

Fully Integrated Dual Eligible Special
Needs Plans (FIDE SNP)

*Quality Assurance Guidelines
and Technical Specifications
Addendum*

Final

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Medicare Health Outcomes Survey

Medicare HOS/HOS-M for FIDE SNP Quality Assurance Guidelines and Technical Specifications Addendum

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Medicare Health Outcomes Survey (HOS)/Health Outcomes Survey-Modified (HOS-M) for FIDE SNP

Quality Assurance Guidelines and Technical Specifications Addendum

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I. Introduction and Overview

Background

The Centers for Medicare & Medicaid Services (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^{®1}). 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.

In 2012, CMS began adjusting payments of Fully Integrated Dual Eligible (FIDE) Special Needs Plans (SNP) based on the average frailty of their plan enrollees in comparison to those in Programs of All-Inclusive Care for the Elderly (PACE) organizations. Section 3205(b) of the Affordable Care Act (ACA) allows CMS to pay a frailty adjustment to a Dual Eligible SNP that is both “fully integrated with capitated contracts with States for Medicaid benefits, including long-term care” and has a “similar average level of frailty...as the PACE program.” In order for CMS to determine whether a FIDE SNP has a similar average level of frailty as the PACE program, CMS must be able to calculate a frailty score for each FIDE SNP. Frailty scores are calculated using limitations on activities of daily living (ADL) reported by a plan’s enrollees, based on the HOS or the HOS-M.

About This Document

Because this document is an addendum to the 2024 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8*, the survey vendor should refer to the following sections for additional requirements that apply to FIDE SNPs in the 2024 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8*, 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
 - Outgoing Mail Guidelines

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

- 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
 - Proxy Respondents
 - Incentives
 - Member Confidentiality
 - Administering HOS in Other Languages
- 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 the HOS and HOS-M FIDE SNP sampling process, enrollment criteria, and receiving and reviewing the sample file. For additional information about sampling, refer to *HEDIS Measurement Year (MY) 2023 Volume 6: Specifications for the Medicare Health Outcomes Survey*.

HOS and HOS-M Administration for FIDE SNPs

MAOs may elect to report HOS or HOS-M at the plan benefit package (PBP) level to determine eligibility for a frailty adjusted payment. For contracts with more than 500 members as reflected in the [March 2024 Monthly Enrollment File by Contract](#), voluntary reporting is in addition to standard HOS requirements for quality reporting at the contract level. The HOS Project Team notifies MAOs that have chosen HOS-M for their FIDE SNP if they lack sufficient enrollment to field the HOS-M.

The requirements for participating in the 2024 HOS or HOS-M for consideration for frailty adjustment are as follows:

- The PBP that will be the FIDE SNP in 2025 must exist as of January 1, 2024.
- The PBP to be surveyed in 2024 does not have to meet FIDE SNP requirements in order to be surveyed, but must be a Dual Eligible SNP in 2024.
- The surveyed PBP must have at least 50 enrollees. CMS will sample up to 1,200 enrollees in each PBP, if available.

MAOs electing to report HOS must contract with a CMS-approved HOS survey vendor to collect and report HOS data. MAOs electing to report HOS-M must contract with a CMS-approved HOS-M survey vendor to collect and report HOS-M data. CMS specifies a data collection timeline and protocol that all survey vendors must follow. CMS selects the sample and provides the approved survey vendors with sample files for their MAO clients.

FIDE SNP Enrollment Criteria

The CMS Office of Information Technology pulls a sample frame of eligible members from the Integrated Data Repository Cloud. For frailty adjustment purposes, MAOs may elect to field either the HOS or HOS-M at the PBP level. FIDE SNP sampling occurs after the HOS quality reporting sample has been drawn. FIDE SNP PBPs must have at least 50 members to participate and at least 30 responses for CMS to calculate a frailty score used to determine eligibility for frailty adjustment. Having at least 50 enrollees better ensures the minimum of 30 respondents needed to calculate frailty scores. CMS will sample up to 1,200 enrollees in each PBP, if available.

Sample Selection and Eligibility Criteria

The following criteria are used for FIDE SNP sampling and determining eligibility to use the HOS or HOS-M for frailty measurement:

- *MA contracts with less than 500 members*: The MA contract is not required to participate in HOS for quality reporting purposes. The MAO may select either the HOS or HOS-M to measure frailty for the FIDE SNP. For either HOS or HOS-M, all eligible members in the PBP are surveyed for frailty.
- *MA contracts with 500 or more members and all eligible members are needed for HOS quality reporting*: The MA contract is required to participate in HOS quality reporting and must use the HOS to measure frailty.
- *MA contracts with 500 or more members and after HOS quality reporting sampling there remain 50 or more eligible members in the FIDE SNP PBP*: The MA contract is required to participate in HOS quality reporting and the MAO may select either the HOS or HOS-M to measure frailty.

Survey vendors fielding HOS-M should refer to **Appendix B** of this document for the complete HOS-M FIDE SNP Sample File Layout, including a description of each variable, the field positions within the file, and the valid values.

Sample Preparation

The CMS Office of Information Technology pulls a sample frame of eligible members from the Integrated Data Repository Cloud. For plans using the HOS to measure frailty, survey vendors will receive the HOS FIDE SNP sample in the HOS quality reporting sample of each applicable contract. Survey vendors should refer to *Appendix D* of the *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8* for the file layout for HOS sample file.

For plans using the HOS-M to measure frailty, survey vendors will receive one sample file containing HOS-M sample data for all FIDE SNPs that the survey vendor is contracted to submit HOS-M data. 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.

HOS and HOS-M 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.

Receiving and QA of the FIDE SNP Sample

Survey vendors will receive FIDE SNP sample files from the HOS Project Team via a secure portal.

Upon receipt of the sample files, the survey vendor must review and QA the files. Survey vendors must also confirm that all contracted FIDE SNPs are included in the sample files.

Survey vendors perform the following verifications and report errors to the HOS Project Team immediately. Contact the HOS Project Team for questions about member eligibility.

- **Foreign addresses:** If a member in the sample has a foreign address, the survey vendor 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 the survey vendor 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 sample includes members younger than 18 years of age, contact the HOS Project Team for instructions.
- **Date of death:** If the sample includes a date of death for any member, contact the HOS Project Team for instructions. Note: This field is in the HOS sample file only.
- **Termination date from MAO:** If there is an MA-assigned termination date for any member, contact the HOS Project Team for instructions. Note: This field is in the HOS sample file only.
- **Duplication of member:** If there are duplicate Beneficiary Link Keys, contact the HOS Project Team for instructions.

III. Data Collection Protocol

Overview

This section describes the HOS and HOS-M data collection protocol and procedures.

