

# Medicare Health Outcomes Survey (HOS)

## *Quality Assurance Guidelines and Technical Specifications*

**Version 2.0**  
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## **Medicare Health Outcomes Survey (HOS)**

### ***Quality Assurance Guidelines and Technical Specifications V2.0***

#### **Acknowledgments**

These specifications were prepared under contract to the Centers for Medicare & Medicaid Services (CMS) by the National Committee for Quality Assurance (NCQA) in collaboration with the Health Services Advisory Group (HSAG).

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# **Medicare HOS**

## ***Quality Assurance Guidelines and Technical Specifications V2.0***

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## **I. Reader's Guide**

### **Purpose of the Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0**

The Centers for Medicare & Medicaid Services (CMS) developed the *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0* for the Medicare Health Outcomes Survey (HOS) to standardize the data collection protocol and ensure that the survey data collected across the CMS-approved HOS survey vendors are comparable. This Readers Guide provides survey vendors and Medicare Advantage Organizations (MAO) with an overview of the content in this manual. Readers are directed to the various sections of the *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0* for detailed information on the requirements, protocols and procedures for the 2016 HOS administration.

### ***Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0 Content***

The *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0* manual is divided into the following sections:

#### ***Introduction and Overview***

This section includes information on the development of the HOS, a description of the survey and information about administering HOS and publicly reporting HOS results.

#### ***Program Requirements***

This section presents the requirements for HOS administration, including communication with MAO members about the survey and the roles and responsibilities for each participating organization (i.e., CMS and the HOS Project Team, MAOs and survey vendors).

#### ***Sampling***

This section provides an overview of the process CMS uses for selecting a random sample of members for HOS and information about the process that survey vendors use to receive and perform quality checks on the survey sample.

#### ***Communications and Technical Support***

This section includes information about communication and technical support available to HOS survey vendors, as well as other interested parties.

#### ***Data Collection Protocol***

This section provides information about the mixed mode (mail with telephone follow-up) data collection protocol required to administer HOS, including the data collection schedule, mail and telephone protocol requirements, data receipt, data retention and quality control guidelines. This

section also provides information about the longitudinal approach for HOS, specifically the administration of the Baseline and Follow-Up cohorts and following the assigned protocol paths.

### ***Data Coding and Preparation***

This section details information about the process of preparing data files for submission to the HOS Project Team, including the application of decision rules and coding, HOS-specific variables and disposition codes. This section also provides information on how to calculate percent complete.

### ***Data Submission***

This section provides information about data preparation and data submission, including the survey vendor authorization process, the data submission process and schedule, the test file submission process and data validation checks.

### ***Data Analysis and Public Reporting***

This section describes the public reporting and analysis of HOS results conducted by CMS and the HOS Project Team. It includes the specific measures calculated from HOS that are publicly reported for each MA contract.

### ***Quality Oversight***

This section provides information about the quality oversight activities that the CMS-sponsored HOS Project Team conducts to ensure compliance with protocols and procedures for HOS administration. It also includes a schedule of quality oversight due dates, including project reporting requirements.

### ***Discrepancy Reports***

This section describes the process for notifying CMS of any discrepancies from the standard HOS protocols and specifications that may occur during data collection and refers to the standardized Discrepancy Report form available in the appendix.

### ***Appendices***

The Appendices include the HOS 2016 Minimum Business Requirements, Model Quality Assurance Plan; Frequently Asked Questions for Customer Support; Sample File Layout and Survey File Record Layout; Questionnaire and Mailing Materials; Telephone Script; Discrepancy Report Form; and Acronyms and Abbreviations.

### ***For More Information***

For more information about the HOS program and to view important updates and announcements, visit the HOS website at <http://hosonline.org>.

### ***To Provide Comments or Ask Questions***

For information and technical assistance, contact the HOS Project Team via e-mail at [hos@ncqa.org](mailto:hos@ncqa.org).

To communicate with CMS staff, please e-mail [hos@cms.hhs.gov](mailto:hos@cms.hhs.gov).

## **II. Introduction and Overview**

The Centers for Medicare & Medicaid Services (CMS) is committed to monitoring the quality of care provided to Medicare Advantage (MA) beneficiaries by Medicare Advantage Organizations (MAO). One way CMS does this is through the Medicare Health Outcomes Survey (HOS) by measuring the self-reported quality of life of MA beneficiaries. HOS data collection and reporting occurs annually at the MA contract level.

### ***Background***

CMS, in collaboration with NCQA, launched the Medicare HOS in 1998 as part of the Effectiveness of Care component of the Healthcare Effectiveness Data and Information Set (HEDIS®<sup>1</sup>). The HOS was developed under the guidance of a technical expert panel comprising individuals with specific expertise in the health care industry and in outcomes measurement.

The goal of the HOS is to gather valid, reliable and clinically meaningful MA program data that is used for targeting quality improvement activities and resources; monitoring health plan performance and rewarding top-performing health plans; helping beneficiaries make informed health care choices; and advancing the science of functional health outcomes measurement.

HOS assesses a MAO's ability to maintain or improve the physical and mental health of its Medicare beneficiaries over time. This longitudinal or "cohort" survey is administered to a random sample of members from each health plan at the beginning (Baseline) and end (Follow-Up) of a two-year period. For each sampled member who completes a Baseline and a Follow-Up survey, a two-year change score is calculated, taking into account a set of risk adjustment factors. The sampled member's physical and mental health status are categorized as "better than expected," "same as expected" or "worse than expected," compared to national norms. Summary HOS results are calculated for each MA contract based on aggregated member outcomes.

### **About the Survey**

HOS evaluates the physical and mental health of MA members using a core set of survey questions from the *Veterans RAND 12-Item Health Survey (VR-12)*.

For scoring and reporting purposes, VR-12 items are combined into the following measures:

- Physical Component Summary (PCS) score.
- Mental Component Summary (MCS) score.

In addition to the VR-12, HOS includes the following other survey components:

- Questions to collect results for selected HEDIS Effectiveness of Care measures.
- Questions as part of Section 4302 of the Affordable Care Act (i.e., race, ethnicity, primary language, sex and disability status).

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<sup>1</sup> HEDIS® is a registered trademark of NCQA.

- Questions to gather information for case mix and risk adjustment.
- Other health questions, including limitations on activities of daily living (ADL), pain, depression, sleep quality and chronic conditions, such as heart disease.

For scoring and reporting purposes, survey questions used to collect HEDIS Effectiveness of Care measure results are combined into the following measures:

- Management of Urinary Incontinence.
- Physical Activity in Older Adults.
- Fall Risk Management.
- Osteoporosis Testing in Older Women.

## **HOS Administration**

HOS is conducted with a random sample of MA members who are at least 18 years of age, currently enrolled in a MA contract, and live in the United States or U.S. Territories. The following MAOs with Medicare contracts in effect on or before January 1, 2015 and a minimum enrollment of 500 members are required to report HOS in 2016:

- 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).

HOS is administered annually at the contract level, using **only** a specified mixed mode data collection protocol that includes a pre-notification letter, two survey mailings, a reminder/thank-you postcard and telephone follow-up for non-respondents. MAOs must contract with a CMS-approved HOS survey vendor to collect and report HOS data. CMS specifies a data collection timeline and protocol that all survey vendors must follow. CMS selects the sample and provides the approved HOS survey vendors with sample files for their MA contract clients.

## **Public Reporting and Use of HOS Data in 2016**

HOS produces data on the health status of MA members that allow objective and meaningful comparisons between MAOs. Since 2012, HOS data have been included in the Medicare Star Ratings for MA Quality Bonus Payments. In the 2016 survey, four HOS measures are included in the Medicare Part C Star Ratings: two measures of functional health from the VR-12 (PCS and MCS) and two HEDIS Effectiveness of Care measures (Monitoring Physical Activity and Reducing the Risk of Falling). The Improving Bladder Control measure is currently under revision. CMS publicly reports these measures for each MAO contract on the Medicare Plan Finder website ([www.medicare.gov](http://www.medicare.gov)). Members and their families can use the results to help them select a health plan. The general public and research community can use survey results to assess Medicare program performance. MAOs can use survey results to identify areas for quality improvement. Medicare administrators and policymakers rely on the measure results to manage the MA program, implement and monitor quality improvement efforts and make policy decisions.

### **III. Program Requirements**

#### **Overview**

This section describes HOS Program Requirements, including requirements for communicating with MA members about the survey, roles and responsibilities of participating organizations (i.e., CMS, the HOS Project Team, MAOs and survey vendors) and the Minimum Business Requirements to administer the survey.

#### **Communication with MA Members About HOS**

Survey vendors and MAOs are allowed to notify members that they may be asked to participate in HOS. In an effort to prevent bias in survey results, certain types of communication (either oral, written or in the survey materials – cover letters and telephone scripts) are not permitted. Survey vendors, MAOs or their agents may **not**:

- Attempt to influence or encourage members to answer survey questions in a particular way.
- Imply that positive feedback from members will reward or benefit the MAO, its personnel or agents by asking them to choose certain responses or indicate that the MAO is hoping for a given response.
- Offer incentives of any kind for participating in the survey.
- Show or provide the HOS questionnaire or cover letters to members prior to survey administration.

Survey vendors, MAOs or their agents are strongly discouraged from:

- Asking any HOS-related questions of members four weeks prior to, during and after the 2016 HOS administration (generally anytime from March 1 to August 31, 2016 – this guideline does not apply to other CMS surveys).

#### **Roles and Responsibilities**

The following sections describe the roles and responsibilities of each organization involved with HOS administration, specifically: CMS and the HOS Project Team, MAOs and CMS-approved HOS survey vendors.

##### ***CMS and the HOS Project Team***

CMS requires the standardization of the HOS administration and data collection methodology for measuring and publicly reporting Medicare member health status. CMS and the CMS-designated HOS Project Team:

- Provide CMS-approved HOS survey vendors with the survey administration protocol, timeline and description of data submission through distribution of these *Medicare HOS*

*Quality Assurance Guidelines and Technical Specifications V2.0* for the 2016 HOS administration.

- Train survey vendors to administer HOS.
- Provide technical assistance to survey vendors and MAOs via telephone, e-mail and the HOS website: <http://hosonline.org>.
- Provide survey vendors with the tools, format and procedures for submitting HOS data.
- Process, review and analyze data files submitted by survey vendors.
- Provide marketing guidelines to be used by MAOs.

CMS publicly reports HOS measures as part of the Medicare Star Ratings produced annually for the Medicare Plan Finder website. Specifically, CMS:

- Calculates and adjusts HOS data for case-mix effects prior to public reporting.
- Generates preview reports containing HOS results for participating MAOs to review prior to public reporting.
- Reports HOS results publicly every fall on the Medicare Plan Finder website at [www.medicare.gov](http://www.medicare.gov).

### ***Medicare Advantage Organizations (MAO)***

MAOs that participate in HOS agree to:

- Contract with a CMS-approved HOS survey vendor to administer HOS (contracts are not permitted to administer the survey themselves). The list of approved HOS survey vendors is on the HOS website at <http://hosonline.org>.
- Authorize the survey vendor to submit data on their behalf by reporting their survey vendor selection to the HOS Project Team. See the *Survey Vendor Authorization Process* subsection in the *Data Submission* section of this manual for more information.
- Preview HOS results prior to public reporting.

### ***Survey Vendors***

Survey vendors that participate in HOS agree to:

- Review and acknowledge agreement with the HOS Rules of Participation.
- Participate in HOS survey vendor training and complete the post-training evaluation.
- Adhere to the program requirements established by CMS to administer the HOS, which are contained in these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0*.
- Verify that each contract has authorized the survey vendor to submit data on its behalf.
- Receive and perform checks on each contract's sample file to confirm all required data elements.
- Administer HOS and oversee the work of staff and subcontractors.
- Submit data files to the HOS Project Team, in accordance with the data file specifications in these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0*, by the data submission deadline established by CMS.
- Review data submission reports and confirm that survey data are submitted to CMS accurately and in a timely manner.

- Participate in all quality oversight activities, as specified in these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0* and as determined by CMS and the HOS Project Team.  
For the HOS Project Team to perform the required quality oversight activities, CMS-approved HOS vendors **must** conduct all business operations within the United States. This requirement also applies to all staff and subcontractors.
- Execute a Data Use Agreement (DUA) with CMS to permit survey vendor access to sample files and specified CMS data. Survey vendors must ensure that:
  - Contacts on the DUA are correct and that all contact information is accurate.
  - Current DUAs are extended before their expiration date if necessary. CMS will not approve new DUAs if a survey vendor's organization has any outstanding expired DUAs.
  - Current DUAs are updated to include the 2016 survey administration data.
  - Any subcontractor organization that views member-level data (e.g., member names, addresses, telephone numbers) must sign a DUA Addendum.

For more information, please visit the CMS DUA website:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Privacy/DUAs.html>.

The DUA signed by each survey vendor, and their subcontractors, if applicable, permits access to HOS sample files and restricts the use of data to purposes that CMS determines for supporting HOS, specifically: to help CMS monitor, manage and improve the MA program and the quality of care provided to MA members. Survey vendors can only release HOS data to CMS and the HOS Project Team. Survey vendors are prohibited from releasing HOS data to any other entity, including MAOs and MA members.

In signing the DUA, the survey vendor agrees to establish appropriate administrative, technical and physical safeguards to ensure the integrity, security and confidentiality of the data, and prevent unauthorized use or access to it by complying with the terms of the DUA and applicable law, including the Privacy Act and HIPAA. The survey vendor also agrees to follow the data storage and retention policy specified by CMS.

**Note:** If a survey vendor is noncompliant with program requirements for any client contract, the contract's HOS results may not be included in the Medicare Star Ratings produced for the Medicare Plan Finder tool.

## **Survey Management System**

Survey vendors must implement an automated survey management system (SMS) for effective tracking of sampled member data elements, data regarding various stages of survey implementation and processes, and returned survey data. Survey vendors should test all modules of the SMS thoroughly prior to survey implementation. At a minimum, the SMS must include the following features/functionality:

- The ability to store HOS data files containing sample data (e.g., member-specific data, telephone files).
- The ability to track key events for each sampled member through major survey milestones or process points (e.g., updated address, undeliverable return, first survey mail-out, telephone attempts). Event tracking employs flags and dates for each specified event. Survey vendor QAPs must address the events tracked by SMS.
- The use of disposition codes to record resolution of each sampled member. Survey vendors may use their own system “interim” disposition codes and map them to the HOS final disposition codes. If interim disposition codes are used, the survey vendor QAP must demonstrate mapping interim codes to final HOS codes.
- The use of access levels and security passwords, so that only authorized users may have access to sensitive data.
- The use of a unique identifier, not including member social security numbers or other personally identifiable information (PII) that appears on the survey instrument.
- The use of a transaction “history” file to document a completed member response in the member response database.
- The use of data backup procedures that safeguard system data adequately.
- The use of key-to-disk entry or frequent saves to media, to minimize data losses in the event of power interruption.
- A link to the telephone module so that data from these interviews are seamlessly incorporated into relevant data files in the SMS.
- The ability to flag members calling to request a Spanish or Chinese version of the instrument, to ensure that the appropriate instrument is mailed at each stage.
- The ability to personalize English, Spanish and Chinese (if applicable) Follow-Up—Proxy at Baseline mailing materials with the name of the proxy. If these members do not respond during the mail protocol, the survey vendors’ electronic telephone interviewing systems can identify the name of the proxy during interviewing. (**Note:** There is no telephone interviewing for Chinese-speaking members.)

