

HEDIS[®]
2015

Volume 6

**Specifications for
the Medicare Health
Outcomes Survey**

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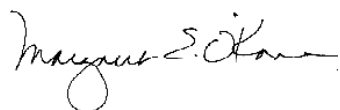
Acknowledgments

NCQA is proud to release *HEDIS 2015, 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 its continued leadership and support of the survey instrument and survey protocol. We also acknowledge members of the Center for the Assessment of Pharmaceutical Practices (CAPP), Department of Health Policy and Management, Boston University School of Public Health; Health Services Advisory Group (HSAG); and Research Triangle Institute (RTI) 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 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 black ink, appearing to read "Margaret E. O'Kane". The signature is fluid and cursive, with a large initial "M" and a stylized "O'Kane".

Margaret E. O'Kane
President

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Overview

HEDIS 2015

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 2015 is published across a number of volumes and includes 83 measures across 5 domains of care:

- Effectiveness of Care.
- Access/Availability of Care.
- Experience of Care.
- Utilization and Relative Resource Use.
- Health Plan Descriptive Information.

Volume 1: Narrative	A general overview of the HEDIS measurement set and how the data are used.
Volume 2: Technical Specifications for Health Plans	The technical specifications for the HEDIS nonsurvey measures for organizations; instructions on data collection for each measure; general guidelines for calculations and sampling.
Technical Specifications for Physician Measurement	The technical specifications for the HEDIS quality measures for physician-level measurement.
Volume 3: Specifications for Survey Measures	The technical specifications for HEDIS survey measures and standardized surveys from the Consumer Assessment of Healthcare Providers and Systems (CAHPS ^{®1}) program.
Specifications for the CAHPS PCMH Survey	The technical specifications and standardized questionnaires for the CAHPS survey for the Patient-Centered Medical Home (PCMH).
Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures	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.
Volume 6: Specifications for the Medicare Health Outcomes Survey	The technical specifications for the Health Outcomes Survey (HOS).

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. Several 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) identify methodological issues and provide feedback on new and existing measures.

¹CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

What's New in Volume 6?

We incorporated the following changes into the HOS for HEDIS 2015:

- Updated the HOS questionnaire to version 3.0.

If You Have Questions About the Specifications

Policy Clarification Support

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 (PCS) system. The PCS can be accessed on the NCQA Web site (www.ncqa.org/pcs).

FAQs

The FAQs and Policy Updates clarify HEDIS uses and specifications and are posted to the NCQA Web site on the 15th of each month.

Additional Resources

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, Internet seminars, discount vouchers for HEDIS conferences and publications and up-to-date technical information. For more information, e-mail 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 member discussion of updates applicable to their organizations' procedures. Membership benefits include a monthly newsletter; WebEx discussions; and vouchers for publications, educational conferences and Quality Compass. For more information, e-mail acug@ncqa.org or go to <http://www.ncqa.org/tabid/1559/Default.aspx> for a full description of the program.
- All HEDIS publications are available as easy-to-use electronic publications ("e-pubs") that 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 www.ncqa.org/publications or call 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/> or call NCQA Customer Support at 888-275-7585.

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.) 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)*,^{2,3} a multipurpose, short-form health survey with 14 questions. The HOS instrument has used the VR-12 since 2006. 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.

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 and HOS 3.0 results.⁴⁻⁸

HOS 2.5 was fielded in 2013 and 2014, and included new questions as part of Section 4302 of the Affordable Care Act, as well as additional health questions. HOS 3.0 will be fielded in 2015. It contains two new items and several revised items. The VR-12 remains the core component of HOS 3.0.

² 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.

³ 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, April 1999.

⁴ 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.

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.
- Section 4302 of the Affordable Care Act (Race, Ethnicity, Primary Language, Sex and Disability Status).
- Additional health questions.

The VR-12 was constructed to satisfy minimum psychometric standards necessary for group comparison. It measures eight health concepts, selected from 40 included in the original Medical Outcomes Survey,⁹ representing the most frequently measured concepts in widely used health surveys, and those most affected by disease and treatment.¹⁰

The HOS evaluates physical and mental health using a set of survey questions known as the VR-12.^{2,3} The VR-12 consists of selected items from each of the eight concepts of health in the earlier 36-item survey.¹¹ As in the 36-item survey items are scored and summarized into a physical component summary (PCS) and a mental component summary (MCS).

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.

⁵ 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.

⁶ 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® Health Survey. *Health Care Financing Review*. Vol. 25:4 43-58.

⁷ 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.

⁸ 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.

⁹ Stewart, A.L., and J.E. Ware. 1994. *Measuring Functioning and Well-Being: The Medical Outcomes Study. Approach*. Boston, MA: The Health Institute.

¹⁰ Ware, J.E. 1995. The status of health assessment 1994. *Annu Rev Public Health*. 16:327–54.

¹¹ 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...

Physical Functioning (PF)	Two questions ask respondents to indicate the extent to which their health limits their physical activities.
Role—Physical (RP)	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.
Bodily Pain (BP)	One question asks respondents to indicate the extent to which pain interferes with the respondent's normal activities.
General Health (GH)	One question asks respondents to rate their current, overall health status.
Vitality (VT)	One question asks respondents to rate their well-being by indicating how frequently they experience energy.
Social Functioning (SF)	One question asks respondents to indicate limitations in social functioning that result specifically because of their health.
Role—Emotional (RE)	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.
Mental Health (MH)	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.
Summary measures	<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.^{6,8}</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 provide measurement of the change in physical and mental health experienced by people with Medicare over two years. 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. For better evaluation of this care and to provide Medicare beneficiaries with MAO performance information, CMS requires the MAOs with which it contracts to report HEDIS measures, including HOS, which has been collected since 1998. The table below summarizes HOS data collection and reporting activities since 2011.

