

### ***Optional HOS-M Guidelines for Mailing Materials***

Survey vendors may adhere to the following guidelines for mailing materials, if applicable.

- Include the PACE organization logo on outgoing letters and envelopes.
- For letters and envelopes that include both the CMS logo and the PACE organization logo, the PACE organization logo should be smaller than the size of the CMS logo (0.97"H x 2.11"W).

### ***Processing and Coding Mail Surveys***

*Survey Processing:* Survey vendor label questionnaires with a confidential tracking identification number to ensure that the second mailing is sent only to nonrespondents. Survey vendors use a master file that links the confidential tracking number to each member in the survey sample, along with identifying information (e.g., name, address, telephone number). Survey vendors use the file to generate all mailing materials, such as cover letters and address labels, and the file is updated to indicate the current response status of each sampled member.

The master file must not contain actual survey responses. Survey vendors develop discrete data files that are linked by a confidential tracking number to the master file.

Survey vendors may use key entry or scanning technology to capture survey data. Survey vendors track returned questionnaires by date of receipt and scan or “wand” all returned surveys within **24 hours** of receipt to designate them as “received.” The survey vendor may key enter or optically scan questionnaires. If using key entry, questionnaire answers are keyed by two data entry specialists. The survey vendor compares results to identify data entry errors. Within **three business days** of receipt of a returned survey, the survey data must be captured in the survey vendor’s survey management database.

## Telephone Protocol

This section provides detailed information about the telephone component of the HOS-M mixed mode data collection protocol. Survey vendors administer the HOS-M telephone protocol as described below and in *HEDIS MY 2024 Volume 6: Specifications for the Medicare Health Outcomes Survey*. The survey vendor must also refer to the following Telephone Protocol section of the *2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9* for information not covered in this HOS-M addendum (see *About this Document* in *Section I. Introduction and Overview*).

This protocol requires the use of an electronic telephone interviewing system to follow up with nonrespondents to the mail survey.

### *Electronic Telephone Interviewing System Specifications*

The telephone component of the protocol uses a standardized, electronic telephone interviewing script and design specifications provided to the survey vendor by the HOS-M Project Team. The survey vendor is responsible for programming the script and specifications into existing electronic telephone interviewing software.

### *Obtaining Telephone Numbers*

Large PACE organizations (1,200 members or more) provide a telephone contact list for **all of their Medicare enrollees** directly to the survey vendor. PACE organizations will provide telephone numbers for all of their Medicare enrollees. Survey vendors are encouraged to ask the PACE organizations for the information as early as possible to give the PACE organization time to generate telephone numbers.

Small PACE organizations (less than 1,200) provide a telephone contact list for **all members** to RTI prior to survey administration. Survey vendors may not approach PACE organizations for individual telephone numbers; this would be a breach of member confidentiality.

Survey vendors must also obtain a “second source” telephone number for each member who is triaged to the telephone phase of the protocol.

Survey vendors must state in their QAPs the method used to obtain second source telephone numbers and describe the process for handling multiple phone numbers for a single member during the telephone protocol of data collection.

### ***Telephone Attempts***

The telephone phase consists of **12 telephone attempts**; the first 6 are made to the member. If a member does not receive his/her own mail, the first 6 attempts are made to the first proxy. If the member or first proxy cannot be contacted after six telephone attempts, the survey vendor contacts the proxies identified in the contact information file, in the order of their appearance in the file. The survey vendor also uses the proxy information in the contact file if a member is too sick to respond or cannot speak English, Spanish, or Chinese. Up to six telephone attempts may be made to proxies.

If the member is reached and refuses to participate, the survey vendor may not contact proxies. If a proxy refuses to participate in the survey, the survey vendor is encouraged to contact other proxies.

A telephone attempt is defined as an attempt to reach the sampled member or proxy by telephone at different times of day, on different days of the week, and in different weeks. A telephone attempt must meet the following criteria:

- The interviewer reaches an answering machine or voicemail system. In this case, the interviewer hangs up the phone without leaving a message.
- The telephone rings at least **six** times with no answer.
- The interviewer reaches a sampled member’s household and is told the member or proxy is (temporarily) not available to come to the telephone. The interviewer must attempt to schedule a callback date/time.
- The interviewer reaches the sampled member or the sampled member’s proxy and is asked to call back at a more convenient time. The interviewer must attempt to schedule a callback date/time.
- The interviewer obtains a busy signal. When telephone interviewing systems permit, CMS recommends that survey vendors attempt to re-contact members up to three times at 20-minute intervals. Three attempts in one day that all result in a busy signal constitute *one telephone attempt* (the protocol requires each attempt to be made on different days).
- An attempt made to contact a proxy counts as one attempt. For example, if a sampled member has two proxies, contacting each proxy counts as two attempts of contact.

**Note:** The survey vendor **may not** leave messages on members’ answering machines or voicemail systems.

## IV. Data Coding

### Overview

This section details the standardized protocols for HOS-M data file specifications and data coding of HOS-M data. It contains information about survey completion guidelines, assignment of disposition codes, and quality control procedures. Refer to the *2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9* for information on decision rules (i.e., interpreting ambiguous or missing data elements) for coding mail questionnaires.

Survey vendors submit a single data file that contains data for every PACE organization with which the survey vendor has contracted. For assistance with preparing data files for submission, contact the [HOS-M Project Team](mailto:hos@ncqa.org) (hos@ncqa.org).

### Text File Specifications

Survey vendors submit a record for all sampled members included in the original sample file. Survey data files are submitted in a text file format (.txt) that allows submission of each sampled member record in one file. Refer to **Appendix B** for the complete Sample File Layout and Survey File Record Layout.

Survey data files have two sections:

- **Header Record:** Contains vendor and submission information.
- **Member-Level Record:** Contains member-level information consisting of the following two layouts:
  - **Sample File Layout:** Names, contact information, and CMS administrative and survey fielding variables for each sampled member.
  - **Survey File Record Layout:** Responses for all survey variables (even if the member did not complete the survey) and survey vendor-generated variables for each sampled member.

### Decision Rules Guidelines

Survey vendors use the decision rules outlined in the *2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9* to govern appropriate resolution of common ambiguous situations. Contact the HOS-M Project Team if a situation is not addressed by the decision rules.

### *Duplicate Surveys Returned for the Same Member*

Survey vendors may receive two surveys returned for the same sampled member. Survey vendors use the following guidelines to determine which survey data to include in the final data file:

- If a member completes both surveys and returns both surveys, use the survey that is the most complete.
- If two surveys are returned for one member, but one survey was completed by a proxy, use the survey completed by the member.
- If two surveys are returned for one member and a proxy completed one survey, but the member's survey is incomplete, attempt to contact the member by phone to complete the survey. Use the completed proxy survey if the member cannot be contacted by phone.

## Survey Completion and Coding Guidelines

This section provides specific survey coding and completion guidelines for the HOS-M survey.

The unique ID is used to assign a disposition code to each respondent. A prefix of "M" represents mail disposition codes; a prefix of "T" represents telephone disposition codes. The disposition code is used to track and report whether a respondent has returned a questionnaire or needs a repeat mailing or telephone follow-up. Disposition codes are either interim (indicate the respondent's status during data collection) or final (document the outcome at the end of data collection). Maintaining up-to-date disposition codes lets the survey vendor calculate and report the response rate and project the number of completed questionnaires at any time during the data collection period.

### *Coding Member-Level Data for Blank Surveys*

For blank surveys, survey vendors should leave missing data blank. Do not code missing survey file record layout values as 9 = Missing if a member did not respond to any survey questions.

### *Assigning Final Disposition Codes*

The survey vendor assigns a final disposition code to each member of the sample, as shown in Table 6 below.

**Note:** The survey vendor must return each record that was included in the sample file and assign each a corresponding survey disposition code.

**Table 6. HOS-M Survey Disposition Codes**

Final Disposition	Disposition Code	Disposition Group	Definition/Explanation
Complete Survey (ADL Items Answered)	M10	Complete	Respondent returns mail survey with all ADL items (Q4a-f) answered. No further attempts are made to reach the member once a survey is received with all ADL items answered.

Final Disposition	Disposition Code	Disposition Group	Definition/Explanation
	<b>T10</b>	Complete	Assigned in one of the following situations: <ul style="list-style-type: none"> <li>Respondent completes all ADL items (Q4a-f) during a telephone interview.</li> <li>Respondent returned a mail survey where one or more ADL items were unanswered. During the telephone protocol, the survey vendor contacted the respondent by phone and all ADL items were answered. <b>All questions must be asked during telephone recontact.</b></li> </ul> No further attempts are made to reach the member once a survey is received with all ADL items answered.
<b>Partial Complete Survey</b>	<b>M11/T11</b>	Nonresponse	A survey with one or more ADL items (Q4a-f) unanswered.
<b>Deceased</b>	<b>M20/T20</b>	Ineligible	The member is deceased.
<b>Language Barrier</b>	<b>M23/T23</b>	Ineligible	The member does not read or speak English, Spanish, or Chinese, and does not read Russian. The survey vendor is unable to obtain a proxy to complete the survey.
<b>Bad Address and Mail-Only Protocol</b>	<b>M24</b>	Ineligible	There is evidence that the member's address is bad (post-office returns questionnaire to survey vendor). The member is in a mail-only protocol (Russian).
<b>Bad Address AND Non-working/ Unlisted Phone Number or Member is Unknown at the Dialed Phone Number</b>	<b>T24</b>	Ineligible	There is evidence that the member's address is bad (post-office returns questionnaire to survey vendor). The survey vendor is unable to obtain a viable telephone number for the member.
<b>Refusal by Member</b>	<b>M32/T32</b>	Nonresponse	Refusal. Incomplete survey with a note (on the survey or separately) stating the member does not want to participate or the member verbally refuses to complete the survey. The survey vendor may not contact proxies.
<b>Respondent Unavailable</b>	<b>M33/T33</b>	Nonresponse	The member is unavailable during the data collection period. The survey vendor is unable to obtain a proxy to complete the survey.
<b>Respondent Physically or Mentally Incapacitated</b>	<b>M34/T34</b>	Nonresponse	The member is unable to complete the survey due to mental or physical disabilities. The survey vendor is unable to obtain a proxy to complete the survey.
<b>Respondent Institutionalized</b>	<b>M35/T35</b>	Nonresponse	The member is unable to complete the survey because he or she is institutionalized or residing in a group home or institution (e.g., hospice, nursing home) and the survey vendor is unable to obtain a proxy to complete the survey.

Final Disposition	Disposition Code	Disposition Group	Definition/Explanation
Nonresponse After Maximum Attempts	M36	Nonresponse	Assigned in the following situations: <ul style="list-style-type: none"> <li>There is no evidence to suggest the member's address is bad. The member has not returned a mail questionnaire. The survey vendor is unable to obtain a viable telephone number for the member.</li> <li>There is no evidence to suggest the member's address is bad. The member has not returned a mail questionnaire. The survey vendor is unable to contact the member because the member is on the survey vendor's internal corporate do not call (DNC) list.</li> </ul>
Nonresponse After Maximum Attempts	T36	Nonresponse	Assigned in the following situations: <ul style="list-style-type: none"> <li>There is no evidence to suggest the member's address is bad. The member has not returned a mail questionnaire. There is no evidence to suggest the member's telephone number is bad. The survey vendor makes six telephone attempts to the member and six attempts to the proxy, but is unable to contact the member or a proxy.</li> <li>There is evidence to suggest the member's address is bad. There is no evidence to suggest the member's telephone number is bad. The survey vendor makes six telephone attempts, but is unable to contact the member or a proxy.</li> </ul>
Refusal by Proxy	M37/T37	Nonresponse	Refusal. All proxies verbally refuse to complete the survey. If only one proxy is provided, the proxy returns the questionnaire with a note stating he/she does not want to participate. The survey vendor may attempt to contact additional proxies.
Refusal by Gatekeeper	M38/T38	Nonresponse	Refusal. A representative of the institution (gatekeeper) refuses to allow an interview with the member, does not want to complete the survey on behalf of the member, or returns the survey unanswered. The survey vendor may attempt to contact proxies.
Respondent Removed from Sample by RTI	M25/T25	Ineligible	This code refers to RTI's periodic checks against the IDR to identify people who have died or disenrolled since the sample was drawn. The HOS-M Project Team provides a list to the survey vendor at three points in the protocol (i.e., before first mailing, before beginning telephone interviews, and prior to the end of data collection). Code is assigned <b>only when</b> the HOS-M Project Team notifies the survey vendor to remove the member from the sample frame.

### *Assigning the Survey Round Variable*

Refer to the 2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9 for the definition of survey rounds.

Table 7 summarizes the rules for assigning the survey round variable. The assigned survey round variable should be associated with the mailed questionnaire or call attempt in which data were collected.

**Table 7. Rules for Assigning the Survey Round Variable**

Disposition Code	Survey Round
M10, M11	M1, M2
T10, T11	T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, MT, TN
M20, T20, M23, T23, M24, T24, M25, T25, M32, T32, M33, T33, M34, T34, M35, T35, M36, T36, M37, T37, M38, T38	NC

### *Calculating Percentage Answered*

The HOS-M instrument contains 34 potential response items. To simplify the calculation of percentage answered, three items that are part of a skip pattern are excluded from the calculation: **17, 18, and 19**. Thirty-four minus three leaves a base denominator of 31 items included in the calculation of percentage answered.

To calculate percentage answered, count the total answered items (excluding items **17, 18, and 19**). Divide the number by 31, round to the ten thousandths place, and multiply by 100. If percentage answered is less than 100.00, then zero-fill. For example, for a survey with 34.25 percent of items answered (.3425), Percentage Answered would be coded as 034.25.

$$\% \text{ Complete} = \frac{\text{Total Number of Answered Items (Exclude Skip Pattern Items)}}{\text{Total Response Items} - \text{Excluded Items}} \times 100$$

A completed survey should not have less than 019.35 percent of items answered.

Table 8 summarizes the rules for assigning the Percentage Answered variable. For surveys without a final disposition of M10/T10 or M11/T11, assign a percentage answered value of 000.00 (represented as a five-digit number [six field positions]).

**Table 8. Rules for Assigning the Percentage Answered Variable**

Disposition Code	Percentage Answered
M10, T10, M11, T11	NNN.NN
M20, T20, M23, T23, M24, T24, M25, T25, M32, T32, M33, T33, M34, T34, M35, T35, M36, T36, M37, T37, M38, T38	000.00

### *Assigning the Survey Language Variable*

Each member of the sample is assigned a Survey Language variable that will be reported to the HOS-M Project Team. The survey vendor examines the final disposition code to determine a

complete survey or nonresponse: partial complete survey and assigns the Survey Language variable as follows:

- E = English—the member completed or partially completed the survey in English.
- S = Spanish—the member completed or partially completed the survey in Spanish.
- C = Chinese—the member completed or partially completed the survey in Chinese.
- R = Russian—the member completed or partially completed the survey in Russian.

Surveys with a final disposition code other than complete survey (M10/T10) or nonresponse: partial complete survey (M11/T11) are assigned a Survey Language variable value of “9 = Not applicable.”

Table 9 summarizes the rules for assigning the Survey Language variable.

**Table 9. Rules for Assigning the Survey Language Variable**

Disposition Code	Survey Language
M10, M11	E = English S = Spanish C = Chinese R = Russian
T10, T11	E = English S = Spanish C = Chinese
M20, T20, M23, T23, M24, T24, M25, T25, M32, T32, M33, T33, M34, T34, M35, T35, M36, T36, M37, T37, M38, T38	9 = Not applicable

### ***Assigning the Survey Language Detail Variable***

The survey vendor assigns a Survey Language Detail of 99.