2024 Data Collection Schedule

Tables 1 and 2 below summarize the tasks and timing for conducting the 2024 HOS and HOS-M administration to FIDE SNP members. 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	2024 Dates	Timeframe
MAOs and FIDE SNPs notify the HOS Project Team of survey vendor selections.	By Friday, April 26	-80 Days
Survey vendors develop mailing materials and program telephone systems.	Beginning Thursday, May 2	-74 Days
HOS Project Team provides sample files to survey vendors.	Monday, June 24	-21 Days
Survey vendors obtain telephone numbers from all MAOs members. Survey vendors must not send the sample files to MAOs. Obtaining addresses and language preference flags is optional.	Beginning no later than Monday, June 24	-21 Days
Survey vendors obtain telephone numbers using additional sources (e.g., number look-up services, directory websites, or applications).	Beginning no later than Monday, June 24	-21 Days
Survey vendors test external functionality of customer support telephone numbers and email addresses prior to the prenotification letter mailing.	By Monday, July 15	Day 0

Table 2. Data Collection Tasks

Task	2024 Dates	Timeframe
Mail prenotification letter.	Monday, July 15	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 22	Day 7
Mail reminder/thank-you postcard (HOS-M [all languages] only).	Monday, July 29	Day 14
Mail second questionnaire.	Monday, August 26	Day 42
Mail second reminder/thank-you postcard (HOS-M [all languages] only).	Tuesday, September 3	Day 50

Task	2024 Dates	Timeframe
<p>Conduct outbound electronic telephone interviewing call attempts for nonrespondents.</p> <ul style="list-style-type: none"> • Call attempts must be scheduled at different times of the day, on different days of the week, and in different weeks. • Call attempts must occur in at least three different calendar weeks. • The maximum number of call attempts to a single dialed telephone number is five. • After five call attempts to contact the member at a specific telephone number, no further call attempts are made to that telephone number. • If a second or third telephone number is available, survey vendors must dial these numbers, and each of these numbers must be attempted up to five times. • The first telephone attempt must be made to all members within the first 10 calendar days of dialing (by Thursday, September 26). • The fifth call attempt must occur no sooner than 21 calendar days after the first call attempt, if a fifth call attempt is necessary. • Telephone interviewing is available in English, Spanish, and Chinese only. 	Monday, September 16 – Friday, November 1	Days 63 – 109
<p>Submit interim data files to the HOS Project Team.</p> <ul style="list-style-type: none"> • HOS survey vendors may begin to submit HOS data on October 1. • HOS survey vendors must submit HOS interim data files by October 3 via the HOS Interactive Data Submission System. • HOS-M survey vendors submit HOS-M interim data files to the HOS Project Team by October 5 via secure file transfer system. • All survey data received up to three business days prior to the interim data submission due date (September 30, 2024) must be processed and included in the interim data files. 	Tuesday, October 1 – Thursday, October 3	Days 78 – 80
<p>End data collection.</p> <ul style="list-style-type: none"> • End all data entry/scanning of returned mail surveys. • End all telephone interviews. • Close customer support services (telephone and email). 	Friday, November 1	Day 109
<p>Prepare and submit final data files.</p>	Monday, November 4 – Friday, November 15	Days 112–123
<p>Submit final data files to the HOS Project Team.</p> <ul style="list-style-type: none"> • HOS final data files must be submitted by the deadline via the HOS Data Submission System. • HOS-M final data files must be submitted by the deadline via secure file transfer system. • No files are accepted after the submission deadline of November 15. 	Friday, November 15	Day 123

HOS FIDE SNP Data Collection Protocol

Survey vendors fielding HOS for FIDE SNPs refer to the *Data Collection* protocol in the 2024 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8*. Survey vendors must adhere to the mail protocol schedule, protocol paths, and requirements as listed.

HOS-M FIDE SNP Data Collection Protocol

The standard HOS-M FIDE SNP survey administration protocol consists of two survey mailings and telephone follow-up to nonrespondents. Survey vendors begin the protocol with a prenotification letter alerting all sampled members of the first questionnaire mailing. A reminder/thank-you postcard is also mailed following the first and second questionnaire mailing.

Protocol Paths

In the HOS-M sample file, CMS designates the CMS Language Preference and the CMS Language Code from the CMS Enrollment Database. Language variables identify which protocol path a member follows and which mailing materials a member receives during survey administration.

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

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 survey may be mailed in English. The HOS-M survey is also available in Chinese and Russian. Use of the Chinese and Russian questionnaires is optional and done at the request of the MAO. 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. Survey vendors use different sets of HOS-M mailing materials (questionnaires, prenotification letters, survey cover letters, and reminder/thank-you postcards) depending on the protocol path.

Table 4. HOS-M 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"> • First Reminder/Thank-You Postcard • Second Reminder/Thank-You Postcard 	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"> • First Reminder/Thank-You Postcard • Second Reminder/Thank-You Postcard 	Spanish
S4	Letter for Second Questionnaire Mailing (Survey Cover Letter)	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"> • First Reminder/Thank-You Postcard • Second Reminder/Thank-You Postcard 	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"> • First Reminder/Thank-You Postcard • Second Reminder/Thank-You Postcard 	Russian
R4	Letter for Second Questionnaire Mailing (Survey Cover Letter)	Russian
R5	HOS-M Questionnaire	Russian

Mail Protocol

Survey vendors administer the mail protocol as described in *HEDIS MY 2023 Volume 6: Specifications for the Medicare Health Outcomes Survey*. Survey vendors must also refer to the *Mail Protocol* section of the *2024 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8* for information not covered in this addendum (see *About this Document* in *Section I. Introduction and Overview*).

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 14-point type or larger. For Chinese characters, print in PMingLiu, SimSun, or another readable font in 14-point type or larger.
 - The HOS 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 14-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 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 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).

Telephone Protocol

Survey vendors administer the HOS-M telephone protocol as described below and in *HEDIS MY 2023 Volume 6: Specifications for the Medicare Health Outcomes Survey*. The survey vendor must also refer to the Telephone Protocol section of the *2024 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8* for information not covered in this HOS-M addendum (see *About this Document* in *Section I. Introduction and Overview*).

Telephone Attempts

For the FIDE SNP HOS-M administration the survey vendor must follow the HOS telephone attempt protocol (five call attempts to each available telephone number). See the Telephone Protocol section of the *2024 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8*.

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 Project Team. The survey vendor is responsible for programming the script and specifications into existing electronic telephone interviewing software.

Obtaining Telephone Numbers

Survey vendors must obtain telephone numbers directly from the MAO. The MAO supplies telephone numbers for all members. Survey vendors are encouraged to ask MAOs for the information as soon as possible after the HOS Project Team delivers the files, to give the MAO time to generate telephone numbers.

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 for the HOS-M only. Refer to the 2024 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8* for information on decision rules (i.e., interpreting ambiguous or missing data elements) for coding mail questionnaires.

For the HOS, survey vendors use the survey completion and coding guidelines in the *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8*.

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.

HOS-M for FIDE SNP Survey Completion and Coding Guidelines

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

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 the survey question.

Assigning Final Disposition Codes

The survey vendor assigns a final disposition code to each member of the sample, as shown in Table 5 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 5. 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.
	T10	Complete	Assigned in one of the following situations: <ul style="list-style-type: none"> Respondent completes all ADL items (Q4a-f) during a telephone interview. 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. All questions must be asked during telephone recontact. No further attempts are made to reach the member once a survey is received with all ADL items answered.
Partial Complete Survey	M11/T11	Nonresponse	A survey with one or more ADL items (Q4a-f) unanswered.
Deceased	M20/T20	Ineligible	The member is deceased.
Language Barrier	M23/T23	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.
Bad Address and Mail-Only Protocol	M24	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).
Bad Address AND Non-working/ Unlisted Phone Number or Member is Unknown at the Dialed Phone Number	T24	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.

