

**HEDIS® 2017 Volume 6**

**Specifications for the  
Medicare Health  
Outcomes Survey**

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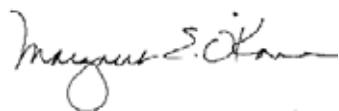
## **Acknowledgments**

NCQA is proud to release *HEDIS 2017, Volume 6: Specifications for the Medicare Health Outcomes Survey*. The Medicare Health Outcomes Survey (HOS) is the first HEDIS outcome measure for Medicare beneficiaries. The results of this longitudinal study afford Medicare Advantage Organizations (MAO) the opportunity for continual improvement of the quality of care they provide to their members.

NCQA would like to thank the Centers for Medicare & Medicaid Services (CMS) for continued leadership and support of the survey instrument and survey protocol. We also acknowledge Health Services Advisory Group (HSAG) and RTI International for their invaluable contributions. HSAG is the CMS contractor for HOS data cleaning, analysis, dissemination and applied research, and provides important feedback during data cleaning and analysis that inform annual improvements to the HOS implementation process. RTI International is NCQA's subcontractor for survey sampling and special analyses.

We thank all contributors for their continued dedication to this effort, which positively impacts the quality of health care provided to Medicare members.

Sincerely,

A handwritten signature in cursive script, appearing to read "Margaret E. O'Kane".

Margaret E. O'Kane  
President

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# Overview





## HEDIS 2017

The Healthcare Effectiveness Data and Information Set (HEDIS) is the most widely used set of health care performance measures in the United States. The term “HEDIS” originated in the late 1980s as the product of a group of forward-thinking employers and quality experts, and was entrusted to NCQA in the early 1990s. NCQA has expanded the size and scope of HEDIS to include measures for physicians, PPOs and other organizations. HEDIS 2017 is published across a number of volumes and includes 91 measures across 7 domains of care:

- Effectiveness of Care.
- Access/Availability of Care.
- Experience of Care.
- Utilization and Risk Adjusted Utilization.
- Relative Resource Use.
- Health Plan Descriptive Information.
- Measures Collected Using Electronic Clinical Data Systems.

<b>Volume 1: Narrative</b>	A general overview of the HEDIS measurement set and how the data are used.
<b>Volume 2: Technical Specifications for Health Plans</b>	The technical specifications for the HEDIS non-survey measures for organizations; instructions on data collection for each measure; general guidelines for calculations and sampling.
<b>Technical Specifications for Physician Measurement</b>	The technical specifications for the HEDIS quality measures for physician-level measurement.
<b>Technical Specifications for ACO Measurement</b>	The technical specifications for the HEDIS quality measures for accountable care organizations (ACO).
<b>Volume 3: Specifications for Survey Measures</b>	The technical specifications for HEDIS survey measures and standardized surveys from the Consumer Assessment of Healthcare Providers and Systems (CAHPS <sup>®1</sup> ) program.
<b>Specifications for the CAHPS for PCMH Survey</b>	The technical specifications and standardized questionnaires for CAHPS for Patient-Centered Medical Home (PCMH) survey.
<b>Volume 5: HEDIS Compliance Audit<sup>TM2</sup>: Standards, Policies and Procedures</b>	The accepted method for auditing the HEDIS production process, including an information systems capabilities assessment and an evaluation of compliance with HEDIS specifications. Standards that Certified HEDIS Compliance Auditors must use when conducting a HEDIS audit.
<b>Volume 6: Specifications for the Medicare Health Outcomes Survey</b>	The technical specifications for the Health Outcomes Survey (HOS).

<sup>1</sup>CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>2</sup>NCQA HEDIS Compliance Audit<sup>™</sup> is a trademark of the National Committee for Quality Assurance (NCQA).

## How HEDIS Is Developed

NCQA's Committee on Performance Measurement (CPM), which includes representation from purchasers, consumers, health plans, health care providers and policy makers, oversees the evolution of the measurement set. Multiple Measurement Advisory Panels (MAP) provide clinical and technical knowledge required to develop the measures. Additional HEDIS Expert Panels and the Technical Measurement Advisory Panel (TMAP) provide invaluable assistance by identifying methodological issues and providing feedback on new and existing measures.

## What's New in Volume 6 2017?

- Added *Reporting Data Errors to NCQA* in the *Overview* section.
- Revised HOS Q56.
- Updated the HOS and HOS-M prenotification letters, the letter for first questionnaire, the letter for the replacement questionnaire and the reminder/thank-you postcards.
- Added a hospice exclusion to the Effectiveness of Care measures.
- Updated the *Fall Risk Management* measure and Q51; changes will take effect in HEDIS 2018.

## If You Have Questions About the Specifications

### Policy Clarification Support

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NCQA provides different types of policy support to customers, including a function that allows customers to submit specific policy interpretation questions to NCQA staff. The Policy Clarification Support system can be accessed through the NCQA website at <http://my.ncqa.org>.

### FAQs and Policy Updates

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The FAQs and Policy Updates clarify HEDIS uses and specifications and are posted to the NCQA website ([www.ncqa.org](http://www.ncqa.org)) on the 15th of each month.

### Additional Resources

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In addition to the specification volumes, NCQA provides a variety of resources to help organizations understand measure specifications, collect HEDIS data and report results:

- Each organization implementing HEDIS is strongly encouraged to join NCQA's HEDIS Users Group (HUG) for technical assistance and guidance on interpreting the specifications. Membership benefits include NCQA HEDIS and Accreditation publications, newsletters, online seminars and discount vouchers for HEDIS conferences and publications. For more information, e-mail [hug@ncqa.org](mailto:hug@ncqa.org).
- Organizations that are involved in NCQA Accreditation and Certification activities are encouraged to join the Accreditation and Certification Users Group (ACUG). The ACUG provides a learning and development platform for members to discuss updates applicable to their organization's procedures. Membership benefits include a monthly newsletter, WebEx discussions and vouchers for publications, educational conferences and Quality Compass<sup>®</sup>.<sup>3</sup> For more information, e-mail [acug@ncqa.org](mailto:acug@ncqa.org) or go to [www.ncqa.org](http://www.ncqa.org) for a full description of the program.

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<sup>3</sup>Quality Compass<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

- All HEDIS publications are available as easy-to-use electronic publications (“e-pubs”), which contain the complete text of NCQA printed publications and are sold by user license. E-pubs are protected Microsoft Word and Excel files sent to the purchaser via e-mail. E-pubs are simple to download onto a PC, network or intranet.
- NCQA produces many publications that are relevant to organizations and physicians interested in improving the quality of health care. To obtain a list or to order publications, go to the NCQA Publications Center at <http://www.ncqa.org/publications> or call NCQA Customer Support at 888-275-7585.
- NCQA educational seminars provide valuable information on NCQA standards and the survey process. Several course offerings range from a basic introduction to HEDIS and NCQA standards to advanced techniques for quality improvement. For information about NCQA conferences, go to <http://www.ncqa.org/education-events> or call NCQA Customer Support at 888-275-7585.

## Reporting Hotline for Fraud and Misconduct

NCQA does not tolerate submission of fraudulent, misleading or improper information by organizations as part of their survey process or for any NCQA program.

NCQA has created a confidential and anonymous Reporting Hotline to provide a secure method for reporting perceived fraud or misconduct, including submission of falsified documents or fraudulent information to NCQA that could affect NCQA-related operations (including, but not limited to, the survey process, the HEDIS measures and determination of NCQA status and level).

### How to Report

- **Toll-Free Telephone:**
  - English-speaking USA and Canada: **855-840-0070** (not available from Mexico).
  - Spanish-speaking North America: **800-216-1288** (from Mexico, user must dial 001-800-216-1288).
- **Website:** <https://www.lighthouse-services.com/ncqa>.
- **E-Mail:** [reports@lighthouse-services.com](mailto:reports@lighthouse-services.com) (must include NCQA’s name with the report).
- **Fax:** 215-689-3885 (must include NCQA’s name with the report).

## Reporting Data Errors to NCQA

Because audited HEDIS data are used to establish plans’ accreditation status and in many NCQA programs and products, NCQA must be made aware of data problems in any previously reported rate.

Organizations must immediately report any error in a measure rate or in its component (in any previous submission, regardless of timing) that is >5% higher or lower than what was reported originally. The report to NCQA must include:

- A description of the issue that includes:
  - The correct rate.
  - The error’s cause.
  - How the error was discovered.
  - How the error was corrected.
- The HEDIS measure year and the measures affected.
- The submissions affected.
- The impact on reported rates.

Auditors must document all findings for the year in question and the current year’s corrections. Findings must be included in the work papers and must be noted in detail in the organization’s Final Audit Report.



# **Introduction**



## Introduction

### Background

The Medicare HOS measure targets the Medicare population in managed care settings. It was developed in 1997, in response to the fast-growing number of Medicare beneficiaries receiving their health care through managed care organizations. Initially titled *Health of Seniors*, the measure was renamed *Medicare Health Outcomes Survey* to reflect the inclusion of Medicare recipients who are disabled and under age 65.

The HOS assesses a Medicare Advantage Organization's (MAO) ability to maintain or improve the physical and mental health of its Medicare members over time. The survey is administered to a random sample of members from each MAO at the beginning and end of a two-year period. For each member who completes a Baseline and a Follow-Up Survey, a two-year change score is calculated and (accounting for risk-adjustment factors) the member's physical and mental health status is categorized as "better than expected," "the same as expected" or "worse than expected." (Members who are deceased at Follow-Up are included in the "worse than expected" physical outcome category at the contract level.) Summary HOS results are calculated for each MAO based on aggregated member outcomes.

The goal of the HOS is to gather valid, reliable and clinically meaningful data that have many uses:

- Target quality improvement activities and resources.
- Monitor health plan performance and reward top-performing health plans.
- Help beneficiaries make informed health care choices.
- Advance the science of functional health outcomes measurement, quality improvement interventions and strategies.

### HOS Instrument

The HOS evaluates physical and mental health using a set of survey questions known as the *Veterans RAND 12 Item Health Survey (VR-12)*,<sup>4,5</sup> a multipurpose, short-form health survey with 14 questions. The HOS instrument has used the VR-12 since 2006 when version HOS 2.0 was implemented. It previously used a 36-item survey; the shorter instrument was adopted to reduce response burden and survey costs, while producing similar results. The body of literature supports the shorter survey as a reliable and valid substitute for 36-item health surveys.

<sup>4</sup>Kazis, L.E., et. al. April 1998. Health Status of Veterans: Physical and Mental Component Summary Scores (SF-12V). 1997 National Survey of Ambulatory Care Patients, Executive Report. Office of Performance and Quality, Health Assessment Project HSR&D Field Program, VHA National Customer Feedback Center, Washington, D.C., Bedford and West Roxbury, Massachusetts.

<sup>5</sup>Kazis, L.E., et. al. April 1999. Health Status and Outcomes of Veterans: Physical and Mental Component Summary Scores (Veterans SF-12). 1998 National Survey of Hospitalized Patients, Executive Report. Office of Performance and Quality, Health Assessment Project, HSR&D Field Program, Washington, D.C., and Bedford, Massachusetts.

The VR-12 is a subset of the Veterans RAND 36-item (VR-36) Health Survey. Conversion formulas have been developed and validated for comparison of the VR-36 and VR-12 with the earlier 36-item survey that will allow reliable comparison of HOS 1.0, HOS 2.0, HOS 2.5 and HOS 3.0 results.<sup>6,7,8,9,10</sup>

**Components of the HOS**

The HOS questionnaire comprises the following major components:

- The VR-12, the core component.
- Questions to gather information for case mix and risk adjustment.
- Questions to collect results for selected HEDIS Effectiveness of Care measures.
- Questions as part of Section 4302 of the Affordable Care Act (Race, Ethnicity, Primary Language, Sex and Disability Status).
- Additional health questions.

The VR-12 was constructed as a shorter scale that satisfies the minimum psychometric standards necessary for group comparison. It measures eight health concepts, selected from 40 included in the original Medical Outcomes Survey,<sup>11</sup> representing the most frequently measured concepts in widely used health surveys, and those most affected by disease and treatment.<sup>12</sup>

The HOS evaluates physical and mental health using the VR-12.<sup>4,5</sup> The VR-12 consists of selected items from each of the eight concepts of health in the earlier 36-item survey.<sup>13</sup> As in the 36-item survey, items are scored and summarized into a physical component summary (PCS) score and a mental component summary (MCS) score.

The VR-12 takes an average of 15 minutes to complete. It is suitable for self-administration or for direct administration by trained interviewers and has been successfully administered to older populations with specific diseases in the United States, with a high degree of patient acceptability and data quality.

The taxonomy underlying the construction of the VR-12 scales (concepts) and summary measures has three levels:

1. Fourteen items.
2. Eight scales that aggregate one or two items each.
3. Two summary measures that aggregate the eight scales.