### ***Assigning the Survey Completion Date Variable***

Refer to the 2025 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9* for instructions on assigning the Survey Date variable.

Table 10 summarizes the rules for assigning the Survey Date variable.

**Table 10. Rules for Assigning the Survey Date Variable**

Disposition Code	Date the Survey Was Completed
M10, T10, M11, T11	MMDDYYYY <b>07142025 – 11032025</b> (July 14, 2025 – November 3, 2025)
M20, T20, M23, T23, M24, T24, M25, T25, M32, T32, M33, T33, M34, T34, M35, T35, M36, T36, M37, T37, M38, T38	99999999

### ***Assigning the Exclude from Future Surveys Flag***

Survey vendors assign a valid value for the *Exclude from Future Survey Samples Flag* to each sampled member. The flag identifies members who request to be **removed from the mailing list**

**and never contacted again.** CMS excludes these members from future HOS-M samples (and other surveys administered or sponsored by CMS). Survey vendors may not assign an *Exclude from Future Survey Samples Flag* based on information provided by the PACE organization (e.g., a PACE organization's DNC list) or the survey vendor's internal corporate DNC list.

Gatekeepers are not permitted to request for a member to be added to the DNS list.

See the *Assigning the Exclude from Future Survey Samples Flag* subsection in the *Data Coding* section for more information in the QAG.

### ***Total Survey Response Rates***

The survey vendor reports a Total Survey Response Rate to the HOS-M Project Team for each organization:

$$\frac{\text{Completed Surveys \& Interviews}}{\text{Total Eligible Members}} \times 100$$

*Total Eligible Members* includes the entire sample minus the following ineligible members:

- Respondents who are reported as deceased.
- Respondents who have a language barrier.
- Respondents who have a bad address *and* a nonworking/unlisted phone number or are unknown at the dialed phone number.
- Respondents who have a bad address *and* are in a mail-only protocol (Russian).
- Respondents who were removed from the sample by RTI.

## V. Data Submission

### Overview

This section includes information about the survey vendor authorization process and preparing and submitting interim and final HOS-M data files to the HOS-M Project Team. The HOS-M uses a standardized protocol for preparation and submission of all data. Contact the [HOS-M Project Team](mailto:hos@ncqa.org) (hos@ncqa.org) if any problems occur.

### Survey Vendor Authorization Process

Before survey administration, CMS provides the HOS-M Project Team with the list of required PACE organizations required to report HOS-M. The HOS-M Project Team provides this information to PACE organizations via the *Medicare Health Outcomes Survey —Modified 2025 Administration* memo. PACE organizations must notify the HOS-M Project Team of their survey vendor selection using the survey vendor selection web form by the date specified in the memo. All PACE organizations must contract with a CMS-approved HOS-M survey vendor to administer the HOS-M on their behalf. The HOS-M Project Team finalizes the list of PACE organizations and their designated survey vendor in May to generate the sample files.

### Preparation for Data Submission

Each survey vendor must review and assess the integrity of collected data prior to the data submission deadline. The survey vendor's Quality Assurance Plan (QAP) must detail the vendor's quality assurance processes that are completed to ensure that all members' response data are captured in strict adherence to file specifications and data validation procedures.

During the data collection period, survey vendors will submit all survey data received up to three business days prior to the interim data submission due date. Submitting interim data files allows survey vendors an opportunity to test their data cleaning and editing routines, test the data submission process, and correct any data file errors in advance of submitting final data files. The HOS-M Project Team will provide survey vendors with findings from interim data submission. Survey vendors must review the findings and update their data coding and processes, as applicable, ahead of final data submissions. In some instances, the HOS-M Project Team may request a more immediate review and verification of interim data submission findings.

### Data Submission Process

Survey vendors must submit HOS-M interim and final data files via Kiteworks by the dates indicated in the *Data Collection Tasks* in the *Data Collection Protocol* section. The HOS-M Project Team will use a secure file transfer system to receive data from the survey vendors. Survey vendors will be provided a link for data upload prior to the opening of the interim and final data submission periods.

### ***Data File Submission Dates***

**Interim Data Files:** Survey vendors submit interim data files via Kiteworks by 11:59 p.m. Eastern Time on **Thursday, October 2, 2025**. **All survey data received up to three business days prior to the interim data submission due date (Monday, September 29, 2025) must be processed and included in the interim data files.**

Survey vendors may begin to submit interim data on September 30, 2025. All interim data files must be submitted by October 2, 2025. The HOS-M Project Team conducts preliminary analysis with the interim data files and reviews the data for early identification of data collection issues. The HOS-M Project Team asks survey vendors to investigate all issues identified during the data cleaning process. Survey vendors are responsible for correcting data errors that result from programming errors prior to final data submission.

**Final Data Files:** Survey vendors must submit final data files via Kiteworks to the HOS-M Project Team by **11:59 p.m. Eastern Time on Monday, November 17, 2025**.

### **Survey File Submission Naming Convention**

Survey vendors use the following file naming conventions when submitting final HOS-M data files.

- Use unique file names with a “.txt” extension for each data file.
- Begin the file name with “HOSMPACE.”
- Follow the prefix with respective vendor name.
- For example: HOSMPACE\_[Vendor Name].txt

Refer to the *2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9* for more information.

## VI. Quality Oversight

### Overview

The HOS-M Project Team conducts quality oversight of survey vendor activities to monitor compliance with HOS-M protocols. This section describes the HOS-M quality oversight activities. All materials and procedures relevant to survey administration are subject to review.

**Note:** If any quality oversight activity conducted by the HOS-M Project Team suggests that actual survey processes differ from HOS-M protocols, immediate corrective actions may be required and sanctions may be applied.

### Quality Oversight Activities

HOS-M Project Team oversight activities include review of mailing materials, telephone scripts, member correspondence, data records, survey vendor progress reports, and the QAP. The team also conducts telephone monitoring and site visits. Refer to the *2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9* for more information on the details of each quality oversight activity.

Table 11 below displays pertinent dates for quality oversight activities for 2025 HOS-M administration.

**Table 11. Quality Oversight Schedule**

Quality Oversight Activities	2025 Dates
HOS-M Survey Vendor Update Training.	Thursday, March 20
Survey vendors submit printed materials to HOS-M Project Team to obtain written approval prior to volume printing.	Friday, June 6
Survey vendors submit electronic telephone scripts (screenshots or live links) to the HOS-M Project Team to obtain written approval prior to telephone protocol.	Friday, June 20
HOS-M Project Team provides responses to survey vendor after review of printed materials.	Monday, June 23
Survey vendor project report #1 (QAP) due.	Friday, June 27
HOS-M Project Team responds to survey vendor after reviewing telephone screenshots or live links.	Tuesday, July 1
Survey vendors finalize all mail materials (any revisions made after must be submitted to the HOS-M Project Team).	Wednesday, July 2
Survey vendors finalize all telephone screenshots or live links (any revisions made after must be submitted to the HOS-M Project Team).	Friday, July 11
Survey vendor QAP conference calls.	Monday, July 14 – Friday, July 25
Survey vendor progress report #2 due.	Friday, July 25
Survey vendor progress report #3 due.	Friday, August 8
Survey vendor progress report #4 due.	Friday, August 22
Survey vendor progress report #5 due.	Friday, September 5
Survey vendor progress report #6 due.	Friday, September 19
Survey vendor progress report #7 due.	Friday, October 3

Quality Oversight Activities	2025 Dates
Survey vendor progress report #8 due.	Friday, October 17
Survey vendor progress report #9 due.	Friday, October 31
Survey vendor progress report #10 (Final Report) due.	Friday, November 21
Survey vendors submit member correspondence items (weekly customer support emails and biweekly white mail) to the HOS-M Project Team for review.	Friday, July 18 – Friday, November 21
Report of HOS-M Records Stored and Facility Standards for Records Storage Facilities Inspection Checklist.	Monday, December 1

### ***Review of Mailing Materials***

Before fielding the survey, the HOS-M Project Team reviews all English, Spanish, Chinese, and Russian mailing materials (i.e., prenotification letters, survey cover letters, reminder postcards, envelopes, and questionnaires). Survey vendors must submit to the HOS-M Project Team electronic copies of all mailing materials. The HOS-M Project Team notifies the survey vendor when materials have been approved or if they require revisions. All final print-ready electronic mailing materials must be submitted to the [HOS-M Project Team](mailto:hos@ncqa.org) (hos@ncqa.org) in a Portable Document Format (PDF).

Use the following naming convention when submitting mailing materials using the “CMS Logo Only” template:

- Survey Vendor Name\_Tracking # (CMS Logo).pdf.

Use the following naming convention when submitting mailing materials using the “CMS and Health Plan Logos” template:

- Survey Vendor Name\_Tracking # (CMS and HP Logo).pdf.

Survey vendors may **not** change materials that have been approved by the HOS-M Project Team unless the revised materials are resubmitted for approval.

### ***Telephone Script Review***

Before fielding the survey, survey vendors submit the proxy and non-proxy English, Spanish, and Chinese telephone screenshots or live links for all questions, including skip pattern logic to the [HOS-M Project Team](mailto:hos@ncqa.org) (hos@ncqa.org) for review.

### ***Member Correspondence***

Survey vendors forward member correspondence to the HOS-M Project Team as indicated in Table 12 below. Survey vendors must submit the name and address of each member associated with each piece of white mail. Additionally, the survey vendor must submit an English summary of any piece of white mail in Spanish, Chinese, or Russian. When submitting member correspondence, survey vendors must include all white mail received in the previous two weeks.

### ***Survey Vendor QAP***

The HOS-M QAP is a comprehensive working document that survey vendors develop to document the current administration of the survey and compliance with HOS-M protocols. The QAP must follow the format of the Model QAP and address the content areas. The Model QAP is provided in **Appendix G**.

### ***Customer Support Review***

Throughout survey administration, the HOS-M Project Team will conduct at least one customer support review and continuously review survey vendor email responses to respondent questions and comments. Survey vendors are required to forward all customer support emails with responses to the HOS-M Project Team weekly, to ensure that survey vendor staff adhere to the FAQs via email. Survey vendors should include the date and time each customer support email was responded to when forwarding to the HOS-M Project Team. Survey vendors may be asked to send member contact information and/or English translations of emails to CMS, if requested.

### ***Data Record Review***

The HOS-M Project Team conducts a data record review session of the previous year's data with survey vendors remotely or during a site visit.

### ***Telephone Monitoring***

The HOS-M Project Team conducts silent telephone monitoring sessions with survey vendors remotely. The team may conduct a monitoring session during survey administration.

### ***Site Visit***

The HOS-M Project Team may conduct a site visit during the survey administration period to review compliance with HOS-M requirements.

### ***Project Reporting***

During the data collection period, survey vendors must submit 10 progress reports to the [HOS-M Project Team](mailto:hos@ncqa.org) (hos@ncqa.org). These reports provide updates on data collection activities and interim statistics on responses rates and survey dispositions. Use the following naming convention when submitting progress reports:

- Begin files with the survey vendor name, followed by subject of file and date submitted; for example:
  - Progress Reports (narrative report):
    - Survey Vendor Name\_ Report #\_MM-DD-YY.doc.
  - Summary Status Reports:
    - Survey Vendor Name\_HOS-M\_SSR\_PACE\_MM-DD-YY.xls.

Table 12 provides the reporting requirements and due dates for each survey vendor progress report.

**Table 12. Reporting Requirements for Survey Vendor Progress Reports**

Reporting Requirements	2025 Due Dates
<p><b>REPORT #1</b>  <b>Survey Vendor QAP:</b> The survey vendor submits a QAP to the HOS-M Project Team that addresses all required elements as described in this addendum, throughout the <i>2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9</i> and in the Model QAP.</p>	Friday, June 27
<p><b>REPORT #2</b>  <b>Narrative Report:</b></p> <ul style="list-style-type: none"> <li>• Overview of prenotification letter and first questionnaire printing, fulfillment, and mailing processes.</li> <li>• Verification of mail out dates of prenotification letter and first questionnaire mailing (e.g., USPS generated report).</li> <li>• Status of staff training and SMS development.</li> <li>• Confirmation of customer support functionality and testing.</li> <li>• Outstanding issues or concerns.</li> </ul> <p><b>Other Deliverables:</b></p> <ul style="list-style-type: none"> <li>• Member correspondence (white mail), if applicable.</li> </ul>	Friday, July 25
<p><b>REPORT #3</b>  <b>Summary Status Report</b> (template provided by the HOS-M Project Team)  <b>Narrative Report:</b></p> <ul style="list-style-type: none"> <li>• Overview of reminder/thank-you postcard mailing.</li> <li>• Verification of mail out date of reminder/thank-you postcard mailing (e.g., USPS generated report).</li> <li>• Outstanding issues or concerns.</li> </ul> <p><b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	Friday, August 8
<p><b>REPORT #4</b>  <b>Summary Status Report</b>  <b>Narrative Report:</b></p> <ul style="list-style-type: none"> <li>• Overview of progress with protocol to date.</li> <li>• Detail problems or issues to date.</li> <li>• Outstanding issues or concerns.</li> </ul> <p><b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	Friday, August 22

Reporting Requirements	2025 Due Dates
<p><b>REPORT #5</b>  <b>Summary Status Report</b>  <b>Narrative Report:</b></p> <ul style="list-style-type: none"> <li>• Overview of second questionnaire mailing and second reminder/thank-you postcard mailing.</li> <li>• Verification of mail out dates of second questionnaire mailing and second reminder/thank-you postcard mailing (e.g., USPS generated report).</li> <li>• Overview of progress with protocol to date.</li> <li>• Detail problems or issues to date.</li> <li>• Provide high-level summary statistics on respondent calls to customer support line or email (summarize Frequently Asked Questions [FAQs]) and number of requests for Spanish, Chinese, and Russian versions of the instrument. Specify number of calls and/or emails requesting information regarding an internet version of the survey.</li> <li>• Describe telephone protocol and training.</li> <li>• Outstanding issues or concerns.</li> </ul> <p><b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	Friday, September 5
<p><b>REPORT #6</b>  <b>Summary Status Report</b>  <b>Narrative Report:</b></p> <ul style="list-style-type: none"> <li>• Overview of progress with protocol to date.</li> <li>• Detail problems or issues to date.</li> <li>• Describe process of converting partially completed surveys to complete, and progress.</li> <li>• Report on progress with electronic telephone interviewing implementation.</li> </ul> <p><b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	Friday, September 19
<p><b>REPORT #7</b>  <b>Summary Status Report</b>  <b>Narrative Report</b></p> <ul style="list-style-type: none"> <li>• Outstanding issues or concerns.</li> <li>• Detail problems or issues to date.</li> <li>• Report on progress of electronic telephone interviewing implementation.</li> <li>• Report on experience with submitting interim data files.</li> </ul> <p><b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	Friday, October 3
<p><b>REPORT #8</b>  <b>Summary Status Report</b>  <b>Narrative Report</b></p> <ul style="list-style-type: none"> <li>• Overview of progress with protocol to date.</li> <li>• Detail problems or issues to date.</li> <li>• Report on progress of electronic telephone interviewing implementation.</li> </ul> <p><b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	Friday, October 17
<p><b>REPORT #9</b>  <b>Summary Status Report</b>  <b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	Friday, October 31

Reporting Requirements	2025 Due Dates
<b>REPORT #10</b> <b>Final Detailed Status Report</b> <ul style="list-style-type: none"> <li>See guidelines below.</li> </ul> <b>Other Deliverable:</b> Member correspondence (white mail), if applicable.	Friday, November 21
<b>Report of HOS-M Records Stored</b> <ul style="list-style-type: none"> <li>Number of HOS-M records stored onsite and offsite.</li> <li>The HOS-M Project Team provides the report template prior to the due date.</li> </ul>	Monday, December 1

*Guidelines for Final Detailed Status Report:* The Final Detailed Status Report has two components: a final synthesis of data collected during the survey administration and a retrospective discussion of survey implementation and lessons learned. The Summary Status Report is required for the data synthesis.