Final Disposition	Disposition Code	Disposition Group	Definition/Explanation
Refusal by Member	M32/T32	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.
Respondent Unavailable	M33/T33	Nonresponse	The member is unavailable during the data collection period. The survey vendor is unable to obtain a proxy to complete the survey.
Respondent Physically or Mentally Incapacitated	M34/T34	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.
Respondent Institutionalized	M35/T35	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.
Nonresponse After Maximum Attempts	M36	Nonresponse	Assigned in the following situations: <ul style="list-style-type: none"> 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. 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 list.
Nonresponse After Maximum Attempts	T36	Nonresponse	Assigned in the following situations: <ul style="list-style-type: none"> 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 five telephone attempts to each available telephone number, but is unable to contact the member or a proxy. 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 five telephone attempts to each available telephone number, but is unable to contact the member or a proxy.
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.

Final Disposition	Disposition Code	Disposition Group	Definition/Explanation
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.

In **rare instances** (e.g., MAO is no longer eligible for the survey), survey vendors may be instructed to use the disposition code “M25—Ineligible: removed from sample” or “T25—Ineligible: removed from sample.” Survey vendors may only use these disposition codes **with prior approval** from the HOS Project Team.

Assigning the Survey Round Variable

Refer to the 2024 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8* for the definition of survey rounds.

Table 6 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 6. 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, 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 7 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 7. 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 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 8 summarizes the rules for assigning the Survey Language variable.

Table 8. 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 2024 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8* for instructions on assigning the Survey Date variable.

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

Table 9. Rules for Assigning the Survey Date Variable

Disposition Code	Date the Survey Was Completed
M10, T10, M11, T11	MMDDYYYY 07152024 – 11012024 (July 15, 2024 – November 1, 2024)
M20, T20, M23, T23, M24, T24, M25, T25, M32, T32, M33, T33, M34, T34, M35, T35, M36, T36, M37, T37, M38, T38	99999999

Total Survey Response Rates

The survey vendor reports a Total Survey Response Rate to the HOS 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 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).

V. Data Submission

Overview

This section includes information about the survey vendor authorization process and preparing and submitting interim and final HOS and HOS-M data files.

Survey Vendor Authorization Process

Before survey administration, CMS provides the HOS Project Team with the list of participating FIDE SNPs. MAOs must notify the HOS Project Team using the survey vendor selection web form of their survey vendor selection by the date specified in the memo. All MAOs must contract with a CMS-approved HOS or HOS-M survey vendor to administer the survey on their behalf. The HOS Project Team finalizes the list of MAOs and their designated survey vendor in May to generate the sample files.

Preparation for Data Submission

Survey vendors 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 survey 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 and the data submission process and correct any data file errors in advance of submitting final data files. The HOS 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 Project Team may request a more immediate review and verification of interim data submission findings.

Data Submission Process

Survey vendors must submit interim and final data files by the dates indicated in the *Data Collection Tasks* in the *Data Collection Protocol* section.

Survey vendors fielding HOS to FIDE SNPs must reference the *Data Submission* section of the *2024 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8* for details on HOS data submission. HOS data will be submitted through the HOS Data Submission System with the HOS quality reporting data.

Survey vendors fielding HOS-M to FIDE SNPs will use Kiteworks to submit HOS-M data to the HOS Project Team. 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 by 11:59 p.m. Eastern Time on **Thursday, October 3, 2024**. **All survey data received up to three business days prior to the interim data submission due date (September 30, 2024) must be processed and included in the interim data files.** Submitting interim data files will provide survey vendors an opportunity to test the data submission process and correct any data file errors before submitting the final data files.

Survey vendors may begin to submit interim data on October 1, 2024. All interim data files must be submitted by October 3, 2024. The HOS Project Team conducts preliminary analysis with the interim data files and reviews the data for early identification of data collection issues. The HOS 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 to the HOS Project Team by **11:59 p.m. Eastern Time on Friday, November 15, 2024**.

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 “HOSMFIDE.”
- Follow the prefix with the respective vendor name.
- For example: HOSMFIDE_[Vendor Name].txt

Refer to the 2024 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8* for more information.

VI. Quality Oversight

Overview

The HOS Project Team conducts quality oversight of survey vendor activities to monitor compliance with HOS and HOS-M protocols. This section describes the 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 Project Team suggests that actual survey processes differ from HOS protocols, immediate corrective actions may be required and sanctions may be applied.

Quality Oversight Activities

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 *2024 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8* for more information on the details of each quality oversight activity.

Table 10 below displays pertinent dates for quality oversight activities for 2024 HOS and HOS-M administration.

Table 10. Quality Oversight Schedule

Quality Oversight Activities	2024 Dates
HOS and HOS-M Survey Vendor Update Training.	Tuesday, April 30
HOS New Survey Vendor Training.	Thursday, May 2
Survey vendor submits printed materials to HOS Project Team to obtain written approval prior to volume printing.	Friday, June 7
Survey vendor submits electronic telephone interviewing screenshots to the HOS Project Team to obtain written approval prior to telephone protocol.	Thursday, June 20
HOS Project Team provides response to survey vendor after review of printed materials.	Friday, June 21
Survey vendor project report #1 (QAP) due.	Friday, June 28
Survey vendor finalizes all mail materials (any revisions made after must be submitted to the HOS Project Team).	Tuesday, July 2
HOS Project Team responds to survey vendor after reviewing telephone screenshots.	Wednesday, July 3
Survey vendor finalizes all telephone screenshots (any revisions made after must be submitted to the HOS Project Team).	Friday, July 12
Survey vendor QAP conference call.	Monday, July 15 – Friday, July 26
Survey vendor project report #2 due.	Friday, July 26
Survey vendor project report #3 due.	Friday, August 9
Survey vendor project report #4 due.	Friday, August 23
Survey vendor project report #5 due.	Friday, September 6
Survey vendor project report #6 due.	Friday, September 20
Survey vendor project report #7 due.	Friday, October 4
Survey vendor project report #8 due.	Friday, October 18

Quality Oversight Activities	2024 Dates
Survey vendor project report #9 due.	Friday, November 1
Survey vendor project report #10 (Final Report) due.	Friday, November 15
Report of HOS/HOS-M Records Stored and Facility Standards for Records Storage Facilities Inspection Checklist due.	Monday, December 2

Review of Mailing Materials

Before fielding the survey, the HOS Project Team reviews all English, Spanish, Chinese, and Russian mailing materials (i.e., prenotification letters, survey cover letters, reminder postcards, envelopes, and questionnaires). The survey vendor must submit to the HOS Project Team electronic copies of all mailing materials for both HOS and HOS-M.

The HOS 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 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)

The survey vendor may **not** change materials that have been approved by the HOS Project Team unless the revised materials are resubmitted for approval.

Telephone Script Review

Before fielding the survey, the survey vendor submits the proxy and non-proxy English, Spanish, and Chinese telephone screenshots to the [HOS Project Team](mailto:hos@ncqa.org) (hos@ncqa.org) for review.

Member Correspondence

The survey vendor forwards member correspondence to the HOS Project Team as indicated in Table 11 below. The survey vendor 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.

Survey Vendor QAP

The QAP is a comprehensive working document that the survey vendor develops to document the current administration of the survey and compliance with HOS and 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 B* of the *2024 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8*. A separate QAP must be submitted for HOS and HOS-M fielding.