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<sup>6</sup> Kazis, L.E., A. Selim, W. Rogers, X.S. Ren, A. Lee, D.R. Miller. 2006. Dissemination of methods and results from the Veterans Health Study: Final comments and implications for future monitoring strategies within and outside the Veterans Health Care System. *J Ambulatory Care Management* 29:4 310–19.

<sup>7</sup> Kazis, L.E., D.R. Miller, K.M. Skinner, A. Lee, X.S. Ren, J.A. Clark, W.H. Rogers, A. Spiro III, M. Selim, S.M. Linzer, D. Payne, B. Mansell, G. Fincke. 2006. Applications of Methodologies of the Veterans Health Study in the VA Health Care System: Conclusions and Summary. *J Ambulatory Care Management* 29:2 182–8.

<sup>8</sup> Kazis, L.E., A. Lee, A. Spiro III, W. Rogers, X.S. Ren, D.R. Miller, A. Selim, A. Hamed, S.C. Haffer. Summer 2004. Measurement Comparisons of the Medical Outcomes Study and the Veterans SF-36<sup>®</sup> Health Survey. *Health Care Financing Review* Vol. 25:4 43–58.

<sup>9</sup> Kazis, L.E., D.R. Miller, J.A. Clark, K.M. Skinner, A. Lee, X.S. Ren, A. Spiro III, W.H. Rogers, J.E. Ware, Jr. 2004. Improving the response choices on the veterans SF-36 health survey role functioning scales: results from the Veterans Health Study. *J Ambulatory Care Management* 27:3 263–80.

<sup>10</sup> Jones, D., L. Kazis, A. Lee, W. Rogers, K. Skinner, L. Cassar, N. Wilson, A. Hendricks. 2001. Health status assessments using the Veterans SF-36 and SF-12. Methods for evaluating outcomes in the Veterans Health Administration. *J Ambulatory Care Management* 24(3):1–19.

<sup>11</sup> Stewart, A.L., and J.E. Ware. 1994. *Measuring Functioning and Well-Being: The Medical Outcomes Study. Approach*. Boston, MA: The Health Institute.

<sup>12</sup> Ware, J.E. 1995. The status of health assessment 1994. *Annu Rev Public Health* 16:327–54.

<sup>13</sup> Kazis, L.E., X.S. Ren, A. Lee, K. Skinner, W. Rogers, J. Clark, D.R. Miller. 1999. Health status in VA patients: results from the Veterans Health Study using the Veterans SF-36. *Am J Med Quality* 14:28–38.



## VR-12 scales cover...

<b>Physical Functioning (PF)</b>	Two questions ask respondents to indicate the extent to which their health limits their physical activities.
<b>Role—Physical (RP)</b>	Two questions ask respondents whether their physical health limits them in the kind of work or other usual activities they perform, in terms of time and performance.
<b>Bodily Pain (BP)</b>	One question asks respondents to indicate the extent to which pain interferes with the respondent's normal activities.
<b>General Health (GH)</b>	One question asks respondents to rate their current, overall health status.
<b>Vitality (VT)</b>	One question asks respondents to rate their well-being by indicating how frequently they experience energy.
<b>Social Functioning (SF)</b>	One question asks respondents to indicate limitations in social functioning that result specifically because of their health.
<b>Role—Emotional (RE)</b>	Two questions ask respondents if emotional problems have caused them to accomplish less in their work or other usual activities, in terms of time and performance.
<b>Mental Health (MH)</b>	Two questions ask respondents how frequently they felt calm and peaceful, and how frequently they felt downhearted and blue. In addition, a two-item measure of change in health asks respondents to rate their general physical health and emotional problems now, compared with one year ago.
<b>Summary measures</b>	<p>The eight scales provide the basis for two summary measures, the PCS and the MCS, and form two distinct, higher-ordered clusters (principal components), which are the basis for scoring the PCS and MCS measures. Previous work has demonstrated that the 12-item survey explains over 85 percent of the variance in PCS and over 94 percent of the variance in MCS.<sup>8,10</sup></p> <p>Four scales (GH, PF, RP, BP) correlate most highly with the physical component and contribute significantly to scoring the PCS measure. Four scales (SF, RE, MH, VT) correlate most highly with the mental component and contribute significantly to scoring the MCS measure. Three scales (GH, VT, SF) correlate substantially with both components. All eight scales are used in the calculation of both summary measures.</p> <p>Higher scores represent better health on individual scales and on the PCS and MCS measures. The PCS and MCS scores are standardized using normative values for the general United States population; a score of 50 represents the national average for summary scores.</p> <p>An additional property of norm-based scoring is that a 10-point difference (above or below the mean score of 50) represents one standard deviation (SD) from the national average. These characteristics make it easier to interpret results from comparisons between sampled populations (e.g., health plan members) and national norms.</p>

## **Risk-Adjusted Comparison**

HOS outcome scores are determined by comparing observed to expected changes in physical and mental health for all individuals in the sample. In addition to the VR-12 core questions, the HOS questionnaire contains a number of other items that provide information needed for adjustment of observed outcomes, to account for risk outside of MAO control, such as chronic comorbid conditions and functional limitations. Risk adjustment is essential for meaningful and valid plan-to-plan comparison of health outcomes.

HOS defines outcome as a change in health over time, characterized by the direction and magnitude for a given respondent. Because respondents are measured twice—at Baseline and again after two years—they serve as their own control. The Baseline score does not capture all factors that might affect a respondent's health status. Plan-to-plan comparison of health outcomes is also adjusted for a number of respondent characteristics at Baseline, including age, gender, race, education and chronic conditions. Results of the risk-adjusted outcomes are aggregated across respondents for each MAO.

## **Use of Health Status Information**

HOS summary health status scores measure the change over two years in the physical and mental health experienced by people with Medicare. Consumers, purchasers and providers use patient-based assessments of health status, such as the VR-12, in four ways:

1. To monitor the health of the general population.
2. To evaluate treatment outcomes and procedures.
3. To monitor and evaluate decision making in clinical practice.
4. To provide external performance measurement.

## HOS Data Collection and Reporting Activities

CMS is committed to monitoring the quality of care provided by MAOs. To evaluate this care and to give better information about MAO performance to Medicare beneficiaries, CMS requires the MAOs with which it contracts to report HEDIS measures, including HOS. These measures have been collected since 1998. The table below summarizes HOS data collection and reporting activities since 2013.

	Year 16 (2013)	Year 17 (2014)	Year 18 (2015)	Year 19 (2016)	Year 20 (2017)
<b>Cohort 13</b>	2010–2012 Cohort 13 Performance Measurement Results				
<b>Cohort 14</b>	Cohort 14 Follow-Up Data Collection	2011–2013 Cohort 14 Performance Measurement Results			
<b>Cohort 15</b>		Cohort 15 Follow-Up Data Collection	2012–2014 Cohort 15 Performance Measurement Results		
<b>Cohort 16</b>	Cohort 16 Baseline Data Collection		Cohort 16 Follow-Up Data Collection	2013–2015 Cohort 16 Performance Measurement Results	
<b>Cohort 17</b>		Cohort 17 Baseline Data Collection		Cohort 17 Follow-Up Data Collection	2014–2016 Cohort 17 Performance Measurement Results
<b>Cohort 18</b>			Cohort 18 Baseline Data Collection		Cohort 18 Follow-Up Data Collection
<b>Cohort 19</b>				Cohort 19 Baseline Data Collection	
<b>Cohort 20</b>					Cohort 20 Baseline Data Collection

## Health Outcomes Survey—Modified

The Medicare Health Outcomes Survey—Modified (HOS-M), originally titled *PACE Health Survey*, was fielded for the first time in 2002. The HOS-M is administered to vulnerable Medicare beneficiaries who are enrolled in Program of All-Inclusive Care for the Elderly (PACE) plans and are at greatest risk for poor health outcomes.

The main goal of HOS-M is to assess the frailty of the population in order to adjust Medicare payments. HOS-M survey results are calculated annually and are based on responses from a random sample of members (the survey is not a cohort study). For smaller plans, the entire population is sampled.

## CMS HOS Survey Vendor Program

CMS developed the HOS Survey Vendor Program to establish standardization of data collection and thereby promote comparability of results across MAOs. MAOs must contract with a CMS-approved HOS survey vendor to administer the survey. To become a CMS-approved HOS survey vendor, an organization must demonstrate that it has the capability, experience and personnel to collect and report accurate survey results.

CMS holds annual survey vendor training on data collection protocols, the *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1* and submission of survey data. Upon successful completion of HOS training, survey vendors are approved to collect HOS for one year. CMS posts the list of approved HOS survey vendors on the HOS website (<http://www.hosonline.org>). Annual approval is contingent on acceptable performance in survey administration and annual participation in HOS survey vendor training.

### HOS Minimum Business Requirements

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Survey vendors must meet the *2017 HOS Minimum Business Requirements* and adhere to the Rules of Participation.

**Relevant Survey Experience** Survey vendors must meet the number of years in business requirement, have the appropriate organizational survey experience, the appropriate number of years conducting surveys and meet the requirements for administering the survey in multiple survey languages.

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**Organizational Survey Capacity** Survey vendors must have the capacity to handle the estimated workload, including designated personnel, system resources, and capability to handle the mode of survey administration, data submission, data security, data retention, confidentiality and technical assistance/customer support.

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**Quality Control Procedures** Survey vendors must demonstrate quality control procedures for all phases of survey implementation and as specified in the *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1*.

### HOS-M

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Separate CMS HOS-M survey vendor approval is required to administer the HOS-M. NCQA notifies HOS-M organizations which survey vendor is approved to administer the HOS-M.

## NCQA Operations Oversight

To standardize data collection processes, NCQA provides operations oversight for HOS measure implementation. CMS expressly prohibits survey vendors from augmenting or adjusting the HOS protocol or instrument without CMS and NCQA approval.

<b>Quality Assurance Guidelines</b>	<p>The <i>Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1</i> feature continuous monitoring of survey vendor performance and focus on protocol adherence and implementation of corrective actions and evaluation of their impact on performance. The <i>Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1</i> include information on protecting the confidentiality of sampled members and document CMS' approach to monitoring survey vendor compliance.</p> <p>In conjunction with HEDIS Volume 6, the <i>Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1</i> provide survey vendors with complete guidelines for HOS data collection and reporting. CMS requires survey vendors to submit quality assurance plans (QAP) prior to survey implementation and evaluates survey vendor performance against the QAPs throughout survey administration.</p>
<b>Biweekly reporting</b>	<p>The <i>Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1</i> require survey vendors to submit biweekly progress reports during the data-collection process. Biweekly reporting allows NCQA to assess survey vendor compliance with the survey protocol and track anticipated response rates. Following data collection, survey vendors provide NCQA with a final, detailed status report that provides a retrospective discussion of survey implementation and lessons learned, and recommendations for the upcoming year's administration.</p>
<b>Site visits</b>	<p>CMS may opt to conduct a site visit to survey vendors during the data collection phase of survey administration. During this visit, NCQA verifies that survey management systems are in place, including survey issuance and receipt control systems, in addition to an established functional, automated survey management system and processes for protecting member confidentiality. The site visit provides survey vendors with the opportunity to discuss their experiences administering the survey.</p>
<b>Other methods of oversight</b>	<p>NCQA uses other methods of operations oversight during data collection:</p> <ul style="list-style-type: none"> <li>• Regular updates and correspondence via telephone and e-mail.</li> <li>• Telephone conferences with CMS and survey vendors.</li> <li>• Offsite monitoring of survey vendors' customer support line and e-mails.</li> <li>• Offsite silent monitoring of telephone interviews.</li> <li>• Offsite data record review.</li> <li>• Data validation of member-level data files.</li> <li>• Technical assistance.</li> </ul>

## Survey Administration

**Collaborative organizations** Collecting and reporting the HOS measure requires collaboration between MAOs; CMS-approved HOS survey vendors; CMS; and NCQA and its subcontractors. Each organization has specific responsibilities to perform.

**MAOs** The following MAOs and other organization types with Medicare contracts in effect on or before January 1, 2016 are required to report Baseline HOS in 2017, provided that they have a minimum enrollment of 500 members as of February 1, 2017:

- All MAOs, including all coordinated care plans, PFFS contracts, and MSA contracts.
- Section 1876 Cost contracts even if they are closed for enrollment.
- Employer/union only contracts.
- Medicare Medicaid Plans (MMPs).

All MAOs and organization types that reported a Cohort 18 Baseline Survey in 2015 are required to administer a Cohort 18 Follow-Up Survey in 2017.

MAOs contract with a CMS-approved HOS survey vendor to administer the HOS measure, and notify NCQA of their contractual arrangements. MAOs provide survey vendors with a data file that contains member contact information, and are responsible for the integrity of the data file provided to survey vendors.

All PACE organizations with Medicare contracts in effect on or before January 1, 2016, and with a minimum enrollment of 30 members as of October 1, 2016, are required by CMS to administer the HOS-M Survey in 2017. PACE organizations contract with the CMS-approved HOS-M survey vendor.