The HOS-M Project Team uses the final reports to prepare a summary of recommendations for the following year's survey administration protocol to discuss with CMS for consideration. The survey vendor should consider the discussion component as a vehicle for addressing issues related to HOS-M administration and for proposing changes to future survey administration.

Here is an outline the survey vendor may use for developing the Final Detailed Status Report:

1. **Data Synthesis (required)**
  - a. Final plan list with contact information.
  - b. Summary Status Report.
  - c. Completed survey administration timeline when:
    - Each mailing was sent.
    - Electronic telephone interviewing began.
    - Electronic telephone interviewing ended.
2. **Discussion Component (required)**

Suggested topics:

  - a. Overall timeline and administration flow.
  - b. The survey instrument or specific items in the instrument.
    - List any additional language translations requested by PACE organizations.
    - List any additional survey modes requested by PACE organizations and/or respondents (e.g., internet, text) and number of requests.
  - c. Mailing of letters, postcards, and survey packets.
  - d. Continual updating of sample information with RTI.
  - e. Validating addresses and obtaining phone numbers.
  - f. Survey receipt and data entry.
  - g. Electronic telephone interviewing operations.
  - h. Survey vendor toll-free customer support operations.
    - Including call statistics.
  - i. Data submission.
  - j. The HOS-M Project Team's role, including feedback regarding:
    - Operations oversight.

- Survey vendor training.
  - Communication and technical assistance.
  - NCQA toll-free customer support.
  - Telephone conferences.
  - Written materials (*Fully Integrated Dual-Eligible Special Needs Plans (FIDE SNP) Quality Assurance Guidelines and Technical Specifications Addendum, HOS-M Quality Assurance Guidelines and Technical Specifications Addendum, 2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9, and HEDIS MY 2024 Volume 6: Specifications for the Medicare Health Outcomes Survey.*)
3. Recommendations for HOS-M 2026 Administration

### ***Analysis of Submitted Data***

The HOS-M Project Team reviews all survey data that the survey vendor submits. This review includes, but is not limited to, statistical and comparative analyses and other activities as required by CMS. If the HOS-M Project Team discovers any data anomalies, they will follow up with the survey vendor.

The HOS-M Project Team and CMS review and analyze HOS-M survey data to ensure the integrity of the data. The survey vendor adheres to all submission requirements as specified in this HOS-M addendum and the *2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9*, and any other updates communicated by the HOS-M Project Team.

### ***Ad Hoc Activities***

The HOS-M Project Team may conduct other survey vendor quality oversight activities, such as retrospective data reviews or additional project reporting, to support the collection and reporting of high-quality HOS-M data.

### **Noncompliance and Sanctions**

Survey vendor noncompliance with HOS-M protocols and guidelines, including program requirements, successful completion of training, timely submission of the QAP, timely submission of Discrepancy Reports (if applicable), participation and cooperation in quality oversight activities and timely submission of survey data, may result in sanctions that include:

- Loss of approved status to administer the HOS-M.
- Increased quality oversight activities.
- Additional sanctions deemed appropriate by CMS.

## **Appendix A: Medicare HOS-M 2025 Survey Vendor Minimum Business Requirements**

A survey vendor must meet all Minimum Business Requirements listed below to be considered for approval to administer the HOS-M on behalf of Program of All-Inclusive Care for the Elderly (PACE) organizations and Medicare Advantage (MA) organizations sponsoring Fully Integrated Dual Eligible (FIDE) Special Needs Plans (SNP) in 2025.

The standardized data collection protocol for administering the 2025 HOS-M will be specified in the *2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9 (QAG)*, the *Medicare Health Outcomes Survey—Modified Quality Assurance Guidelines and Technical Specifications Addendum (HOS-M QAG Addendum)*, and the *Fully Integrated Dual-Eligible (FIDE) Special Needs Plans (SNP) Quality Assurance Guidelines and Technical Specifications Addendum (FIDE SNP QAG Addendum)*.

### **Relevant Survey Experience**

Demonstrated recent experience in fielding patient experience surveys.

<b>Criteria</b>	<b>Survey Vendor Requirements</b>
<b>Number of Years in Business</b>	<ul style="list-style-type: none"> <li>• Minimum of four years. Subcontractor experience cannot be used to fulfill the Number of Years in Business requirement.</li> </ul>
<b>Organizational Survey Experience</b>	<ul style="list-style-type: none"> <li>• Minimum of three years of prior experience administering standardized patient experience and/or functional health status and/or self-reported health surveys for Medicare or other vulnerable/elderly populations as an organization within the most recent five-year period.</li> <li>• Minimum of three years of prior experience conducting large-scale mixed mode (mail and telephone) survey protocols within the most recent five-year period (i.e., mail survey administration followed by survey administration via computer assisted telephone interview [CATI] follow-up of nonrespondents).</li> <li>• Prior experience submitting survey data electronically to an external third-party organization.</li> <li>• Minimum of one year as a CMS-approved HOS survey vendor.</li> <li>• If applicable, poor past performance by survey vendor and/or its subcontractor(s) on Centers for Medicare &amp; Medicaid Services (CMS) surveys of people with Medicare will be considered as failing to meet Minimum Business Requirements. For example:               <ul style="list-style-type: none"> <li>○ Failure to adhere to the timeline and/or procedures for survey administration.</li> </ul> </li> </ul>

Criteria	Survey Vendor Requirements
	<ul style="list-style-type: none"> <li>○ Failure to submit accurate and complete survey data on time during interim and/or final data submission periods.</li> <li>○ Failure to adhere to required quality oversight activities.</li> <li>○ Failure to adhere to Discrepancy Report submission timelines and procedures and to appropriately implement and manage required corrective actions.</li> <li>● Poor past performance on HOS will be considered as failing to meet HOS-M Minimum Business Requirements. For example:                             <ul style="list-style-type: none"> <li>○ Major issue(s) identified during HOS survey administration.</li> <li>○ Failure to participate in and cooperate with quality oversight activities.</li> <li>○ Failure to consistently adhere to project reporting submission timelines and procedures and to appropriately implement and manage required corrective actions.</li> </ul> </li> </ul>
<p><b>Experience with Multiple Survey Languages</b></p>	<ul style="list-style-type: none"> <li>● Survey vendor (and subcontractor(s), if applicable) must have prior experience administering mail and telephone surveys in English and Spanish.</li> </ul>

**Organizational Survey Capacity**

Capacity to handle a required volume of mail questionnaires and conduct standardized telephone interviewing in a specified time frame.

Criteria	Survey Vendor Requirements
<p><b>Capacity to Handle Estimated Workload</b></p>	<ul style="list-style-type: none"> <li>● Sufficient physical and personnel resources to administer large-scale outgoing and incoming mail surveys and to perform telephone interviews using an electronic telephone interviewing system.                             <ul style="list-style-type: none"> <li>○ All survey-related activities must be conducted within the continental United States, Hawaii, Alaska, and U.S. Territories.</li> <li>○ Must adhere to requirements specified in the QAG, HOS-M QAG Addendum, and the FIDE SNP QAG Addendum.</li> </ul> </li> </ul>
<p><b>Personnel</b></p>	<ul style="list-style-type: none"> <li>● Designated Personnel directly employed by the survey vendor (i.e., not subcontractor):                             <ul style="list-style-type: none"> <li>○ Project Director and Project Manager with at least three years of experience in overseeing all functional aspects of survey operations including mail, telephone, data file preparation, and data security. The Project Director and Project Manager oversee</li> </ul> </li> </ul>

Criteria	Survey Vendor Requirements
	<p>all survey operations.</p> <ul style="list-style-type: none"> <li>○ Mail Supervisor with at least one year of previous experience managing large-scale mail survey projects. The Mail Supervisor provides oversight of all mail protocol operations and provides oversight of mail subcontractors and external partners (if applicable).</li> </ul> <p><i>Note: An “external partner” is defined as an organization utilized by the survey vendor to perform a specific aspect of HOS administration. While it is assumed that a subcontractor will have access to personally identifiable information (PII), an external partner may furnish goods or services to support HOS administration without access to PII.</i></p> <ul style="list-style-type: none"> <li>○ Telephone Supervisor with at least one year of previous experience managing large-scale telephone interviewing projects. The Telephone Supervisor provides oversight of all telephone protocol operations and provides oversight of approved telephone interview subcontractors (if applicable).</li> <li>○ Lead or Primary Programmer with at least one year of experience preparing and submitting electronic data files in a specified format to an external third-party organization within the past two years. The Lead or Primary Programmer is responsible for data submission.</li> </ul> <ul style="list-style-type: none"> <li>● Sufficient experienced organizational back-up staff to manage functions of survey administration in the absence of key staff.</li> </ul>
<p><b>System Resources</b></p>	<ul style="list-style-type: none"> <li>● Commercial physical plant and system resources meet CMS specifications and accommodate the volume of surveys being administered.</li> </ul> <ul style="list-style-type: none"> <li>○ Capacity for production and mailing of questionnaires, cover letters, and postcards in-house or in accordance with requirements outlined in “Approved Use of Subcontractors and Other External Partners”.</li> <li>○ All survey-related work, including mail survey administration activities and telephone interviewing, must be conducted at the survey vendor’s or approved subcontractor/external partner’s official business location. Home-based places of work (e.g., residences) and virtual organizations will not be permitted without CMS approval.</li> <li>○ Capacity to handle concurrent survey projects while maintaining high quality survey data and high response rates.</li> <li>○ Capacity to process incoming paper surveys (e.g., scan or key</li> </ul>

Criteria	Survey Vendor Requirements
	<p>enter) at the survey vendor’s or designated subcontractor/external partner’s official business location.</p> <ul style="list-style-type: none"> <li>• Electronic telephone interviewing systems programmed in accordance with QAG, HOS-M QAG Addendum, and FIDE SNP QAG Addendum specifications.                             <ul style="list-style-type: none"> <li>○ Capacity to conduct telephone interviews using an electronic telephone interviewing system in-house or in accordance with requirements outlined in “Approved Use of Subcontractors and Other External Partners.”</li> <li>○ Capacity to record all telephone surveys.</li> </ul> </li> <li>• A secure work environment for receiving, processing, and storing hardcopy and electronic versions of questionnaires, sample files, and supplemental files that protects the confidentiality of survey data and PII and protects the integrity of the survey.                             <ul style="list-style-type: none"> <li>○ Electronic survey management system that tracks fielded surveys through the entire protocol using unique de-identified member identification numbers and interim disposition codes.</li> <li>○ Secure file transfer protocol systems to receive member contact information from contract clients in a manner that is Health Insurance Portability and Accountability Act [HIPAA] compliant.</li> </ul> </li> </ul>

Criteria	Survey Vendor Requirements
<p><b>Use of Subcontractors and Other External Partners (Subject to Approval)</b></p>	<ul style="list-style-type: none"> <li>○ CMS must approve subcontractors and other external partners as part of the survey vendor approval process at the time of application.</li> <li>○ Subcontractors and other external partners must meet the criteria outlined for the survey administration activities they will perform.</li> <li>○ Subcontracting of data file preparation and submission is not permitted.</li> <li>○ Subcontractors and other external partners added after the application process are subject to approval by CMS. Survey vendor must inform the HOS-M Project Team immediately and update the Data Use Agreement within 3 business days of changes in subcontractor(s) and/or external partner(s).</li> <li>○ Survey vendor is responsible for supervising and providing quality oversight of all subcontracted tasks and/or those tasks completed by an organization external to the survey vendor.</li> <li>○ All survey functions performed externally (i.e., not using the survey vendor's physical resources and/or in-house staff) must be listed in both the Participation Form and the survey vendor's Quality Assurance Plan. This includes, but is not limited to, organizations with which the survey vendor has subcontractor or purchased service agreements.</li> </ul>

Criteria	Survey Vendor Requirements
<p><b>Mixed Mode Administration</b></p>	<ul style="list-style-type: none"> <li>• Responsible for reproducing, printing, assembling, and mailing survey materials in accordance with the QAG, HOS-M QAG Addendum, and FIDE SNP QAG Addendum.</li> <li>• Responsible for programming electronic telephone interviewing systems in accordance with the QAG, HOS-M QAG Addendum, and FIDE SNP QAG Addendum.</li> <li>• Demonstrate ability to collect, accurately process, and code survey data through all phases of survey administration.</li> <li>• Maintain capacity for conducting telephone interviews using a CATI system.</li> <li>• Use commercial software/resources to ensure that addresses and telephone numbers are updated and correct for all sampled members.</li> <li>• Maintain an interviewer pool that meets the needs of sampled members in all languages in which the survey is administered, except Russian.</li> <li>• Conduct accurate monitoring of interviewers in all languages in which the survey vendor is fielding the survey.</li> <li>• Assign appropriate disposition codes to each sampled members indicating final survey status.</li> <li>• Demonstrate ability to adhere to the survey administration timeline.</li> <li>• Attest that the organization meets the Telephone Consumer Protection Act (TCPA) requirements by the Federal Trade Commission (FTC) and Federal Communications Commission (FCC) for dialing cell phones.</li> </ul>

Criteria	Survey Vendor Requirements
<b>Data Submission</b>	<ul style="list-style-type: none"> <li>• Follow all data preparation and submission rules as specified in the QAG, HOS-M QAG Addendum, and FIDE SNP QAG Addendum.</li> <li>• Submit data electronically in the specified format outlined in the QAG, HOS-M QAG Addendum, and FIDE SNP QAG Addendum.</li> <li>• Execute business associate agreements with PACE organizations and MA contracts and receive annual authorization from PACE organizations and MA contracts to collect data on their behalf and submit to CMS. <ul style="list-style-type: none"> <li>○ Must be authorized by a MA contract and PACE organizations prior to receiving the sample file.</li> </ul> </li> <li>• Work with the HOS-M Project Team to resolve data and data file submission problems.</li> <li>• Submit data files as requested by the HOS-M Project Team within the specified timeframe.</li> </ul>
<b>Data Security and Confidentiality</b>	<ul style="list-style-type: none"> <li>• Maintain established electronic security procedures related to access levels, passwords, and firewalls as required by HIPAA.</li> <li>• Perform regularly scheduled data back-up at least daily and off-site redundancy procedures that adequately safeguard system data; procedures must include backup recovery testing to verify files can be retrieved.</li> <li>• Develop a disaster recovery plan to support continued business operations or recovery in the event of a natural or human-related disaster.</li> <li>• Use required encryption protocols, if applicable, for transmitting data files. CMS-defined PII must be transmitted securely (e.g., encrypted file via email, data portal, or SFTP).</li> <li>• Implement established procedures for identifying and reporting breaches of confidential data. Data files (electronic or paper) must be stored securely and confidentially in accordance with the QAG.</li> <li>• Ensure confidentiality of sampled members' identifying information during each phase of the survey process. Only contract-level data may be shared with PACE organizations and MA contracts as specified in the QAG (i.e., no member-level or member identifying information can be shared with PACE organizations or MA contracts).</li> <li>• Develop and obtain signed confidentiality agreements from staff and subcontractors (i.e., those individuals and organizations with access to PII). Confidentiality agreements must be reviewed and re-</li> </ul>

Criteria	Survey Vendor Requirements
	<p>signed periodically, at the discretion of the survey vendor, but not to exceed a three-year period.</p> <ul style="list-style-type: none"> <li>• Complete and maintain a Data Use Agreement (DUA) for access to data from CMS for use in collection of additional member-level information on persons with Medicare.</li> <li>• Ensure the DUA is kept up to date and that all CMS requirements are followed, including documenting all subcontractors and key personnel. Survey vendor will submit a DUA update within three business days if any change in subcontractors or key personnel occurs after the initial DUA submission.</li> <li>• Ensure compliance with all applicable HIPAA Security and Privacy Rules in conducting all survey administration and data collection activities.</li> </ul>
<p><b>Data Retention</b></p>	<ul style="list-style-type: none"> <li>• Capacity to retain all data files (electronic or paper) for a minimum of three years, or as otherwise specified by the QAG, onsite at the survey vendor’s facilities. The retention requirement also applies to sample information. The retention of data will require extension of the DUA. <ul style="list-style-type: none"> <li>○ Store returned paper questionnaires in a secure and environmentally safe location until December 31 of the following survey administration year, or as otherwise specified by the QAG, onsite at the survey vendor’s facilities. Scanned images must be retained for three years.</li> <li>○ Record all telephone interviews and retain all telephone survey recordings for three years or as otherwise specified by the QAG, onsite at the survey vendor’s facilities.</li> <li>○ Archived electronic data files, telephone recordings, and paper copies or scanned images of surveys must be easily retrievable.</li> </ul> </li> <li>• Establish a process for data destruction after three years and complete an attestation of data destruction.</li> </ul>

Criteria	Survey Vendor Requirements
<b>Technical Assistance/ Customer Support</b>	<ul style="list-style-type: none"> <li>• Establish toll-free customer support telephone lines with live operators Monday through Friday from 9:00 a.m. to 8:00 p.m. (survey vendor local time), either in-house or in accordance with requirements outlined in “Approved Use of Subcontractors and Other External Partners.”</li> <li>• Establish a customer support email address for members who have questions about the survey or their eligibility.</li> <li>• All emails received through the customer support email address and survey vendor responses must be forwarded to the HOS-M Project Team via secure transfer network.</li> <li>• Accommodate telephone and email inquiries in all languages in which the survey vendor is fielding the survey, starting at the beginning of the survey fielding period (i.e., prenotification mailing date) and continuing through the duration of survey fielding (i.e., through the end of data collection).</li> </ul>

### Quality Control Procedures

Personnel training and quality control mechanisms employed to collect valid, reliable survey data.