Customer Support Review

Throughout survey administration, the HOS Project Team will conduct at least one customer support review and continuously review the survey vendor's email responses to respondent questions and comments. Survey vendors are required to forward all customer support emails with responses to the HOS 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 Project Team. The survey vendor may be asked to send member contact information and/or English translations of emails to CMS, if requested.

Data Record Review

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

Telephone Monitoring

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

Site Visit

The HOS 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, the survey vendor submits 10 progress reports to the [HOS 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. The reports also provide updates on progress with telephone attempts. 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_FIDESNP_MM-DD-YY.xls.

Table 11 provides the reporting requirements and due dates for each survey vendor progress report.

Table 11. Reporting Requirements for Survey Vendor Progress Reports

Reporting Requirements	2024 Due Dates
REPORT #1 Survey Vendor QAP: The survey vendor submits a QAP to the HOS Project Team that addresses all required elements as described in this addendum, throughout the 2024 <i>Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8</i> and in the Model QAP.	Friday, June 28

Reporting Requirements	2024 Due Dates
<p>REPORT #2 Narrative Report:</p> <ul style="list-style-type: none"> • Overview of prenotification letter and first questionnaire printing, fulfillment, and mailing processes. • Verification of mail out dates of prenotification letter and first questionnaire mailing (e.g., USPS generated report). • Status of staff training and SMS development. • Confirmation of customer support functionality and testing. • Outstanding issues or concerns. <p>Other Deliverable:</p> <ul style="list-style-type: none"> • Member correspondence (white mail), if applicable. • Example of the response rate report sent to health plans. 	Friday, July 26
<p>REPORT #3 Summary Status Report (template provided by the HOS Project Team) Narrative Report:</p> <ul style="list-style-type: none"> • Overview of reminder/thank-you postcard mailing for HOS-M only. • Verification of mail out date of reminder/thank-you postcard mailing (e.g., USPS generated report). • Outstanding issues or concerns. <p>Other Deliverable: Member correspondence (white mail), if applicable.</p>	Friday, August 9
<p>REPORT #4 Summary Status Report Narrative Report:</p> <ul style="list-style-type: none"> • Overview of progress with protocol to date. • Detail problems or issues to date. • Outstanding issues or concerns. <p>Other Deliverable: Member correspondence (white mail), if applicable.</p>	Friday, August 23
<p>REPORT #5 Summary Status Report Narrative Report:</p> <ul style="list-style-type: none"> • Overview of second questionnaire mailing and second reminder/thank-you postcard mailing (postcards for HOS-M only). • Verification of mail out dates of second questionnaire mailing and second reminder/thank-you postcard mailing (e.g., USPS generated report). • Overview of progress with protocol to date. • Detail problems or issues to date. • 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. • Describe telephone protocol and training. • Outstanding issues or concerns. <p>Other Deliverable: Member correspondence (white mail), if applicable.</p>	Friday, September 6

Reporting Requirements	2024 Due Dates
REPORT #6 Summary Status Report Narrative Report: <ul style="list-style-type: none"> • Overview of progress with protocol to date. • Detail problems or issues to date. • Describe process of converting partially completed surveys to complete, and progress. • Report on progress with electronic telephone interviewing implementation. Other Deliverable: Member correspondence (white mail), if applicable.	Friday, September 20
REPORT #7 Summary Status Report Narrative Report <ul style="list-style-type: none"> • Outstanding issues or concerns. • Detail problems or issues to date. • Report on progress of electronic telephone interviewing implementation. • Report on experience submitting interim data files. Other Deliverable: Member correspondence (white mail), if applicable.	Friday, October 4
REPORT #8 Summary Status Report Narrative Report <ul style="list-style-type: none"> • Overview of progress with protocol to date. • Detail problems or issues to date. • Report on progress of electronic telephone interviewing implementation. Other Deliverable: Member correspondence (white mail), if applicable.	Friday, October 18
REPORT #9 Summary Status Report Other Deliverable: Member correspondence (white mail), if applicable.	Friday, November 1
REPORT #10 Final Detailed Status Report <ul style="list-style-type: none"> • See guidelines below. Other Deliverable: Member correspondence (white mail), if applicable.	Friday, November 15
Report of HOS-M Records Stored <ul style="list-style-type: none"> • Number of HOS-M records stored onsite and offsite. • The HOS Project Team provides the report template prior to the due date. 	Monday, December 2

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 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 MA contracts organizations.
 - List any additional survey modes requested by MA contracts and/or respondents (e.g., internet, text) and number of requests.
 - c. Mailing of letters, postcards, and survey packets.
 - d. Validating addresses and obtaining phone numbers.
 - e. Survey receipt and data entry.
 - f. Electronic telephone interviewing operations.
 - g. Survey vendor toll-free customer support operations.
 - Including call statistics.
 - h. Data submission.
 - i. The HOS 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 (*HOS-M Quality Assurance Guidelines and Technical Specifications Addendum, 2024 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8, and HEDIS MY 2023 Volume 6: Specifications for the Medicare Health Outcomes Survey*).
3. Recommendations for FIDE SNP 2025 Administration.

Analysis of Submitted Data

The HOS 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 Project Team discovers any data anomalies, they will follow up with the survey vendor.

The HOS 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 FIDE SNP addendum and the 2024 *Medicare Health Outcomes Survey Quality Assurance Guidelines*

and Technical Specifications V2.8, and any other updates communicated by the HOS Project Team.

Ad Hoc Activities

The HOS 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: HOS-M 2024 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 2024.

The standardized data collection protocol for administering the 2024 HOS-M will be specified in the *2024 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8* (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.

Criteria	Survey Vendor Requirements
Number of Years in Business	<ul style="list-style-type: none"> • Minimum of four years. Subcontractor experience cannot be used to fulfill the Number of Years in Business requirement.
Organizational Survey Experience	<ul style="list-style-type: none"> • 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. • 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). • Prior experience submitting survey data electronically to an external third-party organization. • Minimum of one year as a CMS-approved HOS survey vendor. • If applicable, poor past performance by survey vendor and/or its subcontractor(s) on Centers for Medicare & 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"> ○ Failure to adhere to the timeline and/or procedures for survey administration. ○ Failure to submit accurate and complete survey data on time during interim and/or final data submission periods. ○ Failure to adhere to required quality oversight activities.

Criteria	Survey Vendor Requirements
	<ul style="list-style-type: none"> ○ Failure to adhere to Discrepancy Report submission timelines and procedures and to appropriately implement and manage required corrective actions. ● 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"> ○ Major issue(s) identified during HOS survey administration. ○ Failure to participate in and cooperate with quality oversight activities. ○ Failure to consistently adhere to project reporting submission timelines and procedures and to appropriately implement and manage required corrective actions.
<p>Experience with Multiple Survey Languages</p>	<ul style="list-style-type: none"> ● Survey vendor (and subcontractor(s), if applicable) must have prior experience administering mail and telephone surveys in English and Spanish.

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>Capacity to Handle Estimated Workload</p>	<ul style="list-style-type: none"> ● 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"> ○ All survey-related activities must be conducted within the continental United States, Hawaii, Alaska, and U.S. Territories. ○ Must adhere to requirements specified in the QAG, HOS-M QAG Addendum, and the FIDE SNP QAG Addendum.
<p>Personnel</p>	<ul style="list-style-type: none"> ● Designated Personnel directly employed by the survey vendor (i.e., not subcontractor): <ul style="list-style-type: none"> ○ 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 all survey operations. ○ 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).