MAOs sponsoring Fully Integrated Dual Eligible (FIDE) Special Needs Plans (SNP) within Medicare contracts in effect on or before January 1, 2016, and with a minimum enrollment of 50 members may elect to report at the plan benefit package level to determine eligibility for a frailty adjustment payment, similar to payments provided to PACE programs. Voluntary reporting is in addition to standard HOS requirements for quality reporting at the contract level.

**CMS-approved HOS survey vendors** Survey vendors administer the HOS measure using the HEDIS protocol described in this volume and adhere to all guidelines in the *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1*, including guidelines for protecting member confidentiality and requirements for protocol adherence.

Survey vendors submit member-level data files containing HOS data to NCQA, in compliance with the HOS data collection schedule.

**CMS** CMS notifies MAOs that they are required to participate in HOS, through a bulletin in its Health Plan Management System (HPMS).

CMS contracts with NCQA to conduct survey vendor training and provide operational and survey vendor oversight for survey administration.

CMS approves survey vendors to administer HOS on an annual basis.

CMS contracts with HSAG to evaluate data quality, calculate HOS results and report MAO-specific results to MAOs.

HOS measures are included in the Medicare Star Ratings, which CMS reports publicly every fall on the Medicare Plan Finder website ([www.medicare.gov/find-a-plan](http://www.medicare.gov/find-a-plan)).

**NCQA** NCQA notifies MAOs that they are required to participate in the survey and provides them with guidelines for contracting with CMS-approved HOS survey vendors.

NCQA, through a subcontract with RTI International, generates HOS samples and forwards them to survey vendors.

NCQA conducts annual survey vendor training and provides oversight to ensure survey vendors follow HOS data collection protocols.

### **HEDIS 2016 Medicare HOS Experience**

In 2016, 463 MAOs participated in the Baseline Survey and 365 participated in the Follow-Up Survey. Preliminary response rates were 42 percent for the Baseline Survey and 65 percent for the Follow-Up Survey.

One hundred six organizations from the PACE program participated in the HOS-M. The overall response rate was 52 percent.

### **HOS Resources**

A comprehensive list of HOS resources and publications is available at <http://www.hosonline.org>.





# **Effectiveness of Care**



## The Medicare Health Outcomes Survey (HOS)

### SUMMARY OF CHANGES TO HEDIS 2017

- Revised Q56.
- Updated the HOS prenotification letters, the letter for first questionnaire, the letter for replacement questionnaire and the reminder/thank-you postcard.

### Description

This measure provides a general indication of how well an MAO manages the physical and mental health of its members. The survey measures physical and mental health status at the beginning of a two-year period and again at the end of a two-year period, when a change score is calculated. Each member's health status is categorized as "better than expected," "the same as expected" or "worse than expected," accounting for death and risk-adjustment factors. MAO-specific results are assigned as percentages of members whose health status was better, the same or worse than expected.

When administered in conjunction with the protocol for sampling and data collection, the HOS gives a reliable overall measurement of the physical and mental health status of an MAO's members; however, any alteration to the protocol, the HOS questionnaire or its administration may not yield an accurate measurement.

**No MAO may represent that it has conducted the HEDIS Medicare HOS unless it both administers the entire survey without amendment and complies with the instructions for data collection contained in this volume.**

*Note: This section contains the specifications for both the HOS Baseline Survey and the Follow-Up Survey. Generally, specifications are consistent between the two surveys. Where variations exist, specifications are listed separately for each survey.*

### Eligible Population

<b>Product line</b>	Medicare.
<b>Age</b>	18 years and older on the date when the sample is drawn.

## **HEDIS Protocol for Administering the Medicare HOS**

Reliability, confidentiality and comparability of MAO data are priorities of the data collection protocol. The sampling and data collection procedures outlined below promote the standardized administration of the survey instruments by different survey vendors and the comparability of resulting data.

A standardized protocol for collecting data is provided to survey vendors so that data collection is consistent across participating MAOs. NCQA will provide instruction and training of the protocol and the *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1* to survey vendors at the 2017 HOS survey vendor training.

Sampling procedures are designed so that participating MAOs cannot identify members selected for HOS participation. Survey vendors are expected to maintain the confidentiality of sampled members, and may not give MAOs access to sampled members' names. Survey vendors are expected to make every reasonable effort to maximize the final survey response rates and to pursue contacts with potential respondents until the final data collection protocol is completed.

### **Sampling Protocol**

Sampling for HOS is a two-step process. First, members are randomly selected for the Baseline Survey sample. After the Baseline sample is selected, the Follow-Up Survey sample is identified. Baseline and Follow-Up members are combined and one sample file is generated for each MA contract.

**Baseline Survey sampling:** Because of variations in health plan population size, three sampling approaches are used. MA contracts with fewer than 500 members are exempt from HOS reporting.

**MA contracts with populations of  $\geq 3,000$  members** A random sample of 1,200 members is drawn. Members who were sampled for and returned a completed survey the previous year (as part of the 2016 Baseline Survey) are excluded from the sample.

**MA contracts with populations of 1,201–2,999 members** A random sample of 1,200 members is drawn. Members who were sampled for and returned a completed survey the previous year (as part of the 2016 Baseline Survey) are *not* excluded from the sample.

**MA contracts with populations of 500–1,200 members** All eligible members are included in the sample.

**Follow-Up Survey sampling** Members eligible for the Follow-Up Survey sample are identified. Eligible members include all respondents for whom a valid PCS or MCS was calculated during the Baseline Survey (collected two years prior). Members are not considered eligible for the Follow-Up sample if they:

- Disenrolled from the MA contract subsequent to the Baseline Survey.
- Died subsequent to the Baseline Survey.

**Double-duty respondents** Members may simultaneously serve in the Baseline and Follow-Up samples. Members who are randomly selected for the Baseline sample and are eligible for the Follow-Up Survey are referred to as “double-duty respondents.” They are sent one questionnaire during survey administration (the HOS questionnaire is the same for both Baseline and Follow-Up).

Surveys returned by double-duty respondents are used to calculate a two-year change score for the Follow-Up Survey *and* are considered a Baseline response (the member is eligible for the Follow-Up sample in two years).

### Sample files

NCQA creates a sample file for each MA contract that includes both Baseline and Follow-Up members. Codes indicate whether sampled members are included in the Baseline Survey, in the Follow-Up Survey, or in both. Other codes indicate Follow-Up members who completed a Spanish or Chinese questionnaire at Baseline and those whose Baseline Survey was completed by a proxy. Survey vendors use these codes to ensure each member receives the appropriate materials during survey administration (a Spanish-speaking member receives Spanish versions of the mail materials).

Using information provided by the MAOs, NCQA delivers the sample files to the appropriate survey vendors for survey administration.

### Proxy respondents

Although sampled members are encouraged to respond directly to the mail or telephone survey, not all elderly or disabled respondents are able to do so. In such cases, proxy responses are acceptable. The survey instrument instructs members who cannot complete the survey to have a family member or other proxy complete the survey for them.

If a proxy completed the Baseline Survey, survey vendors attempt to have the sampled member or the same proxy complete the Follow-Up Survey, to minimize bias. If the sampled member or the same proxy is unable to complete the Follow-Up Survey, survey vendors attempt to obtain Follow-Up Survey responses from a different proxy.

## Data Collection Protocol

The standard HEDIS protocol for administering HOS employs a combination of mail and telephone survey administration. The main data collection technique is a mailing of surveys to sampled members. If members fail to respond after two mailings, survey vendors attempt at least six telephone attempts (maximum of nine) to try to reach the member. If members return a blank or incomplete mail survey (i.e., a questionnaire with less than 80 percent of required questions completed or any of the Activities of Daily Living [ADL] items [10a–f] unanswered), survey vendors attempt at least six telephone follow-up calls to obtain responses to unanswered questions. Survey vendors may not attempt more than nine telephone calls to a sampled member.

CMS does not allow the MAO or survey vendor to use incentives of any kind.

The basic tasks and times for conducting the survey are presented below. Baseline and Follow-Up Surveys are staggered so that the Follow-Up Survey begins approximately five weeks after the Baseline Survey.

Survey Vendor Task
Send a Prenotification Letter to the respondent 1 week before the first survey questionnaire mailing.
Send first questionnaire with cover letter to the respondent 1 week after the Prenotification Letter.
A survey vendor may elect to initiate electronic telephone interviewing for members with an invalid or undeliverable mailing address.
Send a reminder/thank-you postcard 1 week after mailing the first questionnaire.
Send a second questionnaire with cover letter to nonrespondents approximately 35 days after mailing the first questionnaire.
Initiate electronic telephone interviewing for nonrespondents and members who return a blank or incomplete mail survey approximately 21 days after mailing the second questionnaire.
Initiate systematic contact for all nonrespondents and members who return a blank or incomplete mail survey so that at least 6 (up to 9) telephone calls are attempted at different times of day, on different days of the week and in different weeks.
Complete the telephone follow-up sequence (completed interviews obtained or maximum calls reached for all nonrespondents) approximately 4–5 weeks after initiation.

**Baseline option for Spanish-speaking members**

The prenotification letter and first questionnaire cover letter contains Spanish text inviting Spanish-speaking members to call the survey vendor to request a Spanish version of the HOS questionnaire. For members who request a Spanish questionnaire, the remainder of the mail portion of the protocol is conducted in Spanish. For example, if a member requests a Spanish questionnaire after receiving the first questionnaire mailing, the member receives the second questionnaire mailing in Spanish.

During the telephone portion of the protocol, Spanish-speaking telephone interviewers are available to conduct the interview in Spanish.

Additionally, if the MAO has data on the member's primary language, the MAO and survey vendor may elect to flag the member as a Spanish-speaker and use Spanish materials starting with the first mailing.

**Baseline option for Chinese-speaking members**

For MAOs that have a majority of members who are primarily Chinese-speaking, in consultation with the MAO, survey vendors may elect to administer Baseline surveys in Chinese.

There is no telephone protocol for Chinese-speaking members.

**Follow-Up members who had a proxy complete the Baseline Survey**

NCQA identifies instances where a proxy completed the Baseline Survey (collected two years prior). Survey vendors include the name of the proxy on the mailing materials, and may opt to print the proxy name on the cover letters. Mailing materials encourage members to complete the survey themselves. If they are unable to complete the survey, they are encouraged to have the *same* proxy complete the survey for them.

During the telephone portion of the protocol, survey vendors encourage the sampled members to complete the survey. If members are unable to complete the surveys, survey vendors attempt to conduct the follow-up interview with the same proxy. If the same proxy is unavailable, survey vendors attempt to conduct the interview with a different proxy.

**Follow-Up members who completed the Baseline Survey themselves**

Mailing materials encourage members to complete the Follow-Up Survey themselves. If they are unable to complete the survey, a family member or other proxy can complete the survey for them.

**Follow-Up members who completed the Baseline Survey in Spanish or Chinese**

Survey vendors send these members the Spanish or Chinese versions of the mailing materials and the survey questionnaire. Spanish-speaking interviewers conduct telephone interviews in Spanish. There is no telephone interviewing for Chinese-speaking members.