## Member Confidentiality

To protect the confidentiality of sampled members, survey vendors must institute the following:

- Separate PII from member response data within the SMS, and mechanisms for preventing access of files by inappropriate individuals.
- Implement automated system safeguards (e.g., use of passwords, access levels, firewalls).
- Implement physical safeguards (e.g., locking rooms and filing cabinets, instituting area access controls).
- Obtain survey vendor-generated employee confidentiality agreements for all staff with access to sensitive data, and measures in place to handle identified security breaches.
- Obtain survey vendor-generated confidentiality agreements from all subcontractor staff assisting with printing, mailing, data entry, and/or telephone interviewing functions, if applicable.
- Prevent unauthorized access to electronic and hard copy materials used or generated during the course of the survey administration.

- Store electronic and hard copy data in a secure location. See the *Data Submission* section for more information about record storage and retention.
- Shred or appropriately dispose of mail questionnaires received by survey vendors after the end of HOS administration.
- Ensure PII is not stored on portable media or laptop computers.
- Ensure PII is not removed from survey vendor employee and subcontractor offices.

## Transmitting Information Containing Personally Identifiable Information and Protected Health Information

Survey vendors must ensure the security of PII including protected health information (PHI) by adhering to all CMS data dissemination policies regarding transmittal of PII and PHI. The HOS Project Team will provide each survey vendor with a file of sampled beneficiaries for each MAO with which it has contracted. In accordance with CMS data dissemination policies, these data will be transmitted via a secure file transfer protocol (FTP) system using a Federal Information Processing Standard (FIPS) 140-2 certified encryption module.

Survey vendors must not transfer PII electronically unless instructed to do so by the HOS Project Team and CMS. For example, the HOS Project Team will advise when information may be transmitted to contracted MAOs for the purpose of obtaining telephone numbers for sampled members. All PII transferred electronically **must be encrypted**.

PII may be transferred to client MAOs via CD or secure FTP. The survey vendor must use software that meets FIPS 140-2 for encryption modules to protect files from unwanted interception, in addition to “strong” passwords or passphrases consisting of a minimum of eight characters and four categories (uppercase letters, lowercase letters, numbers, and keyboard symbols). Passwords and passphrases must be sent under separate cover from the data (e.g., by phone call to recipient at MAO). Acceptable software modules include Endpoint (formerly PointSec) and SecureZIP. **Note:** WinZip does not meet federal encryption standards and may not be used to transmit PII or PHI.

E-mail **is not** a secure method of transmitting PII or PHI.

MAOs are also required to maintain the privacy and security of PII and PHI of Medicare members. Survey vendors are encouraged to work with their clients to ensure MAOs exercise due diligence when sending PII/PHI information electronically.

### ***Reporting Compromises of PII or PHI***

If any of the following security breach incidents occur, the survey vendor must report it to the HOS Project Team immediately:

- PII or PHI is inadvertently disclosed, externally or internally.
- Survey vendor personnel who are not authorized to access PII or PHI accidentally obtain access.
- Authorized personnel use PII or PHI for purposes other than related to the HOS project.

## **HOS Survey Vendor Training**

Conditionally-approved survey vendors must participate in the HOS Survey Vendor Training (via Webinar) and any subsequent training sponsored by CMS. At a minimum, the survey vendor's project manager, telephone survey supervisor and mail survey supervisor must participate. The survey vendor's project director, programmer or programmer's supervisor are also strongly encouraged to attend the training, as well as applicable subcontractors. MAOs are not required to attend training, but are welcome to do so. The survey vendor must also complete a post-training evaluation.

## **HOS Minimum Business Requirements to Administer HOS**

The 2016 HOS Minimum Business Requirements specify the minimum requirements a participating organization must meet to become a CMS-approved HOS survey vendor. See **Appendix A** for the full set of requirements. The following sections provide additional information about survey vendor requirements.

### ***Review and Follow the Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0 and All Policy Updates***

CMS developed the *Medicare HOS Quality Assurance Guidelines and Technical Specifications* V2.0 for the HOS to ensure standardization of the HOS data collection process and the comparability of data reported. Survey vendors and MAOs must review and adhere to the protocols and procedures contained in this manual, as well as all policy updates provided by the HOS Project Team.

### ***Attest to the Accuracy of the Survey Vendor's Data Collection***

Survey vendors attest to the accuracy of their data collection process and its conformance with these *Medicare HOS Quality Assurance Guidelines and Technical Specifications* V2.0. CMS prohibits survey vendors from subcontracting the data submission task. Data must be collected in an approved manner to be publicly reported by CMS.

### ***Develop Survey Vendor Quality Assurance Plan***

Survey vendors develop a Quality Assurance Plan (QAP) for survey administration in accordance with the *Medicare HOS Quality Assurance Guidelines and Technical Specifications* V2.0. The Model QAP (see **Appendix B**) provides a template that survey vendors follow and guidelines for developing the survey vendor QAP. Survey vendors update the QAP as necessary to reflect changes in resources and processes and notify the HOS Project Team of changes to key personnel via e-mail at [hos@ncqa.org](mailto:hos@ncqa.org). The survey vendor QAP must include the following:

- HOS staffing and organizational background and structure for the project.
- HOS administration work plan, including documentation of:
  - Review and QA of the HOS sample file.
  - SMS.
  - Mail protocol.
  - Telephone protocol.
  - Survey vendor customer support.

- Data preparation and submission.
- Data storage and retention.
- Quality control procedures.
- Plans to ensure confidentiality, privacy and security.

Survey vendors submit a QAP to the HOS Project Team for review via e-mail at [hos@ncqa.org](mailto:hos@ncqa.org). See the *Quality Oversight* section for more information.

***Participate in Quality Oversight Activities Conducted by the HOS Project Team***

Survey vendors, and their subcontractors, must be prepared to participate in all onsite or remote quality oversight activities, such as telephone monitoring, data record review, site visits and submission of progress reports, as requested by CMS and the HOS Project Team. These activities ensure that survey vendors follow correct survey protocols. All materials relevant to survey administration are subject to review. Survey vendors submit materials relevant to HOS administration (as determined by CMS), including mailing materials (i.e., cover letters, questionnaires and postcards) and telephone scripts (screen shots) to the HOS Project Team for review via e-mail at [hos@ncqa.org](mailto:hos@ncqa.org). See the *Quality Oversight* section for more information.

***Review and Acknowledge Agreement with the Rules of Participation***

HOS survey vendors must review and agree to the Rules of Participation to administer the HOS for their client contracts and for survey results to be publicly reported by CMS.

## **IV. Sampling**

### **Overview**

This section provides information about HOS sampling, including the process used by CMS to select the 2016 HOS sample. The CMS Office of Information Systems pulls a sample frame of eligible MA members from the Integrated Data Repository (IDR) in February 2016. A random sample of MA members is then drawn for each MA contract that is required to report HOS results. The HOS Project Team delivers HOS sample files to each survey vendor in March 2016.

CMS designed the HOS sampling procedures to protect sampled members from being identified by the participating MAO. Survey vendors must keep sampled member information confidential and may **not** provide MAOs with member names or any other identifying information. Survey vendors should also refer to *HEDIS 2016, Volume 6: Specifications for the Medicare Health Outcomes Survey* for more information on sampling.

### **Sample Selection and Eligibility Criteria**

CMS selects a random sample of members for the Baseline survey for each participating MA contract. For MA contracts that participated in HOS two years ago, a Follow-Up sample is also drawn. The Follow-Up sample includes members who responded to the Baseline survey two years ago.

MA contracts that are required to report HOS Cohort 19 Baseline survey are contracts in effect on or before January 1, 2015 with 500 or more enrollees, including all coordinated care plans, PFFS contracts and MSA contracts, section 1876 cost contracts even if they are closed for enrollment, employer/union only contracts and Medicare Medicaid plans (MMP). All continuing MAOs that participated in the Cohort 17 Baseline survey two years ago are required to administer a Cohort 17 Follow-Up survey in 2016. Refer to the *Medicare Health Outcomes Survey 2016 Administration* memo, located on the HOS website at <http://hosonline.org> for more information about reporting requirements.

To be included in the random sample for the Baseline survey, MA members have to be 18 years of age or older at the time of the sample draw. All sampled members who are determined to be under 18 years of age, deceased or otherwise ineligible for the HOS are excluded. If a survey vendor finds a record that should be excluded, they must contact the HOS Project Team.

Baseline sampling procedures vary based on the size of the MA contract, as described below.

- **MAOs with a population of 500–1,200 members:** All eligible members are surveyed. For this reason, members of small MAOs often receive the HOS annually and also serve as “double duty” respondents (See below).

- **MAOs with a population of 1,201–2,999 members:** 1,200 members are randomly selected for the Baseline survey. Members who were sampled for and returned a completed survey the previous year are *not* excluded from the current year's sampling.
- **MAOs with a population of 3,000 or more members:** 1,200 members are randomly selected for the Baseline survey. To reduce burden on survey respondents, members who were sampled for and returned a completed survey the previous year are excluded from the current year's sampling.

To be eligible for the Follow-Up survey sample, members must have a valid physical component summary (PCS) or mental component summary (MCS) score from the Baseline survey two years earlier. Members are not eligible for the Follow-Up survey if they disenrolled from the MAO after the Baseline survey or if they passed away after the Baseline survey.

“Double-duty” respondents are members who simultaneously participate in the Baseline and Follow-Up samples because they were randomly selected for the Baseline sample and are eligible for the Follow-Up survey. Because the Baseline and Follow-Up surveys are identical, they are only sent one survey during survey administration. See the *Mail Protocol* subsection of the *Data Collection Protocol* section for more information.

### ***Do Not Survey List***

Survey vendors maintain a list of members who requested removal from contact for future surveys. Survey vendors use this list to assign an “exclude from future survey samples” flag to each sampled member. The flag identifies members who request to be removed from the mailing list **or never be contacted again**. Survey vendors code this flag in the final data files and CMS excludes these members from future HOS samples (and other surveys administered or sponsored by CMS). See the *Assigning the Exclude from Future Survey Samples Flag* subsection in the *Data Coding and Preparation* section for more information.

### ***Oversampling***

CMS does **not** allow oversampling for 2016 HOS administration.

## **Sample Preparation**

CMS delivers the sample frame to the HOS Project Team and the HOS Project Team draws the sample for each MA contract. The sample files include a series of specified variables in the HOS Sample File Layout. Refer to **Appendix D** for the complete HOS Sample File Layout, including a description of each variable, the field positions within the file and the valid values. The HOS Project Team conducts data checks for any anomalies in the sample files and creates a set of files for each survey vendor.

Survey vendors receive five files for each of their MA client contracts:

- **HEADER** file: Contains MA contract, survey vendor and submission information.
- **SAMPLE** file: Contains names and contact information for sampled members.
- **SUPPLEMENTAL** file: Contains sampled members and is padded with non-sampled members to hide the identity of sampled MAO members. The survey vendor **securely**

sends the *SUPPLEMENTAL* file to the MAO. The MAO adds member telephone numbers to the file. The MAO may also add language preferences and mailing addresses (both are optional) to each member record. The MAO then **securely** returns the *SUPPLEMENTAL* file to the survey vendor, who uses the updated phone numbers (and mailing address information and language flags, if obtained) to contact members during HOS fielding.

**Note:** Survey vendors also have the option to obtain the full contract enrollment file with addresses, phone numbers and language flags.

- *LIST* file: Contains a breakdown of protocol paths by MAO.
- *SUMMARY REPORT* file: Contains a breakout of various summary information.

**Note:** The sampling files are left-aligned. Data must remain left-aligned in HOS final data files.

## Receipt and QA of the Sample File

Once the HOS Project team prepares the 2016 sample files, survey vendors receive their sample files via the secure transfer system, Accellion. Upon receipt of the HOS sample files, the survey vendor must review the sample files to ensure the files are intact. Survey vendors confirm that all contracted MAOs are included in the sample files.

Survey vendors perform the following verifications and report errors to the HOS Project Team immediately. Survey vendors may not exclude any member in the HOS sample file from the HOS administration for any reason. Contact the HOS Project Team for questions about member eligibility.

- **Foreign addresses:** If any member in the sample has a foreign address, survey vendors use standard means such as National Change of Address (NCOA) to secure an accurate United States address for the member. If a United States mailing address cannot be matched to the member and the survey vendor is unable to obtain a working telephone number for the member, the member is assigned a final disposition code of “T24 – Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number.”
- **Date of birth:** If the sample includes members younger than 18 years of age, contact the HOS Project Team for instructions; members under 18 are **not** eligible for HOS.
- **Date of death:** If the sample includes a date of death for any member, contact the HOS Project Team for instructions.
- **Termination date from MAO:** If there is a MA-assigned termination date for any member, contact the HOS Project Team for instructions.
- **Duplication of member:** If there are duplicate Beneficiary Link Keys, contact the HOS Project Team for instructions.

**Survey vendors report problems with the HOS sample files to the HOS Project Team immediately at [hos@ncqa.org](mailto:hos@ncqa.org).** Note: Survey vendors must be authorized by their client contracts to obtain the 2016 sample files and to collect data on their behalf. As described earlier, survey vendors are also required to enter into a DUA with CMS before the survey vendor can obtain their sample files for the 2016 HOS administration.

## **V. Communications and Technical Support**

### **Overview**

Survey vendors have access to a number of information sources (listed below) regarding HOS administration.

### **Information and Technical Assistance**

For additional information and technical assistance **related to program requirements, survey administration and fielding**, contact the HOS Project Team at NCQA at [hos@ncqa.org](mailto:hos@ncqa.org).

For additional information and technical assistance **related to the availability of HOS data and reports**, contact the HOS Project Team at HSAG at [hos@HCQIS.org](mailto:hos@HCQIS.org) or 888-880-0077.

### **General Information and Updates**

To learn more about the HOS, please see the HOS website at <http://hosonline.org>.

### **Other Resources**

#### **CMS: 1-800-MEDICARE**

Members may ask for a CMS telephone number they can call to verify that the survey is legitimate. Survey vendors advise members that they can call 1-800-MEDICARE (1-800-633-4227) to verify survey legitimacy. Survey vendors also refer 1-800-MEDICARE to all members who call with complaints, compliments, concerns or other comments or questions about their MAO, physician or the care that they are receiving.

#### **NCQA Toll-Free Customer Support Line**

NCQA provides a toll-free customer support line (1-888-275-7585) during survey administration to provide backup support for survey vendors who are unable to accommodate members with difficult or unique questions about the HOS. NCQA customer support personnel can answer questions beyond the scope of the HOS Frequently Asked Questions (FAQs) provided to survey vendors and can provide information about research goals, purposes or sponsors of the study and issues of confidentiality. At the end of each call, NCQA customer support personnel encourage the member to complete the mail survey or to call the survey vendor to complete the survey over the telephone.