Criteria	Survey Vendor Requirements
	<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"> ○ 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). ○ 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. ● Sufficient experienced organizational back-up staff to manage functions of survey administration in the absence of key staff.
<p>System Resources</p>	<ul style="list-style-type: none"> ● Commercial physical plant and system resources meet CMS specifications and accommodate the volume of surveys being administered. <ul style="list-style-type: none"> ○ 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.” ○ 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. ○ Capacity to handle concurrent survey projects while maintaining high quality survey data and high response rates. ○ Capacity to process incoming paper surveys (e.g., scan or key enter) at the survey vendor’s or designated subcontractor/external partner’s official business location. ● 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"> ○ 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

Criteria	Survey Vendor Requirements
	<p>Other External Partners.”</p> <ul style="list-style-type: none"> ○ Capacity to record all telephone surveys. ● 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. ○ Electronic survey management system that tracks fielded surveys through the entire protocol using unique de-identified member identification numbers and interim disposition codes. ○ 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.
<p>Use of Subcontractors and Other External Partners (Subject to Approval)</p>	<ul style="list-style-type: none"> ● CMS must approve subcontractors and other external partners as part of the survey vendor approval process at the time of application. ● Subcontractors and other external partners must meet the criteria outlined for the survey administration activities they will perform. ● Subcontracting of data file preparation and submission is not permitted. ● 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). ● 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. ● 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.

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

Criteria	Survey Vendor Requirements
Data Submission	<ul style="list-style-type: none"> • Follow all data preparation and submission rules as specified in the QAG, HOS-M QAG Addendum, and FIDE SNP QAG Addendum. • Submit data electronically in the specified format outlined in the QAG, HOS-M QAG Addendum, and FIDE SNP QAG Addendum. • 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"> ○ Must be authorized by a MA contract and PACE organizations prior to receiving the sample file. • Work with the HOS-M Project Team to resolve data and data file submission problems. • Submit data files as requested by the HOS-M Project Team within the specified timeframe.
Data Security and Confidentiality	<ul style="list-style-type: none"> • Maintain established electronic security procedures related to access levels, passwords, and firewalls as required by HIPAA. • 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. • Develop a disaster recovery plan to support continued business operations or recovery in the event of a natural or human-related disaster. • 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). • 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. • 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). • 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-signed periodically, at the discretion of the survey vendor, but not

Criteria	Survey Vendor Requirements
	<p>to exceed a three-year period.</p> <ul style="list-style-type: none"> • 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. • 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. • Ensure compliance with all applicable HIPAA Security and Privacy Rules in conducting all survey administration and data collection activities.
<p>Data Retention</p>	<ul style="list-style-type: none"> • 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"> ○ 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. ○ 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. ○ Archived electronic data files, telephone recordings, and paper copies or scanned images of surveys must be easily retrievable. • Establish a process for data destruction after three years and complete an attestation of data destruction.

Criteria	Survey Vendor Requirements
<p>Technical Assistance/ Customer Support</p>	<ul style="list-style-type: none"> • 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.” • Establish a customer support email address for members who have questions about the survey or their eligibility. • 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. • 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).

Quality Control Procedures

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

Criteria	Survey Vendor Requirements
<p>Demonstrated Quality Control Procedures</p>	<ul style="list-style-type: none"> • 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"> ○ Monitoring of subcontractor(s), if applicable. ○ Internal staff and subcontractor/external partner training. ○ Printing, mailing, and recording receipt of surveys. ○ Telephone administration of surveys (electronic telephone interviewing system) in all languages in which the survey is administered, except Russian. ○ Scanning, coding, and processing of survey data. ○ Preparing interim data files for submission and resolving any identified errors. ○ Preparing final data files for submission and resolving any identified errors. ○ All other functions and processes that affect the administration of the HOS-M survey.

Criteria	Survey Vendor Requirements
	<ul style="list-style-type: none"> • 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. • Subcontractors and other external partners must meet the criteria outlined for the survey administration activities they will perform.
<p>Training Requirements</p>	<ul style="list-style-type: none"> • Participate in and successfully complete the HOS-M Survey Vendor Training (via Webinar) after confirmation of conditionally-approved status. <ul style="list-style-type: none"> ○ Participate in all poll questions administered during the training. ○ Complete a post-training test. ○ Complete a 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 the following key survey administration responsibilities must attend training. <ul style="list-style-type: none"> ○ Inserting or survey packet preparation. ○ Processing of returned mail surveys. ○ Conducting telephone interviews (CATI administration). • All survey vendor staff responsible for data coding and file preparation are strongly recommended to attend training.
<p>Oversight</p>	<ul style="list-style-type: none"> • 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. • 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. • Prepare to submit reports as requested by the HOS-M Project Team, such as reports of outbound CATI progress and inbound mail processing. • 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 interviewing

Criteria	Survey Vendor Requirements
	<p>screenshots to the HOS-M Project Team for review prior to survey administration. This also includes all subcontractor and external partner materials.</p> <ul style="list-style-type: none"> • Develop and submit an annual Quality Assurance Plan by specified due date specified in the QAG. • Submit an initial Discrepancy Report and corrective action plan within one business day of becoming aware that a discrepancy in survey administration has occurred.

Approval Term

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

Criteria	Survey Vendor Requirements
Approval Term	<ul style="list-style-type: none"> • One-year term is subject to annual re-approval based on submission and review of Participation Form. • Approval as a survey vendor in prior years does not guarantee future re-approval. • 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"> ○ Occurrence of similar substantive errors within or across projects. ○ Significant non-complaint items identified during site visits or monitoring. ○ Receipt of a corrective action memo from CMS. ○ CMS requests for quality improvement plans. ○ Refusal to allow site visit team to observe HOS production activities. • 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. • 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.

HOS-M 2024 Rules of Participation

Any organization participating in the 2024 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 screenshots of telephone interviewing systems.
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 Kiteworks 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 2024 FIDE SNP Sample File Layout and Survey File Record Layout

This document contains file layout information that survey vendors use to generate the HOS-M FIDE SNP 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 FIDE SNP sample file (field positions 1-330). CMS provides the sample file to survey vendors. 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 331 – 408 of the HOS-M member-level data file. The survey vendor uses the specifications in the QAG and the FIDE SNP 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	2024
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 Positions		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
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

Field Description	Field Positions		Field Length	Valid Values
	Start	End		
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
Member City	242	266	25	City
Member State	267	291	25	State (2-letter state abbreviation)
Member Zip Code	292	316	25	9-digit numeric variable (5-digit Zip Code and 4-digit plus-four code)
CMS Date of Birth	317	326	10	MMDDYYYY
CMS Gender	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>

Survey File Record Layout

Table 3: Survey File Record Layout

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 1	331	331	1	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 9 = Missing
Question 2	332	332	1	1 = No difficulty at all 2 = A little difficulty 3 = Some difficulty
Question 3	333	333	1	4 = A lot of difficulty 5 = Not able to do it 9 = Missing