	Year 14 (2011)	Year 15 (2012)	Year 16 (2013)	Year 17 (2014)	Year 18 (2015)
Cohort 11	2008–2010 Cohort 11 Performance Measurement Results				
Cohort 12	Cohort 12 Follow-Up Data Collection	2009–2011 Cohort 12 Performance Measurement Results			
Cohort 13		Cohort 13 Follow-Up Data Collection	2010–2012 Cohort 13 Performance Measurement Results		
Cohort 14	Cohort 14 Baseline Data Collection		Cohort 14 Follow-Up Data Collection	2011–2013 Cohort 14 Performance Measurement Results	
Cohort 15		Cohort 15 Baseline Data Collection		Cohort 15 Follow-Up Data Collection	2012–2014 Cohort 15 Performance Measurement Results
Cohort 16			Cohort 16 Baseline Data Collection		Cohort 16 Follow-Up Data Collection
Cohort 17				Cohort 17 Baseline Data Collection	
Cohort 18					Cohort 18 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.

NCQA holds annual survey vendor training on data collection protocols, the HOS Quality Assurance Guidelines (QAG) and Technical Specifications Manual and submission of survey data to NCQA. 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 Web site (www.hosonline.org). Annual approval is contingent on acceptable performance in survey administration and annual participation in HOS survey vendor training.

Survey vendor requirements

Survey vendor requirements were designed to establish successful data collection, to obtain response rates essential for valid and reliable survey results and to standardize implementation essential for comparing results across MAOs and over time.

Relevant survey experience	Technical competence running large-scale survey research operations, including experience working with MAOs, surveying the elderly population, health outcomes and large-scale mail and electronic telephone interviewing data collection efforts.
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Organizational/survey capacity	Access to requisite resources (computer and technical equipment) and personnel. Capacity to handle a large volume of mail questionnaires and to conduct highly standardized electronic telephone interviews in a brief period.
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Quality control/management plan	Personnel training and quality control mechanisms that promote high response rates and valid, reliable survey data. Ability to implement an intensive work plan for five months of data collection.
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Personnel	Key staff have relevant background and experience. Training of current and new personnel.
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HOS-M

Separate HOS-M survey vendor approval is required to administer the HOS-M. The survey vendor is trained on HOS-M data collection protocols, HOS-M QAG and submission of survey data to NCQA. NCQA sends a letter to HOS-M plans notifying them which survey vendor is approved to administer 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.

Quality Assurance Guidelines

The QAG 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 QAG protect the confidentiality of sampled members and document CMS' approach to monitoring survey vendor compliance.

In conjunction with HEDIS Volume 6, the QAG 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.

Biweekly reporting

The QAG 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.

Site visits

CMS may opt to conduct an onsite 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 visit provides survey vendors with the opportunity to discuss their experiences administering the survey.

Other methods of oversight

NCQA uses other methods of operations oversight during data collection:

- Regular updates and correspondence via telephone and e-mail.
- Telephone conferences with CMS and survey vendors.
- Offsite silent monitoring of telephone interviews.
- Offsite data record review.
- Offsite monitoring of survey vendors' customer support line and e-mails.
- Technical assistance.

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	<p>MAOs with Medicare contracts in effect on or before January 1, 2014, and a minimum enrollment of 500 members are required to report Baseline HOS in 2015:</p> <ul style="list-style-type: none"> • 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 (MMP). <p>MAOs that administered a HOS Baseline Survey in 2013 are required to administer the HOS Follow-Up Survey in 2015. All PACE plans with Medicare contracts in effect on or before January 1, 2014, and with a minimum enrollment of 30 members as of October 1, 2014, are required by CMS to administer the HOS-M Survey in 2015.</p> <p>MAOs sponsoring Fully Integrated Dual Eligible (FIDE) SNPs within Medicare contracts in effect on or before January 1, 2014, and with a minimum enrollment of 50 members may elect to report at the FIDE SNP 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.</p> <p>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 vendors.</p>
CMS-approved HOS survey vendors	<p>Survey vendors administer the HOS measure using the HEDIS protocol described in this volume and adhere to all guidelines in the QAG, including guidelines for protecting member confidentiality and requirements for protocol adherence.</p> <p>Vendors submit member-level data files containing HOS data to NCQA, in compliance with the HOS implementation timeline.</p>
CMS	<p>CMS notifies MAOs that they are required to participate in HOS, through a bulletin in its Health Plan Management System (HPMS).</p> <p>CMS contracts with HSAG to evaluate data quality, calculate HOS results and report MAO-specific results to MAOs.</p>
NCQA	<p>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.</p> <p>NCQA, through a subcontract with RTI International, generates HOS samples and forwards them to survey vendors.</p> <p>NCQA conducts annual survey vendor training and provides oversight to ensure survey vendors follow HOS data collection protocols.</p>

HEDIS 2014 Medicare HOS Experience

In 2014, 492 MAOs participated in the Baseline Survey and 450 participated in the Follow-Up Survey. Preliminary response rates were 42 percent for the Baseline Survey and 65 percent for the Follow-Up Survey.