Survey vendors must exercise caution when utilizing the NCQA toll-free customer support line, which is intended as a “safety net” rather than a substitute for survey vendor telephone support.

The NCQA customer support telephone number may **not** be printed on HOS questionnaires or mailing materials.

## VI. Data Collection Protocol

### Overview

This section describes the HOS data collection protocol and procedures. The data collection protocol allows for both the standardized administration of the HOS instrument across different survey vendors, as well as the comparability of the survey data.

#### ***Mixed Mode Data Collection***

To promote data validity and credibility, all survey vendors use a standardized mixed mode data collection protocol when administering HOS. This protocol includes collecting data using a self-administered mail survey with telephone follow-up for non-respondents using an electronic telephone interviewing system. The mixed mode protocol aims to achieve a high response rate and promote consistency of data collection across survey vendors and MAOs. Survey vendors make every reasonable effort to ensure optimal response rates and must pursue contacts with potential respondents until completing the full data collection protocol. The HOS Project Team provides detailed instructions and training on the data collection protocol and procedures, including changes and updates from the previous year, during HOS survey vendor training.

The standard survey administration protocol consists of two survey mailings and telephone follow-up to non-respondents. Survey vendors begin the protocol with a pre-notification letter alerting all sampled members of the first questionnaire mailing. A reminder/thank-you postcard is also mailed between the first and second questionnaire mailings. The mail survey must be available in English and Spanish. Survey vendors also have the option to field the mail survey in Chinese.

Survey vendors employ telephone follow-up to non-respondents after the second questionnaire mailing and conduct at least six telephone attempts (maximum of nine) to try to reach the member. The sampled member may refuse to answer any or all of the survey questions, but the survey vendor must attempt to contact the member to see whether he or she is willing to complete the survey. Survey vendors may not capture survey responses in any format other than the mail survey or the telephone interview.

At any time during the data collection period, if a member calls the toll-free customer support telephone number, survey vendors can transfer the call to a telephone interviewer who will attempt to complete the survey by phone or schedule an appointment for a time more convenient for the sampled member. Survey vendors must make the telephone survey available in both English and Spanish. The telephone survey is **not** available in Chinese.

#### ***Baseline and Follow-Up Cohorts***

HOS is a longitudinal survey that assesses a MA member's health over time. CMS randomly samples members for the Baseline survey and if they respond, members receive a Follow-Up survey two years later. The Baseline and Follow-Up survey questions are exactly the same and use the same questionnaire and telephone script. However, the survey cover letters are unique and are distinguished by a tracking number. The mixed mode protocol for both cohorts is the

same, but have a staggered timeline. All Baseline and Follow-Up survey mailings must follow the designated mail out dates and survey vendors conduct all Baseline and Follow-Up telephone interviews during the designated interviewing windows (shown in the *Data Collection Schedule* below).

The “Protocol Identifier” flag provided by CMS in the sample file is used to distinguish between the Baseline survey and the various Follow-Up survey protocol paths (i.e., English-No Proxy, English-Proxy, Spanish-No Proxy, Spanish-Proxy, Chinese-No Proxy and Chinese-Proxy). See the *Protocol Paths* subsection within this *Data Collection Protocol* section for more information.

### ***HOS Personnel Training***

Proper training of personnel in HOS data collection protocols may be the most significant factor for successful survey administration. In the survey vendors’ QAPs, the survey vendor must provide a detailed description of training programs implemented for all staff involved in HOS administration.

The performance of all personnel involved in any aspect of the HOS data collection—customer support services, printing and mailing of materials, receipt and handling of returned surveys, data entry, telephone interviewing, data coding and data preparation and submission—is monitored on an ongoing basis. Regular performance feedback must be provided to all staff, including subcontractors, with emphasis on detection and correction of identified performance problems. The survey vendor’s SMS must capture the identity of staff who enter and validate returned mail surveys and of telephone interviewers, building accountability into the system. Survey vendors must establish a system for evaluating patterns of errors made by operators and establish corrective actions (e.g., retraining, reassignment), when appropriate.

## **2016 Data Collection Schedule**

Tables 1 and 2 below summarize the tasks and timing for conducting the 2016 HOS administration. Survey vendors adhere to this data collection schedule as outlined and may not depart from or modify this schedule in any way.

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

<b>Task</b>	<b>2016 Dates</b>	<b>Timeframe</b>
Survey vendors provide toll-free customer support telephone numbers and e-mail addresses for inclusion in pre-notification letter. (Send to <a href="mailto:hos@ncqa.org">hos@ncqa.org</a> . CMS generates customized pre-notification letters for each survey vendor that include the telephone number and e-mail address at a later date.)	December 2015	-89 Days
MAOs notify the HOS Project Team of contractual arrangements.	By January 15	-73 Days
Survey vendors develop mailing materials and program telephone systems.	Beginning February 5	-52 Days

Task	2016 Dates	Timeframe
The HOS Project Team provides sample files to survey vendors.	March 14	-14 Days
Survey vendor obtains telephone numbers from MAOs via the <i>SUPPLEMENTAL</i> files provided with the sample files. Survey vendors do <b>not</b> send the sample files to MAOs. (Obtaining addresses and language preference flags are optional.)	Beginning March 14	-14 Days
Survey vendors obtain “second source” telephone numbers for members eligible for electronic telephone interviewing.	Beginning March 14	-14 Days
Survey vendors test functionality of customer support telephone numbers and e-mail addresses prior to the Baseline pre-notification letter mailing.	By March 28	Day 0

**Table 2. Data Collection Tasks**

Task	2016 Dates	Timeframe
Mail <b>Baseline</b> pre-notification letter	March 28	Day 0
Customer support telephone and e-mail open		
Mail <b>Baseline</b> first questionnaire	April 4	Day 7
Mail <b>Baseline</b> reminder/thank-you postcard	April 11	Day 14
Mail <b>Follow-Up</b> pre-notification letter	April 25	Day 28
Mail <b>Follow-Up</b> first questionnaire	May 2	Day 35
Mail <b>Baseline</b> second questionnaire	May 9	Day 42
Mail <b>Follow-Up</b> reminder/thank-you postcard	May 9	Day 42
Mail <b>Baseline</b> second reminder/thank-you postcard <b>(Chinese only)</b>	May 16	Day 49
Conduct <b>Baseline</b> electronic telephone interviewing for non-respondents: <ul style="list-style-type: none"> <li>• Call attempts must be scheduled at different times of the day, on different days of the week, in different weeks</li> <li>• Minimum of 6 attempts, maximum of 9 attempts</li> <li>• English and Spanish <b>only</b></li> <li>• May begin early</li> <li>• Must end by specified end date</li> </ul>	May 31–July 5	Days 64–100
Mail <b>Follow-Up</b> second questionnaire	June 6	Day 70
Mail <b>Follow-Up</b> second reminder/thank-you postcard <b>(Chinese only)</b>	June 13	Day 77
Submit test file to the HOS Project Team <ul style="list-style-type: none"> <li>• Survey vendors may begin to submit data on June 13 but <b>must</b> have a fully correct test file submitted by June 17</li> </ul>	June 13–17	Day 77–81

Task	2016 Dates	Timeframe
Conduct <b>Follow-Up</b> electronic telephone interviewing for non-respondents: <ul style="list-style-type: none"> <li>• Call attempts must be scheduled at different times of the day, on different days of the week, in different weeks</li> <li>• Minimum of 6 attempts, maximum of 9 attempts</li> <li>• English and Spanish <b>only</b></li> <li>• May begin early</li> <li>• Must end by specified end date</li> </ul>	June 27–July 25	Days 91–119
End <b>Baseline and Follow-Up</b> data collection: <ul style="list-style-type: none"> <li>• End all data entry/scanning of returned mail surveys</li> <li>• End all telephone interviews</li> <li>• Close customer support line</li> </ul>	July 25	Day 119
Prepare and submit final data files	July 26–August 8	Day 120–133
Baseline and Follow-Up: Final data files due to the HOS Project Team two weeks after close of data collection via the HOS Data Submission System. No files are accepted after the submission deadline of August 8.	August 8	Day 133

## Customer Support Services

### **Toll-Free Customer Support Telephone**

Survey vendors establish and maintain telephone help lines for members who have questions about the surveys, their eligibility or their health plan. Requirements for this process are as follows:

- Customer support lines must be operational by the time the baseline pre-notification letter is mailed.
- Survey vendors who elect to use a single toll-free customer support number for English, Spanish and Chinese-speaking members (if applicable) must institute processes to accommodate multiple languages and document the processes in their QAPs. For example, customer support personnel could be bilingual or could transfer the caller to a Spanish-speaking interviewer who would complete the call. The after-hours greeting must be presented in English, Spanish and Chinese (if applicable).
- Lines must be staffed live from 9:00 a.m.–8:00 p.m. (survey vendor local time), Monday–Friday.
- Lines must have sufficient capacity so that 90 percent of incoming calls are answered “live.” The average speed of answer is 30 seconds or less.
- An automated attendant or voice mailbox must be available after hours and on weekends. A suggested greeting may include the following: “You have reached the Medicare Health Outcomes Survey study line. We are unable to take your call at this time. Our regular

calling hours are 9:00 a.m. to 8:00 p.m. [INSERT TIME ZONE], Monday through Friday. Please leave your name, telephone number and the best time for us to reach you and we will call you on the following business day.”

- Calls left on voicemail must be returned within 24 hours (or the next business day).
- A “return call” standard of 24 hours is established for caller questions that cannot be answered at the time of the initial call.
- During business hours, the system must support triage to a telephone interviewer for members who want to conduct the survey by telephone. If an interviewer is not immediately available at the time of the call, a callback appointment may be scheduled at a time convenient for the caller.
- A contact log must be maintained to document and track the questions asked and answers provided.
- The telephone manager must review the quality of responses provided by customer support personnel and provide feedback and additional training as necessary.
- During a HOS site visit, the reviewer may ask to see evidence that the system supports each consideration listed above. The reviewer may ask to see the contact log and evidence that a manager is reviewing the quality of responses.

### ***Customer Support E-Mail Address***

Survey vendors must establish a customer support e-mail address for members who have questions about the survey or their eligibility. E-mail queries must be responded to within 24 hours (or on the next business day).

All e-mails received through the customer support e-mail address and the survey vendor response must be forwarded to the HOS Project Team via a secure transfer method. Survey vendors must send weekly batched e-mails.

The HOS Project Team provides an FAQ document for survey vendors to give to customer support personnel as a guide when answering member questions. Survey vendors may amend the list or revise individual responses for clarity, but are encouraged to contact the HOS Project Team if an FAQ does not address specified items clearly or comprehensively. See **Appendix C** for the HOS FAQs.

### ***Customer Support Personnel Training***

Survey vendors must ensure that personnel responding to telephone and e-mailed queries are properly trained in HOS methodology, and must periodically assess the accuracy and consistency of telephone and e-mail responses. Survey vendors review questions posed by sampled members regularly to determine consistent patterns, and the opportunity to develop a new FAQ. Because only customer support personnel who are trained HOS interviewers may interview sampled members over the telephone, customer support personnel must receive the same telephone interviewer training that telephone interviewers receive. Customer support personnel who are not adequately trained to perform telephone interviewing must forward member calls to a trained telephone interviewer to conduct the survey over the phone.

## Description of the Questionnaire

The Baseline and Follow-Up HOS questionnaires are the same and consist of 68 questions and 85 individual items. The HOS questionnaire includes the following components:

- Questions to collect results for the VR-12, the core component measuring physical and mental health status.
- Questions to collect results for selected HEDIS Effectiveness of Care measures, which are:
  - Management of Urinary Incontinence in Older Adults.
  - Physical Activity in Older Adults.
  - Fall Risk Management.
  - Osteoporosis Testing in Older Women.
- Questions as part of Section 4302 of the Affordable Care Act (i.e., Race, Ethnicity, Primary Language, Sex and Disability Status).
- Health questions, including limitations on activities of daily living (ADL), smoking, pain, depression, sleep quality, memory problems and chronic conditions, such as heart disease.
- Other questions to gather information for case mix and risk adjustment.

Response categories vary by question. Some questions are scale questions, and include response categories such as “All of the time, most of the time, some of the time, a little of the time, or none of the time.” Other questions are dichotomous questions with “Yes” and “No” responses. A few questions are open-ended, which require the respondent to write in a response.

To ensure comparability, neither an MAO nor a survey vendor may change the wording or order of the survey questions or the response categories. The survey vendor may make minor modifications to the format and layout of the questionnaire, adhering to the formatting parameters specified later in this section.

## Mail Protocol

This section provides detailed information about the mail component of the mixed mode data collection protocol. Survey vendors administer the HOS mail protocol as described in these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0* and in *HEDIS 2016, Volume 6: Specifications for the Medicare Health Outcomes Survey*.

Survey vendors conduct the mail protocol in English and Spanish. Survey vendors have the option to conduct the mail protocol in Chinese. The HOS Project Team provides survey vendors with the HOS questionnaire in English, Spanish and Chinese, as well as the pre-notification letter, reminder/thank you postcard, the survey cover letters, and the required Office of Management and Budget (OMB) language. To facilitate the comparability of survey results across modes of data collection (mail vs. telephone) and across survey vendors, survey vendors may **not** change the wording or order of the survey questions or the response categories. Survey vendors also may **not** modify the wording of the pre-notification letters, survey cover letters or the reminder/thank-you postcards. Finally, survey vendors are not permitted to create or use any

other translations of the HOS questionnaire, pre-notification letters, cover letters, reminder/thank-you postcards or any related materials.

**Note:** Each survey vendor that is authorized by at least one MAO contract to collect data must submit copies of their survey mailing materials (pre-notification letters, survey cover letters, questionnaires and reminder/thank-you postcards for both Baseline and Follow-Up) for review to the HOS Project Team. See the *Quality Oversight* section for more information.

### Protocol Paths

HOS sampled members fall into seven HOS “protocol paths,” which correspond to either the Baseline or Follow-Up survey and the survey language. The Follow-Up protocol paths also identify whether the Baseline survey was completed by the sampled member or by a proxy. The protocol path determines which HOS mailing materials the survey vendor mails to each sampled member. Sampled members may be part of the Baseline survey protocol path, or they may be part of one of the Follow-Up survey protocol paths (English, Spanish or Chinese, proxy or no-proxy). For example, if the member completed the Baseline survey two years ago in Spanish, they are assigned to the *Spanish Follow-Up—No Proxy at Baseline* protocol path.

CMS provides a “Protocol Identifier” flag for each member in the sample file that specifies which protocol path the member follows. Table 3 below displays the seven protocol paths and the associated Protocol Identifier flag. **Note:** Some sampled members may be included in **both** the Baseline and Follow-Up surveys (known as “double duty” respondents) because they completed the Baseline survey two years ago and are required for the Follow-Up survey, but were also randomly sampled for the Baseline survey this year. Survey vendors use the Protocol Identifier flag to determine the appropriate mailing materials and mail out dates for these members.