## Mail Phase of the Protocol

<b>Mail materials</b>	<p>The mail component of the survey uses standardized questionnaires, prenotification letters, survey cover letters and reminder/thank-you postcards provided by NCQA and included in this volume. Survey vendors are responsible for reproducing sufficient numbers of English, Spanish and Chinese questionnaires, letters and postcards.</p> <p>The Spanish and Chinese translations of the questionnaires and mailing materials are not included in this volume, but are provided to CMS-approved HOS survey vendors.</p>
<b>Questionnaire</b>	<p>To ensure comparability, survey vendors may not change the wording of the survey questions or the response categories or the order of the questions.</p> <p>Survey vendors may make minor modifications to the format and layout of the questionnaire, adhering to formatting parameters specified in the <i>Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1</i>.</p>
<b>Confidential tracking ID</b>	<p>Questionnaires are labeled with a confidential tracking identification number to ensure that the replacement questionnaire mailing is sent only to nonrespondents. Survey vendors use a master file in which the confidential tracking number is linked to each member in the survey sample, along with identifying information (e.g., name, address, phone number). This file is used to generate all mailing materials, such as cover letters and address labels, and is updated to indicate the current response status of each member in the sample.</p> <p>To maintain the confidentiality of members, the master file does not contain actual survey responses. Responses reside in discrete data files developed by the survey vendor and are linked to the master file only by the confidential tracking number.</p>
<b>Letters and postcards</b>	<p>The prenotification letter may not be modified in any way. All correspondence must adhere to guidelines described in the <i>Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1</i>. Correspondence is personalized as follows:</p> <ul style="list-style-type: none"> <li>• Survey cover letters contain the salutation “Dear Medicare Beneficiary” and the reminder/thank-you postcards contain “Dear Sir or Madam.” <ul style="list-style-type: none"> <li>– The survey vendor has the option of personalizing the salutation to include the member’s name on the survey cover letters.</li> </ul> </li> <li>• Full member name and address are used to address all envelopes to the member.</li> <li>• The prenotification letter includes the signature of a CMS official and CMS letterhead.</li> <li>• The letter for first questionnaire and letter for replacement questionnaire include the signature of a senior official of the survey vendor and are on survey vendor letterhead.</li> <li>• The prenotification letter is marked “Return Service Requested” or “Address Service Requested,” so member records can be updated.</li> </ul>
<b>For the Baseline Survey</b>	<p>The letter for first questionnaire is double-sided; one side of the letter contains English text and the other side contains Spanish or Chinese text. The Spanish or Chinese text invites Spanish- and Chinese-speaking members to request a Spanish or Chinese version of the HOS questionnaire by contacting the survey vendor’s toll-free customer support number or e-mail address.</p>

<b>For the Follow-Up Survey</b>	Survey vendors personalize the letter for first questionnaire and the letter for replacement questionnaire to accommodate their process for identifying instances where a proxy completed the Baseline Survey. Survey vendors personalize the mailing materials with the name of the proxy, when applicable.
<b>Return envelopes</b>	Questionnaire mailings include stamped return envelopes or business reply mail envelopes addressed to the survey vendor.
<b>First-class postage</b>	First-class postage and postal bar coding are used on all mailing pieces. Survey vendors may use first-class postage indicia.
<b>NCQA approval of printed materials</b>	Survey vendors forward all print-ready materials to NCQA for approval prior to volume printing in compliance with the timeline and guidelines described in the <i>Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1</i> .
<b>Address standardization</b>	Sample files contain member names and addresses. The survey vendor uses standardization techniques, described in the <i>Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1</i> , to ensure that address information is current and is formatted to enhance deliverability.
<b>Data entry</b>	<p>Survey vendors review returned mail questionnaires for legibility and completeness. A coding specialist uses decision rules stated in the <i>Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1</i> to code ambiguous responses. After coding is complete, data are uploaded to the vendor's survey management system.</p> <p>Questionnaires may be key entered or optically scanned. To ensure quality for key-entered data, two data entry specialists key answers independently for each questionnaire. A comparison of the separate entries identifies data entry errors that need adjudication by a supervisor. Survey vendors enter all data from returned questionnaires into their survey management system within five days of receipt.</p>
<b>Quality control</b>	Survey vendors establish training programs for all personnel involved in the mail phase of the protocol, establish quality control procedures and monitor staff performance to ensure integrity of the printing and mailing processes. Survey vendors provide NCQA with written documentation of personnel training and quality control processes.

### Telephone Phase of the Protocol

The telephone component of the protocol uses a standardized electronic telephone interviewing script and design specifications provided by NCQA. The survey vendor is responsible for programming the scripts and specifications into its existing electronic telephone interviewing system software. The survey vendor establishes enough operating electronic telephone interviewing stations to ensure that interviewers can complete the telephone phase of the protocol within the protocol timeline.

To ensure the comparability of survey results, the survey vendor may not change the wording of survey questions, the response categories or order of the questions.

<b>NCQA approval of telephone screenshots</b>	Survey vendors submit telephone screenshots to NCQA for approval prior to telephone interviewing and must be in compliance with the timeline and guidelines described in the <i>Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1</i> .
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**Telephone number standardization**

The sample file provided to survey vendors does not include member telephone numbers; survey vendors obtain telephone numbers directly from the MAO. Along with the sample file of 1,200 members, NCQA provides a second, larger “supplemental” file in which the sampled members’ names are embedded, but not identified. Survey vendors forward the supplemental file via a secure format to the MAO, which appends the contact information for every member in the file. (Alternately, the MAO may provide the survey vendor with complete enrollment lists.) Survey vendors contact the MAO as soon as possible after receiving the sample files, to provide them with enough time to generate contact information.

Following the mail portion of the protocol, survey vendors identify members who did not respond to the mail survey and members who returned a blank or incomplete mail questionnaire. These members are eligible for telephone interviews. Survey vendors have two telephone number lists: one from the MAO and another from the secondary source. Both telephone numbers are entered into the electronic telephone interviewing system for use during interviewing, as described in the *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1*.

**Telephone attempts**

Survey vendors attempt to contact nonrespondents by telephone so that six telephone calls are attempted at different times of day, on different days of the week and in different weeks. No more than nine telephone attempts may be made.

For members with deliverable mailing addresses, telephone interviewing begins four weeks after the second questionnaire mailing to allow sufficient time for completed mail surveys to be returned. Telephone interviewing may be initiated earlier for members with invalid or undeliverable mailing addresses, at the survey vendor’s discretion.

**Quality control**

Survey vendors establish training programs for all personnel involved in the telephone phase of the protocol, establish quality control procedures and monitor staff performance to ensure the integrity of the telephone interviewing process.

Survey vendors monitor 10 percent of telephone interviews to evaluate the quality of interviewing and provide feedback and additional training, as necessary. Survey vendors provide NCQA with written documentation of personnel training and quality control processes.

**Data Coding****Disposition codes**

Using the confidential tracking number, survey vendors assign all sampled members a disposition status code to track whether they have returned the questionnaire or need a repeat mailing or telephone follow-up call. Disposition codes are either interim (to indicate member status during the data collection period) or final (to document the outcome of member response at the end of data collection).

Maintaining up-to-date disposition codes is especially important; codes allow survey vendors to calculate and report the response rate and project the number of completed questionnaires at any time during the data collection period.

After data collection is complete, survey vendors assign one of the following final disposition status codes to each member:

- Complete Survey (80 percent or more completed and all ADL items [10a–f] answered).
- Nonresponse: Partial complete survey (between 50 percent and 79 percent completed or 80 percent or more completed with an ADL item unanswered).
- Ineligible: Deceased\*.
- Ineligible: Not enrolled in MAO.
- Ineligible: Language barrier.
- Ineligible: Removed from sample.
- Ineligible: Duplicate, beneficiary listed twice in the sample frame.
- Ineligible: Bad address and nonworking/unlisted phone number, or member is unknown at the dialed phone number.
- Nonresponse: Break-off (less than 50 percent completed).
- Nonresponse: Refusal.
- Nonresponse: Respondent unavailable.
- Nonresponse: Respondent physically or mentally incapacitated.
- Nonresponse: Respondent institutionalized.
- Nonresponse: After maximum attempts.

*\*Deceased members are excluded from Follow-Up samples but are included in the calculation of HOS results.*

**Complete Survey**

Survey vendors assign a disposition status code of “Complete Survey” when 80 percent or more of the total pertinent questions are answered and all ADL items (10a–f) are answered. Questions that are part of a skip pattern are excluded from calculation of percentage complete. To achieve the maximum number of complete surveys, survey vendors recontact members who return blank or incomplete mail questionnaires.

**Total survey response rate**

Survey vendors calculate and report a total survey response rate for each sample (the total number of complete surveys divided by all eligible members of the sample). Eligible sampled members include the entire random sample minus members assigned a disposition code of “Ineligible.” The total survey response rate is calculated as follows:

Complete Surveys

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Entire random sample – [Ineligible: Deceased + Ineligible: Not enrolled in MAO + Ineligible: Language barrier + Ineligible: Removed from sample + Ineligible: Duplicate, beneficiary listed twice in the sample frame + Ineligible: Bad address *and* nonworking/unlisted phone number or person unknown at the dialed phone number]

**Data cleaning and editing**

The *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1* detail the minimum elements that survey vendors’ data validation protocols must incorporate. Regardless of data entry method, survey vendors audit a random sample of entered data by comparing printed forms with data entry results, to catch systematic errors. Survey vendors follow instructions for cleaning and editing data before submission to NCQA.

## HOS Reporting

<b>Data submission</b>	<p>Survey vendors submit interim HOS data files to NCQA, in accordance with the HOS timeline.</p> <p>Survey vendors submit HOS final data files to NCQA two weeks after data collection is complete, in accordance with the HOS timeline.</p>
<b>Data storage</b>	<p>Survey vendors store HOS questionnaires and electronic data securely to protect confidentiality, in accordance with guidelines described in the <i>Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1</i>. NCQA and CMS have the right to access survey vendors' questionnaires or electronic files at any time.</p>
<b>Progress reporting to MAOs</b>	<p>MAOs may request that survey vendors provide status or performance reports at specified intervals. The <i>Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.1</i> specifies elements allowed for these reports, which keep MAOs informed about survey progress <i>without providing individual or aggregate data containing responses to survey items</i>.</p> <p>Survey vendors may report to MAOs on response rates and frequency distributions for each final disposition code. They safeguard the confidentiality of sampled members and are prohibited from providing MAOs with access to member-identifying data. Survey vendors may not report any calculations or results for any HOS measures to MAOs.</p>
<b>Reporting HOS results</b>	<p>After the Baseline and Follow-Up Surveys are administered, HSAG develops the <i>Medicare Health Outcomes Survey Baseline Report</i> and the <i>Medicare Health Outcomes Survey Performance Measurement Report</i> for distribution to MAOs. The <i>Baseline Report</i> summarizes data for the Baseline cohort from the current year's survey, and the <i>Performance Measurement Report</i> compares the Follow-Up from the current year with the Baseline from two years prior.</p> <p>MAOs can use the reports to inform development, implementation and success of quality improvement initiatives. All report distribution occurs electronically through the CMS HPMS. Contract-level summary data are also provided in HPMS in a data set (CSV) containing contract-level responses to each HOS question, as well as demographic data.</p> <p>Additional information about HOS reports and data, as well as detailed technical specifications for calculating HOS results, are posted on the HOS website (<a href="http://www.hosonline.org">http://www.hosonline.org</a>).</p>

## The Medicare Health Outcomes Survey—Modified (HOS-M)

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### SUMMARY OF CHANGES TO HEDIS 2017

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- Updated the HOS-M prenotification letters, the letter for first questionnaire, the letter for replacement questionnaire and the reminder/thank-you postcard.

#### Description

HOS-M assesses the physical and mental health status of the health plan population. CMS uses HOS-M results to adjust Medicare payments.

#### Eligible Population

<b>Product line</b>	Medicare.
<b>Age</b>	55 years and older as of January 1, 2017.
<b>Continuous enrollment</b>	January 1–February 1, 2017.
<b>Allowable gap</b>	None.
<b>Reason for entitlement</b>	Aged and disabled members are eligible for the measure. Members with ESRD and institutionalized members are excluded.

## **HEDIS Protocol for Administering the HOS-M**

To collect results for HOS-M, *apply the modifications described in this section* to the standard HEDIS protocols for administering the HOS.

### **Sampling Protocol**

Because of variations in health plan population size, two sampling approaches are used.

***PACE***  
***organizations with***  
***populations of***  
***≥1,200 members***

A random sample of 1,200 members is drawn.

***PACE***  
***organizations with***  
***populations of***  
***<1,200 members***

All eligible members are included in the sample.

**Proxy**  
**respondents**

Sampled members are encouraged to respond to the mail or telephone survey directly. If a member is unable to do so, a proxy response is acceptable. Sampled members are instructed to seek help from a family member or friend, if necessary. If a family member or friend is unavailable, sampled members are instructed to ask a nurse or other health professional for help.

### **Data Collection Protocol**

**Translations**

The HOS-M questionnaire and telephone interview are available in English, Spanish and Chinese. HOS-M samples sent to the survey vendor contain a field indicating the sampled member's primary language. Sampled members whose primary language is Spanish receive questionnaires and mailing materials in Spanish. Sampled members whose primary language is Chinese receive questionnaires and mailing materials in Chinese. All other members receive questionnaires and mailing materials in English.

Sampled members and proxy respondents may request the questionnaire in English, Spanish or Chinese if they prefer a version other than the one that was originally sent. Interviews are conducted in the member's primary language. The survey vendor sets up the telephone interviewing system so that a member can switch to a different language (English, Spanish or Chinese) if needed.

### **Mail Phase of the Protocol**

**Mail materials**

The mail component of the survey uses standardized HOS-M questionnaires, prenotification letters, survey cover letters and reminder/thank-you postcards provided by NCQA and included in this volume.

The Spanish and Chinese translations of the questionnaires and mailing materials are not included in this volume, but are provided to the CMS-approved HOS-M survey vendor.

**Mailing address** The HOS-M samples sent to the survey vendor contain a field indicating whether the member receives his or her own mail, in addition to fields for two contact individuals and their mailing addresses and telephone numbers. Mailing materials are addressed directly to the member if the member receives his or her own mail; if not, materials are addressed to the member in care of the first contact and to the first contact's mailing address.

### Telephone Phase of the Protocol

The telephone component of the protocol uses a standardized HOS-M electronic telephone interviewing script and design specifications provided by NCQA.