Eighty-seven organizations from the PACE program participated in the HOS-M. The overall response rate was 54 percent.

HOS Resources

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

Effectiveness of Care

The Medicare Health Outcomes Survey (HOS)

SUMMARY OF CHANGES TO HEDIS 2015

- Updated the HOS questionnaire to version 3.0.

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

Product line Medicare.

Age 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 in the protocol and QAG to survey vendors at the 2015 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 MAO.

Baseline Survey sampling:	Because of variations in health plan population size, three sampling approaches are used. MAOs with fewer than 500 members are exempt from HOS reporting.
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<i>MAOs with populations of $\geq 3,000$ members</i>	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 2014 Baseline Survey) are excluded from the sample.
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<i>MAOs with populations of 1,201–2,999 members</i>	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 2014 Baseline Survey) <i>are not</i> excluded from the sample.
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<i>MAOs with populations of 500–1,200 members</i>	All eligible members are included in the sample.
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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: <ul style="list-style-type: none">• Disenrolled from the MAO subsequent to the Baseline Survey.• Died subsequent to the Baseline Survey.
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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).
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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 frame data files

NCQA creates a sample file for each MAO 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 same proxy or the sampled member complete the Follow-Up Survey, to minimize bias. If the same proxy or the sampled member 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 the Medicare 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 follow-up calls. 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.

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 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 non-respondents) approximately 4-5 weeks after initiation.
Provide final data files to NCQA 2 weeks after electronic telephone interviewing completion.

Baseline option for Spanish-speaking members

The 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

Mail materials	<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 text of the mailing materials and questionnaires was developed by CMS, which must approve all modifications.</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>
Questionnaire	<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 QAG.</p>
Confidential tracking ID	<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>
Letters and postcards	<p>The Prenotification Letter may not be modified in any way. All correspondence must adhere to guidelines described in the QAG. Correspondence is personalized as follows:</p> <ul style="list-style-type: none"> • Survey cover letters and reminder/thank-you postcards contain the salutation “Dear Medicare Beneficiary.” <ul style="list-style-type: none"> – The survey vendor has the option of personalizing the salutation to include the member’s name. • Full member name and address are used to address all envelopes and postcards to the member. • The Prenotification Letter includes the signature of a CMS official and CMS letterhead. • 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. • The Prenotification Letter is marked “Return Service Requested” or “Address Service Requested,” so member records can be updated.
For the Baseline Survey	<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>

For the Follow-Up Survey	Survey vendors personalize the Letter for First Questionnaire, 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.
Return envelopes	Questionnaire mailings include stamped return envelopes or business reply mail envelopes addressed to the survey vendor.
First-class postage	First-class postage and postal bar coding are used on all mailing pieces. Survey vendors may use first-class postage indicia.
NCQA approval of printed materials	Survey vendors forward all printed materials to NCQA for approval prior to volume printing in compliance with the HOS implementation timeline and guidelines described in the QAG.
Address standardization	Sample files contain member names and addresses. The survey vendor uses standardization techniques, described in the QAG, to ensure that address information is current and is formatted to enhance deliverability.
Data entry	<p>Survey vendors review returned mail questionnaires for legibility and completeness. A coding specialist uses decision rules stated in the QAG 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 four weeks of receipt.</p>
Quality control	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. 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.

Telephone number standardization	The sample file provided to survey vendors does not include member telephone numbers; vendors obtain telephone numbers directly from the MAO. Along with the sample file of 1,200 members, NCQA generates a second, larger "supplemental" file in which the sampled members' names are embedded, but not identified. Vendors forward the supplemental file to the MAO, which appends the contact information for every member in the file. (Alternatively, 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 the MAO with enough time to generate contact information.
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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. 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 QAG.

Telephone attempts

Survey vendors attempt to contact nonrespondents by telephone so that at least six telephone calls are attempted at different times of day, on different days of the week and in different weeks.

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.

Vendors monitor 10 percent of telephone interviews to evaluate the quality of interviewing and provide feedback and additional training, as necessary. 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*.

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

- 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.

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

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 QAG 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 in the QAG for cleaning and editing data before submitting it to NCQA.

HOS Reporting

Data submission	Survey vendors submit HOS final data files to NCQA two weeks after data collection is complete, in accordance with the HOS implementation timeline. Survey vendors correct errors in data files and resubmit revised files that meet CMS standards.
Data storage	Survey vendors store HOS questionnaires and electronic data securely to protect confidentiality, in accordance with guidelines described in the QAG. NCQA and CMS have the right to access survey vendors' questionnaires or electronic files at any time.
Progress reporting to MAOs	<p>MAOs may request that survey vendors provide status or performance reports at specified intervals. The QAG 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.</p>
Reporting HOS results	<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 provided in HPMS with each new Baseline and Performance Measurement report available 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 Web site at www.hosonline.org.</p>

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

SUMMARY OF CHANGES TO HEDIS 2015

- No changes to this measure.

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

Product line	Medicare.
Age	55 years and older as of January 1, 2015.
Continuous enrollment	January 1–February 1, 2015.
Allowable gap	None.
Reason for entitlement	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.

**MAOs with
populations of
≥1,200 members**

A random sample of 1,200 members is drawn.

**MAOs 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 text of the mailing materials and questionnaires was developed by CMS and any modifications must be approved.