**Table 3. Protocol Paths and Protocol Identifier Flags**

Protocol Path	Protocol Identifier Flag
Baseline—English, Spanish or Chinese	3
English Follow-Up—No Proxy at Baseline	1
English Follow-Up—Proxy at Baseline	2
Spanish Follow-Up—No Proxy at Baseline	4
Spanish Follow-Up—Proxy at Baseline	5
Chinese Follow-Up—No Proxy at Baseline	6
Chinese Follow-Up—Proxy at Baseline	7

Survey vendors use different sets of mailing materials (questionnaires, pre-notification letters, survey cover letters and postcards) depending on the protocol path assigned to a sampled member. Mailing materials used for the various protocol paths each contain a tracking number. Table 4 displays each mailing material, the tracking number and the associated protocol path(s). Survey vendors use this information to assign the correct mailing materials to mail to each sampled member, based on the assigned Protocol Identifier flag in the sample file. The HOS Project Team provides each survey vendor with all of the mailing materials listed here and labels each piece with its associated tracking number.

**Table 4. Mailing Material Tracking Numbers**

<b>Tracking Number</b>	<b>Mailing Material</b>	<b>Protocol Path(s)</b>
1	Baseline English Pre-notification Letter	Baseline (Protocol ID=3) – English only
2	Baseline English Letter for First Questionnaire Mailing (survey cover letter)	<ul style="list-style-type: none"> <li>• Baseline (Protocol ID=3) – English (Side A)</li> <li>• Baseline (Protocol ID=3) – Spanish (Side B)</li> <li>• Baseline (Protocol ID=3) – Chinese (Side B)</li> </ul>
3	Baseline Spanish Letter for First Questionnaire Mailing (survey cover letter)	<ul style="list-style-type: none"> <li>• Baseline (Protocol ID=3) – Spanish (Side A)</li> <li>• Baseline (Protocol ID=3) – English (Side B)</li> </ul>
4	English Reminder/Thank-You Postcard ( <i>same for both Baseline and Follow-Up cohorts</i> )	<ul style="list-style-type: none"> <li>• Baseline (Protocol ID=3) – English only</li> <li>• English Follow-Up—No Proxy at Baseline (Protocol ID=1)</li> <li>• English Follow-Up—Proxy at Baseline (Protocol ID=2)</li> </ul>
5	Baseline English Letter for Second Questionnaire Mailing (survey cover letter)	Baseline (Protocol ID=3) – English only
6	Baseline Spanish Pre-notification Letter	Baseline (Protocol ID=3) – Spanish only
7	Spanish Reminder/Thank-You Postcard ( <i>same for both Baseline and Follow-Up cohorts</i> )	<ul style="list-style-type: none"> <li>• Baseline (Protocol ID=3) – Spanish only</li> <li>• Spanish Follow-Up—No Proxy at Baseline (Protocol ID=4)</li> <li>• Spanish Follow-Up—Proxy at Baseline (Protocol ID=5)</li> </ul>
8	Baseline Spanish Letter for Second Questionnaire Mailing (survey cover letter)	Baseline (Protocol ID=3) – Spanish only
9	Follow-Up English Pre-notification Letter ( <i>same for both proxy and no-proxy</i> )	<ul style="list-style-type: none"> <li>• English Follow-Up—No Proxy at Baseline (Protocol ID=1)</li> <li>• English Follow-Up—Proxy at Baseline (Protocol ID=2)</li> </ul>
10	Follow-Up No Proxy English Letter for First Questionnaire Mailing (survey cover letter)	English Follow-Up—No Proxy at Baseline (Protocol ID=1)
11	Follow-Up No Proxy English Letter for Second Questionnaire Mailing (survey cover letter)	English Follow-Up—No Proxy at Baseline (Protocol ID=1)
12	Follow-Up Proxy English Letter for First Questionnaire Mailing (survey cover letter)	English Follow-Up—Proxy at Baseline (Protocol ID=2)
13	Follow-Up Proxy English Letter for Second Questionnaire Mailing (survey cover letter)	English Follow-Up—Proxy at Baseline (Protocol ID=2)

Tracking Number	Mailing Material	Protocol Path(s)
14	Follow-Up Spanish Pre-notification Letter ( <i>same for both proxy and no-proxy</i> )	<ul style="list-style-type: none"> <li>Spanish Follow-Up—No Proxy at Baseline (Protocol ID=4)</li> <li>Spanish Follow-Up—Proxy at Baseline (Protocol ID=5)</li> </ul>
15	Follow-Up No Proxy Spanish Letter for First Questionnaire Mailing (survey cover letter)	Spanish Follow-Up—No Proxy at Baseline (Protocol ID=4)
16	Follow-Up No Proxy Spanish Letter for Second Questionnaire Mailing (survey cover letter)	Spanish Follow-Up—No Proxy at Baseline (Protocol ID=4)
17	Follow-Up Proxy Spanish Letter for First Questionnaire Mailing (survey cover letter)	Spanish Follow-Up—Proxy at Baseline (Protocol ID=5)
18	Follow-Up Proxy Spanish Letter for Second Questionnaire Mailing (survey cover letter)	Spanish Follow-Up—Proxy at Baseline (Protocol ID=5)
19	HOS English Questionnaire ( <i>same for both Baseline and Follow-Up cohorts</i> )	<ul style="list-style-type: none"> <li>Baseline (Protocol ID=3) – English only</li> <li>English Follow-Up—No Proxy at Baseline (Protocol ID=1)</li> <li>English Follow-Up—Proxy at Baseline (Protocol ID=2)</li> </ul>
20	HOS Spanish Questionnaire ( <i>same for both Baseline and Follow-Up cohorts</i> )	<ul style="list-style-type: none"> <li>Baseline (Protocol ID=3) – Spanish only</li> <li>Spanish Follow-Up—No Proxy at Baseline (Protocol ID=4)</li> <li>Spanish Follow-Up—Proxy at Baseline (Protocol ID=5)</li> </ul>
<b>Optional Chinese Protocol</b>		
C-1	Baseline Chinese Pre-notification Letter	Baseline (Protocol ID=3) – Chinese only
C-2	Baseline Chinese Letter for First Questionnaire Mailing (survey cover letter)	Baseline (Protocol ID=3) – Chinese (Side A) <i>Note: Side B must be in English (tracking #2)</i>
C-3	Chinese First and Second Reminder/Thank-You Postcard ( <i>same for both Baseline and Follow-Up cohorts</i> )	<ul style="list-style-type: none"> <li>Baseline (Protocol ID=3) – Chinese only</li> <li>Chinese Follow-Up—No Proxy at Baseline (Protocol ID=6)</li> <li>Chinese Follow-Up—Proxy at Baseline (Protocol ID=7)</li> </ul>
C-4	Baseline Chinese Letter for Second Questionnaire Mailing (survey cover letter)	Baseline (Protocol ID=3) – Chinese only
C-5	Follow-Up Chinese Pre-notification Letter ( <i>same for both proxy and no-proxy</i> )	<ul style="list-style-type: none"> <li>Chinese Follow-Up—No Proxy at Baseline (Protocol ID=6)</li> </ul>

Tracking Number	Mailing Material	Protocol Path(s)
		<ul style="list-style-type: none"> <li>• Chinese Follow-Up—Proxy at Baseline (Protocol ID=7)</li> </ul>
C-6	Follow-Up No Proxy Chinese Letter for First Questionnaire Mailing (survey cover letter)	Chinese Follow-Up—No Proxy at Baseline (Protocol ID=6)
C-7	Follow-Up No Proxy Chinese Letter for Second Questionnaire Mailing (survey cover letter)	Chinese Follow-Up—No Proxy at Baseline (Protocol ID=6)
C-8	Follow-Up Proxy Chinese Letter for First Questionnaire Mailing (survey cover letter)	Chinese Follow-Up—Proxy at Baseline (Protocol ID=7)
C-9	Follow-Up Proxy Chinese Letter for Second Questionnaire Mailing (survey cover letter)	Chinese Follow-Up—Proxy at Baseline (Protocol ID=7)
C-10	HOS Chinese Questionnaire ( <i>same for both Baseline and Follow-Up cohorts</i> )	<ul style="list-style-type: none"> <li>• Baseline (Protocol ID=3) – Chinese only</li> <li>• Chinese Follow-Up—No Proxy at Baseline (Protocol ID=6)</li> <li>• Chinese Follow-Up—Proxy at Baseline (Protocol ID=7)</li> </ul>

**Baseline—English, Spanish or Chinese Protocol:** Sampled members with a Protocol Identifier flag of “3” are part of the Baseline protocol path and should receive mailing materials and telephone follow-up (when applicable) using the Baseline data collection schedule. Baseline mailing materials provide information about the HOS, encourage members to participate and notify them that they will receive a Follow-Up survey in two years. Survey vendors may send Baseline mailing materials to the member in English, Spanish or Chinese (**Note:** administering the survey in Chinese is optional). Because the Protocol Identifier flag is the same for all Baseline language administrations (Protocol ID=3), the survey vendor must track the member’s language internally during survey administration and report the survey language for each respondent in the final data files.

If the survey vendor sends Baseline mailing materials in English:

- The pre-notification letter contains a Spanish footnote (and a Chinese footnote, if applicable) that instructs members who want a Spanish (or Chinese) translation of the questionnaire to call the survey vendor to obtain one.
- The letter for first questionnaire mailing is double sided with a Spanish version on Side B.

If the survey vendor sends Baseline mailing materials in Spanish or Chinese:

- The pre-notification letter contains an English footnote that instructs members who want an English translation of the questionnaire to call the survey vendor to obtain one.
- The letter for first questionnaire mailing is double sided with an English version on Side B.

The English and Spanish protocols follow the mixed mode data collection protocol of two survey mailings, followed by phone follow-up to non-respondents. However, the Chinese protocol is mail mode **only**. The survey vendor mails two survey mailings, as well as **two** reminder/thank-you postcards (one after each questionnaire mailing). After the second reminder/thank-you postcard, the survey vendor does not attempt to make further contact with the member.

Telephone interviewing is **not available** in Chinese. However, if a member who received a mail survey in Chinese would like to take the survey over the phone in English or Spanish, the survey vendor must allow this.

See the *Administering the Survey in Other Languages* subsection of this *Data Collection Protocol* section for information about how to determine the appropriate language to administer.

**Follow-Up—No Proxy at Baseline (English, Spanish or Chinese) Protocol:** Sampled members in the Follow-Up—No Proxy at Baseline protocol completed the Baseline survey two years ago and the response to the question “Who completed this survey form?” was “1 = Person to whom the survey was addressed” or was “9 = Missing.” These members have one of the following Protocol Identifier flags:

- 1 = English Follow-Up—No Proxy at Baseline (if they completed the Baseline survey in English)
- 4 = Spanish Follow-Up—No Proxy at Baseline (if they completed the Baseline survey in Spanish)
- 6 = Chinese Follow-Up—No Proxy at Baseline (if they completed the Baseline survey in Chinese)

Follow-Up—No Proxy at Baseline members should receive mailing materials and telephone follow-up (when applicable) using the Follow-Up data collection schedule. The English and Spanish protocols follow the mixed mode data collection protocol of two survey mailings, followed by phone follow-up to non-respondents. However, the Chinese protocol is mail mode **only**. The survey vendor mails two survey mailings, as well as **two** reminder/thank-you postcards (one after each questionnaire mailing). After the second reminder/thank-you postcard, the survey vendor does not attempt to make further contact with the member. Telephone interviewing is **not available** in Chinese. However, if a member who received a mail survey in Chinese would like to take the survey over the phone in English or Spanish, the survey vendor must allow this.

**Follow-Up—Proxy at Baseline (English, Spanish or Chinese) Protocol:** Sampled members in the Follow-Up—Proxy at Baseline protocol completed the Baseline survey two years ago and the response to the question “Who completed this survey form?” was one of the following:

- 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.

These members have one of the following Protocol Identifier flags:

- 2 = English Follow-Up—Proxy at Baseline (if they completed the Baseline survey in English)

- 5 = Spanish Follow-Up—Proxy at Baseline (if they completed the Baseline survey in Spanish)
- 7 = Chinese Follow-Up—Proxy at Baseline (if they completed the Baseline survey in Chinese)

Follow-Up—Proxy at Baseline members should receive mailing materials and telephone follow-up (when applicable) using the Follow-Up data collection schedule. The English and Spanish protocols follow the mixed mode data collection protocol of two survey mailings, followed by phone follow-up to non-respondents. However, the Chinese protocol is mail mode **only**. The survey vendor mails two survey mailings, as well as **two** reminder/thank-you postcards (one after each questionnaire mailing). After the second reminder/thank-you postcard, the survey vendor does not attempt to make further contact with the member. Telephone interviewing is **not available** in Chinese. However, if a member who received a mail survey in Chinese would like to take the survey over the phone in English or Spanish, the survey vendor must allow this.

Survey vendors customize Follow-Up—Proxy at Baseline mailing materials with the name of the proxy who completed the survey two years ago. Survey vendors may choose from the following options to insert on the Follow-Up—Proxy at Baseline survey cover letters:

- About 2 years ago, someone completed this survey for you. This person's name is **John Doe**. If you are not able to take the survey at this time, please ask the same person to complete the survey about you again. If that person cannot help you, please ask another person who knows about your health to complete the survey about you.
- About 2 years ago, someone completed this survey for you. **This person's name is printed at the bottom of this letter**. If you are not able to take the survey at this time, please ask the same person to complete the survey about you again. If that person cannot help you, please ask another person who knows about your health to complete the survey about you.

**Note:** The HOS Project Team provides Spanish and Chinese translations of this text.

If the survey vendor did not capture the proxy name two years ago, they should insert the phrase “Not Provided” in place of the proxy name. If “Not Provided” is too long to input (e.g., in Chinese) and no proxy name is available, the survey vendor may mail the Follow-Up—No Proxy at Baseline letter to the sampled member instead.

When possible, survey vendors should always survey the sampled member over a proxy, even if a proxy completed the survey two years ago. Table 5 summarizes the priority of surveying members and proxies for the Follow-Up—Proxy at Baseline protocol.

**Table 5. Surveying Priority**

Priority	Person to Survey
First priority	Sampled member
Second priority	Same proxy as Baseline
Last priority	Different proxy

## **Mail Materials**

The mail component of the mixed mode data collection protocol uses a standardized set of mailing materials: questionnaires, pre-notification letters, survey cover letters and reminder/thank-you postcards provided by CMS. The Baseline and Follow-Up questionnaires are the same, but the mailing materials are unique to the specific survey (Baseline or Follow-Up) and protocol path. See the *Protocol Paths* subsection above. CMS developed the text of the letters and questionnaires and survey vendors may **not** modify it in any way.

Survey vendors are responsible for reproducing a sufficient volume of English and Spanish (as well as Chinese, if applicable) mailing materials for HOS administration, including sampled members who request the survey in a language other than the one they received (e.g., received a survey in English and requests a survey in Spanish).