Criteria	Survey Vendor Requirements
<b>Demonstrated Quality Control Procedures</b>	<ul style="list-style-type: none"> <li>• Establish, conduct, and document quality control procedures for all phases of survey implementation and in all languages in which the survey vendor is fielding the survey, as specified in the QAG, HOS-M QAG Addendum, and FIDE SNP QAG Addendum: <ul style="list-style-type: none"> <li>○ Monitoring of subcontractor(s), if applicable.</li> <li>○ Internal staff and subcontractor/external partner training.</li> <li>○ Printing, mailing, and recording receipt of surveys.</li> <li>○ Telephone administration of surveys (electronic telephone interviewing system) in all languages in which the survey is administered, except Russian.</li> <li>○ Scanning, coding, and processing of survey data.</li> <li>○ Preparing interim data files for submission and resolving any identified errors.</li> <li>○ Preparing final data files for submission and resolving any identified errors.</li> </ul> </li> </ul>

Criteria	Survey Vendor Requirements
	<ul style="list-style-type: none"> <li>○ All other functions and processes that affect the administration of the HOS-M survey.</li> <li>● Physical business premises on which major operations of survey business are conducted are amenable to site visits by CMS and the HOS-M Project Team, as specified in the QAG, HOS-M QAG Addendum, and FIDE SNP QAG Addendum.</li> <li>● Subcontractors and other external partners must meet the criteria outlined for the survey administration activities they will perform.</li> </ul>
<b>Training Requirements</b>	<ul style="list-style-type: none"> <li>● Participate in and successfully complete the HOS-M Survey Vendor Training (via Webinar). <ul style="list-style-type: none"> <li>○ Participate in all poll questions administered during the training.</li> <li>○ Complete a post-training test.</li> <li>○ Complete a training evaluation.</li> </ul> </li> <li>● Participate in any refresher training sessions or webinars.</li> <li>● At a minimum, the organization’s Project Director, Project Manager, Mail Supervisor, Telephone Supervisor, and the Lead or Primary Programmer must attend the annual training as representatives of the organization.</li> <li>● At least one representative from subcontractors and other external partners performing the following key survey administration responsibilities must attend training. <ul style="list-style-type: none"> <li>○ Inserting or survey packet preparation.</li> <li>○ Processing of returned mail surveys.</li> <li>○ Conducting telephone interviews (CATI administration).</li> </ul> </li> <li>● All survey vendor staff responsible for data coding and file preparation are strongly recommended to attend training.</li> </ul>
<b>Oversight</b>	<ul style="list-style-type: none"> <li>● Prepare, accommodate, and plan for announced or unannounced site visits and/or remote quality oversight activities from CMS or the HOS-M Project Team for quality oversight purposes.</li> <li>● All system resources must meet CMS specifications in the QAG and are subject to oversight activities, including remote quality oversight activities and in-person site visits to physical locations.</li> <li>● Prepare to submit reports as requested by the HOS-M Project Team, such as reports of outbound CATI progress and inbound mail processing.</li> </ul>

Criteria	Survey Vendor Requirements
	<ul style="list-style-type: none"> <li>• Monitor Spanish and Chinese telephone interviews by utilizing a supervisor who is fluent in the language being monitored.</li> <li>• Comply with all quality oversight requirements described in the QAG, HOS-M QAG Addendum, and FIDE SNP QAG Addendum, including submitting mail materials and telephone scripts to the HOS-M Project Team for review prior to survey administration. This also includes all subcontractor and external partner materials.</li> <li>• Develop and submit an annual Quality Assurance Plan by specified due date specified in the QAG.</li> <li>• Submit an initial Discrepancy Report and corrective action plan within one business day of becoming aware that a discrepancy in survey administration has occurred.</li> </ul>

**Approval Term**

An approved survey vendor may administer HOS-M for the specified amount of time.

Criteria	Survey Vendor Requirements
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<p><b>Approval Term</b></p>	<ul style="list-style-type: none"> <li>• One-year term is subject to annual re-approval based on submission and review of Participation Form.</li> <li>• Approval as a survey vendor in prior years does not guarantee future re-approval.</li> <li>• Approval and/or re-approval as a survey vendor is dependent on successful past performance. Performance criteria include, but are not limited to: <ul style="list-style-type: none"> <li>○ Occurrence of similar substantive errors within or across projects.</li> <li>○ Significant non-complaint items identified during site visits or monitoring.</li> <li>○ Receipt of a corrective action memo from CMS.</li> <li>○ CMS requests for quality improvement plans.</li> <li>○ Refusal to allow site visit team to observe HOS production activities.</li> </ul> </li> <li>• Survey vendor must be approved to administer HOS in order to administer HOS-M. Approval to administer HOS does not guarantee approval to administer HOS-M.</li> <li>• Survey vendor must administer HOS-M and submit data for a minimum of one MA contract or PACE organization within two years of approval to remain eligible for re-approval. Multiple years as an approved vendor without HOS-M clients will be negatively weighted as a decision factor when considering re-approval.</li> </ul>
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### **HOS-M 2025 Rules of Participation**

Any organization participating in the 2025 HOS-M administration must adhere to the following Rules of Participation. To be eligible, the organization must:

1. Meet the HOS-M Minimum Business Requirements.
2. Participate in teleconference call(s) with the HOS-M Project Team to discuss relevant survey experience, organizational survey capability and capacity, quality control and assurance procedures, and the role of subcontractors and other external partners, if applicable.
3. Participate in the HOS-M Survey Vendor Training, participate in polling questions administered during the training, complete the post-training test, and complete the training evaluation. Participate in any refresher training sessions or webinars. At a minimum, the organization's Project Director, Project Manager, Mail Supervisor, Telephone Supervisor, and the Lead or Primary Programmer must attend the annual training as representatives of the organization. At least one representative from

subcontractors and other external partners performing major functions with key survey administration responsibilities including inserting or survey packet preparation, the processing of returned mail surveys, and conducting telephone interviews must attend training.

4. Complete and maintain a DUA for access to data from CMS for use in collection of additional member-level information on persons with Medicare. Survey vendors are required to include all subcontractors on the DUA. Survey vendors must notify the HOS-M Project Team immediately of any key personnel changes or if subcontractors are added or removed after submission of the Participation Form. A DUA update must also be submitted within three business days if any change in subcontractors occurs after the initial DUA is submitted to the HOS-M Project Team.
5. Comply with all rules and regulations pertaining to PII and protected health information (PHI) per HIPAA.
6. Review and follow the HOS QAG, HOS-M QAG Addendum, FIDE SNP QAG Addendum, and all policy updates.
7. Develop and submit an HOS-M Quality Assurance Plan by the specified deadline, including plans to provide quality oversight of subcontractors and external partners. In addition, submit materials relevant to the survey administration (as determined by CMS), including mailing materials (e.g., cover letters and questionnaires) and telephone scripts (e.g., screenshots or live links).
8. Store paper HOS-M surveys onsite until December 31 of the following survey administration year and retain electronic images for three years.
9. Record all telephone interviews and retain all telephone survey recordings for three years.
10. Destroy data after three years and complete an attestation of data destruction.
11. Participate and cooperate by including subcontractors and other external partners in all oversight activities conducted by the HOS-M Project Team, including but not limited to, survey material review, site visits, remote telephone interview monitoring, remote data record review, data audits, and other oversight activities as determined by CMS.
12. Submit interim and final HOS-M data files via Accellion on time, as specified by the deadline determined by CMS.
13. Through agreement with these Rules of Participation, attest to the accuracy of the organization's HOS-M data collection, following the guidelines set forth in the most current version of the QAG, HOS-M QAG Addendum, and FIDE SNP QAG Addendum.
14. Notify the HOS-M Project Team of any discrepancies or variations from the standard HOS-M protocol that occur as the discrepancy is identified. Survey vendor must

complete and submit a Discrepancy Report Form within one business day of becoming aware of a discrepancy.

15. Acknowledge that the use of remote operations is prohibited unless approved by CMS.
16. Disclose business relationships with sponsors of PACE organizations and MA contracts for potential conflicts of interest annually. Survey vendor may not administer the HOS-M to meet CMS requirements for PACE organizations or MA contract clients that controls, is controlled by, or is under common control with the survey vendor.
17. Acknowledge that CMS may, at its sole discretion, terminate, discontinue, or not renew the “approved” status of a survey vendor.
18. Acknowledge that the survey vendor must contract with and administer the HOS-M on behalf of at least one PACE organization or MA contract within two years of initial approval status to remain eligible for reapproval.
19. Acknowledge that fielding non-CMS surveys using HOS-M questions to people with Medicare could have a negative effect on the official survey response rates and measure scores.

## Appendix B: HOS-M 2025 PACE Sample File Layout and Survey File Record Layout

This document contains file layout information that survey vendors use to generate the HOS-M PACE member-level data file for submission to the HOS-M Project Team.

**Table 1: Header Record Layout** provides the layout and data elements for the Header Record. The Header Record is the first line of the survey vendor-generated data file and must contain identical values to those provided by CMS.

**Table 2: Sample File Layout** provides the layout for the HOS-M PACE sample file (field positions 1-1498). CMS provides the sample file to survey vendors. Additional proxy contact information provided by PACE organizations are appended to the sample file by CMS. The PACE organization-provided data elements are indicated in *italics* and must not be included with the submitted survey vendor-generated HOS-M member-level data file. The sample file variables are appended to the member-level data file by survey vendors and must be identical to the sample file.

**Table 3: Survey File Record Layout** provides the layout and data elements for field positions 681 – 758 of the HOS-M member-level data file. The survey vendor uses the specifications in the QAG and the HOS-M QAG Addendum to generate these variables from data collected during survey administration.

### Header Record Layout

**Table 1: Header Record Layout**

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Record Identifier	1	1	1	Must be a tilde character: “~”
Reporting Year	2	5	4	2025
NCQA Survey Vendor ID	6	13	8	001413 = Center for the Study of Services 001415 = DataStat, Inc.

### Sample File Layout

**Table 2: Sample File Layout**

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Plan Name	1	60	60	Plan Name
Plan Type	61	68	8	Plan Type
Plan ID	69	73	5	5-digit alphanumeric variable Starts with H, R, or E. For example: H2222
PBP Number	74	76	3	3-digit numeric variable

**Appendix B: HOS-M PACE 2025 Sample File Layout and Survey File Record Layout February 2025**

Field Description	Field Position		Field Length	Valid Values
	Start	End		
CMS Beneficiary Link Key	77	89	13	Maximum of 9-digit numeric variable
Medicare Beneficiary Identifier	90	100	11	11-digit alphanumeric variable
Member First Name	101	130	30	First Name
Member Middle Initial	131	131	1	Middle Initial
Member Last Name	132	166	35	Last Name
Address 1	167	191	25	Street Address
Address 2	192	216	25	Street Address
Address 3	217	241	25	Street Address
Address 4	242	266	25	City
Address 5	267	291	25	State (2-letter state abbreviation)
Address 6	292	316	25	9-digit number (5-digit Zip code and 4-digit plus-four code)
CMS Date of Birth	317	326	10	MMDDYYYY
CMS Sex	327	327	1	1 = Male 2 = Female
CMS Race	328	328	1	0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native 9 = Missing
CMS Language Code	329	329	1	E = English S = Spanish <i>The field may also be left blank.</i>
CMS Language Preference Code	330	330	1	E = English S = Spanish <i>The field may also be left blank.</i>
Participant Building Name	331	385	55	Building Name
<i>Participant Address</i>	<i>386</i>	<i>450</i>	<i>65</i>	<i>Street Address</i>
<i>Participant City</i>	<i>451</i>	<i>475</i>	<i>25</i>	<i>City</i>
<i>Participant State</i>	<i>476</i>	<i>495</i>	<i>20</i>	<i>State (2-letter state abbreviation)</i>
<i>Participant Zip Code</i>	<i>496</i>	<i>515</i>	<i>20</i>	<i>9-digit numeric variable (5-digit Zip Code and 4-digit plus-four code)</i>
<i>Participant Phone Number</i>	<i>516</i>	<i>555</i>	<i>40</i>	<i>10-digit numeric variable The field may also be left blank.</i>