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 4a	334	334	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	335	335	1	
Question 4c	336	336	1	
Question 4d	337	337	1	
Question 4e	338	338	1	
Question 4f	339	339	1	
Question 5a	340	340	1	1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity 9 = Missing
Question 5b	341	341	1	
Question 5c	342	342	1	
Question 5d	343	343	1	
Question 5e	344	344	1	
Question 5f	345	345	1	
Question 6a	346	346	1	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all 9 = Missing
Question 6b	347	347	1	
Question 7a	348	348	1	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time 9 = Missing
Question 7b	349	349	1	
Question 8a	350	350	1	
Question 8b	351	351	1	
Question 9	352	352	1	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely 9 = Missing
Question 10a	353	353	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	354	354	1	
Question 10c	355	355	1	
Question 11	356	356	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	357	357	1	1 = Much better 2 = Slightly better 3 = About the same

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 13	358	358	1	4 = Slight worse 5 = Much worse 9 = Missing
Question 14	359	359	1	1 = Yes 2 = No 9 = Missing
Question 15	360	360	1	1 = Never 2 = Less than once a week 3 = Once a week or more often 4 = Daily 5 = Catheter 9 = Missing
Question 16	361	361	1	1 = Medicare Participant 2 = Family member, relative, or friend of Medicare Participant 3 = Nurse or other health professional 9 = Missing
Question 17a	362	362	1	0 = Respondent did not check "Physical problems" 1 = Respondent checked "Physical problems" 7 = Appropriately skipped 9 = Missing
Question 17b	363	363	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	364	364	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	365	365	1	0 = Respondent did not check "Person not available" 1 = Respondent checked "Person not available" 7 = Appropriately skipped 9 = Missing

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 17e	366	366	1	0 = Respondent did not check "Other" 1 = Respondent checked "Other" 7 = Appropriately skipped 9 = Missing
Question 18a	367	367	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
Question 18b	368	368	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	369	369	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	370	370	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	371	371	1	0 = Respondent did not check "Translated the survey questions" 1 = Respondent checked "Translated the survey questions" 7 = Appropriately skipped 9 = Missing

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 18f	372	372	1	0 = Respondent did not check “Other” 1 = Respondent checked “Other” 7 = Appropriately skipped 9 = Missing
Question 19	373	373	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

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Survey Disposition	374	376	3	<p>M10/T10 = Complete survey (Q4a-f answered)</p> <p>M11/T11 = Non-response: partial complete survey (One or more of Q4a-f missing)</p> <p>M20/T20 = Ineligible: deceased</p> <p>M23/T23 = Ineligible: language barrier</p> <p>M24 = Ineligible: bad address AND mail-only protocol (<i>Russian only</i>)</p> <p>T24 = Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number</p> <p>M25/T25 = Ineligible: respondent removed from sample</p> <p>M32/T32 = Nonresponse: refusal by member</p> <p>M33/T33 = Nonresponse: respondent unavailable</p> <p>M34/T34 = Nonresponse: respondent physically or mentally incapacitated</p> <p>M35/T35 = Nonresponse: respondent institutionalized</p> <p>M36/T36 = Nonresponse: after maximum attempts</p> <p>M37/T37 = Nonresponse: refusal by proxy</p> <p>M38/T38 = Nonresponse: gatekeeper refusal</p>

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Survey Round	377	379	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 or greater MT = Partially completed by mail and converted to complete by telephone TN = Inbound telephone NC = Not completed
Percentage Answered	380	385	6	NNN.NN <i>Use leading zeros if percentage answered is less than 100. Round to two decimal places.</i>
Survey Language	386	386	1	E = English S = Spanish C = Chinese R = Russian 9 = Not applicable
Survey Language Detail	387	388	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).	389	396	8	MMDDYYYY 07152024 – 11012024 <i>July 15, 2024 – November 1, 2024</i> 99999999 = Survey round is NC
Survey vendor's Unique Telephone Interviewer ID (a unique ID assigned by the survey vendor that indicates which telephone interviewer conducted the interview).	397	407	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>

Field Description	Field Position		Field Length	Valid Values
	Start	End		
DNS <i>Do Not Survey—Exclude from Future Survey Samples Flag</i>	408	408	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 408.

Appendix C-1: HOS-M 2024 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].

如果您需要中文版的問卷，請致電或電郵，他們的免費電話是 [PHONE NUMBER]，郵件地址是 [EMAIL ADDRESS]。

Appendix C-2: HOS-M 2024 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 recently 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 2024 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 recently 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 2024 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 recently 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 2024 Telephone Script

Introduction

This document contains the 2024 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 *2024 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.8* 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 [VENDOR NAME]. Medicare has asked our organization to help conduct this study.}

<1> MEMBER READY TO START [Q16]

<2> NEED PROXY [PROXY]

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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.

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>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]

>Q17c<

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

<0> NO OR NOT ASCERTAINED

<1> YES

[Q17d]

Electronic Telephone Interviewing System Specifications
<p>>Q17d< Because [he/she] is not available?</p> <p><0> NO OR NOT ASCERTAINED <1> YES</p> <p>[Q17e]</p>
<p>>Q17e< Is there another reason you are completing the survey for [him/her]?</p> <p><0> NO OR NOT ASCERTAINED <1> YES</p> <p>[Q18a]</p>
<p>>Q18a< Now I'd like to know how you are able to complete this survey on [MEMBER NAME]'s behalf.</p> <p>NOT A CHOICE FOR TELEPHONE INTERVIEWING</p> <p>[Q18c]</p>
<p><i>Programming Note: For telephone interviewing, Question 18 is broken into parts a-f.</i></p>
<p>>Q18b< NOT A CHOICE FOR TELEPHONE INTERVIEWING</p>
<p>>Q18c< Are you answering the questions based on your experience with [MEMBER NAME]?</p> <p><0> NO OR NOT ASCERTAINED <1> YES</p> <p>[Q18d]</p>
<p>>Q18d< Are you using medical records to answer the questions?</p> <p><0> NO OR NOT ASCERTAINED <1> YES</p> <p>[IF Q16 = 1 OR 2, GO TO Q1; IF Q16 = 3, GO TO Q19]</p>
<p>>Q18e< NOT A CHOICE FOR TELEPHONE INTERVIEWING</p>
<p>>Q18f< NOT A CHOICE FOR TELEPHONE INTERVIEWING</p>