**Telephone attempts** The survey vendor attempts to contact nonrespondents by telephone so that six telephone calls are attempted at different times of day, on different days of the week and in different weeks. If a member is unable to be contacted after six telephone attempts, the survey vendor makes six additional telephone calls to the contact individuals listed in the sample file.

### Data Coding

**Disposition codes** After data collection is completed, members are assigned one of the following final disposition status codes.

- Complete survey: Q4a–f are answered.
- Non-response: Partial complete survey (the member answered one or more questions but one or more of Q4a–f are unanswered).
- Ineligible: Deceased.
- Ineligible: Language barrier.
- Ineligible: Bad address and nonworking/unlisted phone number, or member is unknown at the dialed phone number.
- Ineligible: Removed from sample.
- Ineligible: Duplicate, beneficiary listed twice in the sample frame.
- Nonresponse: Refusal by member.
- Nonresponse: Refusal by proxy.
- Nonresponse: Refusal by gatekeeper.
- Nonresponse: Respondent unavailable.
- Nonresponse: Respondent physically/mentally incapacitated.
- Nonresponse: Respondent institutionalized.
- Nonresponse: After maximum attempts.

**Complete survey** The survey vendor assigns a member a disposition code of “complete survey” when Q4a–f are answered.

## Management of Urinary Incontinence in Older Adults (MUI)

### SUMMARY OF CHANGES TO HEDIS 2017

- Added a hospice exclusion.

#### Description

The following components of this measure assess different facets of managing urinary incontinence in older adults.

**Discussing Urinary Incontinence** The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who discussed their urinary leakage problem with a health care provider.

**Treatment of Urinary Incontinence** The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who discussed treatment options for their urinary incontinence with a health care provider.

**Impact of Urinary Incontinence** The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who reported that urine leakage made them change their daily activities or interfered with their sleep a lot.

**Note:** A lower rate indicates better performance for this indicator.

#### Eligible Population

**Product line** Medicare.

**Age** 65 and older as of December 31 of the measurement year.

**Exclusion** Evidence from CMS administrative records of a hospice start date.

#### Protocol and Survey Instrument

**Medicare** Collected using the HOS. MAOs reporting the measure must contract with a CMS-approved HOS Survey Vendor to administer the survey.

## Questions Included in the Measure

Table E-1 presents the questions included in the measure.

**Table E-1: Management of Urinary Incontinence in Older Adults**

Question		Response Choices
<b>Q42</b>	Many people experience leaking of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?	Yes → <b>Go to Question Q43</b> No → <b>Go to Question Q46</b>
<b>Q43</b>	During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?	A lot Somewhat Not at all
<b>Q44</b>	Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?	Yes No
<b>Q45</b>	There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches?	Yes No

## Calculating Management of Urinary Incontinence in Older Adults Results

Results are calculated by NCQA using data collected in the combined Baseline and Follow-Up Survey samples from the same measurement year.

The MAO must achieve a denominator of at least 100 to obtain a reportable result. If the denominator is less than 100, NCQA assigns a measure result of *Not Applicable (NA)*.

## Discussing Urinary Incontinence

**Denominator** Medicare members 65 years of age and older who reported having any urinary incontinence in the past six months.

Member choices must be as follows to be included in the denominator:

- Q42 = “Yes.”
- Q44 = “Yes” or “No.”

**Numerator** The number of members in the denominator who indicated they discussed their urinary incontinence with a health care provider.

Member choice must be as follows to be included in the numerator:

- Q44 = “Yes.”



---

**Treatment of Urinary Incontinence**

---

<b>Denominator</b>	Medicare members 65 years of age and older who reported having any urinary incontinence in the past six months.  Member choices must be as follows to be included in the denominator: <ul style="list-style-type: none"><li>• Q42 = “Yes.”</li><li>• Q45 = “Yes” or “No.”</li></ul>
<b>Numerator</b>	The number of members in the denominator who indicated they discussed treatment options for their urinary incontinence with a health care provider.  Member choice must be as follows to be included in the numerator: <ul style="list-style-type: none"><li>• Q45 = “Yes.”</li></ul>

---

**Impact of Urinary Incontinence**

---

<b>Denominator</b>	Medicare members 65 years of age and older who reported having any urinary incontinence in the past six months.  Member choices must be as follows to be included in the denominator: <ul style="list-style-type: none"><li>• Q42= “Yes.”</li><li>• Q43 = “A lot” or “Somewhat” or “Not at all.”</li></ul>
<b>Numerator</b>	The number of members in the denominator who indicated that urine leakage made them change their daily activities or interfered with their sleep a lot.  Member choice must be as follows to be included in the numerator: <ul style="list-style-type: none"><li>• Q43 = “A lot.”</li></ul>

## Physical Activity in Older Adults (PAO)

### SUMMARY OF CHANGES TO HEDIS 2017

- Added a hospice exclusion.

#### Description

The following components of this measure assess different facets of promoting physical activity in older adults.

**Discussing Physical Activity** The percentage of Medicare members 65 years of age and older who had a doctor’s visit in the past 12 months and who spoke with a doctor or other health provider about their level of exercise or physical activity.

**Advising Physical Activity** The percentage of Medicare members 65 years of age and older who had a doctor’s visit in the past 12 months and who received advice to start, increase or maintain their level of exercise or physical activity.

#### Eligible Population

<b>Product line</b>	Medicare.
<b>Age</b>	65 and older as of December 31 of the measurement year.
<b>Exclusion</b>	Evidence from CMS administrative records of a hospice start date.

#### Protocol and Survey Instrument

<b>Medicare</b>	Collected using the HOS. MAOs reporting the measure must contract with a CMS-approved HOS Survey Vendor to administer the survey.
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#### Questions Included in the Measure

Table E-2 presents the questions included in the measure.

**Table E-2: Physical Activity in Older Adults**

Question		Response Choices	
Q46	In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.	Yes	→ Go to Question 47
		No	→ Go to Question 47
		I had no visits in the past 12 months	→ Go to Question 48
Q47	In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.	Yes	
		No	

## Calculating Physical Activity in Older Adults Results

Results are calculated by NCQA using data collected in the combined Baseline and Follow-Up Survey samples from the same measurement year.

The MAO must achieve a denominator of at least 100 to obtain a reportable result. If the denominator is less than 100, NCQA assigns a measure result of NA.

### Discussing Physical Activity

<b>Denominator</b>	The number of members 65 and older as of December 31 of the measurement year who responded “Yes” or “No” to the question “In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical activity.”
<b>Numerator</b>	The number of members in the denominator who responded “Yes” to the question “In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical activity.”

### Advising Physical Activity

<b>Denominator</b>	The number of members 65 and older as of December 31 of the measurement year who responded “Yes” or “No” to the question “In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.”
<b>Numerator</b>	The number of members in the denominator who responded “Yes” to the question “In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.”

**Note:** Members who respond to Q46, “I had no visits in the past 12 months,” are excluded from results calculation for Q47.

## Fall Risk Management (FRM)

### SUMMARY OF CHANGES TO HEDIS 2017

- Expanded the *Discussing Fall Risk* denominator to include all members 65 and older who were seen by a practitioner in the past 12 months.
- Revised Q51 wording:
  - Removed the statement “Check your blood pressure lying or standing.”
  - Added the statement “Suggest you take vitamin D.”
- Added a hospice exclusion.

**Note:** The revisions to this measure in this volume were approved by NCQA’s Committee on Performance Measurement and will be included in the HEDIS 2018 Medicare Health Outcomes Survey, pending approval of the revised survey by the U.S. Office of Management and Budget. The previous FRM questions (refer to HEDIS 2016 Volume 6) will be fielded in HOS in 2017; results will not be reported.

### Description

The following components of this measure assess different facets of fall risk management.

**Discussing Fall Risk** The percentage of Medicare members 65 years of age and older who were seen by a practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner.

**Managing Fall Risk** The percentage of Medicare members 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner.

### Eligible Population

<b>Product line</b>	Medicare.
<b>Age</b>	65 and older as of December 31 of the measurement year.
<b>Exclusion</b>	Evidence from CMS administrative records of a hospice start date.

### Protocol and Survey Instrument

<b>Medicare</b>	Collected using the HOS. MAOs reporting the measure must contract with a CMS-approved HOS Survey Vendor to administer the survey.
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## Questions Included in the Measure

Table E-3 presents the questions included in the measure.

**Table E-3: Fall Risk Management**

	Question	Response Choices
Q48	A fall is when your body goes to the ground without being pushed. In the past 12 months, did your doctor or other health provider talk with you about falling or problems with balance or walking?	Yes No I had no visits in the past 12 months
Q49	Did you fall in the past 12 months?	Yes No
Q50	In the past 12 months, have you had a problem with balance or walking?	Yes No
Q51	Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include: <ul style="list-style-type: none"> <li>• Suggest that you use a cane or walker</li> <li>• Suggest that you do an exercise or physical therapy program</li> <li>• Suggest a vision or hearing test</li> <li>• Suggest you take vitamin D.</li> </ul>	Yes No I had no visits in the past 12 months

## Calculating Fall Risk Management Results

Results are calculated by NCQA using data collected in the combined Baseline and Follow-Up Survey samples from the same measurement year. The MAO must achieve a denominator of at least 100 to obtain a reportable result. If the denominator is less than 100, NCQA assigns a measure result of NA.

### Discussing Fall Risk

**Denominator** The number of members 65 years of age and older who had a practitioner visit in the past 12 months.

Member response choices must be as follows to be included in the denominator.

- Q48 = “Yes” or “No.”

**Numerator** The number of members in the denominator who indicated they discussed falls or problems with balance or walking with their current provider.

Member response choices must be as follows to be included in the numerator.

- Q48 = “Yes.”

### Managing Fall Risk

**Denominator** The number of members 65 years of age and older who had a visit in the past 12 months and who responded to the survey indicating they had a fall or problems with balance or walking in the past 12 months.

Member response choices must be as follows to be included in the denominator.

- Q48 = “Yes” or “No.”
- Q49 = “Yes” **or** Q50 = “Yes.”
- Q51 = “Yes” or “No.”

**Numerator** The number of members in the denominator who indicated their provider provided fall risk management.

Member response choices must be as follows to be included in the numerator.

- Q51 = "Yes."

## Osteoporosis Testing in Older Women (OTO)

### SUMMARY OF CHANGES TO HEDIS 2017

- Added a hospice exclusion.

### Description

This measure assesses the number of women 65–85 years of age who report ever having received a bone density test to check for osteoporosis.

### Eligible Population

<b>Product line</b>	Medicare.
<b>Age</b>	65–85 years as of December 31 of the measurement year.
<b>Exclusion</b>	Evidence from CMS administrative records of a hospice start date.

### Protocol and Survey Instrument

<b>Medicare</b>	Collected using the HOS. MAOs reporting the measure must contract with a CMS-approved HOS Survey Vendor to administer the survey.
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### Questions Included in the Measure

Table E-4 presents the question included in the measure.

**Table E-4: Osteoporosis Testing in Older Women**

	Question	Response Choices
<b>Q52</b>	Have you ever had a <b>bone density test</b> to check for <b>osteoporosis</b> , sometimes thought of as “brittle bones”? This test would have been done to your back or hip.	Yes No

### Calculating Osteoporosis Testing in Older Women Results

Results are calculated by NCQA using data collected in the combined Baseline and Follow-Up Survey samples from the same measurement year.

The MAO must achieve a denominator of at least 100 to obtain a reportable result. If the denominator is less than 100, NCQA assigns a measure result of *NA*.

### Osteoporosis Testing in Older Women

<b>Denominator</b>	The number of female members age 65-85 as of December 31 of the measurement year who responded “Yes” or “No” to the question “Have you ever had a bone density test to check for osteoporosis, sometimes thought of as ‘brittle bones’? This test would have been done to your back or hip.”
<b>Numerator</b>	The number of members in the denominator who responded “Yes” to the question “Have you ever had a bone density test to check for osteoporosis, sometimes thought of as ‘brittle bones’? This test would have been done to your back or hip.”





## **Appendix 1**

# **Medicare Health Outcomes Survey (HOS) Questionnaire (English) 2017**





**Medicare  
Health Outcomes  
Survey**



## Medicare Health Outcomes Survey Instructions

This survey asks about you and your health. Answer each question, thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. If you are unable to complete this survey, a family member or “proxy” can fill out the survey about you.

Please return the survey with your answers in the enclosed postage-paid envelope.

- Answer the questions by putting an ‘X’ in the box next to the appropriate answer like the example below.

Are you male or female?

- 1  Male  
2  Female

- Be sure to read all the answer choices given before marking a box with an ‘X.’
- You are sometimes told to skip over some questions in this survey. When this happens you will see a note that tells you what question to answer next, like this:

- 1  Yes → **Go to Question 35**  
2  No → **Go to Question 36**

All information that would permit identification of any person who completes this survey is protected by the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA). This information will be used only for purposes permitted by law and will not be disclosed or released for any other reason. If you have any questions or want to know more about the study, please call [vendor name] at [toll-free number].