**Appendix B: HOS-M PACE 2025 Sample File Layout and Survey File Record Layout February 2025**

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Participant Primary Language	556	590	35	Primary Language
Participant Receives Own Mail	591	625	35	1 = Yes, Participant Receives Own Mail 2 = No, Participant Does Not Receive Own Mail <i>The field may also be left blank.</i>
PACE Center, Care System, or Center Attended	626	680	55	PACE Center Name
<i>Contact 1 First Name</i>	<i>681</i>	<i>720</i>	<i>40</i>	<i>First Name</i>
<i>Contact 1 Middle Initial</i>	<i>721</i>	<i>760</i>	<i>40</i>	<i>Middle Initial</i>
<i>Contact 1 Last Name</i>	<i>761</i>	<i>800</i>	<i>40</i>	<i>Last Name</i>
<i>Contact 1 Building Name</i>	<i>801</i>	<i>840</i>	<i>40</i>	<i>Building Name</i>
<i>Contact 1 Address</i>	<i>841</i>	<i>905</i>	<i>65</i>	<i>Street Address</i>
<i>Contact 1 City</i>	<i>906</i>	<i>930</i>	<i>25</i>	<i>City</i>
<i>Contact 1 State</i>	<i>931</i>	<i>955</i>	<i>25</i>	<i>State (2-letter state abbreviation)</i>
<i>Contact 1 Zip Code</i>	<i>956</i>	<i>975</i>	<i>20</i>	<i>9-digit numeric variable (5-digit Zip Code and 4-digit plus-four code)</i>
<i>Contact 1 Home Phone</i>	<i>976</i>	<i>1015</i>	<i>40</i>	<i>10-digit numeric variable</i>
<i>Contact 1 Relationship to Member</i>	<i>1016</i>	<i>1060</i>	<i>45</i>	<i>Relationship to Member</i>
<i>Contact 1 Primary Language</i>	<i>1061</i>	<i>1085</i>	<i>25</i>	<i>Primary Language</i>
<i>Contact 2 First Name</i>	<i>1086</i>	<i>1130</i>	<i>45</i>	<i>First Name</i>
<i>Contact 2 Middle Initial</i>	<i>1131</i>	<i>1170</i>	<i>40</i>	<i>Middle Initial</i>
<i>Contact 2 Last Name</i>	<i>1171</i>	<i>1215</i>	<i>45</i>	<i>Last Name</i>
<i>Contact 2 Building Number</i>	<i>1216</i>	<i>1255</i>	<i>40</i>	<i>Building Name</i>
<i>Contact 2 Address</i>	<i>1256</i>	<i>1320</i>	<i>65</i>	<i>Street Address</i>
<i>Contact 2 City</i>	<i>1321</i>	<i>1345</i>	<i>25</i>	<i>City</i>
<i>Contact 2 State</i>	<i>1346</i>	<i>1365</i>	<i>20</i>	<i>State (2-letter state abbreviation)</i>
<i>Contact 2 Zip Code</i>	<i>1366</i>	<i>1385</i>	<i>20</i>	<i>9-digit numeric variable (5-digit Zip Code and 4-digit plus-four code)</i>
<i>Contact 2 Home Phone</i>	<i>1386</i>	<i>1425</i>	<i>40</i>	<i>10-digit numeric variable</i>
<i>Contact 2 Relationship to Member</i>	<i>1426</i>	<i>1470</i>	<i>45</i>	<i>Relationship to Member</i>

**Appendix B: HOS-M PACE 2025 Sample File Layout and Survey File Record Layout February 2025**

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Contact 2 Primary Language	1471	1495	25	Primary Language
Contact Information Provided By PACE Organization	1496	1498	3	1 = Yes, PACE Organization Provided Contact Information 2 = No, PACE Organization Did Not Provide Contact Information

**Survey File Record Layout**

**Table 3: Survey File Record Layout**

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 1	681	681	1	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 9 = Missing
Question 2	682	682	1	1 = No difficulty at all 2 = A little difficulty 3 = Some difficulty 4 = A lot of difficulty 5 = Not able to do it 9 = Missing
Question 3	683	683	1	
Question 4a	684	684	1	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity 9 = Missing
Question 4b	685	685	1	
Question 4c	686	686	1	
Question 4d	687	687	1	
Question 4e	688	688	1	
Question 4f	689	689	1	
Question 5a	690	690	1	1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity 9 = Missing
Question 5b	691	691	1	
Question 5c	692	692	1	
Question 5d	693	693	1	
Question 5e	694	694	1	
Question 5f	695	695	1	
Question 6a	696	696	1	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all 9 = Missing
Question 6b	697	697	1	
Question 7a	698	698	1	1 = No, none of the time

**Appendix B: HOS-M PACE 2025 Sample File Layout and Survey File Record Layout February 2025**

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 7b	699	699	1	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 9 = Missing
Question 8a	700	700	1	
Question 8b	701	701	1	
Question 9	702	702	1	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely 9 = Missing
Question 10a	703	703	1	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 9 = Missing
Question 10b	704	704	1	
Question 10c	705	705	1	
Question 11	706	706	1	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 9 = Missing
Question 12	707	707	1	1 = Much better 2 = Slightly better 3 = About the same 4 = Slight worse 5 = Much worse 9 = Missing
Question 13	708	708	1	
Question 14	709	709	1	1 = Yes 2 = No 9 = Missing
Question 15	710	710	1	1 = Never 2 = Less than once a week 3 = Once a week or more often 4 = Daily 5 = Catheter 9 = Missing

**Appendix B: HOS-M PACE 2025 Sample File Layout and Survey File Record Layout February 2025**

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 16	711	711	1	1 = Medicare Participant 2 = Family member, relative, or friend of Medicare Participant 3 = Nurse or other health professional 9 = Missing
Question 17a	712	712	1	0 = Respondent did not check "Physical problems" 1 = Respondent checked "Physical problems" 7 = Appropriately skipped 9 = Missing
Question 17b	713	713	1	0 = Respondent did not check "Memory loss or mental problems" 1 = Respondent checked "Memory loss or mental problems" 7 = Appropriately skipped 9 = Missing
Question 17c	714	714	1	0 = Respondent did not check "Unable to speak or read English" 1 = Respondent checked "Unable to speak or read English" 7 = Appropriately skipped 9 = Missing
Question 17d	715	715	1	0 = Respondent did not check "Person not available" 1 = Respondent checked "Person not available" 7 = Appropriately skipped 9 = Missing
Question 17e	716	716	1	0 = Respondent did not check "Other" 1 = Respondent checked "Other" 7 = Appropriately skipped 9 = Missing
Question 18a	717	717	1	0 = Respondent did not check "Read the questions to the person" 1 = Respondent checked "Read the questions to the person" 7 = Appropriately skipped 9 = Missing

**Appendix B: HOS-M PACE 2025 Sample File Layout and Survey File Record Layout February 2025**

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 18b	718	718	1	0 = Respondent did not check “Wrote down the person’s answers” 1 = Respondent checked “Wrote down the person’s answers” 7 = Appropriately skipped 9 = Missing
Question 18c	719	719	1	0 = Respondent did not check “Answered the questions based on my experience with the person” 1 = Respondent checked “Answered the questions based on my experience with the person” 7 = Appropriately skipped 9 = Missing
Question 18d	720	720	1	0 = Respondent did not check “Used medical records to fill out the survey” 1 = Respondent checked “Used medical records to fill out the survey” 7 = Appropriately skipped 9 = Missing
Question 18e	721	721	1	0 = Respondent did not check “Translated the survey questions” 1 = Respondent checked “Translated the survey questions” 7 = Appropriately skipped 9 = Missing
Question 18f	722	722	1	0 = Respondent did not check “Other” 1 = Respondent checked “Other” 7 = Appropriately skipped 9 = Missing

**Appendix B: HOS-M PACE 2025 Sample File Layout and Survey File Record Layout February 2025**

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 19	723	723	1	1 = Home Health Aide, Personal Care Attendant, or Certified Nursing Assistant 2 = Nurse (RN, LPN, or NP) 3 = Social Worker or Case Manager 4 = Adult Foster Care/Day Care, Assisted Living/Residential Care Staff 5 = Interpreter 6 = Other 7 = Appropriately skipped 9 = Missing

**Appendix B: HOS-M PACE 2025 Sample File Layout and Survey File Record Layout February 2025**

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Survey Disposition	724	726	3	M10/T10 = Complete survey (Q4a-f answered) M11/T11 = Non-response: partial complete survey (One or more of Q4a-f missing) M20/T20 = Ineligible: deceased M23/T23 = Ineligible: language barrier M24 = Ineligible: bad address AND mail-only protocol ( <i>Russian only</i> ) T24 = Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M25/T25 = Ineligible: respondent removed from sample by RTI M32/T32 = Nonresponse: refusal by member M33/T33 = Nonresponse: respondent unavailable M34/T34 = Nonresponse: respondent physically or mentally incapacitated M35/T35 = Nonresponse: respondent institutionalized M36/T36 = Nonresponse: after maximum attempts M37/T37 = Nonresponse: refusal by proxy M38/T38 = Nonresponse: gatekeeper refusal

**Appendix B: HOS-M PACE 2025 Sample File Layout and Survey File Record Layout February 2025**

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Survey Round	727	729	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 MT = Partially completed by mail and converted to complete by telephone TN = Inbound telephone NC = Not completed
Percentage Answered	730	735	6	NNN.NN  <i>Use leading zeros if percentage answered is less than 100. Round to two decimal places.</i>
Survey Language	736	736	1	E = English S = Spanish C = Chinese R = Russian 9 = Not applicable
Survey Language Detail	737	738	2	99 = Not applicable or not complete  <i>The default value is 99.</i>
Date the survey was completed (the date the mail survey was received by the vendor or the date the telephone interview was conducted).	739	746	8	MMDDYYYY 07142025 – 11032025 <i>July 14, 2025 – November 3, 2025</i> 99999999 = Survey round is NC

**Appendix B: HOS-M PACE 2025 Sample File Layout and Survey File Record Layout February 2025**

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Survey vendor's Unique Telephone Interviewer ID (a unique ID assigned by the survey vendor that indicates which telephone interviewer conducted the interview).	747	757	11	001413NNNNN = Center for the Study of Services 001415NNNNN = DataStat, Inc. 99999999999 = Not applicable  <i>Use leading zeros if survey vendor uses telephone interviewer IDs less than 5 digits.</i>
DNS <i>Do Not Survey—Exclude from Future Survey Samples Flag</i>	758	758	1	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>

**Do not include any values or spaces after field position 758.**

## **Appendix C-1: HOS-M 2025 Mailing Materials (Prenotification Letter)**

## HOS-M Prenotification Letter

**Centers for Medicare & Medicaid Services**  
7500 Security Boulevard, Mail Stop C1-25-05  
Baltimore, Maryland 21244-1850



Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

In a few days, you'll get an important survey in the mail. We hope you'll complete the "**Medicare Health Outcomes Survey—Modified**" when it arrives. Your responses will help Medicare improve care.

### **Your voice matters!**

The survey takes just a few minutes, and your information is kept private by law. Participation is voluntary. If you need help with the survey, a relative, friend, or caregiver who knows about your health can fill it out for you.

For questions about the survey, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

**Thank you in advance for your help.**

Sincerely,

Vanessa S. Duran, Director  
Medicare Drug Benefit and C & D Data Group

Si desea solicitar el cuestionario en español, por favor llame al número de teléfono gratuito [PHONE NUMBER] o envíe un correo electrónico a [EMAIL ADDRESS].

## **Appendix C-2: HOS-M 2025 Mailing Materials (CMS Logo Only)**

## HOS-M Letter for First Questionnaire Mailing

**Centers for Medicare & Medicaid Services**  
c/o Survey Processing  
[SURVEY VENDOR RETURN ADDRESS]



Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

This is an important survey from Medicare.

We'd greatly appreciate your time to complete and return the **"Medicare Health Outcomes Survey—Modified."** Your response will help Medicare improve care.

### **Your voice matters!**

The survey takes just a few minutes. Participation is voluntary, and your information is kept private by law. If you need help with the survey, a relative, friend, or caregiver who knows about your health can fill it out for you.

For questions about the survey, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

### **Thank you for your help.**

Sincerely,

Vanessa S. Duran, Director  
Medicare Drug Benefit and C & D Data Group

## HOS-M Letter for Second Questionnaire Mailing

### Centers for Medicare & Medicaid Services

c/o Survey Processing

[SURVEY VENDOR RETURN ADDRESS]



Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

We recently mailed you the “**Medicare Health Outcomes Survey—Modified.**” If you already returned this survey, thank you! You don’t need to do anything else.

If not, **this is a friendly reminder that we’re very interested in hearing from you.** We’ve included another copy of the survey and a pre-paid envelope.

**Your voice matters.** Your response will help Medicare improve care.

The survey takes just a few minutes. Participation is voluntary, and your information is kept private by law.

If you need help with the survey, a relative, friend, or caregiver who knows about your health can fill it out for you.

For questions about the survey, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

**Again, thank you for your help.**

Sincerely,

Vanessa S. Duran, Director  
Medicare Drug Benefit and C & D Data Group

## **Appendix C-3: HOS-M 2025 Mailing Materials (CMS and Health Plan Logos)**

## HOS-M Letter for First Questionnaire Mailing

[Insert health plan logo here]



**Centers for Medicare & Medicaid Services**  
c/o Survey Processing  
[SURVEY VENDOR RETURN ADDRESS]

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

This is an important survey from Medicare.

We'd greatly appreciate your time to complete and return the **"Medicare Health Outcomes Survey—Modified."** Your response will help Medicare improve care.

### **Your voice matters!**

The survey takes just a few minutes. Participation is voluntary, and your information is kept private by law. If you need help with the survey, a relative, friend, or caregiver who knows about your health can fill it out for you.

For questions about the survey, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

### **Thank you for your help.**

Sincerely,

Vanessa S. Duran, Director  
Medicare Drug Benefit and C & D Data Group

## HOS-M Letter for Second Questionnaire Mailing

[Insert health plan logo here]



**Centers for Medicare & Medicaid Services**  
c/o Survey Processing  
[SURVEY VENDOR RETURN ADDRESS]

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

We recently mailed you the “**Medicare Health Outcomes Survey—Modified.**” If you already returned this survey, thank you! You don’t need to do anything else.

If not, **this is a friendly reminder that we’re very interested in hearing from you.** We’ve included another copy of the survey and a pre-paid envelope.

**Your voice matters.** Your response will help Medicare improve care.

The survey takes just a few minutes. Participation is voluntary, and your information is kept private by law.

If you need help with the survey, a relative, friend, or caregiver who knows about your health can fill it out for you.

For questions about the survey, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

**Again, thank you for your help.**

Sincerely,

Vanessa S. Duran, Director  
Medicare Drug Benefit and C & D Data Group

## **Appendix C-4: HOS-M 2025 Mailing Materials (Reminder/Thank-You Postcard)**

## HOS-M Reminder/Thank-You Postcard

### Medicare Health Outcomes Survey—Modified

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

About a week ago, we mailed you the “**Medicare Health Outcomes Survey—Modified.**” If you already returned the survey, thank you! You don’t need to do anything else.

**If not, this is a friendly reminder that we’re very interested in hearing from you.** Your response will help Medicare improve care. If you need help with the survey, a relative, friend, or caregiver who knows about your health can fill it out for you.

If you did not receive the survey or misplaced it, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

**Thank you for your help.**

Sincerely,

The Centers for Medicare & Medicaid Services

# Appendix D: HOS-M 2025 Telephone Script

## Introduction

This document contains the 2025 Medicare Health Outcomes Survey—Modified (HOS-M) Electronic Telephone Interviewing System Specifications.

## HOS-M Electronic Telephone Interviewing System Specifications

The telephone component of the protocol uses a standardized electronic telephone interviewing script and design specifications provided by the HOS-M Project Team. Below you will find information that the HOS-M survey vendor must use to program the HOS-M telephone interviewing script into its existing electronic telephone interviewing software. The telephone interviewing script and design specifications may be modified only with prior approval by the HOS-M Project Team.

## Electronic Telephone Interviewing System Specification Conventions and Programming for Proxy Interviews

Refer to **Appendix F** of the *2025 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.9* for electronic telephone interviewing system specification conventions and instructions on programming proxy interviews.

## Programming of Survey Questions

During telephone interviewing, several questions are programmed to appear in different places than they do in the mail questionnaire. These questions retain their original numbering.

In order to program the correct wording for a proxy interview, the electronic telephone interviewing system must ascertain who the respondent is immediately—the sampled member or a proxy. **Therefore, Questions 16, 17, 18 (when applicable), and 19 (when applicable) are asked at the beginning of the telephone interview.**

### Electronic Telephone Interviewing System Specifications

#### >INTRO-OUT<

Hello, I'm calling on behalf of Medicare. [SURVEY VENDORS THAT NEED TO INCLUDE THIS DISCLAIMER, INSERT HERE:] This call may be monitored or recorded for quality assurance purposes. May I please speak to [MEMBER NAME]?