The following sections outline the requirements for HOS mailing materials, specifically the pre-notification letters, survey cover letters, questionnaires, reminder/thank-you postcards and envelopes.

### ***Pre-notification Letters and Survey Cover Letters Requirements***

Survey vendors adhere to the following requirements for pre-notification letters and survey cover letters.

- Do not alter text on letters.
- Include the salutation “Dear Medicare Beneficiary.”
- Print letters in Times New Roman font in 12 point type or larger.
- Include a bar or alphanumeric coded unique identifier (ID) on letters for tracking purposes.
- If survey vendors require sampled members who call into their customer support line to read the unique ID printed on mailing materials, the unique ID must be in a user-friendly format. This includes a font size of Times New Roman in 12 point type or larger, as well as a format that is easy to read (e.g., uses hyphens to break apart longer IDs or does not require the member to read a long series of zeros or other numbers). Survey vendors must provide an example of the unique ID on the sample materials for review by the HOS Project Team prior to bulk printing.
- **Pre-notification Letters:**
  - CMS provides a locked Portable Document Format (PDF) file to each survey vendor; it includes the survey vendor name and customer support information provided in advance to the HOS Project Team.
  - The pre-notification letter is signed by a CMS official and appears on CMS letterhead.
  - The pre-notification letter, including the CMS logo on the letterhead, must be printed in black and white.
- **Survey Cover Letters:**
  - Survey cover letters must include the survey vendor name, toll-free customer support number and e-mail address.
  - Survey cover letters must be signed by a senior employee of the survey vendor and appear on survey vendor letterhead.

- Spanish and Chinese survey cover letters must include English instructions on how to request the survey in English.
- Survey vendors may personalize survey cover letters with the sampled member's name. If personalized with sampled member's name, the cover letter may not be attached to the questionnaire (i.e., stapled).
- Survey vendors may not print the CMS logo or the NCQA toll-free number on the survey cover letters.

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

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

- Use the CMS logo on all postcards (on the return address side). The survey vendor logo may not appear on reminder/thank-you postcards.
- Use a block format for the survey vendor return address on all postcards as follows:  
[CMS logo]  
c/o [survey vendor name]  
[survey vendor mailing address]
- Print on 3" X 5" or larger postcard-weight paper.
- Print in Times New Roman font in 12 point type or larger.
- Address the postcard to "Dear Sir or Madam."
- If survey vendors require sampled members who call into their customer support line to read the unique ID printed on mailing materials, the unique ID must be in a user-friendly format. This includes a font size of Times New Roman in 12 point type or larger, as well as a format that is easy to read (e.g., uses hyphens to break apart longer IDs or does not require the member to read a long series of zeros or other numbers). Survey vendors must provide an example of the unique ID on the sample materials for review by the HOS Project Team prior to bulk printing.
- Include a Spanish and Chinese (if applicable) footnote with instructions on how to request the survey in English.
- Tag lines are permitted and may be printed in color. Tag lines must be included on the copy of the postcards submitted to the HOS Project Team for approval.

### ***Questionnaire Formatting and Printing Guidelines***

Survey vendors adhere to the following specifications in formatting and producing HOS questionnaires.

- Survey vendors may **not**:
  - Change the font or font size.
  - Change the two-column survey format.
  - Change introduction, question and response category wording, including the order of questions and response categories.
  - Deviate from the question and response category layout provided. This includes the response category boxes. Survey vendors may not reduce the size of the boxes or use any other shape (e.g., response circles/bubbles).
  - Change the instructions page of the questionnaire in any way.
  - Greatly eliminate white space or greatly reduce the number of questionnaire pages.
  - Add additional lines, blocking or bolding to the questionnaire.

- Print the member's name on the questionnaire.
- Use color or shading on the inside of the questionnaire. (Survey vendors may choose to print the questionnaire cover in color.)
- Print the NCQA toll-free number on the questionnaire.
- Question and answer categories must remain together in the same column on the same page of the questionnaire.
- Insert the survey vendor name and toll-free number on the last page of the survey. (The e-mail address is optional.)
- Inscribe the member's unique ID on the survey instrument (i.e., front cover or back cover, or both).
- Include a unique ID to track the Survey Round variable.
- If survey vendors plan to require sampled members who call into their customer support line to read the unique ID printed on mailing materials, the unique ID must be in a user-friendly format. This includes a font size of Times New Roman in 12 point type or larger, as well as a format that is easy to read (e.g., uses hyphens to break apart longer IDs or does not require the member to read a long series of zeros or other numbers). Survey vendors must provide an example of the unique ID on the sample materials for review by the HOS Project Team prior to bulk printing.
- The Office of Management and Budget (OMB) clearance statement must appear on the instructions page and the OMB number (0938-0701) must appear on every page of the questionnaire.
- *Minor* alterations to the format and layout of the survey instrument may be proposed to accommodate survey vendor system requirements (e.g., scanning software).

### ***Envelope Guidelines***

Survey vendors adhere to the following envelope specifications.

- Use full name and mailing address to address all envelopes to the sampled member.
- Mark the pre-notification letter envelope as "Return Service Requested" or "Address Service Requested" in order to update records for sampled members who have moved.
- Use the CMS logo on all envelopes. Survey vendors may not use their logo or the health plan logo on envelopes.
- Use a block format for the survey vendor return address on all outgoing envelopes as follows:

[CMS logo]  
c/o [survey vendor name]  
[survey vendor mailing address]
- Do not print tag lines on outgoing envelopes.
- Include a postage-paid business reply envelope with each survey packet.
- Address business reply envelopes to the survey vendor or the survey vendor's data entry subcontractor.
- If window envelopes are used, the survey vendor's return address must be clearly visible.

Table 6 summarizes the logos and letterheads to use for each mailing material.

**Table 6. Logos and Letterheads for Each Mailing Material**

Mailing Material	Logo/Letterhead
Pre-notification Letter	CMS letterhead (and CMS official's signature)
Pre-notification Letter Outgoing Envelope	CMS logo
First and Second Questionnaire Survey Cover Letter	Survey vendor letterhead (and survey vendor senior employee signature)
First and Second Questionnaire Survey Cover Letter Outgoing Envelope	CMS logo
Reminder/Thank-You Postcard	CMS logo (must be on return address side)

**Note:** Although survey vendors choose the paper stock for mailing materials, paper is part of the overall quality of HOS printed materials. Paper must be thick enough not to allow ink to bleed to the next page, but thin enough to fold easily and fit into business reply envelopes.

Survey vendors forward all print-ready electronic mailing materials to the HOS Project Team for approval by the date specified in the *Quality Oversight Schedule*. Survey vendors must obtain approval before volume printing. After materials are approved, they may not be changed unless they are resubmitted for approval. See the *Quality Oversight* section for more information. Survey vendors must report printing problems that jeopardize adherence to the survey implementation timeline immediately to the HOS Project Team at [hos@ncqa.org](mailto:hos@ncqa.org).

### ***Optional Formatting Guidelines***

Survey vendors have some flexibility in formatting the HOS questionnaires. The following recommendations should be considered when formatting the survey questionnaires to ensure that they are easy to read to increase the likelihood of receiving a completed survey:

- Placing a code on the mail survey to assist the survey vendor's customer support staff in identifying the survey type when assisting members.
- Increasing font size to 12 point.
- Widening the margins so that the survey has sufficient white space to enhance readability.

### ***Supplemental Questions***

Survey vendors may **not** add supplemental questions to the HOS questionnaire.

### ***Outgoing Mail Guidelines***

Survey vendors adhere to the following procedures for mailing out all survey materials:

- Make every reasonable attempt to contact each eligible sampled member, whether or not they have a complete mailing address.
- Retain a record of attempts to acquire missing address data. All materials related to survey administration are subject to review by CMS and the HOS Project Team.
- Enclose a self-addressed, stamped Business Reply Envelope in the questionnaire packet, along with the survey cover letter and questionnaire. Survey vendors may not mail the questionnaire without both a cover letter and a self-addressed, stamped Business Reply Envelope.
- Use the address provided in the sample file when addressing mailing materials, unless the survey vendor obtains an updated mailing address.

- Use first class postage or indicia and postal bar coding on all mailing pieces to ensure timely delivery and to maximize response rates. An alternative to first-class mail (e.g., overnight) may be used if delivery times are the same as or faster than first-class delivery times.

### ***Address Standardization***

Survey vendors obtain updated address information to ensure that addresses are current and formatted in a manner that enhances deliverability. Survey vendors use commercial tools such as the United States Postal Service (USPS) Coding Accuracy Support System (CASS) Certified Zip+4 software and NCOA database to update addresses provided by CMS for sampled members and to standardize addresses to conform to USPS formats.

In their QAPs, survey vendors may propose other means of identifying incorrect addresses proactively, including, but not limited to:

- Sending the *SUPPLEMENTAL* file to MAOs to obtain mailing addresses. (Obtaining mailing addresses in the *SUPPLEMENTAL* file is optional.)
- Commercial software.
- Internet search engines (e.g., Switchboard, Excite People Finder, 411).
- Directory assistance.
- Executive Marketing Service lists.
- Other miscellaneous databases (utility companies, Department of Motor Vehicles).

Survey vendors flag pre-notification letters and survey packets that are returned as undeliverable for address updating. Reissue the returned item as soon as possible if an alternative address is obtained. If another address cannot be found, the survey vendor must triage the member to the telephone phase of the protocol, by obtaining telephone numbers and attempting to collect a response via electronic telephone interviewing.

Survey vendors are not required to store surveys returned by the USPS as undeliverable; they may discard the surveys after removing all member-identifying information, such as name and address. Survey vendors must shred all member-identifying information.

**Note:** The survey vendor **does not** update the member's mailing address in the HOS final data files sent to the HOS Project Team. The mailing address in the HOS final data files must be the same as the address provided to the survey vendor in the *SAMPLE* file, even if it is incorrect.

### ***Data Receipt of Questionnaires Completed by Mail***

Survey vendors may use key-entry or scanning technology to capture survey data. Survey vendors track returned questionnaires by date of receipt and process and enter/scan data in a timely manner. Survey vendors integrate receipt of returned questionnaires with the SMS to ensure that the proper disposition code is assigned to reflect the relevant processing stage for each sampled member.

Survey vendors scan or “wand” all returned surveys within **24 hours** of their receipt, to designate them as “received,” and record the date of receipt in the SMS. The SMS must track duplicate returned surveys (i.e., if a member completes and returns both the first and second questionnaire

mailings) separately and the date of receipt must be captured for each survey. For more information on how to process receipt of blank surveys and multiple surveys from a single sampled member, refer to the *Data Coding and Preparation* section.

### ***Data Entry/Processing Guidelines***

Survey vendors adhere to the following data entry guidelines.

Survey vendors review each returned mail survey for legibility and completeness. For ambiguous responses, a coding specialist employs decision rules to code responses (see the *Data Coding and Preparation* section). Survey vendors enter all member-level HOS data (i.e., member responses to the mail survey) from returned questionnaires into the survey vendor's SMS within **four weeks** of receipt.

### **Key Entry Guidelines**

At a minimum, survey vendor key entry modules and processes must incorporate the following features:

- **Unique record verification:** The SMS entry module must verify that the member's survey responses are not already in the system. There is a process for dealing with identified duplicate surveys or identifiers so that duplicate surveys are entered and tracked separately in the SMS.
- **Range checks:** Prior to accepting a keyed record to the data file, the entry program must alert the operator to identify invalid or out-of-range responses.
- **100 percent validation:** Survey vendors must have a process in place to validate data entered to ensure that data entered accurately capture the responses on the original survey. To ensure quality for key-entered data, two separate data entry specialists key enter answers from each survey. Survey vendors identify data entry errors by comparing the separate entries and reconciling errors, as necessary.
- **Disposition codes:** The SMS flags various stages of data processing (e.g., key entered, validated, edited post-entry).

### **Scanning Guidelines**

If optical character recognition or image capture technology (OCR/ICS) is used, survey vendors must implement quality control procedures to ensure accurate conversion of member responses to the electronic record. Survey vendors must test the reliability of scanning software using test batches prior to its use with actual HOS questionnaires, and must implement quality assurance procedures, such as using interval checking, to verify that software consistently scans respondent-provided values accurately.

OCR/ICS software can distinguish stray marks from actual responses with a reasonable degree of precision. Survey vendors' scanning software must accommodate each of the following aspects:

- **Unique record verification:** The SMS entry module must verify that a member's survey responses are not already in the system. There is a process for dealing with identified duplicate surveys or identifiers to enter and track that duplicate surveys separately in the SMS.

- **Reconciling discrepancies:** The scanning software must have the ability to detect “out of range” variables and require these variables to be reconciled. Trained personnel review discrepancies and edit captured data, as necessary.
- **Disposition codes:** The SMS must flag various stages of data processing (e.g., key entered, validated, edited post-entry).
- **Capture open-ended questions:** Survey vendors capture responses to all open-ended questions.
- **100 percent validation of key-entered data:** If scanning technology cannot accurately capture data and data must be key-entered, survey vendors must use 100 percent validation. Two separate data entry specialists must key enter the data. Survey vendors identify data entry errors by comparing the separate entries and reconciling errors, as necessary.

### **Data Entry Personnel Training**

Survey vendors are expected to train all data entry and scanning personnel so that high quality data is captured from returned mail surveys, with minimal data errors. Training of data entry personnel must include at minimum:

- Orientation to the HOS specifications and protocols.
- Familiarizing personnel with the survey instrument, question flow, and skip patterns.
- Key entry/scanning procedures.
- Validation programs.
- Handling ambiguous responses (e.g., proper application of HOS decision rules).
- Regular performance evaluations.

### **Data Storage**

Survey vendors store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of **three** years. Survey vendors also retain the paper HOS surveys **on site until December 31 of the following survey administration year** following electronic imaging, if the survey vendor implemented a QA process, after which the survey vendor may destroy the paper surveys.

If mail surveys are returned with a note (attached or written directly on the survey) that the member is ineligible or unable to complete the survey (i.e., deceased, physically or mentally incapacitated, institutionalized), the surveys must be scanned or stored with complete surveys for the appropriate storage time frame.

### **Quality Control Guidelines**

Survey vendors are responsible for the quality of work performed by all staff and subcontractor(s) and should conduct on-site verification of printing and mailing processes, regardless of whether they are using organization staff or subcontractors to perform this work. Survey vendors have quality control procedures in place to confirm the integrity of mail fulfillment and mail-out processes. To avoid survey administration errors and ensure delivery of questionnaires, survey vendors’ quality control processes must include, at a minimum:

- Interval checking (e.g., every 25th piece) of all printed materials, to look for smearing, fading, misalignment and other errors.