“According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information that does not display a valid OMB control number. The valid OMB control number for this information collection is 0938-0701. The time required to complete this information collection is estimated to average 20 minutes including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, C1-25-05, Baltimore, Maryland 21244-1850.”

OMB 0938-0701 Version 02-1

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Items 1–9: The VR-12 Health Survey item content was developed and modified from a 36-item health survey.

## Medicare Health Outcomes Survey

1. In general, would you say your health is:

- 1  Excellent  
 2  Very good  
 3  Good  
 4  Fair  
 5  Poor

2. The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

a. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

- 1  Yes, limited a lot  
 2  Yes, limited a little  
 3  No, not limited at all

b. Climbing **several** flights of stairs

- 1  Yes, limited a lot  
 2  Yes, limited a little  
 3  No, not limited at all

3. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

a. **Accomplished less** than you would like **as a result of your physical health**?

- 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

b. Were limited in the **kind** of work or other activities **as result of your physical health**?

- 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

4. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

a. **Accomplished less** than you would like **as a result of any emotional problems**

- 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

b. Didn't do work or other activities as **carefully** as usual **as a result of any emotional problems**

- 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

5. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

- 1  Not at all  
 2  A little bit  
 3  Moderately  
 4  Quite a bit  
 5  Extremely

These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

6. How much of the time during the **past 4 weeks**:

a. Have you felt calm and peaceful?

- 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

b. Did you have a lot of energy?

- 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

c. Have you felt downhearted and blue?

- 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

7. 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, relatives, etc.)?

- 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

Now, we'd like to ask you some questions about how your health may have changed.

8. **Compared to one year ago**, how would you rate your **physical health** in general **now**?

- 1  Much better  
 2  Slightly better  
 3  About the same  
 4  Slightly worse  
 5  Much worse

9. **Compared to one year ago**, how would you rate your **emotional problems** (such as feeling anxious, depressed or irritable) in general **now**?

- 1  Much better  
 2  Slightly better  
 3  About the same  
 4  Slightly worse  
 5  Much worse

Earlier in the survey you were asked to indicate whether you have any limitations in your activities. We are now going to ask a few additional questions in this area.

10. Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person**?

a. Bathing

- No, I do not have difficulty  
1
- Yes, I have difficulty  
2
- I am unable to do this activity  
3

b. Dressing

- No, I do not have difficulty  
1
- Yes, I have difficulty  
2
- I am unable to do this activity  
3

c. Eating

- No, I do not have difficulty  
1
- Yes, I have difficulty  
2
- I am unable to do this activity  
3

d. Getting in or out of chairs

- No, I do not have difficulty  
1
- Yes, I have difficulty  
2
- I am unable to do this activity  
3

e. Walking

- No, I do not have difficulty  
1
- Yes, I have difficulty  
2
- I am unable to do this activity  
3

f. Using the toilet

- No, I do not have difficulty  
1
- Yes, I have difficulty  
2
- I am unable to do this activity  
3

11. Because of a health or physical problem, do you have any difficulty doing the following activities?

a. Preparing meals

- No, I do not have difficulty  
1
- Yes, I have difficulty  
2
- I don't do this activity  
3

b. Managing money

- No, I do not have difficulty  
1
- Yes, I have difficulty  
2
- I don't do this activity  
3

c. Taking medication as prescribed

- No, I do not have difficulty  
1
- Yes, I have difficulty  
2
- I don't do this activity  
3

These next questions ask about your physical and mental health during the past 30 days.

12. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the **past 30 days** was your **physical health not good**?

Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.

days

13. Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your **mental health not good**?

Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.

days

14. During the **past 30 days**, for about how many days did **poor physical or mental health** keep you from doing your usual activities, such as self-care, work, or recreation?

Please enter a number between “0” and “30” days. If no days, please enter “0” days. Your best estimate would be fine.

		days
--	--	------

Now we are going to ask some questions about specific medical conditions.

15. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1  Yes  
2  No

16. Are you deaf or do you have serious difficulty hearing, even with a hearing aid?

1  Yes  
2  No

17. **Because of a physical, mental, or emotional condition**, do you have **serious** difficulty concentrating, remembering or making decisions?

1  Yes  
2  No

18. **Because of a physical, mental, or emotional condition**, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

1  Yes  
2  No

19. In the **past month**, how often did memory problems interfere with your daily activities?

1  Every day (7 days a week)  
2  Most days (5-6 days a week)  
3  Some days (2-4 days a week)  
4  Rarely (once a week or less)  
5  Never

**Has a doctor ever told you that you had:**

20. Hypertension or high blood pressure

1  Yes  
2  No

21. Angina pectoris or coronary artery disease

1  Yes  
2  No

22. Congestive heart failure

1  Yes  
2  No

23. A myocardial infarction or heart attack

1  Yes  
2  No

24. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat

1  Yes  
2  No

25. A stroke

1  Yes  
2  No



**Has a doctor ever told you that you had:**

26. Emphysema, or asthma, or COPD  
(chronic obstructive pulmonary disease)

Yes

No

27. Crohn's disease, ulcerative colitis, or  
inflammatory bowel disease

Yes

No

28. Arthritis of the hip or knee

Yes

No

29. Arthritis of the hand or wrist

Yes

No

30. Osteoporosis, sometimes called thin or  
brittle bones

Yes

No

31. Sciatica (pain or numbness that travels  
down your leg to below your knee)

Yes

No

32. Diabetes, high blood sugar, or sugar in  
the urine

Yes

No

33. Depression

Yes

No

34. Any cancer (other than skin cancer)

Yes → **Go to Question 35**

No → **Go to Question 36**

35. Are you **currently** under treatment for:

a. Colon or rectal cancer

Yes

No

b. Lung cancer

Yes

No

c. Breast cancer

Yes

No

d. Prostate cancer

Yes

No

e. Other cancer (other than skin cancer)

Yes

No

36. In the **past 7 days**, how much did pain  
interfere with your day to day activities?

Not at all

A little bit

Somewhat

Quite a bit

Very much

37. In the **past 7 days**, how often did pain keep you from socializing with others?

- 1  Never
- 2  Rarely
- 3  Sometimes
- 4  Often
- 5  Always

38. In the **past 7 days**, how would you rate your pain **on average**?

- 01  1 No pain
- 02  2
- 03  3
- 04  4
- 05  5
- 06  6
- 07  7
- 08  8
- 09  9
- 10  10 Worst imaginable pain

39. Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

a. Little interest or pleasure in doing things

- 1  Not at all
- 2  Several days
- 3  More than half the days
- 4  Nearly every day

b. Feeling down, depressed or hopeless

- 1  Not at all
- 2  Several days
- 3  More than half the days
- 4  Nearly every day

40. In general, compared to other people your age, would you say that your health is:

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

41. Do you **now** smoke every day, some days, or not at all?

- 1  Every day
- 2  Some days
- 3  Not at all
- 4  Don't know

42. Many people experience leakage of urine, also called urinary incontinence. In the **past six months**, have you experienced leaking of urine?

- 1  Yes → **Go to Question 43**
- 2  No → **Go to Question 46**

43. During the **past six months**, how much did leaking of urine make you change your daily activities or interfere with your sleep?

- 1  A lot
- 2  Somewhat
- 3  Not at all

44. Have you **ever** talked with a doctor, nurse, or other health care provider about leaking of urine?

- 1  Yes
- 2  No

45. There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you **ever** talked with a doctor, nurse, or other health care provider about any of these approaches?

- 1  Yes  
2  No

46. In the **past 12 months**, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.

- 1  Yes → **Go to Question 47**  
2  No → **Go to Question 47**  
3  I had no visits in the past 12 months  
→ **Go to Question 48**

47. In the **past 12 months**, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.

- 1  Yes  
2  No

48. A fall is when your body goes to the ground without being pushed. In the **past 12 months**, did you talk with your doctor or other health provider about falling or problems with balance or walking?

- 1  Yes  
2  No  
3  I had no visits in the past 12 months

49. Did you fall in the **past 12 months**?

- 1  Yes  
2  No

50. In the **past 12 months**, have you had a problem with balance or walking?

- 1  Yes  
2  No

51. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:

- Suggest that you use a cane or walker.
- Check your blood pressure lying or standing.
- Suggest that you do an exercise or physical therapy program.
- Suggest a vision or hearing testing.

- 1  Yes  
2  No  
3  I had no visits in the past 12 months

52. Have you **ever** had a **bone density test** to check for **osteoporosis**, sometimes thought of as “brittle bones”? This test would have been done to your back or hip.

- 1  Yes  
2  No

53. During the **past month**, on average, how many hours of actual sleep did you get at night? (This may be different from the number of hours you spent in bed.)

- 1  Less than 5 hours  
2  5–6 hours  
3  7–8 hours  
4  9 or more hours

54. During the **past month**, how would you rate your overall sleep quality?

- 1  Very Good  
2  Fairly Good  
3  Fairly Bad  
4  Very Bad

55. How much do you weigh in pounds (lbs.)?

lbs.

56. How tall are you without shoes on, in feet and inches? Please fill in both feet and inches, for example: 5 feet 00 inches, or 5 feet 04 inches (if 1/2 inch, please round up).

feet   inches

57. Are you male or female?

Male  
1  
 Female  
2

58. Are you Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)

No, not of Hispanic, Latino/a or Spanish origin  
1  
 Yes, Mexican, Mexican American, Chicano/a  
2  
 Yes, Puerto Rican  
3  
 Yes, Cuban  
4  
 Yes, Another Hispanic, Latino/a or Spanish origin  
5

59. What is your race? (One or more categories may be selected)

White  
01  
 Black or African American  
02  
 American Indian or Alaska Native  
03  
 Asian Indian  
04  
 Chinese  
05  
 Filipino  
06  
 Japanese  
07  
 Korean  
08  
 Vietnamese  
09  
 Other Asian  
10  
 Native Hawaiian  
11  
 Guamanian or Chamorro  
12  
 Samoan  
13  
 Other Pacific Islander  
14

60. What language do you **mainly** speak at home?

English  
1  
 Spanish  
2  
 Chinese  
3  
 Some other language (please specify)  
4

61. What is your current marital status?

Married  
1  
 Divorced  
2  
 Separated  
3  
 Widowed  
4  
 Never married  
5

62. What is the highest grade or level of school that you have completed?

- 1  8th grade or less
- 2  Some high school, but did not graduate
- 3  High school graduate or GED
- 4  Some college or 2 year degree
- 5  4 year college graduate
- 6  More than a 4 year college degree

63. Do you live alone or with others? (One or more categories may be selected)

- 1  Alone
- 2  With spouse/significant other
- 3  With children/other relatives
- 4  With non-relatives
- 5  With paid caregiver

64. Where do you live?

- 1  House, apartment, condominium or mobile home →Go to Question 65
- 2  Assisted living or board and care home →Go to Question 65
- 3  Nursing home →Go to Question 66
- 4  Other →Go to Question 66

65. Is the house or apartment you currently live in:

- 1  Owned or being bought by you
- 2  Owned or being bought by someone in your family other than you
- 3  Rented for money
- 4  Not owned and one in which you live without payment of rent
- 5  None of the above

66. Who completed this survey form?

- 1  Person to whom survey was addressed →Go to Question 68
- 2  Family member or relative of person to whom the survey was addressed
- 3  Friend of person to whom the survey was addressed
- 4  Professional caregiver of person to whom the survey was addressed

67. Did someone help you complete this survey? If so, please fill in that person's name.

**DO NOT** enter the name of the person to whom this survey was addressed.

Please **print** clearly.

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

68. Which of the following categories best represents the **combined income for all family members in your household** for the **past 12 months**?

- 01  Less than \$5,000
- 02  \$5,000–\$9,999
- 03  \$10,000–\$19,999
- 04  \$20,000–\$29,999
- 05  \$30,000–\$39,999
- 06  \$40,000–\$49,999
- 07  \$50,000–\$79,999
- 08  \$80,000–\$99,999
- 09  \$100,000 or more
- 10  Don't know

**YOU HAVE COMPLETED THE SURVEY.  
THANK YOU.**

Insert Survey Vendor  
Contact Information Here



## **Appendix 2**

# **Medicare Health Outcomes Survey— Modified (HOS-M) Questionnaire (English) 2017**







**Medicare  
Health Outcomes  
Survey-Modified**



## **Medicare Health Outcomes Survey Modified Instructions**

This survey asks about your health, feelings, and ability to do daily activities. Please take the time to complete this survey. Your answers are very important to us. If you need help to complete this survey, a family member or a friend may fill out the survey about your health. If a family member or a friend is NOT available, please ask your nurse or other health professional to help.

- Answer the questions by putting an 'X' in the box next to the appropriate answer category like the example below:

Are you male or female?