{THE INTERVIEWER SHOULD ASSESS WHO THEY ARE SPEAKING TO AND PROCEED ACCORDINGLY. A PROXY CAN BE A FAMILY MEMBER, HOME HEALTH AIDE, INSTITUTION STAFF WORKER, ETC.}

<1> SPEAKING TO MEMBER [RESPONDENT]

<2> SPEAKING TO PROXY [PROXY]

#### >INTRO-IN<

Thank you for calling [SURVEY VENDOR NAME]. [SURVEY VENDORS THAT NEED TO INCLUDE THIS DISCLAIMER, INSERT HERE:] This call may be monitored or recorded for quality assurance purposes.

<1> RESPONDENT READY TO START [Q16]

<2> NEED PROXY [PROXY]

*Interviewer Note: Members may call the survey vendor customer support telephone number and request to complete the survey by telephone. If a telephone interviewer is unavailable to complete the survey, survey vendors must try to schedule a callback and try to reach the member at another time before obtaining a proxy.*

#### >RESPONDENT<

Hello, I'm calling on behalf of Medicare. [SURVEY VENDORS THAT NEED TO INCLUDE THIS DISCLAIMER, INSERT HERE:] This call may be monitored or recorded for quality assurance purposes. We're doing an important survey about the health of people in Medicare health plans. Participation in the survey is completely voluntary. Recently, we sent you a letter and questionnaire in the mail. We're trying to finish the study, so I'd like to interview you now over the phone.

{IF R ASKS IF YOU ARE CALLING FROM MEDICARE, SAY: I am calling from [SURVEY VENDOR NAME]. Medicare has asked our organization to help conduct this study.}

<1> MEMBER READY TO START [Q16]

<2> NEED PROXY [PROXY]

### Electronic Telephone Interviewing System Specifications

*Programming Note: Survey vendors with different electronic telephone interviewing systems may have their own preferred “path” for establishing contact with a respondent and beginning the interview. The screen shown above assumes that the interviewer is already speaking to the sampled member.*

*Interviewer Note: If a member is **temporarily** unavailable to complete the survey, survey vendors must try to schedule a callback and try to reach the member at another time before obtaining a proxy.*

#### >PROXY<

I’m calling on behalf of Medicare. {SURVEY VENDORS THAT NEED TO INCLUDE THIS DISCLAIMER, INSERT HERE;} This call may be monitored or recorded for quality assurance purposes. We’re doing an important survey about the health of people in Medicare health plans. Participation in the survey is completely voluntary. Recently, we sent [MEMBER NAME] a letter and questionnaire in the mail. We’re trying to finish the study, so I’d like to do an interview about [him/her] over the phone. Would you be able to answer questions about [his/her] health?

{IF NEEDED: Do you know of anyone who would be able to answer questions about [his/her] health?}

<1> PROXY READY TO START

[Q16]

<2> NO PROXY AVAILABLE

[TERM]

*Interviewer Note: While sampled members are encouraged to participate in the telephone survey, not all elderly or disabled members are able to do so. In such cases, someone else who is familiar with the member’s health can do the interview.*

*This screen is designed to find out if there is anyone available who might be an appropriate proxy respondent. Note that the proxy does not need to be a spouse or other family member. The only requirement is that he/she is able to answer questions about the sampled member’s health. If a proxy name is shown on the screen, ask for that person first. If that person is not available or no name is shown, use the appropriate questions to ask for someone else.*

#### >HIPAA CONCERNS<

{IF SPEAKING WITH A PROXY WHO HAS HIPAA CONCERNS ABOUT RESPONDING ON BEHALF OF THE MEMBER}: I understand your concern. The Medicare Health Outcomes Survey-Modified is used to evaluate health plan performance and is therefore exempt from HIPAA by the health care operations provision. I am calling from [SURVEY VENDOR NAME]. Medicare has asked our organization to help conduct this study. While members are encouraged to respond to the survey themselves, not all elderly or disabled respondents are able to do so. Medicare allows family members, close friends, caregivers, program staff, or home staff to answer the questions about the member as a “proxy.” The information you provide will not be shared with anyone other than Medicare.

### Electronic Telephone Interviewing System Specifications

>Q16<

WHO ARE YOU INTERVIEWING?

<1> MEDICARE PARTICIPANT

[Q1]

{IF SOMEONE ELSE, PROBE: What is your relationship to [MEMBER NAME]? Are you a:}

<2> Family member, relative, or friend of the Medicare Participant, or

[Q17a]

<3> A nurse or other health professional?

[Q17a]

<9> NOT ASCERTAINED

[Q17a]

*Interviewer Note: This is the first question asked during the telephone interview. It establishes who the respondent is—the sampled member or a proxy respondent. The question is asked at the beginning of the interview so the correct form of the questions can be used (questions for proxy interviews are different from those used to interview the sampled member). If interviewer is speaking with an institution, code as <3> A nurse or other health professional.*

>Q17a<

The following questions ask about the reasons [MEMBER NAME] is unable to complete the survey. Please tell me if the question describes why you are answering questions for [MEMBER NAME].

Are you responding to the survey for [MEMBER NAME] because [he/she] has physical problems?

<0> NO OR NOT ASCERTAINED

<1> YES

[Q17b]

*Programming Note: For telephone interviewing, Question 17 is broken into parts a-e.*

>Q17b<

Are you responding to the survey for [MEMBER NAME] because [he/she] has memory loss or mental problems?

<0> NO OR NOT ASCERTAINED

<1> YES

[Q17c]

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>Q17c<

Because [he/she] is unable to speak or read English?

<0> NO OR NOT ASCERTAINED

<1> YES

[Q17d]

>Q17d<

Because [he/she] is not available?

<0> NO OR NOT ASCERTAINED

<1> YES

[Q17e]

>Q17e<

Is there another reason you are completing the survey for [him/her]?

<0> NO OR NOT ASCERTAINED

<1> YES

[Q18a]

>Q18a<

Now I'd like to know how you are able to complete this survey on [MEMBER NAME]'s behalf.

NOT A CHOICE FOR TELEPHONE INTERVIEWING

[Q18c]

*Programming Note: For telephone interviewing, Question 18 is broken into parts a-f.*

>Q18b<

NOT A CHOICE FOR TELEPHONE INTERVIEWING

>Q18c<

Are you answering the questions based on your experience with [MEMBER NAME]?

<0> NO OR NOT ASCERTAINED

<1> YES

[Q18d]

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>Q18d<

Are you using medical records to answer the questions?

<0> NO OR NOT ASCERTAINED

<1> YES

[IF Q16 = 1 OR 2, GO TO Q1; IF Q16 = 3, GO TO Q19]

>Q18e<

NOT A CHOICE FOR TELEPHONE INTERVIEWING

>Q18f<

NOT A CHOICE FOR TELEPHONE INTERVIEWING

>Q19<

Which of the following **best describes** your position? Are you a:

<1> Home health aide, personal care attendant, or certified nursing assistant;

<2> A nurse (a registered nurse, a licensed practical nurse, or a nurse practitioner);

<3> A social worker or case manager;

<4> A staff member at an adult foster care, adult day care, assisted living, or residential care facility;

<5> An interpreter; or

<6> Do you have some other position?

<9> NOT ASCERTAINED

[Q1]

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p><b>&gt;Q1&lt;</b>                      In general, would you say your health is:</p> <p>&lt;1&gt; Excellent,                      &lt;2&gt; Very good,                      &lt;3&gt; Good,                      &lt;4&gt; Fair, or                      &lt;5&gt; Poor?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q2]</b></p>	<p><b>&gt;Q1&lt;</b>                      In general, would you say [MEMBER NAME]’s health is:</p> <p>&lt;1&gt; Excellent,                      &lt;2&gt; Very good,                      &lt;3&gt; Good,                      &lt;4&gt; Fair, or                      &lt;5&gt; Poor?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q2]</b></p>
<p><b>&gt;Q2&lt;</b>                      How much difficulty, if any, do you have lifting or carrying objects as heavy as 10 pounds, such as a sack of potatoes? Would you say you have:</p> <p>&lt;1&gt; No difficulty at all,                      &lt;2&gt; A little difficulty,                      &lt;3&gt; Some difficulty,                      &lt;4&gt; A lot of difficulty, or                      &lt;5&gt; Are you not able to do it?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q3]</b></p>	<p><b>&gt;Q2&lt;</b>                      How much difficulty, if any, does [MEMBER NAME] have with lifting or carrying objects as heavy as 10 pounds, such as a sack of potatoes? Would you say [he/she] has:</p> <p>&lt;1&gt; No difficulty at all,                      &lt;2&gt; A little difficulty,                      &lt;3&gt; Some difficulty,                      &lt;4&gt; A lot of difficulty, or                      &lt;5&gt; Is [he/she] not able to do it?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q3]</b></p>

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p>&gt;Q3&lt; How much difficulty, if any, do you have walking a quarter of a mile—that is about 2 or 3 blocks. Would you say you have:</p> <p>&lt;1&gt; No difficulty at all, &lt;2&gt; A little difficulty, &lt;3&gt; Some difficulty, &lt;4&gt; A lot of difficulty, or &lt;5&gt; Are you not able to do it?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q4a]</b></p>	<p>&gt;Q3&lt; How much difficulty, if any, does [MEMBER NAME] have with walking a quarter of a mile—that is about 2 or 3 blocks. Would you say [he/she] has:</p> <p>&lt;1&gt; No difficulty at all, &lt;2&gt; A little difficulty, &lt;3&gt; Some difficulty, &lt;4&gt; A lot of difficulty, or &lt;5&gt; Is [he/she] not able to do it?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q4a]</b></p>
<p>&gt;Q4a&lt; Now I am going to read you a list of activities that you might do in a typical day. Please tell me if you have any difficulty in doing these activities <b>without special equipment or help from another person</b> because of health or physical problems.</p> <p>Because of a health or physical problem, do you have any difficulty bathing <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p>&lt;2&gt; Able to do this with difficulty, or &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>{PROBE: Do you have difficulty taking a bath or taking a shower?}</p> <p><b>[Q4b]</b></p>	<p>&gt;Q4a&lt; Now I am going to read you a list of activities that [MEMBER NAME] might do in a typical day. Please tell me if [he/she] has any difficulty in doing these activities <b>without special equipment or help from another person</b> because of health or physical problems.</p> <p>Because of a health or physical problem, does [MEMBER NAME] have any difficulty bathing <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p>&lt;2&gt; Able to do this with difficulty, or &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>{PROBE: Does [he/she] have difficulty taking a bath or taking a shower?}</p> <p><b>[Q4b]</b></p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q4b&lt; {Because of a health or physical problem...}</p> <p>Do you have difficulty dressing <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p>&lt;2&gt; Able to do this with difficulty, or &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>{PROBE: Do you have difficulty putting on clothes?}</p> <p>[Q4c]</p>	<p>&gt;Q4b&lt; {Because of a health or physical problem...}</p> <p>Does [MEMBER NAME] have difficulty dressing <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p>&lt;2&gt; Able to do this with difficulty, or &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>{PROBE: Does [he/she] have difficulty putting on clothes?}</p> <p>[Q4c]</p>
<p><i>Interviewer Note: For Questions 4b-f, interviewers are not required to read “Because of a health or physical problem.” However, if you sense the respondent needs to hear the phrase again, re-read it.</i></p> <p><i>Dressing includes shoes and socks, so if the respondent has difficulty putting on shoes and socks, code as &lt;2&gt; Able to do this with difficulty. If the respondent is unable to put on shoes and socks (even if he/she can put on other clothes), code as &lt;3&gt; Unable to do this.</i></p>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q4c&lt; {Because of a health or physical problem...}</p> <p>Do you have difficulty eating <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p>&lt;2&gt; Able to do this with difficulty, or &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q4d]</b></p>	<p>&gt;Q4c&lt; {Because of a health or physical problem...}</p> <p>Does [he/she] have difficulty eating <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p>&lt;2&gt; Able to do this with difficulty, or &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q4d]</b></p>
<p><i>Interviewer Note: Difficulty with eating can have several causes, such as digestive problems or arthritis that makes handling utensils difficult. The respondent should consider any health or physical problems that may cause this difficulty.</i></p>	
<p>&gt;Q4d&lt; {Because of a health or physical problem...}</p> <p>Do you have difficulty getting in and out of chairs <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p>&lt;2&gt; Able to do this with difficulty, or &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q4e]</b></p>	<p>&gt;Q4d&lt; {Because of a health or physical problem...}</p> <p>Does [he/she] have difficulty getting in and out of chairs <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p>&lt;2&gt; Able to do this with difficulty, or &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q4e]</b></p>

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p>&gt;Q4e&lt; {Because of a health or physical problem...}</p> <p>Do you have difficulty walking <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p>&lt;2&gt; Able to do this with difficulty, or &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q4f]</b></p>	<p>&gt;Q4e&lt; {Because of a health or physical problem...}</p> <p>Does [he/she] have difficulty walking <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p>&lt;2&gt; Able to do this with difficulty, or &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q4f]</b></p>
<p>&gt;Q4f&lt; {Because of a health or physical problem...}</p> <p>Do you have difficulty using the toilet <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p>&lt;2&gt; Able to do this with difficulty, or &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q5a]</b></p>	<p>&gt;Q4f&lt; {Because of a health or physical problem...}</p> <p>Does [MEMBER NAME] have difficulty using the toilet <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p>&lt;2&gt; Able to do this with difficulty, or &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q5a]</b></p>

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p><b>&gt;Q5a&lt;</b>            Now I want to know if you have help from another person doing any of the activities I just asked if you had difficulty doing.</p> <p>Do you receive <b>help from another person</b> when bathing?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE R DOES THIS ACTIVITY}</p> <p>&lt;1&gt; YES            &lt;2&gt; NO            &lt;3&gt; RESPONDENT DOES NOT DO THIS ACTIVITY            &lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q5b]</b></p>	<p><b>&gt;Q5a&lt;</b>            Now I want to know if [MEMBER NAME] has help from another person doing any of the activities I just asked if [he/she] had difficulty doing.</p> <p>Does [MEMBER NAME] receive <b>help from another person</b> when bathing?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE MEMBER DOES THIS ACTIVITY}</p> <p>&lt;1&gt; YES            &lt;2&gt; NO            &lt;3&gt; MEMBER DOES NOT DO THIS ACTIVITY            &lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q5b]</b></p>
<p><b>&gt;Q5b&lt;</b>            Do you receive <b>help from another person</b> when dressing?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE R DOES THIS ACTIVITY}</p> <p>&lt;1&gt; YES            &lt;2&gt; NO            &lt;3&gt; RESPONDENT DOES NOT DO THIS ACTIVITY            &lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q5c]</b></p>	<p><b>&gt;Q5b&lt;</b>            Does [MEMBER NAME] receive <b>help from another person</b> when dressing?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE MEMBER DOES THIS ACTIVITY}</p> <p>&lt;1&gt; YES            &lt;2&gt; NO            &lt;3&gt; MEMBER DOES NOT DO THIS ACTIVITY            &lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q5c]</b></p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q5c&lt; Do you receive <b>help from another person</b> when eating?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE R DOES THIS ACTIVITY}</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;3&gt; RESPONDENT DOES NOT DO THIS ACTIVITY &lt;9&gt; NOT ASCERTAINED</p> <p>[Q5d]</p>	<p>&gt;Q5c&lt; Does [he/she] receive <b>help from another person</b> when eating?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE MEMBER DOES THIS ACTIVITY}</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;3&gt; MEMBER DOES NOT DO THIS ACTIVITY &lt;9&gt; NOT ASCERTAINED</p> <p>[Q5d]</p>
<p>&gt;Q5d&lt; Do you receive <b>help from another person</b> when getting in or out of chairs?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE R DOES THIS ACTIVITY}</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;3&gt; RESPONDENT DOES NOT DO THIS ACTIVITY &lt;9&gt; NOT ASCERTAINED</p> <p>[Q5e]</p>	<p>&gt;Q5d&lt; Does [he/she] receive <b>help from another person</b> when getting in or out of chairs?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE MEMBER DOES THIS ACTIVITY}</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;3&gt; MEMBER DOES NOT DO THIS ACTIVITY &lt;9&gt; NOT ASCERTAINED</p> <p>[Q5e]</p>