- Interval checking of mail packet contents, to verify that all items are present (e.g., cover letter, survey instrument, return envelope).
- Cross-checking during the assembly process, to ensure that all labeled items bear the same unique ID (e.g., instrument and return envelope) and that the identifier corresponds to the addressee.
- Verification that address labels contain necessary information.
- Verification that all sampled members receive a mailing.
- Address validation to check for missing or incorrect information.
- Address updates using the NCOA or other Postal Service and commercial address databases when available.
- Verification that all envelopes contain the proper postage.
- Initiation of “seeded mailings” to designated project staff to check for timeliness of delivery, accuracy of address and of mailing material content.
  - Seeded mailings must be created in the member mailing database to be used as a QA tool.
  - Include the HOS Project Team and CMS in **all** survey mailings (including pre-notification letters). For each HOS protocol path used, each survey vendor’s SMS must include dummy records so that each type of mailing is automatically sent to the HOS Project Team and CMS personnel. See the *Quality Oversight* section for more information.

**Note:** Survey vendors must describe their quality control processes in detail in their QAP, and must retain records of all quality control activities conducted.

## Telephone Protocol

This section provides detailed information about the telephone component of the mixed mode data collection protocol. Survey vendors administer the HOS telephone protocol as described in these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0* and in *HEDIS 2016, Volume 6: Specifications for the Medicare Health Outcomes Survey*.

This protocol requires the use of an electronic telephone interviewing system. Survey vendors may not complete telephone interviews manually using paper/pencil questionnaires and then key-enter data after the interview.

### ***Electronic Telephone Interviewing Systems and Operations***

The telephone component of the protocol uses a standardized, electronic telephone interviewing script and design specifications (**Appendix F**). Survey vendors are responsible for programming the script and specifications into the existing electronic telephone interviewing software and for ensuring that there are adequate resources (i.e., sufficient operating telephone interviewing stations) to complete the telephone protocol within the specified timeline.

The use of an electronic telephone interviewing system allows the survey vendor to collect and edit survey data in a timely fashion, while reducing interviewer error and improving data quality by customizing the flow of the interview based on the answers provided. The electronic

telephone interviewing system requires a telephone interviewer to follow a script programmed into a software application. The interviewer reads the survey questions that appear on the computer screen and records the respondent's answers directly into the SMS.

Survey vendors may use the electronic telephone interviewing system of their choice, but the system must be linked electronically to the SMS to allow tracking of the sampled member through the survey administration process. The system must also incorporate programming that appropriately follows the questionnaire skip patterns. Survey vendors must thoroughly test their electronic telephone interviewing systems to confirm their functionality prior to interviewing, and must submit telephone interview screen shots with appropriate skip pattern logic/programming to the HOS Project Team for review prior to the start of survey administration. See the *Quality Oversight* section for more information.

Virtual telephone interviewers (i.e., telephone interviewers conducting calls outside of the survey vendor's or subcontractor's physical location) **are not** permitted. All telephone interviewing operations must occur within the Continental United States, Hawaii, Alaska or U.S. Territories.

Interviewers must make telephone calls to sampled members between 9:00 a.m. and 9:00 p.m., member local time. Do not contact sampled members outside of these hours, unless they request to schedule an appointment. Interviewers **may not** leave an answering machine or voicemail system message, due to HIPAA regulations regarding member privacy.

The following steps are guidelines that survey vendors use to contact difficult-to-reach sampled members:

- If a sampled member's phone number is wrong, the survey vendor makes every effort to find the correct number. If the person answering the telephone knows how to reach the sampled member and provides his or her contact information, the interviewer should use the new information.
- If sampled member is away temporarily, the survey vendor attempts to recontact the member upon return if it is within the data collection time period. If a sampled member will be gone during the entire data collection period and there is no forwarding telephone number, the survey vendor must attempt to identify an appropriate proxy to complete the survey. If no proxy is available, the survey vendor assigns a final disposition code of "T33–Non-response: respondent unavailable."
- If a sampled member is temporarily ill, the survey vendor attempts to recontact the member before the end of data collection. If a sampled member is too ill to complete the survey, the survey vendor must attempt to identify an appropriate proxy to complete the survey. If no proxy is available, the survey vendor assigns a final disposition code of "T33–Non-response: respondent unavailable."
- If a sampled member is institutionalized but able to complete the survey, the survey vendor must ask for information on contacting him or her. If a sampled member is institutionalized and cannot complete the survey, the survey vendor must attempt to identify an appropriate proxy to complete the survey. If no proxy is available, the survey vendor assigns a final disposition code of "T35–Non-response: respondent institutionalized."

The survey vendor must make every effort to ensure optimal telephone response rates; for example, thoroughly familiarize interviewers with the study purpose, carefully supervise interviewers, retrain interviewers having difficulty enlisting cooperation and have different interviewers contact reluctant members.

**Do Not Call (DNC) List:** Survey vendors track members who specifically request no future contact (for the HOS or for any other survey) and assign an “exclude from future survey samples” flag in the final member-level data file. See the *Assigning the Exclude from Future Survey Samples Flag* subsection in the *Data Coding and Preparation* section for more information.

### ***Inbound Telephone Protocol***

Survey vendors provide inbound electronic telephone interviews during **both** the mail and telephone components of the mixed mode data collection. If a sampled member calls the survey vendor customer support telephone number, requesting to complete the survey by telephone, the survey vendor must have a means to conduct the HOS by telephone. Electronic telephone interviewing data collection must be operational for inbound requests at the start of the mail administration protocol time period (i.e., by the Baseline pre-notification letter mailing).

If a telephone interviewer is not available when a member calls to complete the survey by phone, the survey vendor may schedule an appointment for a telephone interview using the following guidelines:

- Survey vendors schedule callback appointments for no later than the next business day, unless the member requests a later date.
- If the member does not answer the call at the scheduled callback time, the survey vendor must make at least one additional attempt (at the same time on the next day) to contact the member.

If the survey vendor does not complete a survey during the inbound telephone interviewing protocol because the member did not answer the phone, they must resume and continue the standard mail and telephone protocols. Inbound call attempts with an unsuccessful survey completion do **not** count toward the six outbound telephone protocol attempts.

### ***Optional Telephone Interviewing Guidelines***

The following are optional telephone interviewing guidelines survey vendors may choose to implement:

- **Predictive Dialing:** It is the responsibility of survey vendors to ensure that they are in full compliance with all federal and state laws, regulations, and guidelines. Survey vendors are required to provide sampled members with a revocation option through the use and maintenance of a “Do Not Survey” list when using predictive dialing. It is the responsibility of the survey vendor to determine whether their systems may be construed as predictive dialers under regulations promulgated by the Federal Communications Commission (FCC). Survey vendors may use predictive dialing as long as there is always a live interviewer available to interact with the sampled member. It is the responsibility of the survey vendor to ensure that its predictive dialing system is compliant with Federal Trade Commission (FTC) and FCC regulations.

- **Caller ID Enhancement:** Survey vendors may program their caller ID to display the survey vendor name to try and increase response rates. Survey vendors may **not** program the caller ID to display “on behalf of [Health Plan Name]” or “on behalf of [Medicare].”

### ***Timing of the Telephone Phase of the Data Collection Protocol***

Following the mail phase of the data collection protocol for the 2016 administration of the HOS, survey vendors identify sampled members who are eligible for telephone follow-up. These include members who did not respond to the mail survey and members who returned a blank or incomplete mail questionnaire (see the definition of an incomplete survey in the *Data Coding and Preparation* section).

Specifically, if a sampled member has not returned a completed survey by mail, survey vendors follow-up by telephone to attempt to complete the survey over the telephone. Sampled members with an invalid or undeliverable mailing address for whom the survey vendor has a valid telephone number should be assigned to telephone follow-up, after making every reasonable effort to obtain a valid address.

**Telephone Follow-Up for Incomplete Surveys:** Once interim disposition codes are assigned based on surveys returned during the mail protocol, survey vendors identify members with final disposition codes of “M11 = Non-response: Partial Complete Survey” and “M31 = Non-response: Break-off,” and triage them to the electronic telephone interviewing system. When contacting members by phone to finish incomplete mail surveys, survey vendors ask **all** survey questions, not just those that were missing from the mail survey.

**Telephone Follow-Up of Surveys Returned as Ineligible or Non-Response:** If a mail survey is returned with a note that the sampled member is unavailable for the duration of the study, mentally or physically incapacitated or in an institution (disposition codes M33, M34, M35) and there is no indication of the “exclude from future survey samples” flag of “1 = Yes,” survey vendors triage the record to the electronic telephone interviewing system and attempt to contact a proxy. If the proxy refuses to complete the survey and says over the phone the member is unavailable for the duration of the study, mentally or physically incapacitated or in an institution, use the **telephone** ineligible survey dispositions (T33, T34, T35).

### ***Obtaining Telephone Numbers***

The HOS sample files do **not** contain sampled member telephone numbers. Survey vendors obtain telephone numbers directly from MAOs. To obtain telephone numbers from MAOs, survey vendors may use either of the following methods:

- Forward an encrypted *SUPPLEMENTAL* file to each MAO to append telephone numbers for each member in the file. **Note:** the HOS Project Team provides survey vendors with the supplemental file along with the sample file.
- Obtain the complete enrollment list in a printed or electronic format from the MAO.

Survey vendors may **not** provide the sample file to MAOs. Survey vendors also may **not** approach MAOs for individual telephone numbers. This would be a breach of member confidentiality and protocol.

Survey vendors are encouraged to ask MAOs for the information as soon as possible after the HOS Project Team delivers the sample files, to give MAOs time to generate telephone numbers. If a MAO does not provide telephone numbers in a timely fashion, survey vendors may request communication to the MAO from the HOS Project Team to assist in obtaining the files.

Survey vendors also obtain a “second source” telephone number for each member who is triaged to the telephone phase of the protocol, using a source such as:

- Telematch.
- Commercial software.
- Internet directories.
- Directory assistance.

Survey vendors compare the list from the MAO with the second source list to verify the integrity of the MAO-generated telephone number file. If there is a *significant* number of discrepancies, survey vendors must rule out the possibility that the MAO-generated telephone number file is corrupt or otherwise incorrect before proceeding to telephone interviewing.

Survey vendors program both telephone numbers into their electronic telephone interviewing systems so that the telephone number provided by the MAO is the primary number and the second source number is the secondary number. If the MAO-provided telephone number is identified as nonworking or the member is unknown at the dialed phone number during telephone interviewing, the electronic telephone interviewing system must switch to the “second source” telephone number for the remainder of the telephone attempts. Survey vendors whose electronic telephone interviewing systems cannot accommodate two telephone numbers must propose an alternative process for complying with this requirement and submit the proposal to the HOS Project Team for approval.

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

### **Wireless Phone Numbers**

Survey vendors are responsible for complying with all federal regulations regarding contacting members via wireless numbers. Survey vendors must have a process whereby a member can revoke their consent to be contacted at a wireless number. If a member is contacted at a wireless number, the interviewer should proceed with the telephone protocol unless the member prompts the interview to stop. If the member stops the interview, the interviewer must attempt to reschedule the interview. If the member requests not to be called on his or her wireless number, the interviewer must attempt to obtain another phone number to reach the member. If another number is not available, the survey vendor places the member on the DNC list and codes the final disposition as “T32: Refusal.”

### **Telephone Attempts**

Survey vendors attempt to reach every sampled member until one of the following occurs:

- The survey vendor contacts the sampled member or a proxy.
- The survey vendor finds the sampled member to be ineligible for the survey.

- The survey vendor completes the maximum number of telephone attempts.

Survey vendors make a minimum of **six** telephone attempts to reach non-respondents and may **not** exceed **nine** attempts. After nine attempts to contact the sampled member, the survey vendor may not contact the member again, unless the sampled member requested a callback.

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

- The interviewer reaches an answering machine or voicemail system. The interviewer should hang up the phone without leaving a message.
- The telephone rings at least **six** times with no answer.
- The interviewer reaches a sampled member's household and is told the member is (temporarily) not available to come to the telephone. The interviewer should attempt to schedule a callback date/time.
- The interviewer reaches the sampled member and is asked to call back at a more convenient time. The interviewer should attempt to schedule a callback date/time.
- The interviewer obtains a busy signal. When telephone interviewing systems permit, CMS recommends (but does not require) that survey vendors attempt to re-contact members up to three times at approximately 20-minute intervals. Three attempts in one day that all result in a busy signal constitute *one telephone attempt* (the protocol requires each attempt to be made on different days).

Survey vendors must call all sampled members at least six times unless they obtain a complete survey or are found to be ineligible, away for the duration of the data collection period, or if they explicitly refuse to complete the survey. If a sampled member is away for the duration of the data collection period or is unable to complete the survey for any reason, survey vendors may attempt to complete the survey with a qualified proxy (see the *Proxy Respondents* subsection in this *Data Collection Protocol* section for more information).

**Note:** The HOS Project Team recommends that survey vendors complete a telephone interview for each respondent who claims to have returned a survey but is willing to do the telephone interview. If the participant is not willing to complete the interview because the survey was returned by mail, terminate the call and call the member at a later date if the survey does not arrive.

### ***Telephone Scripts***

The telephone protocol uses a standardized telephone script provided by CMS. See **Appendix F** for the English telephone script. CMS developed the text of the telephone scripts and survey vendors may not modify the text in any way.

The telephone script is also available in Spanish. The telephone protocol is **not** administered in Chinese. Survey vendors are not permitted to translate the telephone scripts into any other language and must use the language translations provided by CMS (English and Spanish).

**Note:** Survey vendors must submit copies of their HOS telephone screen shots for review by the HOS Project Team. See the *Quality Oversight* section for more information.

### ***Supplemental Questions***

Survey vendors may **not** add supplemental questions to the HOS telephone script.

### ***Retention and Storage of Data Collected by Telephone***

Survey vendors retain HOS data collected via their electronic telephone interviewing systems in a secure and environmentally controlled location for a minimum of **three** years.

### ***Quality Control Guidelines***

Survey vendors must make every reasonable effort to ensure optimal telephone response rates and must ensure the quality of data collected via the electronic telephone interviewing system. Survey vendors must document quality control procedures in their QAPs.

### ***Interviewer Training***

Interviewer training is essential to ensure that interviewers are following HOS protocols and procedures and that they collect survey data accurately and efficiently. Interviewers must be thoroughly familiar with the telephone survey protocol, understand the purpose of the HOS, and be skilled in general interviewing techniques, including refusal avoidance and conversion techniques.

To achieve data standardization and administer the survey uniformly, interviewers must thoroughly understand the question-by-question telephone specifications (see **Appendix F**) and be able to easily navigate the electronic telephone interviewing system. The telephone script contains a scripted introduction and interviewer probes to aid in the standardization of the interviews. Interviewers must also be trained to use the HOS FAQs to answer questions in an appropriate manner and receive training specific to the HOS population, including elderly and disabled members.

Interviewers must follow the telephone scripts verbatim, use non-directive probes when a respondent fails to give a complete or adequate answer, record responses accurately and maintain a professional, interpersonal relationship with the respondent.

Telephone interviewers must record the outcome of all calls or attempts made to reach a sampled member, the current status of all members designated for telephone follow-up and responses to all questions.