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

Mailing address The HOS-M samples sent to survey vendors 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 Survey vendors attempt to contact nonrespondents by telephone so that at least 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 2015

- First-year measure.
- Revised the wording of all MUI questions.
- Revised the *Discussing Urinary Incontinence* and *Treatment of Urinary Incontinence* denominators to include all adults with urinary incontinence.
- Revised the *Treatment of Urinary Incontinence* numerator to assess whether treatment options were discussed (vs. received).
- Added the *Impact of Urinary Incontinence* indicator to assess the impact of urinary incontinence on daily activities and sleep.

Description

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

<i>Discussing Urinary Incontinence</i>	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.
<i>Treatment of Urinary Incontinence</i>	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.
<i>Impact of Urinary Incontinence</i>	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.

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.
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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	
Q42	Many people experience leaking of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?	Yes No	→Go to Question Q43 →Go to Question Q46
Q43	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	
Q44	Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?	Yes No	
Q45	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

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

Impact of Urinary Incontinence

Denominator	<p>Medicare members 65 years of age and older who reported having any urinary incontinence in the past six months.</p> <p>Member choices must be as follows to be included in the denominator:</p> <ul style="list-style-type: none">• Q42= "Yes."• Q43 = "A lot" or "Somewhat" or "Not at all."
Numerator	<p>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.</p> <p>Member choice must be as follows to be included in the numerator:</p> <ul style="list-style-type: none">• Q43 = "A lot."

Physical Activity in Older Adults (PAO)

SUMMARY OF CHANGES TO HEDIS 2015

- No changes to this measure.

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

Product line Medicare.

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

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-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 No I had no visits in the past 12 months	→Go to Question 47 →Go to Question 47 →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

Denominator	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.”
Numerator	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

Denominator	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.”
Numerator	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 2015

- No changes to this measure.

Description

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

***Discussing
Fall Risk***

The percentage of Medicare members:

- 75 years of age and older, **or**
- 65–74 years of age with balance or walking problems or a fall in the past 12 months...

...who were seen by an MAO 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 an MAO practitioner in the past 12 months and who received fall risk intervention from their current practitioner.

Eligible Population

Product line Medicare.

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

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-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"> • 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 	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:

- 75 years of age and older who had a visit in the past 12 months, **or**
- 65–74 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.

Criteria for inclusion in the denominator depend on member age.

Members 65–74 years of age as of December 31 of the measurement year

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

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

Members 75 years of age and older as of December 31 of the measurement year

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 2015

- Revised the age criteria to add an upper age limit.
- Revised the question wording.

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

Product line Medicare.

Age 65-85 years as of December 31 of the measurement year.

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-4 presents the question included in the measure.

Table E-4: Osteoporosis Testing in Older Women

	Question	Response Choices
Q52	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.	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.

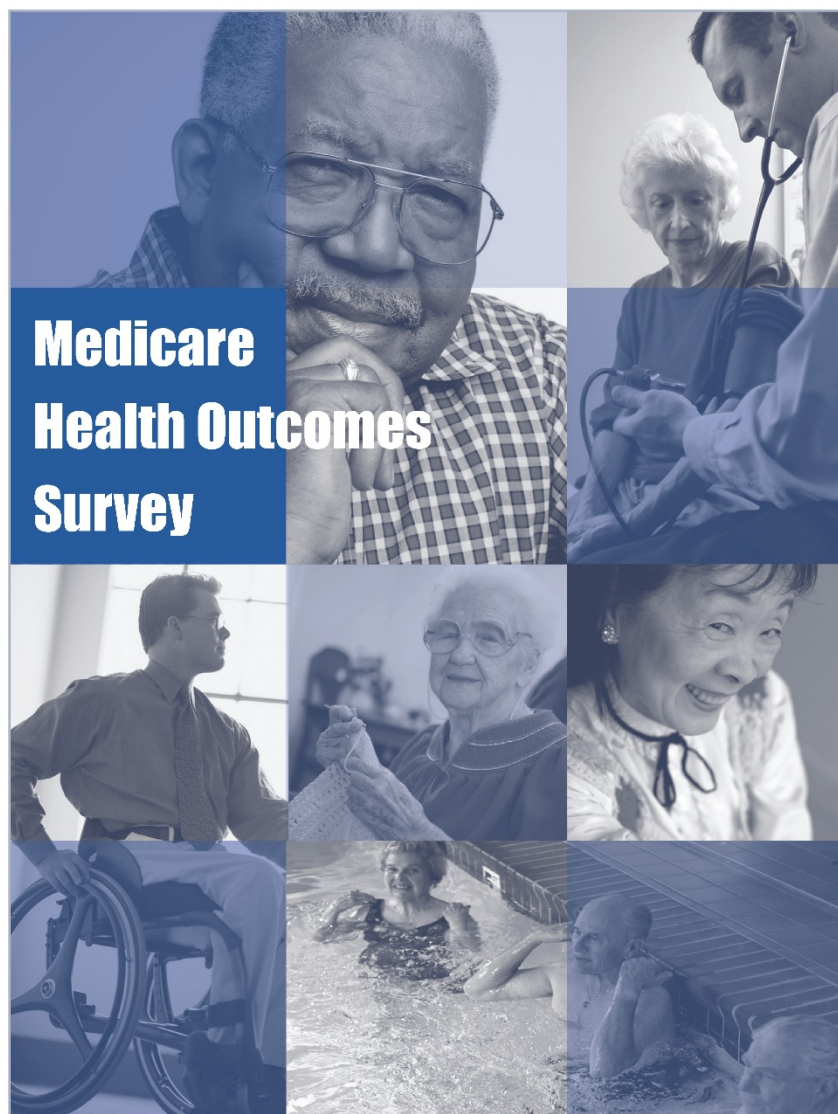
The MAO must achieve a denominator of at least 100 to obtain a reportable result. If the denominator is less than 100, NCQA assigns a measure result of *NA*.