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p>&gt;Q5e&lt; Do you receive <b>help from another person</b> when walking?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE R DOES THIS ACTIVITY}</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;3&gt; RESPONDENT DOES NOT DO THIS ACTIVITY &lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q5f]</b></p>	<p>&gt;Q5e&lt; Does [he/she] receive <b>help from another person</b> when walking?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE MEMBER DOES THIS ACTIVITY}</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;3&gt; MEMBER DOES NOT DO THIS ACTIVITY &lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q5f]</b></p>
<p>&gt;Q5f&lt; Do you receive <b>help from another person</b> when using the toilet?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE R DOES THIS ACTIVITY}</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;3&gt; RESPONDENT DOES NOT DO THIS ACTIVITY &lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q6a]</b></p>	<p>&gt;Q5f&lt; Does [MEMBER NAME] receive <b>help from another person</b> when using the toilet?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE MEMBER DOES THIS ACTIVITY}</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;3&gt; MEMBER DOES NOT DO THIS ACTIVITY &lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q6a]</b></p>

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p><b>&gt;Q6a&lt;</b>            Now I am going to read you a list of activities that you might do during a typical day. Please tell me if <b>your health now limits you</b> a lot, limits you a little, or does not limit you at all in these activities.</p> <p>What about <b>moderate activities</b>, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Because of your health, are you limited a lot, limited a little, or not limited at all in these activities?</p> <p>{IF R DOES NOT DO ACTIVITY, PROBE:            Is that because of your health?}</p> <p>&lt;1&gt; LIMITED A LOT            &lt;2&gt; LIMITED A LITTLE            &lt;3&gt; NOT LIMITED AT ALL</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q6b]</b></p>	<p><b>&gt;Q6a&lt;</b>            Now I am going to read you a list of activities that [MEMBER NAME] might do during a typical day. Please tell me if <b>[his/her] health now limits [him/her]</b> a lot, limits [him/her] a little, or does not limit [him/her] at all in these activities.</p> <p>What about <b>moderate activities</b>, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Because of [MEMBER NAME]'s health, is [he/she] limited a lot, limited a little, or not limited at all in these activities?</p> <p>{IF MEMBER DOES NOT DO ACTIVITY, PROBE: Is that because of [his/her] health?}</p> <p>&lt;1&gt; LIMITED A LOT            &lt;2&gt; LIMITED A LITTLE            &lt;3&gt; NOT LIMITED AT ALL</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q6b]</b></p>
<p><i>Interviewer Note: Questions 6a and 6b ask about the member's limitations with certain activities. The member may be limited in doing an activity if he/she is unable to do it, or if the activity is not done because a physician has advised the member not to do it.</i></p> <p><i>If the member indicates that a question is not applicable because he/she does not normally do an activity, use the probe "Is that because of your health?" If it is not because of the member's health, code as &lt;3&gt; NOT LIMITED AT ALL.</i></p>	

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p>&gt;Q6b&lt;                      What about climbing <b>several</b> flights of stairs?                      Because of your health, are you limited a lot,                      limited a little, or not limited at all in this                      activity?</p> <p>{IF R DOES NOT DO ACTIVITY, PROBE:                      Is that because of your health?}</p> <p>&lt;1&gt; LIMITED A LOT                      &lt;2&gt; LIMITED A LITTLE                      &lt;3&gt; NOT LIMITED AT ALL</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q7a]</b></p>	<p>&gt;Q6b&lt;                      What about climbing <b>several</b> flights of stairs?                      Because of [MEMBER NAME]'s health, is                      [he/she] limited a lot, limited a little, or not                      limited at all in this activity?</p> <p>{IF MEMBER DOES NOT DO ACTIVITY,                      PROBE: Is that because of [his/her] health?}</p> <p>&lt;1&gt; LIMITED A LOT                      &lt;2&gt; LIMITED A LITTLE                      &lt;3&gt; NOT LIMITED AT ALL</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q7a]</b></p>

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p>&gt;Q7a&lt; The next questions ask about your activities over the past four weeks.</p> <p>During the <b>past 4 weeks</b>, have you <b>accomplished less</b> than you would like as a <b>result of your physical health</b>?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, THEN PROBE WITH “To the best of your knowledge”; IF R HAS STATED THEY ARE UNABLE TO DO WORK OR REGULAR DAILY ACTIVITIES, THEN SELECT &lt;5&gt; ALL OF THE TIME}</p> <p>&lt;1&gt; NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time, &lt;3&gt; Some of the time, &lt;4&gt; Most of the time, or &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q7b]</b></p>	<p>&gt;Q7a&lt; The next questions ask about [his/her] activities over the past four weeks.</p> <p>During the <b>past 4 weeks</b>, has [MEMBER NAME] <b>accomplished less</b> than [he/she] would like as a <b>result of [his/her] physical health</b>?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”; IF R STATED THE MEMBER IS UNABLE TO DO WORK OR REGULAR DAILY ACTIVITIES, THEN SELECT &lt;5&gt; ALL OF THE TIME}</p> <p>&lt;1&gt; NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time, &lt;3&gt; Some of the time, &lt;4&gt; Most of the time, or &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q7b]</b></p>
<p><i>Interviewer Note: Question 7a is the first question that references a four-week time frame. For this question, and all subsequent questions using the four-week time frame, if the member indicates that the past 4 weeks were not typical (for example, the member was sick with the flu), it does not matter. The member should respond for the most recent four-week period, and any special circumstances should be considered when answering.</i></p>	

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p>&gt;Q7b&lt;            During the <b>past 4 weeks</b>, were you limited in the <b>kind</b> of work or other regular daily activities you do <b>as a result of your physical health</b>?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, THEN PROBE WITH “To the best of your knowledge”; IF R HAS STATED THEY ARE UNABLE TO DO WORK OR REGULAR DAILY ACTIVITIES, THEN SELECT &lt;5&gt; ALL OF THE TIME}</p> <p>&lt;1&gt; NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time,            &lt;3&gt; Some of the time,            &lt;4&gt; Most of the time, or            &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q8a]</b></p>	<p>&gt;Q7b&lt;            During the <b>past 4 weeks</b>, was [MEMBER NAME] limited in the <b>kind</b> of work or other regular daily activities [he/she] does <b>as a result of [his/her] physical health</b>?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, THEN PROBE WITH “To the best of your knowledge”; IF R STATED THE MEMBER IS UNABLE TO DO WORK OR REGULAR DAILY ACTIVITIES, THEN SELECT &lt;5&gt; ALL OF THE TIME}</p> <p>&lt;1&gt; NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time,            &lt;3&gt; Some of the time,            &lt;4&gt; Most of the time, or            &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q8a]</b></p>

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p>&gt;Q8a&lt;            During the <b>past 4 weeks</b>, have you <b>accomplished less</b> than you would like <b>as a result of any emotional problems</b> such as feeling depressed or anxious?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, THEN PROBE WITH “To the best of your knowledge”; IF R STATED THEY ARE UNABLE TO DO WORK OR REGULAR DAILY ACTIVITIES, THEN SELECT &lt;5&gt; ALL OF THE TIME}</p> <p>&lt;1&gt; NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time,            &lt;3&gt; Some of the time,            &lt;4&gt; Most of the time, or            &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q8b]</b></p>	<p>&gt;Q8a&lt;            During the <b>past 4 weeks</b>, has [MEMBER NAME] <b>accomplished less</b> than [he/she] would like <b>as a result of any emotional problems</b> such as feeling depressed or anxious?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”; IF R STATED THE MEMBER IS UNABLE TO DO WORK OR REGULAR DAILY ACTIVITIES, THEN SELECT &lt;5&gt; ALL OF THE TIME}</p> <p>&lt;1&gt; NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time,            &lt;3&gt; Some of the time,            &lt;4&gt; Most of the time, or            &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q8b]</b></p>
<p><i>Interviewer Note: Some respondents may resist answering questions about their mental health. You can help reassure them by maintaining a neutral tone of voice and reminding them that their answers will be kept confidential.</i></p>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q8b&lt;                      During the <b>past 4 weeks</b>, have you not done work or other activities as <b>carefully</b> as usual <b>as a result of any emotional problems?</b></p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, THEN PROBE WITH “To the best of your knowledge”; IF R STATED THEY ARE UNABLE TO DO WORK OR REGULAR DAILY ACTIVITIES, THEN SELECT &lt;5&gt; ALL OF THE TIME}</p> <p>&lt;1&gt; NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time,                      &lt;3&gt; Some of the time,                      &lt;4&gt; Most of the time, or                      &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q9]</p>	<p>&gt;Q8b&lt;                      During the <b>past 4 weeks</b>, has [MEMBER NAME] not done work or other activities as <b>carefully</b> as usual <b>as a result of any emotional problems?</b></p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”; IF R STATED THE MEMBER IS UNABLE TO DO WORK OR REGULAR DAILY ACTIVITIES, THEN SELECT &lt;5&gt; ALL OF THE TIME}</p> <p>&lt;1&gt; NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time,                      &lt;3&gt; Some of the time,                      &lt;4&gt; Most of the time, or                      &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q9]</p>

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p>&gt;Q9&lt;                      During the <b>past 4 weeks</b>, how much did <b>pain</b> interfere with your normal work, including both work outside the home and housework? Did it interfere:</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”}</p> <p>&lt;1&gt; Not at all,                      &lt;2&gt; A little bit,                      &lt;3&gt; Moderately,                      &lt;4&gt; Quite a bit, or                      &lt;5&gt; Extremely?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q10a]</b></p>	<p>&gt;Q9&lt;                      During the <b>past 4 weeks</b>, how much did <b>pain</b> interfere with [MEMBER NAME]’s normal work, including both work outside the home and housework? Did it interfere:</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”}</p> <p>&lt;1&gt; Not at all,                      &lt;2&gt; A little bit,                      &lt;3&gt; Moderately,                      &lt;4&gt; Quite a bit, or                      &lt;5&gt; Extremely?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q10a]</b></p>
<p><i>Interviewer Note: Be prepared at this point for respondents to describe specific areas of pain they have. The best solution is to probe by repeating the question, with the preface “But in general...”</i></p>	

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p><b>&gt;Q10a&lt;</b> The next questions are about how you feel and how things have been with you during the <b>past 4 weeks</b>. As I read each statement, please give me the one answer that comes closest to the way you have been feeling.</p> <p>How much of the time during the <b>past 4 weeks</b> have you felt calm and peaceful? Would you say:</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”}</p> <p>&lt;1&gt; All of the time, &lt;2&gt; Most of the time, &lt;3&gt; A good bit of the time, &lt;4&gt; Some of the time, &lt;5&gt; A little of the time, or &lt;6&gt; None of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q10b]</b></p>	<p><b>&gt;Q10a&lt;</b> The next questions are about how [MEMBER NAME] feels and how things have been with [him/her] during the <b>past 4 weeks</b>. As I read each statement, please give me the one answer that comes closest to the way [he/she] has been feeling.</p> <p>How much of the time during the <b>past 4 weeks</b> has [he/she] felt calm and peaceful? Would you say:</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”}</p> <p>&lt;1&gt; All of the time, &lt;2&gt; Most of the time, &lt;3&gt; A good bit of the time, &lt;4&gt; Some of the time, &lt;5&gt; A little of the time, or &lt;6&gt; None of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q10b]</b></p>
<p><i>Interviewer Note: For Questions 10a-c: Read through <b>all</b> of the response choices for 10a and 10b. If you sense the respondent has caught onto the response categories, do not read them for 10c. Re-read the categories if you sense the respondent needs to hear them again.</i></p> <p><i>For questions with answer categories with fine gradations such as these, listen closely for answers that require probing because they do not match the category. For example, if the respondent answers “a lot of the time,” do not assume how this should be coded. Instead probe by re-reading answer categories &lt;1&gt; through &lt;5&gt;. Category &lt;6&gt; does not need to be read in this case.</i></p>	

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p><b>&gt;Q10b&lt;</b>                      How much of the time during the <b>past 4 weeks</b> did you have a lot of energy? Would you say:</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge.”}</p> <p>&lt;1&gt; All of the time,                      &lt;2&gt; Most of the time,                      &lt;3&gt; A good bit of the time,                      &lt;4&gt; Some of the time,                      &lt;5&gt; A little of the time, or                      &lt;6&gt; None of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q10c]</b></p>	<p><b>&gt;Q10b&lt;</b>                      How much of the time during the <b>past 4 weeks</b> did [he/she] have a lot of energy? Would you say:</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge.”}</p> <p>&lt;1&gt; All of the time,                      &lt;2&gt; Most of the time,                      &lt;3&gt; A good bit of the time,                      &lt;4&gt; Some of the time,                      &lt;5&gt; A little of the time, or                      &lt;6&gt; None of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q10c]</b></p>
<p><b>&gt;Q10c&lt;</b>                      How much of the time during the <b>past 4 weeks</b> have you felt downhearted and blue? {Would you say:}</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge.”}</p> <p>&lt;1&gt; All of the time,                      &lt;2&gt; Most of the time,                      &lt;3&gt; A good bit of the time,                      &lt;4&gt; Some of the time,                      &lt;5&gt; A little of the time, or                      &lt;6&gt; None of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q11]</b></p>	<p><b>&gt;Q10c&lt;</b>                      How much of the time during the <b>past 4 weeks</b> has [he/she] felt downhearted and blue? {Would you say:}</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge.”}</p> <p>&lt;1&gt; All of the time,                      &lt;2&gt; Most of the time,                      &lt;3&gt; A good bit of the time,                      &lt;4&gt; Some of the time,                      &lt;5&gt; A little of the time, or                      &lt;6&gt; None of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q11]</b></p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q11&lt; During the <b>past 4 weeks</b>, how much of the time has your <b>physical health or emotional problems</b> interfered with your social activities, like visiting with friends or relatives? Has it interfered:</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge.”}</p> <p>&lt;1&gt; All of the time, &lt;2&gt; Most of the time, &lt;3&gt; Some of the time, &lt;4&gt; A little of the time, or &lt;5&gt; None of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q12]</p>	<p>&gt;Q11&lt; During the <b>past 4 weeks</b>, how much of the time has [MEMBER NAME]’s <b>physical health or emotional problems</b> interfered with [his/her] social activities, like visiting with friends or relatives? Has it interfered:</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge.”}</p> <p>&lt;1&gt; All of the time, &lt;2&gt; Most of the time, &lt;3&gt; Some of the time, &lt;4&gt; A little of the time, or &lt;5&gt; None of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q12]</p>
<p>&gt;Q12&lt; Now, I’d like to ask you some questions about how your health may have changed.</p> <p><b>Compared to one year ago</b>, how would you rate your <b>physical health</b> in general <b>now</b>? Is it:</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge.”}</p> <p>&lt;1&gt; Much better, &lt;2&gt; Slightly better, &lt;3&gt; About the same, &lt;4&gt; Slightly worse, or &lt;5&gt; Much worse?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q13]</p>	<p>&gt;Q12&lt; Now, I’d like to ask you some questions about how [his/her] health may have changed.</p> <p><b>Compared to one year ago</b>, how would you rate [MEMBER NAME]’s <b>physical health</b> in general <b>now</b>? Is it:</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge.”}</p> <p>&lt;1&gt; Much better, &lt;2&gt; Slightly better, &lt;3&gt; About the same, &lt;4&gt; Slightly worse, or &lt;5&gt; Much worse?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q13]</p>