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<p>>Q19< Which of the following best describes your position? Are you a:</p> <ul style="list-style-type: none"> <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? <p><9> NOT ASCERTAINED</p> <p>[Q1]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q1< In general, would you say your health is:</p> <ul style="list-style-type: none"> <1> Excellent, <2> Very good, <3> Good, <4> Fair, or <5> Poor? <p><9> NOT ASCERTAINED</p> <p>[Q2]</p>	<p>>Q1< In general, would you say [MEMBER NAME]'s health is:</p> <ul style="list-style-type: none"> <1> Excellent, <2> Very good, <3> Good, <4> Fair, or <5> Poor? <p><9> NOT ASCERTAINED</p> <p>[Q2]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q2< 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><1> No difficulty at all, <2> A little difficulty, <3> Some difficulty, <4> A lot of difficulty, or <5> Are you not able to do it?</p> <p><9> NOT ASCERTAINED</p> <p>[Q3]</p>	<p>>Q2< 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><1> No difficulty at all, <2> A little difficulty, <3> Some difficulty, <4> A lot of difficulty, or <5> Is [he/she] not able to do it?</p> <p><9> NOT ASCERTAINED</p> <p>[Q3]</p>
<p>>Q3< 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><1> No difficulty at all, <2> A little difficulty, <3> Some difficulty, <4> A lot of difficulty, or <5> Are you not able to do it?</p> <p><9> NOT ASCERTAINED</p> <p>[Q4a]</p>	<p>>Q3< 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><1> No difficulty at all, <2> A little difficulty, <3> Some difficulty, <4> A lot of difficulty, or <5> Is [he/she] not able to do it?</p> <p><9> NOT ASCERTAINED</p> <p>[Q4a]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q4a< 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 without special equipment or help from another person because of health or physical problems.</p> <p>Because of a health or physical problem, do you have any difficulty bathing without special equipment or help from another person?</p> <p><1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p><2> Able to do this with difficulty, or <3> Unable to do this?</p> <p><9> NOT ASCERTAINED</p> <p>{PROBE: Do you have difficulty taking a bath or taking a shower?}</p> <p>[Q4b]</p>	<p>>Q4a< 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 without special equipment or help from another person because of health or physical problems.</p> <p>Because of a health or physical problem, does [MEMBER NAME] have any difficulty bathing without special equipment or help from another person?</p> <p><1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p><2> Able to do this with difficulty, or <3> Unable to do this?</p> <p><9> NOT ASCERTAINED</p> <p>{PROBE: Does [he/she] have difficulty taking a bath or taking a shower?}</p> <p>[Q4b]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q4b< {Because of a health or physical problem...}</p> <p>Do you have difficulty dressing without special equipment or help from another person?</p> <p><1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p><2> Able to do this with difficulty, or <3> Unable to do this?</p> <p><9> NOT ASCERTAINED</p> <p>{PROBE: Do you have difficulty putting on clothes?}</p> <p>[Q4c]</p>	<p>>Q4b< {Because of a health or physical problem...}</p> <p>Does [MEMBER NAME] have difficulty dressing without special equipment or help from another person?</p> <p><1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p><2> Able to do this with difficulty, or <3> Unable to do this?</p> <p><9> 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 <2> 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 <3> Unable to do this.</i></p>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q4c< {Because of a health or physical problem...}</p> <p>Do you have difficulty eating without special equipment or help from another person?</p> <p><1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p><2> Able to do this with difficulty, or <3> Unable to do this?</p> <p><9> NOT ASCERTAINED</p> <p>[Q4d]</p>	<p>>Q4c< {Because of a health or physical problem...}</p> <p>Does [he/she] have difficulty eating without special equipment or help from another person?</p> <p><1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p><2> Able to do this with difficulty, or <3> Unable to do this?</p> <p><9> NOT ASCERTAINED</p> <p>[Q4d]</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>>Q4d< {Because of a health or physical problem...}</p> <p>Do you have difficulty getting in and out of chairs without special equipment or help from another person?</p> <p><1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p><2> Able to do this with difficulty, or <3> Unable to do this?</p> <p><9> NOT ASCERTAINED</p> <p>[Q4e]</p>	<p>>Q4d< {Because of a health or physical problem...}</p> <p>Does [he/she] have difficulty getting in and out of chairs without special equipment or help from another person?</p> <p><1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p><2> Able to do this with difficulty, or <3> Unable to do this?</p> <p><9> NOT ASCERTAINED</p> <p>[Q4e]</p>

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

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q5a< 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 help from another person when bathing?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE R DOES THIS ACTIVITY}</p> <p><1> YES <2> NO <3> RESPONDENT DOES NOT DO THIS ACTIVITY</p> <p><9> NOT ASCERTAINED</p> <p>[Q5b]</p>	<p>>Q5a< 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 help from another person when bathing?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE MEMBER DOES THIS ACTIVITY}</p> <p><1> YES <2> NO <3> MEMBER DOES NOT DO THIS ACTIVITY</p> <p><9> NOT ASCERTAINED</p> <p>[Q5b]</p>
<p>>Q5b< Do you receive help from another person when dressing?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE R DOES THIS ACTIVITY}</p> <p><1> YES <2> NO <3> RESPONDENT DOES NOT DO THIS ACTIVITY</p> <p><9> NOT ASCERTAINED</p> <p>[Q5c]</p>	<p>>Q5b< Does [MEMBER NAME] receive help from another person when dressing?</p> <p>{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE MEMBER DOES THIS ACTIVITY}</p> <p><1> YES <2> NO <3> MEMBER DOES NOT DO THIS ACTIVITY</p> <p><9> NOT ASCERTAINED</p> <p>[Q5c]</p>

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

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

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q6a< Now I am going to read you a list of activities that you might do during a typical day. Please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.</p> <p>What about moderate activities, 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><1> LIMITED A LOT <2> LIMITED A LITTLE <3> NOT LIMITED AT ALL</p> <p><9> NOT ASCERTAINED</p> <p>[Q6b]</p>	<p>>Q6a< Now I am going to read you a list of activities that [MEMBER NAME] might do during a typical day. Please tell me if [his/her] health now limits [him/her] a lot, limits [him/her] a little, or does not limit [him/her] at all in these activities.</p> <p>What about moderate activities, 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><1> LIMITED A LOT <2> LIMITED A LITTLE <3> NOT LIMITED AT ALL</p> <p><9> NOT ASCERTAINED</p> <p>[Q6b]</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 or 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 or 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 <3> NOT LIMITED AT ALL.</i></p>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q6b< What about climbing several 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><1> LIMITED A LOT <2> LIMITED A LITTLE <3> NOT LIMITED AT ALL</p> <p><9> NOT ASCERTAINED</p> <p>[Q7a]</p>	<p>>Q6b< What about climbing several 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><1> LIMITED A LOT <2> LIMITED A LITTLE <3> NOT LIMITED AT ALL</p> <p><9> NOT ASCERTAINED</p> <p>[Q7a]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q7a< The next questions ask about your activities over the past four weeks.</p> <p>During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?</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 <5> ALL OF THE TIME}</p> <p><1> NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p><2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time?</p> <p><9> NOT ASCERTAINED</p> <p>[Q7b]</p>	<p>>Q7a< The next questions ask about [his/her] activities over the past four weeks.</p> <p>During the past 4 weeks, has [MEMBER NAME] accomplished less than [he/she] would like as a result of [his/her] physical health?</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 <5> ALL OF THE TIME}</p> <p><1> NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p><2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time?</p> <p><9> NOT ASCERTAINED</p> <p>[Q7b]</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>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q7b< During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?</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 <5> ALL OF THE TIME}</p> <p><1> NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p><2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time?</p> <p><9> NOT ASCERTAINED</p> <p>[Q8a]</p>	<p>>Q7b< During the past 4 weeks, was [MEMBER NAME] limited in the kind of work or other regular daily activities [he/she] does as a result of [his/her] physical health?</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 <5> ALL OF THE TIME}</p> <p><1> NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p><2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time?</p> <p><9> NOT ASCERTAINED</p> <p>[Q8a]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q8a< During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems 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 <5> ALL OF THE TIME}</p> <p><1> NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p><2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time?</p> <p><9> NOT ASCERTAINED</p> <p>[Q8b]</p>	<p>>Q8a< During the past 4 weeks, has [MEMBER NAME] accomplished less than [he/she] would like as a result of any emotional problems 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 <5> ALL OF THE TIME}</p> <p><1> NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p><2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time?</p> <p><9> NOT ASCERTAINED</p> <p>[Q8b]</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>>Q8b< During the past 4 weeks, have you not done work or other activities as carefully as usual as a result of any emotional problems?</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 <5> ALL OF THE TIME}</p> <p><1> NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p><2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time?</p> <p><9> NOT ASCERTAINED</p> <p>[Q9]</p>	<p>>Q8b< During the past 4 weeks, has [MEMBER NAME] not done work or other activities as carefully as usual as a result of any emotional problems?</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 <5> ALL OF THE TIME}</p> <p><1> NO</p> <p>{IF “YES,” ASK: How often? Would you say?}</p> <p><2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time?</p> <p><9> NOT ASCERTAINED</p> <p>[Q9]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q9< During the past 4 weeks, how much did pain 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><1> Not at all, <2> A little bit, <3> Moderately, <4> Quite a bit, or <5> Extremely?</p> <p><9> NOT ASCERTAINED</p> <p>[Q10a]</p>	<p>>Q9< During the past 4 weeks, how much did pain 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><1> Not at all, <2> A little bit, <3> Moderately, <4> Quite a bit, or <5> Extremely?</p> <p><9> NOT ASCERTAINED</p> <p>[Q10a]</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>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q10a< The next questions are about how you feel and how things have been with you during the past 4 weeks. 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 past 4 weeks 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><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, or <6> None of the time?</p> <p><9> NOT ASCERTAINED</p> <p>[Q10b]</p>	<p>>Q10a< The next questions are about how [MEMBER NAME] feels and how things have been with [him/her] during the past 4 weeks. 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 past 4 weeks 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><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, or <6> None of the time?</p> <p><9> NOT ASCERTAINED</p> <p>[Q10b]</p>
<p><i>Interviewer Note: For Questions 10a-c: Read through all 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 reading answer categories 1 through 5. Category 6 does not need to be read in this case.</i></p>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q10b< How much of the time during the past 4 weeks 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><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, or <6> None of the time?</p> <p><9> NOT ASCERTAINED</p> <p>[Q10c]</p>	<p>>Q10b< How much of the time during the past 4 weeks 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><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, or <6> None of the time?</p> <p><9> NOT ASCERTAINED</p> <p>[Q10c]</p>
<p>>Q10c< How much of the time during the past 4 weeks 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><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, or <6> None of the time?</p> <p><9> NOT ASCERTAINED</p> <p>[Q11]</p>	<p>>Q10c< How much of the time during the past 4 weeks 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><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, or <6> None of the time?</p> <p><9> NOT ASCERTAINED</p> <p>[Q11]</p>