- 1  Male  
2  Female

- Be sure to read all the answer choices given before marking a box with an 'X.'
- You may find some of the questions to be personal. It is important that you answer EVERY question on this survey. However, you do not have to answer a question if you do not want to. If you are unsure of the answer to a question or that the question applies to you, just choose the BEST available answer.
- **Please complete the survey within two weeks and return it in the enclosed postage-paid envelope.**

### **IF YOU ARE FILLING OUT THIS SURVEY FOR SOMEONE ELSE**

**Please answer every question the way you believe best describes that person's health, feelings, and ability to do daily activities. Answer each question the way you think the person you are helping would answer about him or herself.**

**All information that would permit identification of any person who completes this survey is protected by the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA). This information will be used only for purposes permitted by law and will not be disclosed or released for any other reason. If you have any questions or want to know more about the study, please call [vendor name] at [toll-free number].**

"According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information that does not display a valid OMB control number. The valid OMB control number for this information collection is 0938-0701. The time required to complete this information collection is estimated to average 20 minutes including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, C1-25-05, Baltimore, Maryland 21244-1850."

### **OMB 0938-0701 Version 02-1**

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Items 1, 6–13: The VR-12 Health Survey item content was developed and modified from a 36-item health survey.

## Medicare Health Outcomes Survey—Modified

1. In general, would you say your health is:

<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

2. How much difficulty, if any, do you have lifting or carrying objects as heavy as 10 pounds, such as a sack of potatoes?

<b>No difficulty at all</b>	<b>A little difficulty</b>	<b>Some difficulty</b>	<b>A lot of difficulty</b>	<b>Not able to do it</b>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

3. How much difficulty, if any, do you have walking a quarter of a mile—that is about 2 or 3 blocks?

<b>No difficulty at all</b>	<b>A little difficulty</b>	<b>Some difficulty</b>	<b>A lot of difficulty</b>	<b>Not able to do it</b>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

4. Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person**?

	<b>No, I do not have difficulty</b>	<b>Yes, I have difficulty</b>	<b>I am unable to do this activity</b>
a. Bathing .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Dressing .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Eating .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Getting in or out of chairs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Walking.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Using the toilet.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

5. Do you receive **help from another person** with any of these activities?

	Yes, I receive help	No, I do not receive help	I do not do this activity
a. Bathing .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Dressing .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Eating .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Getting in or out of chairs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Walking .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Using the toilet.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

6. The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Climbing <b>several</b> flights of stairs .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

7. **During the past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?** (If you are not able to do work or regular daily activities, please answer 'yes, all of the time' to both questions).

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. <b>Accomplished less</b> than you would like .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Were limited in the <b>kind</b> of work or other activities .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

8. **During the past 4 weeks**, have you had any of the following problems with your regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? (If you are not able to do work or regular daily activities, please answer 'yes, all of the time' to both questions.)

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. <b>Accomplished less</b> than you would like .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Didn't do work or other activities as <b>carefully</b> as usual .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

9. **During the past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

These questions are about how you feel and how things have been with you **during the past four weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

10. How much of the time **during the past 4 weeks**:

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. have you felt <b>calm and peaceful</b> ? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. did you have <b>a lot of energy</b> ? ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. have you felt <b>downhearted and blue</b> ? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

11. **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, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Now, we'd like to ask you some questions about how your health may have changed.

12. Compared to one year ago, how would you rate your **physical health** in general **now**?

<b>Much better</b>	<b>Slightly better</b>	<b>About the same</b>	<b>Slightly worse</b>	<b>Much worse</b>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

13. Compared to one year ago, how would you rate your **emotional problems** (such as feeling anxious, depressed or irritable) in general **now**?

<b>Much better</b>	<b>Slightly better</b>	<b>About the same</b>	<b>Slightly worse</b>	<b>Much worse</b>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

14. Do you experience memory loss that interferes with daily activities?

1  Yes  
 2  No

15. How often, if ever, do you have difficulty controlling urination (bladder accidents)?

<b>Never</b>	<b>Less than once a week</b>	<b>Once a week or more often</b>	<b>Daily</b>	<b>Catheter</b>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

16. Who completed this survey form?

1  Medicare Participant **→ STOP HERE**  
 2  Family member, relative, or friend of Medicare Participant **→ Go to Question 17**  
 3  Nurse or other health professional **→ Go to Question 17**

17. What was the reason you filled out this survey for someone else? (Please answer **ALL** that apply.)

1  Physical problems  
 2  Memory loss or mental problems  
 3  Unable to speak or read English  
 4  Person not available  
 5  Other

18. How did you help complete this survey? (Please answer **ALL** that apply.)

- 1  Read the questions to the person
- 2  Wrote down the person's answers
- 3  Answered the questions based on my experience with the person
- 4  Used medical records to fill out the survey
- 5  Translated the survey questions
- 6  Other

**FOR PROFESSIONAL STAFF (CAREGIVERS) ONLY**

19. Which of the following **best describes** your position? (Please choose **one** answer.)

- 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/Adult Day Care/Assisted Living/Residential Care Staff
- 5  Interpreter
- 6  Other

**YOU HAVE COMPLETED THE SURVEY. THANK YOU.**

Insert Vendor Contact Information Here





## **Appendix 3**

### **HOS Baseline Text for Prenotification Letter, Survey Cover Letters and Reminder/Thank-You Postcard**

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**HOS Baseline Prenotification Letter****[CENTER FOR MEDICARE]**

Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS), the federal agency that runs Medicare, monitors the quality of care that Medicare health plans provide. One way CMS does this is to ask people with Medicare about their physical and mental health—to determine whether the care their health plan provides keeps them as healthy as possible.

You have been randomly selected to receive the “Medicare Health Outcomes Survey.” (For some health plans that have fewer enrollees, all members with Medicare are asked to participate.) In a few days, you will receive the survey in the mail. Please take the time to complete and return it in the enclosed postage-paid envelope.

Your answers will provide important information about your health. In two years, we will ask you to complete the same survey. CMS compares results from both surveys to see how well your health plan maintains or improves the health and well-being of its members over time.

The accuracy of the results depends on answers we get from you and others selected for this survey. All information you provide is protected by the Privacy Act and will not be shared. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will not affect your Medicare benefits.**

[SURVEY VENDOR NAME] is a survey organization working with CMS to carry out this survey. If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [1-800-NUMBER] or e-mail [E-MAIL ADDRESS]. Thank you for your help with this important survey.

Sincerely,

Amy Larrick Chavez-Valdez, Director  
Medicare Drug Benefit and C & D Data Group

*Note: Content may change slightly at the time of survey administration. NCQA provides final language to survey vendors prior to survey production.*

**HOS Baseline Letter for First Questionnaire Mailing (Double-Sided—English)**

**[Survey Vendor Letterhead]**

Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS), the federal agency that runs Medicare, monitors the quality of care Medicare health plans provide. One way CMS does this is to ask people with Medicare about their health—to see if the care their health plan provides keeps them as healthy as possible.

CMS conducts a survey called the “Medicare Health Outcomes Survey.” This survey asks about your physical and mental health. Your name was randomly selected for the survey. (For some health plans that have fewer enrollees, all members with Medicare are asked to participate.)

Please take the time to fill out this questionnaire and return it to us in the postage-paid envelope. If you choose to participate, CMS may ask you to take the survey again in two years. CMS will compare results from both surveys to see how well your health plan maintains or improves the health and well-being of its members over time. The results will be used to improve the quality of care for people with Medicare.

The accuracy of the survey depends on answers we get from you and others selected for this survey. All information you provide is protected by the Privacy Act and will not be shared. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will not affect your Medicare benefits.** Because your answers can help others with Medicare, we hope you will help us.

If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [1-800-NUMBER] or e-mail [E-MAIL ADDRESS]. Thank you for your help with this important survey.

Sincerely,

[SENIOR SURVEY VENDOR STAFF]  
[SURVEY VENDOR]

Enclosures

**Español Al Otro Lado**

*Note: Content may change slightly at the time of survey administration. NCQA provides final language to survey vendors prior to survey production.*

**HOS Baseline Letter for First Questionnaire Mailing (Double-Sided—Spanish)****[Survey Vendor Letterhead]**

Estimado beneficiario de Medicare:

Centers for Medicare & Medicaid Services (CMS—Centros de Servicios de Medicare y Medicaid), el organismo federal que administra Medicare, controla la calidad de la atención que proporcionan los planes de salud de Medicare. Una forma en que CMS hace esto es preguntando a la gente que tiene Medicare sobre su salud para saber si la atención que su plan de salud les proporciona los mantiene lo más sanos posible.

CMS hace una encuesta llamada «Encuesta de resultados de salud de Medicare». En esta encuesta, se le pregunta sobre su salud física y mental. Su nombre fue seleccionado al azar para la encuesta. (En el caso de algunos planes de salud que tienen menos personas inscritas, se está pidiendo a todos los miembros con Medicare que participen.)

Tómese el tiempo necesario para llenar esta encuesta y devuélvala en el sobre con franqueo pago. Si decide participar, CMS puede pedirle hacer la encuesta de nuevo dentro de dos años. CMS comparará los resultados de ambas encuestas para ver cuán bien su plan de salud mantiene o mejora la salud y el bienestar de sus miembros con el tiempo. Los resultados se emplearán para mejorar la calidad del cuidado de las personas con Medicare.

La exactitud de la encuesta depende de las respuestas que recibimos de usted y de otras personas elegidas para esta encuesta. Toda la información que usted proporcione está protegida por la Ley de privacidad y no se compartirá. **No es necesario que participe en esta encuesta. Su ayuda es voluntaria y su decisión de participar o no participar no afectará sus beneficios de Medicare.** Debido a que sus respuestas pueden ayudar a otras personas con Medicare, esperamos contar con su ayuda.

Si tiene alguna pregunta acerca de la encuesta, llame a [SURVEY VENDOR NAME] al número gratuito [1-800-NUMBER] o envíe un mensaje por correo electrónico a [E-MAIL ADDRESS]. Gracias por su ayuda con esta importante encuesta.

Atentamente,

[SENIOR SURVEY VENDOR STAFF]  
[SURVEY VENDOR]

Documentos adjuntos

**English on the other side**

*Note: Content may change slightly at the time of survey administration. NCQA provides final language to survey vendors prior to survey production.*

**HOS Baseline Letter for Replacement Questionnaire Mailing**

**[Survey Vendor Letterhead]**

Dear Medicare Beneficiary:

Recently we mailed you the “Medicare Health Outcomes Survey.” If you already returned the survey, thank you! If you did not, we are sending you another copy. Please complete it and return it in the enclosed postage-paid envelope.

The Centers for Medicare & Medicaid Services (CMS), the federal agency that runs Medicare, monitors the quality of care Medicare health plans provide. One way CMS does this is by conducting the “Medicare Health Outcomes Survey,” which asks people with Medicare about their health to see if the care their health plan provides is keeping them as healthy as possible. Your name was randomly selected for the survey. (For some health plans that have fewer enrollees, all members with Medicare are being asked to participate.)

Please take the time to fill out this survey. If you choose to participate, CMS may ask you to take the survey again in two years. CMS will compare results from both surveys to see how well your health plan is maintaining or improving the health and well-being of its members over time. The results will be used to improve the quality of care that people with Medicare receive.

The accuracy of the survey depends on answers we get from you and others selected for this survey. All information you provide is protected by the Privacy Act and will not be shared. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will not affect your Medicare benefits.** Because your answers can help others with Medicare, we hope you will help us.

If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [1-800-NUMBER] or e-mail [E-MAIL ADDRESS]. Thank you for your help with this important survey.

Sincerely,

[SENIOR SURVEY VENDOR STAFF]  
[SURVEY VENDOR]

Enclosures

*Note: Content may change slightly at the time of survey administration. NCQA provides final language to survey vendors prior to survey production.*

**HOS Baseline Reminder/Thank-You Postcard**

[Survey Vendor Logo]

**Medicare Health Outcomes Survey**

Dear Sir or Madam:

About a week ago, you should have received the “Medicare Health Outcomes Survey” in the mail. If you have already returned the survey, thank you!

If not, this is a **reminder** to complete the survey and return it in the postage-paid envelope. Your answers can help the Centers for Medicare & Medicaid Services (CMS) and your health plan to improve the quality of care for people with Medicare.

You will receive another copy of the survey in the mail soon. If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [1-800-NUMBER] or e-mail [E-MAIL ADDRESS].

Thank you!

[SURVEY VENDOR NAME]

*Note: Content may change slightly at the time of survey administration. NCQA provides final language to survey vendors prior to survey production.*





## **Appendix 4**

### **HOS Follow-Up Text for Prenotification Letter, Survey Cover Letters and Reminder/Thank-You Postcard**



**HOS Follow-Up Prenotification Letter**

[CENTER FOR MEDICARE]

Dear Medicare Beneficiary:

About two years ago, you participated in the “Medicare Health Outcomes Survey.” At that time, we said we would like you to take the survey again in 2017. In a few days, you will receive the new survey in the mail. When it arrives, please take the time to complete it and return it in the enclosed postage-paid envelope.