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p>&gt;Q13&lt;  <b>Compared to one year ago</b>, how would you rate your <b>emotional problems</b> such as feeling anxious, depressed, or irritable in general <b>now</b>? Are they:</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”}</p> <p>&lt;1&gt; Much better,            &lt;2&gt; Slightly better,            &lt;3&gt; About the same,            &lt;4&gt; Slightly worse, or            &lt;5&gt; Much worse?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q14]</b></p>	<p>&gt;Q13&lt;  <b>Compared to one year ago</b>, how would you rate [MEMBER NAME]’s <b>emotional problems</b> such as feeling anxious, depressed, or irritable in general <b>now</b>? Are they:</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”}</p> <p>&lt;1&gt; Much better,            &lt;2&gt; Slightly better,            &lt;3&gt; About the same,            &lt;4&gt; Slightly worse, or            &lt;5&gt; Much worse?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q14]</b></p>
<p>&gt;Q14&lt;            Do you experience memory loss that interferes with daily activities?</p> <p>&lt;1&gt; YES            &lt;2&gt; NO</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q15]</b></p>	<p>&gt;Q14&lt;            Does [MEMBER NAME] experience memory loss that interferes with daily activities?</p> <p>&lt;1&gt; YES            &lt;2&gt; NO</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q15]</b></p>

<b>Electronic Telephone Interviewing System Specifications</b>	
<b>Member Script</b>	<b>Proxy Script</b>
<p>&gt;Q15&lt;                      How often, if ever, do you have difficulty controlling urination or have bladder accidents. Would you say:</p> <p>{IF R HAS DIFFICULTY ANSWERING, PROBE: Do you have a catheter?}</p> <p>&lt;1&gt; Never,                      &lt;2&gt; Less than once a week,                      &lt;3&gt; Once a week or more, or                      &lt;4&gt; Daily?                      &lt;5&gt; RESPONDENT HAS A CATHETER</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[TERM]</b></p>	<p>&gt;Q15&lt;                      How often, if ever, does [MEMBER NAME] have difficulty controlling urination or have bladder accidents. Would you say:</p> <p>{IF RESPONDENT HAS DIFFICULTY ANSWERING, PROBE: Does [he/she] have a catheter?}</p> <p>&lt;1&gt; Never,                      &lt;2&gt; Less than once a week,                      &lt;3&gt; Once a week or more, or                      &lt;4&gt; Daily?                      &lt;5&gt; MEMBER HAS A CATHETER</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[TERM]</b></p>
<p>&gt;TERM&lt;                      Those are all the questions I have. Thank you for taking part in this important interview.</p>	

## Appendix E: HOS-M 2025 Master Calendar

Task Type	Task	Dates
Pre-Data Collection	PACE Orientation Webinar (hosted by RTI).	Monday, March 17
Training	HOS and HOS-M Survey Vendor Update Training.	Thursday, March 20
Pre-Data Collection	Survey vendors develop mailing materials and program telephone systems.	Beginning Thursday, March 20
Pre-Data Collection	PACE organizations notify the HOS-M Project Team of survey vendor selections.	By Friday, April 25
Quality Oversight	Survey vendors submit printed materials to HOS-M Project Team to obtain written approval prior to volume printing.	Friday, June 6
Quality Oversight	Survey vendors submit electronic telephone interviewing screenshots to the HOS-M Project Team to obtain written approval prior to telephone protocol.	Friday, June 20
Pre-Data Collection	HOS-M Project Team provides sample files to survey vendors.	Monday, June 23
Quality Oversight	HOS-M Project Team provides responses to survey vendors after review of printed materials.	Monday, June 23
Pre-Data Collection	Survey vendors obtain telephone numbers for members in large PACE organizations ( $\geq 1,200$ members) for all of their Medicare enrollees. Survey vendors <b>must not send the sample files to PACE organizations</b> . Obtaining addresses and language preference flags is optional.	Beginning no later than Monday, June 23
Pre-Data Collection	Survey vendors obtain telephone numbers using additional sources (e.g., telephone number look-up services, directory websites, or applications).	Beginning no later than Monday, June 23
Quality Oversight	Survey vendor project report #1 (QAP) due.	Friday, June 27
Quality Oversight	HOS-M Project Team provides responses to survey vendors after reviewing telephone screenshots.	Tuesday, July 1

Task Type	Task	Dates
Quality Oversight	Survey vendors finalize all mail materials (any revisions made after approval must be submitted to the HOS-M Project Team).	Wednesday, July 2
Quality Oversight	Survey vendors finalize all telephone screenshots (any revisions made after approval must be submitted to the HOS-M Project Team).	Friday, July 11
Pre-Data Collection	Survey vendors test external functionality of customer support telephone numbers and email addresses prior to the prenotification letter mailing.	By Monday, July 14
Data Collection	Mail prenotification letter.	Monday, July 14
Data Collection	Open customer support services (telephone and email).	Monday, July 14
Data Collection	Open electronic telephone interviewing for inbound member requests to complete survey by telephone.	Monday, July 14
Quality Oversight	Survey vendor QAP conference calls.	Monday, July 14 – Friday, July 25
Data Collection	Mail first questionnaire.	Monday, July 21
Quality Oversight	Survey vendor project report #2 due.	Friday, July 25
Data Collection	Mail first reminder/thank-you postcard.	Monday, July 28
Quality Oversight	Survey vendor project report #3 due.	Friday, August 8
Data Collection	HOS-M Project Team provides first Death and Disenrollment File to survey vendors.	Monday, August 11
Quality Oversight	Survey vendor project report #4 due.	Friday, August 22
Data Collection	Mail second questionnaire.	Monday, August 25
Data Collection	HOS-M Project Team provides second Death and Disenrollment File to survey vendors.	Friday, August 29
Data Collection	Mail second reminder/thank-you postcard.	Tuesday, September 2
Quality Oversight	Survey vendor project report #5 due.	Friday, September 5

Task Type	Task	Dates
Data Collection	Conduct outbound electronic telephone interviewing call attempts for nonrespondents.	Monday, September 15 – Monday, November 3
Quality Oversight	Survey vendor project report #6 due.	Friday, September 19
Data Collection	Submit interim data files to the HOS-M Project Team.	Tuesday, September 30 – Thursday, October 2
Quality Oversight	Survey vendor project report #7 due.	Friday, October 3
Quality Oversight	Survey vendor project report #8 due.	Friday, October 17
Data Collection	HOS-M Project Team provides third Death and Disenrollment File to survey vendors.	Wednesday, October 22
Quality Oversight	Survey vendor project report #9 due.	Friday, October 31
Data Collection	End data collection.	Monday, November 3
Data Collection	Prepare and submit final data files.	Monday, November 3 – Monday, November 17
Data Collection	Submit final data files due to the HOS-M Project Team.	Monday, November 17
Quality Oversight	Survey vendor project report #10 (Final Report) due.	Friday November 21
Quality Oversight	Report of HOS-M Records Stored and Facility Standards for Records Storage Facilities Inspection Checklist due.	Monday, December 1

## Appendix F: Acronyms and Abbreviations

Acronym/Abbreviation	Term
ADL	Activities of Daily Living
CATI	Computer Assisted Telephone Interview
CMS	Centers for Medicare & Medicaid Services
DNC	Do Not Call
DNS	Do Not Survey
DUA	Data Use Agreement
ESRD	End-Stage Renal Disease
FAQ	Frequently Asked Questions
FCC	Federal Communications Commission
FIDE	Fully Integrated Dual Eligible
FTC	Federal Trade Commission
HEDIS	Healthcare Effectiveness Data and Information Set
HIPAA	Health Insurance Portability and Accountability Act
HOS	Health Outcomes Survey
HOS-M	Health Outcomes Survey—Modified
HOS-M QAG	Medicare HOS-M Quality Assurance Guidelines and Technical Specifications Addendum
HSAG	Health Services Advisory Group
ID	Identifier
IDR	Integrated Data Repository
MA	Medicare Advantage
MBD	Medicare Beneficiary Database
MY	Measurement Year
NCOA	National Change of Address
NCQA	National Committee for Quality Assurance
PACE	Programs of All-Inclusive Care for the Elderly
PBP	Plan Benefit Package
PDF	Portable Document Format
PHI	Protected Health Information
PII	Personally Identifiable Information
QAG	Medicare HOS Quality Assurance Guidelines and Technical Specifications
QAP	Quality Assurance Plan
RTI	RTI International
SMS	Survey Management System
SNP	Special Needs Plan
TCPA	Telephone Consumer Protection Act
USPS	United States Postal Service
VR-12	Veteran’s RAND 12-Item Health Survey

# Appendix G: HOS-M Model Quality Assurance Plan

## Overview

CMS-approved HOS-M survey vendors fielding the HOS-M in 2025 are required to submit an annual Quality Assurance Plan (QAP) that describes their implementation of and compliance with all required HOS-M protocols.

This outline is a guide in preparing the QAP. Following QAP review, the HOS-M Project Team will hold a conference call with survey vendors to discuss questions or issues. If revisions are needed, survey vendors must resubmit the QAP to the HOS-M Project Team for approval.

The following sections outline the content that must be included in survey vendor QAPs. Any differences between protocols for PACE and/or FIDE SNPs should be clearly outlined in survey vendor QAPs.

## Model QAP

### *HOS-M Staffing and Organization*

1. Survey vendor contact information:
  - a. Survey vendor name.
  - b. Mailing address.
  - c. Physical address, if different from mailing address.
  - d. Website address, including link to HOS-M specific content (if applicable).
  - e. Name of primary contact person(s), direct telephone number, and email address.
2. Organizational chart identifying all staff by name and title (including subcontractors and external partners,<sup>2</sup> if applicable) who are responsible for the following tasks:
  - a. Overall project management.
  - b. Mail survey administration.
  - c. Telephone survey administration.
  - d. Data receipt and entry.
  - e. Tracking key survey events.
  - f. Survey administration process quality checks.
  - g. Data preparation and submission.
  - h. Data security.
  - i. Staff training.

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<sup>2</sup> An external partner is defined as an organization utilized by the survey vendor to perform a specific aspect of HOS-M administration. While it is assumed that a subcontractor will have access to personally identifiable information (PII), an external partner may furnish goods or services that support HOS-M administration without access to PII.

3. Narrative description of internal training of personnel involved in overall HOS-M survey administration, including subcontractors and external partners, if applicable.
4. Final list of subcontractors and external partners for HOS-M administration. Include all subcontractors and external partners the survey vendor will use for 2025 in Table 1.

**Table 1. HOS-M Subcontractors and External Partners**

Organization	Activity	Main contact	Location	Included in DUA?
1.				
2.				
3.				

***HOS-M Administration Work Plan***

1. Description of the implemented processes, system resources (hardware and software), and quality checks for each step of HOS-M survey administration.
2. Review and quality assurance of HOS-M sample file. (Survey vendors must also review the sample files and confirm that all contracted PACE and/or FIDE SNPs are included).
3. Survey Management System (SMS):
  - a. Process for tracking sampled members throughout survey administration during the Mail Phase and the Telephone Phase.
4. Mail Phase:
  - a. Training and ongoing monitoring of mail production and data entry personnel. Include subcontractors and external partners, as applicable.
  - b. Update of member addresses and securing a second address for returned mail questionnaires.
  - c. Quality control checks conducted to ensure quality/accuracy of printed survey materials (including seeded mailings).
  - d. Data receipt process:
    - Logging surveys when they are returned by mail.
  - e. Data entry procedures:
    - Applying HOS-M-specific decision rules and quality control processes to verify the accuracy of decision rule application (e.g., verifying accurate coding of open-ended questions, coding responses if multiple responses are marked, coding if mark falls between two choices).
    - Key entry or scanning procedures, equipment used, and quality control processes to validate the accuracy of key entry and scanning procedures.
    - Demonstration of survey vendor understanding of HOS-M-specific data coding requirements.
  - f. Quality control of subcontractors and external partners, if applicable.
5. Telephone Phase:
  - a. Training and ongoing monitoring of telephone interviewers, including subcontractors, if applicable.

- Ensuring that telephone interviewers follow HOS-M data collection protocols and procedures during the telephone survey administration phase.
  - Conducting accurate monitoring of interviewers in all languages in which the survey vendor is fielding the survey.
- b. Process for addressing technical issues in case of a system failure during a telephone interview.
  - c. Obtaining and updating telephone numbers, including process for obtaining telephone numbers from a second source.
  - d. Process for dialing multiple telephone numbers for a single member.
  - e. Programming the electronic telephone interviewing system:
    - Testing and quality control checks of telephone interviewing procedures to confirm that programming is accurate and in accordance with HOS-M protocols, and that data integrity is maintained.
  - f. Quality control of subcontractors, if applicable.
6. Customer Support:
- a. Training and ongoing monitoring of customer support personnel, including subcontractors, if applicable.
  - b. List of staff responsible for responding to questions about HOS-M.
  - c. Customer support telephone number and email address.
  - d. Hours of live operations for the customer support line and the time frame for returning calls.
  - e. Operation of customer support email address and time frame for returning a response to customer support emails.
  - f. Processes for handling distressed members across all survey modes (e.g., mail, email, phone).
  - g. Quality oversight of subcontractors and external partners, if applicable.
7. Data preparation and submission procedures:
- a. Application of HOS-M disposition codes and interim disposition code mapping (including mapping internal disposition codes to the HOS-M final disposition codes).
    - Survey vendors that subcontract telephone interviewing must provide a three-way telephone disposition crosswalk for review.
  - b. Calculation of percentage complete.
  - c. Coding HOS-M-specific member-level variables (e.g., Survey Round, Survey Language).
  - d. Preparing and uploading data files.
  - e. Quality control processes to validate the accuracy of data file preparation and submission.
8. Data storage and retention policies:

- a. Back-up process for survey administration activities related to electronic data or files, including quality control checks that are in place to ensure back-up files are retrievable.
- b. Processes and timelines (i.e., length of time materials will be retained) for destruction of electronic data files and paper surveys.

***Issue Remediation***

Describe the corrective action(s) taken to remediate the major and minor issues that arose during the prior year’s survey administration (refer to major and minor issues listed in the 2024 HOS-M Survey Vendor Feedback Report) to prevent them from recurring.

**Table 2. Issues and Corrective Actions Implemented from the 2024 Survey Administration**

Issue	Corrective Action
1.	
2.	
3.	

***Confidentiality, Privacy, and Data Security Procedures***

- 1. Physical and electronic security and procedures for storing PHI/PII files and survey data in hard copy and electronic form.
- 2. Description of how the survey vendor complies with HIPAA regulations and protects member confidentiality and privacy, including the process for notifying the HOS-M Project Team of a security breach.
- 3. Method for transmitting PHI/PII to a client (e.g., phone file to Medicare Advantage contract to append member telephone numbers) and to subcontractors (e.g., member names and mailing addresses to printing/ mailing subcontractor).
- 4. Description of steps taken when scanners are discarded and hard drives cleaned.
- 5. Description of disaster recovery plan to support continued business operations or recovery in the event of a natural or human-related disaster.
- 6. Include a copy of the confidentiality agreement template signed by staff and subcontractors, if applicable, who are involved in any aspect of HOS-M survey administration.