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

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

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>>Q15< 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><1> Never, <2> Less than once a week, <3> Once a week or more, or <4> Daily? <5> RESPONDENT HAS A CATHETER</p> <p><9> NOT ASCERTAINED</p> <p>[TERM]</p>	<p>>Q15< 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><1> Never, <2> Less than once a week, <3> Once a week or more, or <4> Daily? <5> MEMBER HAS A CATHETER</p> <p><9> NOT ASCERTAINED</p> <p>[TERM]</p>
<p>>TERM< Those are all the questions I have. Thank you for taking part in this important interview.</p>	

Appendix E: FIDE SNP 2024 Master Calendar

Task Type	Task	Dates
Pre-Data Collection	MAOs and FIDE SNPs notify the HOS Project Team of survey vendor selections.	By Friday, April 26
Training	HOS and HOS-M Survey Vendor Update Training.	Tuesday, April 30
Training	HOS New Survey Vendor Training.	Thursday, May 2
Pre-Data Collection	Survey vendors develop mailing materials and program telephone systems.	Beginning Thursday, May 2
Quality Oversight	Survey vendors submits printed materials to HOS Project Team to obtain written approval prior to volume printing.	Friday, June 7
Quality Oversight	Survey vendors submits electronic telephone interviewing screenshots to the HOS Project Team to obtain written approval prior to telephone protocol.	Thursday, June 20
Quality Oversight	HOS Project Team provides responses to survey vendors after review of printed materials.	Friday, June 21
Pre-Data Collection	HOS Project Team provides sample files to survey vendors.	Monday, June 24
Pre-Data Collection	Survey vendors obtain telephone numbers from MAOs for all members. Survey vendors must not send the sample files to MAOs. Obtaining addresses and language preference flags is optional.	Beginning no later than Monday, June 24
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 24
Quality Oversight	Survey vendor project report #1 (QAP) due.	Friday, June 28
Quality Oversight	Survey vendors finalize all mail materials (any revisions made after approval must be submitted to the HOS Project Team).	Tuesday, July 2
Quality Oversight	HOS Project Team responds to survey vendors after reviewing telephone screenshots.	Wednesday, July 3
Quality Oversight	Survey vendors finalizes all telephone screenshots (any revisions made after must be submitted to the HOS Project Team).	Friday, July 12

Task Type	Task	Dates
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 15
Data Collection	Mail prenotification letter.	Monday, July 15
Data Collection	Open customer support services (telephone and email).	Monday, July 15
Data Collection	Open electronic telephone interviewing for inbound member requests to complete survey by telephone.	Monday, July 15
Quality Oversight	Survey vendor QAP conference calls.	Monday, July 15 – Friday, July 26
Data Collection	Mail first questionnaire.	Monday, July 22
Quality Oversight	Survey vendor project report #2 due.	Friday, July 26
Data Collection	Mail first reminder/thank-you postcard (HOS-M only).	Monday, July 29
Quality Oversight	Survey vendor project report #3 due.	Friday, August 9
Quality Oversight	Survey vendor project report #4 due.	Friday, August 23
Data Collection	Mail second questionnaire.	Monday, August 26
Data Collection	Mail second reminder/thank-you postcard (HOS-M only).	Tuesday, September 3
Quality Oversight	Survey vendor project report #5 due.	Friday, September 6
Data Collection	Conduct outbound electronic telephone interviewing call attempts for nonrespondents.	Monday, September 16 – Friday, November 1
Quality Oversight	Survey vendor project report #6 due.	Friday, September 20
Data Collection	Submit interim data files to the HOS Project Team.	Tuesday, October 1 – Thursday, October 3
Quality Oversight	Survey vendor project report #7 due.	Friday, October 4
Quality Oversight	Survey vendor project report #8 due.	Friday, October 18
Quality Oversight	Survey vendor project report #9 due.	Friday, November 1
Data Collection	End data collection.	Friday, November 1
Data Collection	Prepare and submit final data files.	Monday, November 4 – Friday, November 15
Data Collection	Submit final data files to the HOS Project Team.	Friday, November 15
Quality Oversight	Survey vendor project report #10 (Final Report) due.	Friday, November 15
Quality Oversight	Report of HOS/HOS-M Records Stored and Facility Standards for Records Storage Facilities Inspection Checklist due.	Monday, December 2

Appendix F: Acronyms and Abbreviations

Acronym/Abbreviation	Term
ACA	Affordable Care Act
ADL	Activities of Daily Living
CATI	Computer Assisted Telephone Interview
CMS	Centers for Medicare & Medicaid Services
DUA	Data Use Agreement
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	HOS-M Quality Assurance Guidelines and Technical Specifications Addendum
HSAG	Health Services Advisory Group
ID	Identifier
MA	Medicare Advantage
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	HOS Quality Assurance Guidelines and Technical Specifications
QAP	Quality Assurance Plan
SMS	Survey Management System
SNP	Special Needs Plan
TCPA	Telephone Consumer Protection Act
USPS	United States Postal Service