**Note:** If the survey vendor subcontracts with another firm to conduct telephone interviewing, then the survey vendor is responsible for attending/participating in the subcontractor's telephone interviewer training to ensure compliance with protocols, procedures and guidelines established for the HOS telephone protocol.

### ***Telephone Interviewer Monitoring and Quality Oversight***

Properly training and supervising interviewers ensures standardized, nondirective interviews. Consistent monitoring of interviewers is essential to ensure accurate results. Survey vendors

must adequately supervise and monitor telephone interviewers throughout the telephone protocol to ensure they follow established protocols and guidelines.

Each survey vendor must institute a telephone interviewer monitoring and evaluation program featuring silent monitoring during the telephone protocol. The monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Survey vendors and their subcontractors, if applicable, monitor a minimum of **10 percent** of telephone interviews (including both complete surveys and call attempts). Monitoring staff must monitor all interviewers at different times of the day. At least 7 of the 10 percent monitoring must be silent monitoring. Use of callbacks for up to 3 of the 10 percent monitoring is optional.
  - Survey vendors who use silent monitoring plus callbacks determine the percentage of interviews that are monitored silently or called back, and document these proportions in their QAPs. Survey vendors who do not use callbacks must monitor the required 10 percent of calls using silent monitoring.
- Survey vendors provide feedback to their subcontractor regarding interviewer performance, and ensure that the subcontractor's interviewers correct any areas that need improvement.
- Interviewers who consistently fail to follow the telephone scripts verbatim, employ proper probes, remain objective and courteous, or who are difficult to understand or have difficulty in using the computer must be identified and retrained or, if necessary, replaced.

Outcomes of telephone interview monitoring (silent monitoring and callbacks) must be documented in writing. Survey vendors use standard templates containing objective evaluation criteria to document monitoring results. The HOS Project Team, as part of the HOS site visit, reviews the survey vendor's process for monitoring and assessing performance of telephone interviewing personnel, including monitoring forms.

The HOS Project Team monitors a number of interviews for quality control. Survey vendors **must allow** live monitoring of telephone introductions and complete surveys.

### ***How to Handle Distressed Respondents***

During telephone interviews, survey vendors may encounter respondents who are in crisis or potentially suicidal. Survey vendors are not expected to counsel these members, nor are they expected to have been trained to identify distressed respondents. Because this situation is not unique to HOS, survey vendors have established processes in place for handling and documenting distressed or potentially suicidal respondents. Processes must be documented in survey vendor QAPs.

Suggestions for handling this type of situation:

- **When respondents threaten to take their life immediately:** Attempt to keep the respondent on the line and call 911, *or* refer the individual to the National Suicide

Prevention Lifeline [1-800-273-TALK (8255)]. This toll free number is available 24 hours a day, every day.

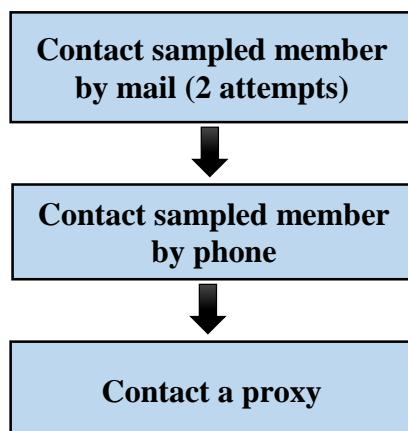
- **When respondents express thoughts about taking their life:** Refer the respondent to the National Suicide Prevention Lifeline [1-800-273-TALK (8255)].

**Note:** These guidelines also apply if a member calls the survey vendor, rather than making statements during the interview.

## Proxy Respondents

Although members are encouraged to respond to the mail and telephone surveys themselves, not all elderly or disabled respondents are able to do so. Proxy respondents, such as family members, close friends, other responsible parties, including program staff or home staff may assist members. Facility or program staff should only serve as proxies at the request of the participant or family member, or other caregiver.

Survey vendors should implement the following hierarchy when attempting to obtain a complete survey:



- The survey vendor attempts to contact the sampled member by mail twice.
- If the sampled member does not return either mail questionnaire, the interviewer attempts to contact the sampled member by phone.
- If the sampled member is temporarily unavailable (e.g., out or otherwise unable to come to the phone at the time of the call) the interviewer calls back at another time.
- If the sampled member cannot complete the survey over the phone (e.g., unavailable for the duration of the study, physically/mentally unable to complete a telephone interview, institutionalized or does not speak English or Spanish), the interviewer attempts to contact a proxy.

**Note:** A telephone interview should always be offered to the sampled member before obtaining a proxy.

### **Tracking Proxy Information in SMS**

The HOS Project Team provides the proxy information collected for each sampled member from the Baseline survey in the HOS sample file. For the English, Spanish and Chinese *Follow-Up—Proxy at Baseline* protocol paths, survey vendors use the exact proxy information provided by the HOS Project Team in the sample file when entering the proxy name into the SMS. Ideally, data provided in the sample file are complete (e.g., contain a first and last name), but this might not always be the case.

**If data are incomplete or partial:** Enter the exact information contained in the sample file. For example, if the sample file contains data such as “wife,” “sister,” “Joe” or “Jane,” enter this information in the SMS. On the mailing materials, the area containing the proxy name will simply read “wife,” “sister,” “Joe” or “Jane.” During telephone interviewing, the interviewer can ask for the member’s wife or sister, or state, for example, “The only name provided was ‘Joe.’ ”

**If no name is provided in the sample file:** Enter “Not Provided” for the proxy name on the survey cover letters and use a generic phrase during telephone interviewing, such as “The person who completed your survey two years ago did not provide us with his or her name.”

### **Incentives**

CMS does **not** allow MA contracts or survey vendors to use incentives of any kind.

### **Member Confidentiality**

Sampling procedures are designed so participating contracts cannot identify members selected to participate in the survey. Survey vendors are expected to maintain the confidentiality of sampled members and may not provide MA contracts with the names of members selected for the survey or any other member information that could be used to identify an individual sampled member (either directly or indirectly).

### **Administering HOS in Other Languages**

CMS provides survey vendors with translations of HOS questionnaires and supporting mailing materials in Spanish and Chinese. Survey vendors make Spanish language questionnaires available to all Spanish-speaking members (both in the mail and telephone protocols). Use of the Chinese questionnaires is optional, and shall be done at the request of the MA contract. Chinese language administrations are only available by mail. There is **no** telephone interviewing conducted in Chinese.

Survey vendors work with their MA contracts to determine the survey language to send to sampled members. Survey vendors and their MA contracts have options for determining language preference, including:

- Working with contracts to identify the language for which the majority of members speak (e.g., if the contract is located in Puerto Rico, the majority of members speak Spanish, so mail Baseline surveys in Spanish).
- Obtaining a language preference flag for each member using the *SUPPLEMENTAL* file and sending the survey in the appropriate language to each sampled member using this flag.
- Obtaining the full contract enrollment file from contracts containing language preference flags for each member and sending the survey in the appropriate language to each sampled member using this flag.

**Note:** If a MA contract provides a survey vendor with language preference data, the data must include all members for whom data is available or applicable. Survey vendors cannot provide any contract with names or other identifying information of sampled members. Survey vendors should use name, address, city, and state to confirm a match with the contract's language preference data.

When sending the Baseline pre-notification letter in English, survey vendors include instructions for requesting a Spanish language questionnaire (as well as instructions for requesting a Chinese language questionnaire, if applicable). If a Spanish or Chinese-speaking member calls the survey vendor to ask for a questionnaire in that language, the member should be flagged and receive all further mailings in the requested language. Survey vendors track the member's language preference internally for the Baseline protocol, as the Protocol Identifier flag remains "3" for Baseline.

Survey vendors may do any of the following at the request of the contract:

- Include a Spanish or Chinese language questionnaire in all mailings of the English language questionnaire (commonly referred to as "double stuffing"). Survey vendors may send these packets to all sampled members within a contract, or to a subset of sampled members within a contract based on language preference data.
- Send a Spanish or Chinese language questionnaire only in all mailings of the survey to sampled members known to prefer Spanish or Chinese. Survey vendors may identify those members using language preference data received from the MA contract.

**Note:** Survey vendors must describe the process for distributing the survey in Spanish and Chinese (if applicable) in their QAP.

#### ***Administering HOS for MA Contracts with Primarily Spanish-Speaking Members***

For MA contracts with a majority of members who speak Spanish (e.g., MAOs in Puerto Rico), the survey vendor may elect to administer Baseline Surveys in Spanish after discussion with the MA contract to ascertain if that is the better option. The survey vendor would mail the Baseline pre-notification letter in Spanish and include a footnote in English with the toll-free number and customer support e-mail address to request an English survey. The Baseline Letter for First Questionnaire Mailing would be double-sided and contain Spanish on side A and English on side B. (In the English Baseline Protocol, English is on side A and Spanish is on side B). If an English-speaking member calls the survey vendor to ask for an English version of the

questionnaire, the member is flagged as an English-speaking member and the member receives English mailing materials.

At the request of the contract, survey vendors may:

- Include an English language questionnaire in all mailings of the Spanish language questionnaire (“double stuff” packets). Survey vendors may send these packets to all enrollees within a contract, or to a subset of enrollees within a contract based on language preference data received from the contract.
- Send an English language questionnaire only to members in the contract who are known to prefer English. Survey vendors would identify those members using language preference data received from the contract.

#### ***Administering HOS for MA Contracts with Primarily Chinese-Speaking Members***

For MA contracts with a majority of members who primarily speak Chinese, the survey vendor may elect to administer Baseline Surveys in Chinese after discussion with the MA contract to ascertain if that is the better option. The survey vendor would mail the Baseline pre-notification letter in Chinese and include a footnote in English with the toll-free number and customer support e-mail address to request an English survey. The Baseline Letter for First Questionnaire Mailing would be double-sided and contain Chinese on side A and English on side B. If an English-speaking member calls the survey vendor to ask for an English version of the questionnaire, the member is flagged as an English-speaking member and the member receives English mailing materials.

Unlike the English and Spanish Baseline protocols, the Chinese Baseline protocols include **two** reminder/thank-you postcards, one after each questionnaire mailing. There is **no** telephone interviewing in Chinese.

At the request of the contract, survey vendors may:

- Include an English language questionnaire in all mailings of the Chinese language questionnaire (“double stuff” packets). Survey vendors may send these packets to all enrollees within a contract, or to a subset of enrollees within a contract based on language preference data received from the contract.
- Send an English language questionnaire only to members in the contract who are known to prefer English. Survey vendors would identify those members using language preference data received from the contract.

**Note:** The administration of Chinese surveys only applies to a select number of samples. Therefore, not all HOS survey vendors need to implement these languages.

#### **Timing of MAOs’ Data Collection Efforts**

To avoid over-burdening sampled members, contracts are strongly discouraged from fielding other surveys of their members four weeks prior to, during, or after the 2016 HOS administration (anytime from March 1 to August 31, 2016), except for other CMS sponsored surveys, such as

the Medicare Advantage & Prescription Drug Plan Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®2</sup>) Survey.

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<sup>2</sup> CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

## VII. Data Coding and Preparation

### Overview

This section details the standardized protocols for HOS data file specifications, data coding and submission of HOS data. It contains information about decision rules (i.e., interpreting ambiguous or missing data elements) for coding mail questionnaires, the assignment of survey disposition codes, survey completion guidelines and quality control procedures. Survey vendors submit data files via the HOS Data Submission System. Survey vendors submit data files that contain data for every MAO contract that has contracted with that survey vendor. For assistance with preparing data files for submission, contact the HOS Project Team at [hos@ncqa.org](mailto:hos@ncqa.org).

### Text File Specifications

Survey vendors submit survey data files in a text file format (.TXT) that allows submission of each MAO's sampled member records in one file. Survey vendors submit a record for all sampled members included in the original sample file. No substitutions for valid data elements are acceptable. See **Appendix D** for the complete HOS Sample File Layout and Survey File Record Layout.

Survey data files have two types of records:

- **Header Record:** Contains contract-level information.
- **Member Level Record:** Contains member-level information, consisting of the following two layouts.
  - Sample File Layout
  - Survey File Record Layout

More information about each of these records is described below.

#### ***Header Record***

The Header Record is the first line of the text file and contains the MA contract's identifying information required for data submission to the HOS Data Submission System. Header Record fields include information provided by CMS during sampling (i.e., reporting year, CMS contract number, contract name, survey vendor ID and exclusive Special Needs Plan [SNP] flag) as well as some data elements that the HOS Project Team provides at a later date prior to data submission (i.e., organization ID and submission ID).

#### ***Member Level Record***

The Member Level Record contains one record for each sampled member and consists of two layouts: the Sample File Layout and the Survey File Record Layout. The Sample File Layout contains names, contact information and CMS administrative and survey fielding variables for each sampled member. Survey vendors receive these fields in the HOS sample file. The Survey File Record Layout contains survey responses (even if the member did not complete the survey)

and survey vendor-generated variables (e.g., survey disposition, survey round and survey completion date) for each sampled member.

**Appendix D** provides the field description, field position (start and end), field length and the valid values for each data element in the Sample File Layout and Survey File Record Layout. All field positions must have a valid value. Valid values can include the applicable codes for “Missing” (e.g., 9) and “Inappropriate Answer” (e.g., 8).

## Decision Rule Guidelines

HOS decision rule guidelines provide survey vendors with guidance on how to resolve common ambiguous, missing or incorrect survey responses on mail and telephone surveys. Survey vendors adhere to all of these guidelines to ensure standardized data coding.

### *Decision Rules for Mail Surveys*

Survey vendors use the following decision rules for resolving ambiguous situations, regardless of whether they scan or key-enter survey data, to ensure standardized and consistent data entry. Survey vendors may program systems to apply decision rules if their systems can adhere strictly to the rules. For example, scanning programs must be able to detect marks between two choices and determine if a mark is obviously closer to one choice than to another.

Decision rules are assigned to three categories: scale or dichotomous/categorical questions, open-ended questions and exception questions. Table 7 below crosswalks individual survey questions to the decision rule category that survey vendors apply. If the decision rules do not address a particular situation, survey vendors contact the HOS Project Team for instructions.