As you may recall, the Centers for Medicare & Medicaid Services (CMS) monitors the quality of care that Medicare health plans provide. One way CMS does this is to ask people with Medicare about their health and how it changes over time.

The information you provide in the survey can help us improve the quality of care provided to you and other people with Medicare. We compare results from both surveys to determine if your health plan keeps people with Medicare as healthy as possible. Our goal is to see how well health plans maintain or improve the health and well-being of their members.

The accuracy of the results depends on answers we get from you and others selected for this survey. All information you provide is protected by the Privacy Act and will not be shared. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will not affect your Medicare benefits.**

[SURVEY VENDOR NAME] is a survey organization working with CMS to carry out this survey. If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [1-800-NUMBER] or e-mail [E-MAIL ADDRESS]. Thank you for your ongoing help with this important survey.

Sincerely,

Amy Larrick Chavez-Valdez, Director  
Medicare Drug Benefit and C & D Data Group

*Note: Content may change slightly at the time of survey administration. NCQA provides final language to survey vendors prior to survey production.*

**HOS Follow-Up Letter for First Questionnaire Mailing—No Proxy at Baseline**

**[Survey Vendor Letterhead]**

Dear Medicare Beneficiary:

About two years ago, you participated in the “Medicare Health Outcomes Survey.” At that time, we said we would like you to take the survey again in 2017. Please take the time to fill out the survey and return it to us in the postage-paid envelope.

The Centers for Medicare & Medicaid Services (CMS) monitors the quality of care Medicare health plans provide. One way CMS does this is by asking people with Medicare about their health to see if the care their health plan provides is keeping them as healthy as possible.

The information you provide is important. CMS will compare results from both surveys to see how well your health plan can maintain or improve the health and well-being of its members over time. The results will be used to improve the quality of care that people with Medicare receive.

The accuracy of the survey depends on answers we get from you and others selected for this survey. All information you provide is protected by the Privacy Act and will not be shared. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will not affect your Medicare benefits.** Because your answers can help others with Medicare, we hope you will help us.

If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [1-800-NUMBER] or e-mail [E-MAIL ADDRESS]. Thank you for your help with this important survey.

Sincerely,

[SENIOR SURVEY VENDOR STAFF]  
[SURVEY VENDOR]

Enclosures

*Note: Content may change slightly at the time of survey administration. NCQA provides final language to survey vendors prior to survey production.*

**HOS Follow-Up Letter for Replacement Questionnaire Mailing—No Proxy at Baseline**

**[Survey Vendor Letterhead]**

Dear Medicare Beneficiary:

About two years ago, you participated in the “Medicare Health Outcomes Survey.” At that time, we said we would like you to take the survey again in 2017. We recently mailed you the survey, but have not received it back from you. If you have already returned the completed survey, thank you. We have enclosed another copy of the same survey in case you did not receive it. Please take the time to fill out the survey and return it to us in the postage-paid envelope.

The Centers for Medicare & Medicaid Services (CMS) monitors the quality of care Medicare health plans provide. One way CMS does this is by asking people with Medicare about their health to see if the care their health plan provides is keeping them as healthy as possible.

The information you provide is important. CMS will compare results from both surveys to see how well your health plan can maintain or improve the health and well-being of its members over time. The results will be used to improve the quality of care that people with Medicare receive.

The accuracy of the survey depends on answers we get from you and others selected for this survey. All information you provide is protected by the Privacy Act and will not be shared. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will not affect your Medicare benefits.** Because your answers can help others with Medicare, we hope you will help us.

If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [1-800-NUMBER] or e-mail [E-MAIL ADDRESS]. Thank you for your help with this important survey.

Sincerely,

[SENIOR SURVEY VENDOR STAFF]  
[SURVEY VENDOR]

Enclosures

*Note: Content may change slightly at the time of survey administration. NCQA provides final language to survey vendors prior to survey production.*

**HOS Follow-Up Letter for First Questionnaire Mailing—Proxy at Baseline**

**[Survey Vendor Letterhead]**

Dear Medicare Beneficiary:

About two years ago, you participated in the “Medicare Health Outcomes Survey.” At that time, we said we would like you to take the survey again in 2017. Please take the time to fill out the survey and return it to us in the postage-paid envelope.

The Centers for Medicare & Medicaid Services (CMS) monitors the quality of care Medicare health plans provide. One way CMS does this is by asking people with Medicare about their health to see if the care their health plan provides is keeping them as healthy as possible.

The information you provide is important. CMS will compare results from both surveys to see how well your health plan can maintain or improve the health and well-being of its members over time. The results will be used to improve the quality of care that people with Medicare receive.

**Two years ago, someone completed this survey for you. This person’s name is [SURVEY VENDOR INSERTS APPROPRIATE INFORMATION]. If you are not able to take the survey, please ask this person to complete the survey about you again. If that person cannot help you, please ask someone else who knows about your health to complete the survey about you.**

The accuracy of the survey depends on answers we get from you and others selected for this survey. All information you provide is protected by the Privacy Act and will not be shared. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will not affect your Medicare benefits.** Because your answers can help others with Medicare, we hope you will help us.

If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [1-800-NUMBER] or e-mail [E-MAIL ADDRESS]. Thank you for your help with this important survey.

Sincerely,

[SENIOR SURVEY VENDOR STAFF]  
[SURVEY VENDOR]

Enclosures

***Note:** Content may change slightly at the time of survey administration. NCQA provides final language to survey vendors prior to survey production.*

**HOS Follow-Up Letter for Replacement Questionnaire Mailing—Proxy at Baseline**

**[Survey Vendor Letterhead]**

Dear Medicare Beneficiary:

About two years ago, you participated in the “Medicare Health Outcomes Survey.” At that time, we said we would like you to take the survey again in 2017. We recently mailed you the survey, but have not received it back from you. If you have already returned the completed survey, thank you. We have enclosed another copy of the same survey in case you did not receive it. Please take the time to fill out the survey and return it to us in the postage-paid envelope.

The Centers for Medicare & Medicaid Services (CMS) monitors the quality of care Medicare health plans provide. One way CMS does this is by asking people with Medicare about their health to see if the care their health plan provides is keeping them as healthy as possible.

The information you provide is important. CMS will compare results from both surveys to see how well your health plan can maintain or improve the health and well-being of its members over time. The results will be used to improve the quality of care that people with Medicare receive.

**Two years ago, someone completed this survey for you. This person’s name is [SURVEY VENDOR INSERTS APPROPRIATE INFORMATION]. If you are not able to take the survey, please ask this person to complete the survey about you again. If that person cannot help you, please ask someone else who knows about your health to complete the survey about you.**

The accuracy of the survey depends on answers we get from you and others selected for this survey. All information you provide is protected by the Privacy Act and will not be shared. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will not affect your Medicare benefits.** Because your answers can help others with Medicare, we hope you will help us.

If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [1-800-NUMBER] or e-mail [E-MAIL ADDRESS]. Thank you for your help with this important survey.

Sincerely,

[SENIOR SURVEY VENDOR STAFF]  
[SURVEY VENDOR]

Enclosures

*Note: Content may change slightly at the time of survey administration. NCQA provides final language to survey vendors prior to survey production.*

**HOS Follow-Up Reminder/Thank-You Postcard**

[Survey Vendor Logo]

**Medicare Health Outcomes Survey**

Dear Sir or Madam:

About a week ago, you should have received the “Medicare Health Outcomes Survey” in the mail. If you have already returned the survey, thank you!

If not, this is a **reminder** to complete the survey and return it in the postage-paid envelope. Your answers can help the Centers for Medicare & Medicaid Services (CMS) and your health plan to improve the quality of care for people with Medicare.

You will receive another copy of the survey in the mail soon. To request a survey in Spanish [or Chinese], please call [SURVEY VENDOR NAME] toll-free at [1-800-NUMBER] or e-mail [E-MAIL ADDRESS].

Thank you!

[SURVEY VENDOR NAME]

*Note: Content may change slightly at the time of survey administration. NCQA provides final language to survey vendors prior to survey production.*



## **Appendix 5**

**HOS-M Text for Prenotification Letter,  
Survey Cover Letters and Reminder/  
Thank-You Postcard**



**HOS-M Prenotification Letter**

[CENTER FOR MEDICARE]

Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS), the federal agency that runs Medicare, monitors the quality of care that Medicare health plans provide. One way CMS does this is to ask people with Medicare about their physical and mental health—to determine whether the care their health plan provides keeps them as healthy as possible.

You have been randomly selected to receive the “Medicare Health Outcomes Survey-Modified.” (For some health plans that have fewer enrollees, all members with Medicare are asked to participate.) In a few days, you will receive the survey in the mail. Please take the time to complete and return it in the enclosed postage-paid envelope.

Your answers are important and will help us determine if your health plan keeps you as healthy as possible. All information you provide is protected by the Privacy Act and will not be shared. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will not affect your Medicare benefits.**

[SURVEY VENDOR NAME] is a survey organization working with CMS to carry out this survey. If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [1-800-NUMBER] or e-mail [E-MAIL ADDRESS]. Thank you for your help with this important survey.

Sincerely,

Amy Larrick Chavez-Valdez, Director  
Medicare Drug Benefit and C & D Data Group

*Note: Content may change slightly at the time of survey administration. NCQA provides final language to survey vendors prior to survey production.*

## HOS-M Letter for First Questionnaire Mailing

### [Survey Vendor Letterhead]

Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS), the federal agency that runs Medicare, monitors the quality of care Medicare health plans provide. One way CMS does this is to ask people with Medicare about their health—to see if the care their health plan provides keeps them as healthy as possible.

CMS conducts a survey called the “Medicare Health Outcomes Survey—Modified.” This survey asks about your physical and mental health. Your name was randomly selected for the survey. (For some health plans that have fewer enrollees, all members with Medicare are being asked to participate.)

Please take the time to fill out this survey and return it to us in the postage-paid envelope.

The accuracy of the survey depends on answers we get from you and others selected for this survey. All information you provide is protected by the Privacy Act and will not be shared. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will not affect your Medicare benefits.** Because your answers can help others with Medicare, we hope you will help us.

If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [1-800-NUMBER] or e-mail [E-MAIL ADDRESS]. Thank you for your help with this important survey.

Sincerely,

[SENIOR SURVEY VENDOR STAFF]  
[SURVEY VENDOR]

P.S. If you have trouble completing the survey, a relative, friend or caregiver who knows about your health can fill out the survey for you.

*Note: Content may change slightly at the time of survey administration. NCQA provides final language to survey vendors prior to survey production.*

**HOS-M Letter for Replacement Questionnaire Mailing****[Survey Vendor Letterhead]**

Dear Medicare Beneficiary:

Recently we mailed you the “Medicare Health Outcomes Survey-Modified.” If you already returned the survey, thank you! If you did not, we are sending you another copy. Please complete it and return it in the enclosed postage-paid envelope.

The Centers for Medicare & Medicaid Services (CMS), the federal agency that runs Medicare, monitors the quality of care Medicare health plans provide. One way CMS does this is by conducting the “Medicare Health Outcomes Survey—Modified,” which asks people with Medicare about their health to see if the care their health plan provides is keeping them as healthy as possible. Your name was randomly selected for the survey. (For some health plans that have fewer enrollees, all members with Medicare are being asked to participate.)

Please take the time to fill out this survey and return it to us in the postage-paid envelope.

The accuracy of the survey depends on answers we get from you and others selected for this survey. All information you provide is protected by the Privacy Act and will not be shared. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will not affect your Medicare benefits.** Because your answers can help others with Medicare, we hope you will help us.

If you have any questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [1-800-NUMBER] or e-mail [E-MAIL ADDRESS]. Thank you for your help with this important survey.

Sincerely,

[SENIOR SURVEY VENDOR STAFF]  
[SURVEY VENDOR]

P.S. If you have trouble completing the survey, a relative, friend or caregiver who knows about your health can fill out the survey for you.

*Note: Content may change slightly at the time of survey administration. NCQA provides final verbiage to survey vendors prior to survey production.*

**HOS-M Reminder/Thank-You Postcard**

[Survey Vendor Logo]

**Medicare Health Outcomes Survey—Modified**

Dear Sir or Madam:

About a week ago, you should have received the “Medicare Health Outcomes Survey—Modified” in the mail. If you have already returned the survey, thank you!

If not, this is a **reminder** to complete the survey and return it in the postage-paid envelope. Your answers can help the Centers for Medicare & Medicaid Services (CMS) and your health plan to improve the quality of care for people with Medicare.

If you did not receive the survey or misplaced it, please call [SURVEY VENDOR NAME] toll-free at [1-800-NUMBER] or e-mail [E-MAIL ADDRESS].

Thank you!

[SURVEY VENDOR]

*Note: Content may change slightly at the time of survey administration. NCQA provides final language to survey vendors prior to survey production.*