Osteoporosis Testing in Older Women

Denominator	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."
Numerator	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) 2015



Medicare Health Outcomes Survey

HEDIS[®] 2015

HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET



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.

Sample Question:

- Answer the questions by putting an ‘X’ in the box next to the appropriate answer like the example below.
- 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	<input checked="" type="checkbox"/>	Yes → <i>Go to Question 35</i>
2	<input type="checkbox"/>	No → <i>Go to Question 36</i>

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.”

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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

☐ Yes, I have difficulty

☐ I am unable to do this activity

b. Dressing

☐ No, I do not have difficulty

☐ Yes, I have difficulty

☐ I am unable to do this activity

c. Eating

☐ No, I do not have difficulty

☐ Yes, I have difficulty

☐ I am unable to do this activity

d. Getting in or out of chairs

☐ No, I do not have difficulty

☐ Yes, I have difficulty

☐ I am unable to do this activity

e. Walking

☐ No, I do not have difficulty

☐ Yes, I have difficulty

☐ I am unable to do this activity

f. Using the toilet

☐ No, I do not have difficulty

☐ Yes, I have difficulty

☐ I am unable to do this activity

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

☐ Yes, I have difficulty

☐ I don't do this activity

b. Managing money

☐ No, I do not have difficulty

☐ Yes, I have difficulty

☐ I don't do this activity

c. Taking medication as prescribed

☐ No, I do not have difficulty

☐ Yes, I have difficulty

☐ I don't do this activity

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)

- 1 ☐ Yes
2 ☐ No

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

- 1 ☐ Yes
2 ☐ No

28. Arthritis of the hip or knee

- 1 ☐ Yes
2 ☐ No

29. Arthritis of the hand or wrist

- 1 ☐ Yes
2 ☐ No

30. Osteoporosis, sometimes called thin or brittle bones

- 1 ☐ Yes
2 ☐ No

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

- 1 ☐ Yes
2 ☐ No

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

- 1 ☐ Yes
2 ☐ No

33. Depression

- 1 ☐ Yes
2 ☐ No

34. Any cancer (other than skin cancer)

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

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

a. Colon or rectal cancer

- 1 ☐ Yes
2 ☐ No

b. Lung cancer

- 1 ☐ Yes
2 ☐ No

c. Breast cancer

- 1 ☐ Yes
2 ☐ No

d. Prostate cancer

- 1 ☐ Yes
2 ☐ No

e. Other cancer (other than skin cancer)

- 1 ☐ Yes
2 ☐ No

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

- 1 ☐ Not at all
2 ☐ A little bit
3 ☐ Somewhat
4 ☐ Quite a bit
5 ☐ 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 (ft.) and inches (in.)? Please remember to fill in both feet and inches (for example, 5 ft. 00 in.) If 1/2 in., please round up.

	ft.			in.
--	-----	--	--	-----

57. Are you male or female?

- 1 ☐ Male
- 2 ☐ Female

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

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

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

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

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

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

61. What is your current marital status?

- 1 ☐ Married
- 2 ☐ Divorced
- 3 ☐ Separated
- 4 ☐ Widowed
- 5 ☐ Never married

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. If you completed the survey for someone else, please fill in your name. **DO NOT** complete this question if you completed the survey for yourself. 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**?

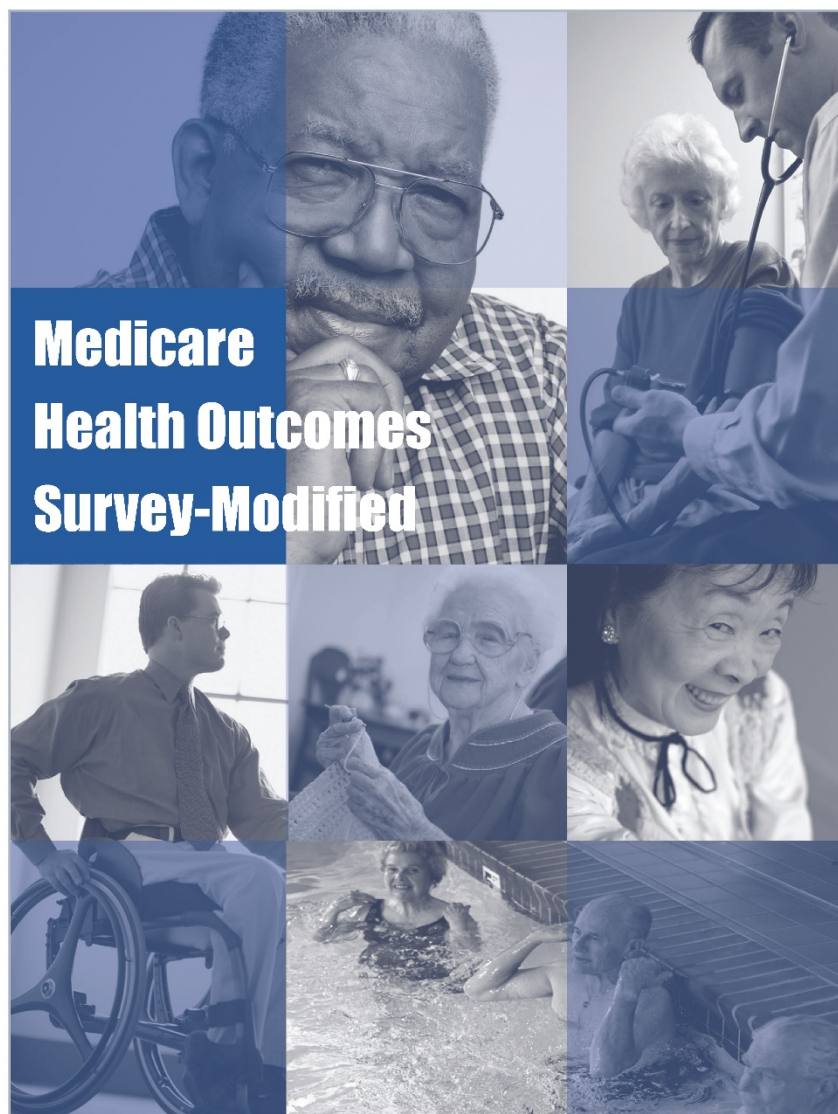
- 01 ☐ Less than \$5,000
 02 ☐ \$5,000–\$9,999
 03 ☐ \$10,000–\$19,999
 04 ☐ \$20,000–\$29,999
 05 ☐ \$30,000–\$39,999
 06 ☐ \$40,000–\$49,999
 07 ☐ \$50,000–\$79,999
 08 ☐ \$80,000–\$99,999
 09 ☐ \$100,000 or more
 10 ☐ Don't know

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

Insert Survey Vendor
Contact Information Here

Appendix 2

Medicare Health Outcomes Survey— Modified (HOS-M) Questionnaire (English) 2015



Medicare Health Outcomes Survey-Modified

HEDIS[®] 2015

HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET



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.

Sample Questions:

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

- 1 ☒ Yes
2 ☐ No

- 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."

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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:

Excellent

₁ ☐

Very good

₂ ☐

Good

₃ ☐

Fair

₄ ☐

Poor

₅ ☐

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

**No difficulty
at all**

₁ ☐

A little difficulty

₂ ☐

**Some
difficulty**

₃ ☐

A lot of difficulty

₄ ☐

**Not able to
do it**

₅ ☐

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

**No difficulty
at all**

₁ ☐

A little difficulty

₂ ☐

**Some
difficulty**

₃ ☐

A lot of difficulty

₄ ☐

**Not able to
do it**

₅ ☐

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**?

**No, I do not
have difficulty**

**Yes, I have
difficulty**

**I am unable to
do this activity**

a. Bathing.....

₁ ☐

₂ ☐

₃ ☐

b. Dressing.....

₁ ☐

₂ ☐

₃ ☐

c. Eating.....

₁ ☐

₂ ☐

₃ ☐

d. Getting in or out of chairs

₁ ☐

₂ ☐

₃ ☐

e. Walking

₁ ☐

₂ ☐

₃ ☐

f. Using the toilet

₁ ☐

₂ ☐

₃ ☐

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. Moderate activities , 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 several 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. Accomplished less 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 kind 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. Accomplished less 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 carefully 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 calm and peaceful ?	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 a lot of energy ?	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 downhearted and blue ?	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**?

Much better	Slightly better	About the same	Slightly worse	Much worse
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**?

Much better	Slightly better	About the same	Slightly worse	Much worse
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)?

Never	Less than once a week	Once a week or more often	Daily	Catheter
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 <input type="checkbox"/> Medicare Participant	→ STOP HERE
2 <input type="checkbox"/> Family member, relative, or friend of Medicare Participant	→ Go to Question 17
3 <input type="checkbox"/> 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 Letters, Survey Cover Letters and Reminder/Thank-You Postcards

HOS Baseline Prenotification Letter

[CENTER FOR MEDICARE]

Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS), the Federal agency that runs Medicare, is responsible for monitoring the quality of care that Medicare health plans provide. One of the ways we do this is by asking people with Medicare about their physical and mental health and how it has changed over time.

You have been selected to receive the “Medicare Health Outcomes Survey.” If you are enrolled in a larger health plan, your name was selected at random. If you are enrolled in a smaller plan, all members with Medicare are being asked to participate. In a few days, you will receive the questionnaire in the mail. We would greatly appreciate it if you would take the time to complete and return it in the enclosed postage-paid envelope.

Your answers will provide important information about your health. In 2 years, we will ask you to complete the survey again. We will compare the results from both surveys to determine if your health plan is keeping you as healthy as possible. After the 2 year study is complete, we will use the results to see how well your health plan can maintain or improve health and well-being over time.

The accuracy of these results depends on getting answers from you and others selected for this survey. All information you provide will be held in confidence by CMS and is protected by the Privacy Act. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will have no effect on 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 or would like to request the survey in Spanish [or Chinese], please call [SURVEY VENDOR NAME] toll-free at [800 NUMBER] or e-mail [E-MAIL ADDRESS]. Thank you for your help with this important survey.

Sincerely,

Amy K. Larrick, Acting 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 of the ways CMS does this is by asking people with Medicare about their health to determine whether the care their health plan provides is keeping them as healthy as possible.

CMS is conducting a survey called the “Medicare Health Outcomes Survey.” This survey asks about your physical and mental health and how it has changed over time. If you are enrolled in a larger health plan, your name was selected at random. If you are enrolled in a smaller plan, all members with Medicare are being asked to take the survey.

We would greatly appreciate your taking 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 2 years. 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 people with Medicare receive and to help them make more informed choices when selecting a health plan.

The accuracy of these results depends on getting answers from you and others selected for this survey. All information you provide will be held in confidence by CMS and is protected by the Privacy Act. **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 in any way.** However, your knowledge can help others with Medicare, so we hope you will choose to help us.

If you have questions about the survey or would like to request the questionnaire in Spanish [or Chinese], please call [SURVEY VENDOR NAME] toll-free at [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

Espanol 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(a) beneficiario(a) de Medicare:

Los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés), la agencia federal que administra el programa Medicare, revisan la calidad del cuidado médico que proporcionan los planes de salud de Medicare. Una de las maneras en las que CMS hace eso es preguntando a las personas con Medicare sobre su salud para determinar si los servicios que les proporciona su plan médico los mantienen tan sanos como sea posible.

CMS está llevando a cabo una encuesta llamada “Encuesta de Medicare Sobre la Salud”. En esta encuesta se le pregunta acerca de su salud física y mental y cómo ha cambiado esta con el tiempo. Si está inscrito(a) en un plan médico grande, su nombre fue seleccionado al azar. Si forma parte de un plan médico más pequeño, a todos los miembros con Medicare se les pide que participen en la encuesta.

Le agradeceremos mucho que dedique tiempo para completar este cuestionario y lo regrese en el sobre adjunto que no necesita estampilla de correo. Si decide participar, CMS pudiera pedirle que responda la encuesta nuevamente en 2 años. CMS va a comparar los resultados de ambas encuestas para ver qué tan bien su plan de salud puede mantener o mejorar la salud y el bienestar de sus miembros con el tiempo. Los resultados se utilizarán para mejorar la calidad de los servicios que reciben las personas con Medicare y ayudarles a tomar decisiones informadas al seleccionar un plan de salud.

La precisión de los resultados depende de poder obtener respuestas de usted y de las otras personas seleccionadas para la encuesta. CMS mantendrá en confidencialidad toda la información que usted proporcione, la cual está protegida por la Ley de privacidad. **No es obligatorio participar en esta encuesta. Su ayuda es voluntaria, y su decisión de participar o no participar no afectará sus beneficios de Medicare de ninguna manera.** Sin embargo, su conocimiento puede ayudar a otras personas con Medicare, por lo que esperamos que decida ayudarnos.

Si tiene preguntas sobre la encuesta o desea solicitar el cuestionario en inglés, por favor llame a [SURVEY VENDOR NAME] al número de teléfono gratuito [800 NUMBER] o envíe un correo electrónico al [E-MAIL ADDRESS]. Gracias por su ayuda en esta importante encuesta.

Atentamente,

[SENIOR SURVEY VENDOR STAFF]
[SURVEY VENDOR]

Material adjunto

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 and ask that you complete and return the questionnaire 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 of the ways CMS does this is by conducting the “Medicare Health Outcomes Survey,” which asks people with Medicare about their health to determine whether the care their health plan provides is keeping them as healthy as possible. If you are enrolled in a larger health plan, your name was selected at random. If you are enrolled in a smaller plan, all members with Medicare are being asked to take the survey.

We would greatly appreciate your taking the time to fill out this survey. If you choose to participate, CMS may ask you to take the survey again in 2 years. CMS will compare results from both surveys to see how well your health plan is able to maintain or improve the health and well-being of its members over time. The results will be used to improve the quality of care people with Medicare receive and to help them make more informed choices when selecting a health plan.

The accuracy of the results depends on getting answers from you and others selected for this survey. All information you provide will be held in confidence by CMS and is protected by the Privacy Act. **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 in any way.** However, your answers are important so we hope you will choose to help us.

If you have questions about the survey or would like to receive the questionnaire in Spanish [or Chinese], please call [SURVEY VENDOR NAME] toll-free at [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 Medicare Beneficiary:

About 1 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** that we would like you to complete 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 people with Medicare receive.

If you did not receive the survey or misplaced it, you should receive another in the mail soon. If you do not receive the survey or would like to request it in Spanish, please call [SURVEY VENDOR NAME] toll-free at [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 Postcards

HOS Follow-Up Prenotification Letter

[CENTER FOR MEDICARE]

Dear Medicare Beneficiary:

About 2 years ago, you participated in the “Medicare Health Outcomes Survey.” At that time, we said that we would like you to take the survey again in 2015. In a few days, you will receive the new survey in the mail. When it arrives, we would greatly appreciate it if you would take the time to complete 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 of the ways that we do this is by asking people with Medicare about their health and how it has changed over time.

The information you provide is important and can help us improve the quality of care provided to you and other people with Medicare. We will compare results from both surveys to determine if your health plan is keeping people with Medicare as healthy as possible. Our goal is to determine how well each health plan is able to maintain or improve the health and well-being of its members over time.

The accuracy of these results depends on getting answers from you and others selected for this survey. All information you provide will be held in confidence by CMS and is protected by the Privacy Act. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will have no effect on 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 [800 NUMBER] or e-mail [E-MAIL ADDRESS]. Thank you for your ongoing help with this important survey.

Sincerely,

Amy K. Larrick, Acting 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 2 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 2015. We would greatly appreciate your taking the time to fill out this questionnaire 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 of the ways that CMS does this is by asking people with Medicare about their health to determine whether 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 people with Medicare receive and to help them make more informed choices when selecting a health plan.

The accuracy of these results depends on getting answers from you and others selected for this survey. All information you provide will be held in confidence by CMS and is protected by the Privacy Act. **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 in any way.** However, your knowledge can help others with Medicare, so we hope you will choose to help us.

If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [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 2 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 2015. We recently mailed you this survey, but we have not received it back from you. If you already returned it, thank you for completing the survey. We have enclosed another copy of the same survey in case you did not receive it and ask that you complete and return it in the postage-paid envelope.

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

We would greatly appreciate your taking the time to fill out this survey. CMS will compare results from both surveys to see how well your health plan is able to maintain or improve the health and well-being of its members over time. The results will be used to improve the quality of care people with Medicare receive and to help them make more informed choices when selecting a health plan.

The accuracy of these results depends on getting answers from you and others selected for this survey. All information you provide will be held in confidence by CMS and is protected by the Privacy Act. **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 in any way.** However, your answers are important so we hope you will choose to help us.

If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [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 2 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 2015. We would greatly appreciate your taking the time to fill out this questionnaire 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 of the ways that CMS does this is by asking people with Medicare about their health to determine whether 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 people with Medicare receive and to help them make more informed choices when selecting a health plan.

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 these results depends on getting answers from you and others selected for this survey. All information you provide will be held in confidence by CMS and is protected by the Privacy Act. **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 in any way.** However, your knowledge can help others with Medicare, so we hope you will choose to help us.

If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [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 2 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 2015. We recently mailed you this survey, but we have not received it back from you. If you already returned it, thank you for completing the survey. We have enclosed another copy of the same survey in case you did not receive it and ask that you complete and return it in the postage-paid envelope.

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

We would greatly appreciate your taking the time to fill out this survey. CMS will compare results from both surveys to see how well your health plan is able to maintain or improve the health and well-being of its members over time. The results will be used to improve the quality of care people with Medicare receive and to help them make more informed choices when selecting a health plan.

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 these results depends on getting answers from you and others selected for this survey. All information you provide will be held in confidence by CMS and is protected by the Privacy Act. **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 in any way.** However, your answers are important so we hope you will choose to help us.

If you have questions about the survey, please call [SURVEY VENDOR NAME] toll-free at [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 Medicare Beneficiary:

About 1 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** that we would like you to complete 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 people with Medicare receive.

If you did not receive the survey or misplaced it, you should receive another in the mail soon. If you do not receive the survey or would like to request it in Spanish, please call [SURVEY VENDOR NAME] toll-free at [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 Letters, Survey Cover Letters and Reminder/ Thank-You Postcards

HOS-M Prenotification Letter

[CENTER FOR MEDICARE]

Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS), the Federal agency that runs Medicare, is responsible for monitoring the quality of care that Medicare health plans provide. One of the ways we do this is by asking people with Medicare about their physical and mental health.

You have been selected to receive the “Medicare Health Outcomes Survey-Modified.” If you are enrolled in a larger health plan, your name was selected at random. If you are enrolled in a smaller plan, all members with Medicare are being asked to participate. In a few days, you will receive the questionnaire in the mail. We would greatly appreciate it if you would 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 is keeping you as healthy as possible. All information you provide will be held in confidence by CMS and is protected by the Privacy Act. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will have no effect on 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 or would like to request the survey in Spanish or Chinese, please call [SURVEY VENDOR NAME] toll-free at [800 NUMBER] or e-mail [E-MAIL ADDRESS]. Thank you for your help with this important survey.

Sincerely,

Amy K. Larrick, Acting 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 of the ways CMS does this is by asking people with Medicare about their health to determine whether the care their health plan provides is keeping them as healthy as possible.

CMS is conducting a survey called the “Medicare Health Outcomes Survey-Modified.” This survey asks about your physical and mental health. If you are enrolled in a larger health plan, your name was selected at random. If you are enrolled in a smaller health plan, all members with Medicare are being asked to take the survey.

We would greatly appreciate your taking the time fill out this questionnaire and return it to us in the enclosed postage-paid envelope.

The accuracy of these results depends on getting answers from you and others selected for this survey. All information you provide will be held in confidence by CMS and is protected by the Privacy Act. **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 in any way.** However, your knowledge can help others with Medicare, so we hope you will choose to help us.

If you have questions about the survey or would like to request the survey in Spanish or Chinese, please call [SURVEY VENDOR NAME] toll-free number at [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 and ask that you complete and return the questionnaire 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 of the ways CMS does this is by asking people with Medicare about their health to determine whether the care their health plan provides is keeping them as healthy as possible. If you are enrolled in a larger health plan, your name was selected at random. If you are enrolled in a smaller health plan, all members with Medicare are being asked to take the survey.

We would greatly appreciate your taking the time fill out this questionnaire and return it to us in the enclosed postage-paid envelope.

The accuracy of these results depends on getting answers from you and others selected for this survey. All information you provide will be held in confidence by CMS and is protected by the Privacy Act. **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 in any way.** However, your answers are important so we hope you will choose to help us.

If you have any questions about the survey or would like to request the survey in Spanish or Chinese, please call [SURVEY VENDOR NAME] toll-free at [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 Medicare Beneficiary:

About 1 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 that we would like you to complete 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 people with Medicare receive.

If you did not receive the survey or misplaced it, please call [SURVEY VENDOR NAME] toll-free at [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. Vendors may use alternative text for reminder postcards with NCQA prior approval.