**Table 7. Decision Rule Categories**

Question #	Question Description	Applicable Decision Rules
1-7	VR-12 items	Scale
8-9	Change in Health	Scale
10 (a-f)	ADLs (Case-mix)	Scale
11 (a-c)	Instrumental Activities of Daily Living (IADLs)	Scale
12-14	Healthy Days	Open-ended
15	Vision item, S.4302 Disability	Dichotomous/categorical
16	Hearing item, S.4302 Disability	Dichotomous/categorical
17-18	S.4302 Disability	Dichotomous/categorical
19	Memory Problems	Scale
20-34	Chronic Conditions (Case-mix)	Dichotomous/categorical
35 (a-e)	Chronic Conditions—Cancer (Case-mix)	Dichotomous/categorical
36-38	PROMIS Pain Item	Scale
39 (a-b)	PHQ-2 Depression	Scale
40	General Health (Case-mix)	Scale

Question #	Question Description	Applicable Decision Rules
41	Smoking	Scale
42-45	HEDIS - Urinary Incontinence	Dichotomous/categorical
46-47	HEDIS - Physical Activity	Dichotomous/categorical
48-51	HEDIS - Fall Risk Assessment	Dichotomous/categorical
52	HEDIS - Osteoporosis	Dichotomous/categorical
53-54	Sleep quality	Scale
55	Weight	Open-ended
56	Height	Open-ended
57	S.4302 Gender	Dichotomous/categorical
58	S.4302 Ethnicity (Case-mix)	Exception
59	S.4302 Race (Case-mix)	Exception
60	S.4302 Primary Language	Exception
61	Marital status (Case-mix)	Dichotomous/categorical
62	Education (Case-mix)	Exception
63	Living arrangement, RAND	Exception
64	Living arrangement, RAND	Dichotomous/categorical
65	Living arrangement (Case-mix)	Dichotomous/categorical
66	Form assist (Case-mix)	Dichotomous/categorical
67	Form assist	Open-ended
68	Income (Case-mix)	Scale

**Scale or Dichotomous/Categorical Question Decision Rules:** Survey vendors use the following decision rules for scale or dichotomous/categorical questions:

- If a question is appropriately answered, code as is.
- If a mark falls between two choices and is obviously closer to one choice than to the other, select the closer mark.
- If a mark falls equally between two choices, code the data with the valid value for *missing*.
- If a value is missing, code with the valid value for *missing* (i.e., do not impute).
- If multiple responses are marked, code the data with the valid value for *missing*.
- If a question was supposed to have been skipped but was not, code the data “as is.”

**Open-Ended Question Decision Rules:** Survey vendors use the decision rules described in Table 8 below for open-ended questions.

**Table 8. Open-Ended Question Decision Rules**

Question	Coding Instructions
Q12-14 (Healthy Days)	<ul style="list-style-type: none"> <li>• Code response provided by the member. Zero-fill if less than 10.</li> <li>• For numeric responses, record the response, regardless of appropriateness (e.g., if the member answers “60,” code as “60”). Do not clean.</li> </ul>

Question	Coding Instructions
	<ul style="list-style-type: none"> <li>• For numeric responses reported as a fraction, round up to the nearest whole number (e.g., if the member gives an answer of “5½ days,” code as “06”).</li> <li>• For numeric responses that are more than 2 digits, code with the valid value of “88 = Inappropriate Answer” (i.e., do not impute).</li> <li>• For non-numeric responses with a numeric counterpart (e.g., three days), code with the numeric equivalent of what is written (e.g., 03).</li> <li>• For non-numeric responses without a numeric counterpart (e.g., “too many”), code with the valid value of “88 = Inappropriate Answer” (i.e., do not impute).</li> <li>• For a response with a range (e.g., 6 to 10 days), code with the valid value of “88 = Inappropriate Answer” (i.e., do not impute).</li> <li>• If a value is missing or the respondent does not know, code with the valid value of “99 = Missing” (i.e., do not impute).</li> <li>• Survey vendors clean responses (enter a different response than the one provided by the respondent) <b>only</b> in the following instances: <ul style="list-style-type: none"> <li>○ Zero-fill responses less than 10 (e.g., code a response of “1” as “01”).</li> <li>○ Code non-numeric responses with their numeric counterpart (e.g., code “none” as “00,” code “one” as “01”).</li> <li>○ If the respondent answers “99,” recode this response as “88 = Inappropriate Answer” so that the question is included in the numerator for percent complete.</li> </ul> </li> <li>• Contact the HOS Project Team for support if additional circumstances arise where data cleaning may be appropriate.</li> </ul>
Q55 (Weight)	<ul style="list-style-type: none"> <li>• Code response provided by the member. Zero-fill if less than 100.</li> <li>• For numeric responses, record the response, regardless of appropriateness (e.g., if the respondent answers “900,” code as “900”). Do not clean.</li> <li>• For numeric responses reported as a fraction or decimal, round up to the nearest whole number (e.g., if a respondent answers “115½ lbs.” or “115.5 lbs.,” code as “116”).</li> <li>• For numeric responses that are more than 3-digits, code with the valid value of “888 = Inappropriate Answer” (i.e., do not impute).</li> <li>• For non-numeric responses without a numeric counterpart (e.g., “too much”), code with the valid value of “888 = Inappropriate Answer” (i.e., do not impute).</li> <li>• For a response with a range (e.g., 150 to 155 lbs.), code with the valid value of “888 = Inappropriate Answer” (i.e., do not impute).</li> <li>• For a response where it appears the respondent reported weight in kilograms (kg), do not convert to pounds. Code as is (i.e., do not impute).</li> <li>• If a value is missing or the respondent does not know, code with the valid value of “999 = Missing” (i.e., do not impute).</li> <li>• Survey vendors clean responses (enter a different response than the one provided by the respondent) <b>only</b> in the following instances: <ul style="list-style-type: none"> <li>○ Zero-fill responses less than 100 (e.g., code a response of “90” as “090”).</li> </ul> </li> </ul>

Question	Coding Instructions
	<ul style="list-style-type: none"> <li>○ If the respondent answers “999,” recode this response as “888 = “Inappropriate Answer” so that the question is included in the numerator for percent complete.</li> <li>● Contact the HOS Project Team for support if additional circumstances arise where data cleaning may be appropriate.</li> </ul>
Q56 (Height)	<ul style="list-style-type: none"> <li>● Height is reported in two fields: feet and inches. Only one field must have a valid value to be included in the numerator of percent complete.</li> <li>● Code answer provided by the respondent. Zero-fill if the inches field is less than 10.</li> <li>● For numeric responses, record the response, regardless of appropriateness (e.g., if the respondent answers “7 ft., 11 in.” code as “711”). Do not clean.</li> <li>● For numeric responses reported as a fraction or decimal, round up to the nearest whole number (e.g., if a respondent gives an answer of “5 ft. 10½ in” or “5 ft. 10.5 in,” code as “511”).</li> <li>● For non-numeric responses without a numeric counterpart (e.g., “tall”), code with the valid value of “888,” where “8” is “Inappropriate Answer” for feet and “88” is “Inappropriate Answer” for inches (i.e., do not impute).</li> <li>● For a response with a range (e.g. 5 ft. 5 in. to 5 ft. 6 in.), code with the valid value of “888,” where “8” is “Inappropriate Answer” for feet and “88” is “Inappropriate Answer” for inches (i.e., do not impute).</li> <li>● If a value is missing or the respondent does not know, code with the valid value of “999,” where “9” is “Missing” for feet and “99” is “Missing” for inches (i.e., do not impute).</li> <li>● For a response where feet is left blank and inches is reported, code as is (i.e., do not impute). For example, if a respondent answers “<u>  </u>feet and 47 inches,” code as “947,” where “9” is “Missing” for feet and inches equals “47.”</li> <li>● For a response where feet is reported but inches is left blank, code as is (i.e., do not impute). For example, if a respondent answers “5 feet and <u>  </u>inches,” code as “599,” where “99” is “Missing” for inches and feet equals “5.”</li> <li>● For a response where the respondent reported feet from 0-7 and inches as 12 or higher, code the response as is. (e.g., if the respondent answers “5ft., 12in.,” code as “512.” If a respondent answers “5ft., 60in.,” code as “560.”) Do not clean.</li> <li>● For a response where it appears the respondent reported height in centimeters (cm), do not convert to feet and inches. Code as is (i.e., do not impute).</li> <li>● Survey vendors clean responses (enter a different response than the one provided by the respondent) <b>only</b> in the following instances: <ul style="list-style-type: none"> <li>○ Zero-fill if inches is less than 10. (e.g., code a response of “5 ft. 9 in.” as “509”).</li> <li>○ If the respondent answers “9” for feet <b>and</b> “99” for inches, recode this response as “888 = Inappropriate Answer” so that the question is included in the numerator for percent complete.</li> </ul> </li> </ul>

<b>Question</b>	<b>Coding Instructions</b>
	<ul style="list-style-type: none"> <li>• Contact the HOS Project Team for support if additional circumstances arise where data cleaning may be appropriate.</li> </ul>
Q60 (Primary Language)	<ul style="list-style-type: none"> <li>• Primary language is reported in two fields, 60a and 60b. Only one field must have a valid value to be included in the numerator of percent complete.</li> <li>• Follow the decision rules and coding guidelines for dichotomous/categorical questions; however, if a respondent wrote in some other language for Q60b, even if response category “4 = Some other language (please specify)” is not selected, code the response.</li> <li>• Code response provided by the respondent, regardless of appropriateness.</li> <li>• Contact the HOS Project Team for support if additional circumstances arise where data cleaning may be appropriate.</li> </ul>
Q67 (Proxy Name)	<ul style="list-style-type: none"> <li>• Code response provided by the respondent, regardless of appropriateness (e.g., if the respondent answers “sister,” code as “sister”). Do not clean.</li> <li>• If a value is missing, leave the field blank (i.e., do not impute).</li> <li>• If the question was supposed to have been skipped but was not, code the data “as is.”</li> <li>• Survey vendors clean responses (enter a different response than the one provided by the respondent) <b>only</b> in the following instances: <ul style="list-style-type: none"> <li>○ If the respondent writes the first and last name in the space allotted for “first name” and writes the last name in the space allotted for “last name,” <b>do not</b> include the last name in the First Name field of the member-level data file.</li> <li>○ If a proxy entered his or her name on the Chinese mail survey in Traditional Chinese characters, the survey vendor must translate the proxy name to English in order to code the data in the final data files.</li> </ul> </li> <li>• Contact the HOS Project Team for support if additional circumstances arise where data cleaning may be appropriate.</li> </ul>

**Exception Question Decision Rules:** Survey vendors use the following decision rules for exception questions.

- Q58 (Ethnicity), Q59 (Race) and Q63 (Living Arrangement – Alone or with others): For questions where one or more response categories may be selected, the Survey File Record Layout allows survey vendors to code multiple responses. Enter all response categories the respondent selected (code each as “1”). Code the categories left blank as “0” for “No.” If no categories are selected, enter “0” for all categories. See **Appendix D** for more information.
- Q60 (Primary Language): Members who selected response category “4 = Some other language (please specify)” are instructed to specify the language mainly spoken at home if it is not English, Spanish or Chinese. The Survey File Record Layout allows survey vendors to code the open-ended response (Q60b). See **Appendix D** for more information.
- Q62 (Education): If multiple responses were marked or provided, code the highest level of education indicated.

### ***Survey Skip Patterns***

Some questions on the HOS are part of a skip pattern where respondents are instructed to skip one or more questions if they answered the previous question (known as a “gate” question) a certain way.

**Mail survey skip patterns:** Survey vendors do **not** clean skip pattern errors for mail surveys.

The following are decision rules for coding responses to skip pattern questions.

- Do not correct a gate question by imputing a response based on the respondent’s answer to the dependent questions. Code the respondent’s answer “as is.”
- If a respondent leaves a gate question blank, code it with the valid value for Missing. If the respondent answers a dependent question when leaving the gate question blank, code the respondent’s answer “as is.”
- If a respondent violates skip instructions and answers a question they were supposed to skip, code the respondent’s answer “as is.”
- If a respondent appropriately skips a question, code it with the valid value for Missing.

**Telephone survey skip patterns:** Survey vendors program skip patterns into the electronic telephone interviewing system. Code the resulting associated dependent questions as the valid value for Missing. Also code appropriately skipped dependent questions as the valid value for Missing.

### ***Processing Blank Surveys***

Blank surveys (i.e., surveys with no questions answered) returned during the mail phase of the protocol must be assigned an interim disposition code of “M31 = Non-response: Break-off,” regardless of whether the survey vendor uses scanning or key entry. Survey vendors triage members who returned a blank survey to the telephone protocol.

- Members who returned blank questionnaires who included a note with the survey stating that they refuse to participate or write on the blank survey that they refuse to participate are the **only** instances when blank surveys should be assigned a disposition code of “M32 = Non-response: Refusal.” If this occurs, the survey vendor should **not** triage the member to the telephone protocol.

## **Survey Completion and Coding Guidelines**

A HOS survey is complete if it is 80 percent or more complete with all 6 ADL questions (Q10a-f) answered. Receipt of a completed survey eliminates the need for additional mailings or telephone calls; receipt of a blank, incomplete or partial complete survey does not. Mailings and calls after the receipt of a blank, incomplete or partial complete are “from scratch,” that is, the survey vendor sends another blank survey to the member or attempts to complete the survey by telephone from the beginning rather than attempting to fill in just the missing items from a previous incomplete or partially completed survey.

### Duplicate Surveys Returned by the Same Member

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

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

### Items Included in Percent Complete

The HOS instrument contains 85 response items. To simplify the calculation of percent complete, 12 items that are part of a skip pattern are excluded from the calculation: **14, 35a, 35b, 35c, 35d, 35e, 43, 44, 45, 47, 65, and 67**. Eighty-five minus 12 excluded questions leaves a base denominator of **73** questions to be included in the calculation.

### Percent Complete Calculation

To calculate percent complete, count the total answered items (excluding items **14, 35a, 35b, 35c, 35d, 35e, 43, 44, 45, 47, 65, and 67**). Divide the number by 73 and multiply by 100. The following is the equation for calculating percent complete:

$$\% \text{ Complete} = \frac{\text{Total Number of Answered Items (exclude skip pattern items)}}{\text{Total Response Items} - \text{Excluded Items}}$$

For Questions 12 and 13, any value except “99 = Missing” counts towards percent complete.

For Questions 58, 59 and 63, if the respondent checks one or more responses, then the question is complete. (If all values for the question are not checked (i.e., all values = 0) it does **not** count towards percent complete.)

For questions 56 and 60, only one of the two fields must be complete to count towards percent complete.

### Survey Disposition Codes

Survey disposition codes track and report whether the member completed a questionnaire or requires further follow-up. Survey disposition codes are either interim (which indicate the status of each sampled member during the data collection period) or final (which indicate the final outcome of each sampled member at the end of data collection).

Survey vendors use interim disposition codes for internal tracking purposes only and should not report the interim codes to the HOS Project Team and CMS. However, survey vendors must

provide a crosswalk of their interim disposition codes to the final HOS disposition codes in their QAP.

Survey vendors assign a final disposition code to each sampled member. A prefix of “M” represents mail disposition codes and a prefix of “T” represents telephone disposition codes. Table 9 provides information to help survey vendors assign final disposition codes.

**Note:** Survey vendors must return each record that was included in the sample file and assign the corresponding disposition code for every record.

**Table 9. Final Survey Disposition Codes**

Disposition Code	Disposition Group	Definition/Explanation
<b>M10:</b> Complete Survey  80-100% complete <b>and</b> all ADL items answered	Complete	<p>Respondent returns mail survey that is 80-100% complete <b>and</b> all ADL items (Q10a-f) are answered.</p> <p>Assign this disposition code when 59 or more questions (of the 73 questions included in the calculation of percent complete) are answered, including all 6 ADL items.</p>
<b>T10:</b> Complete Survey  80-100% complete <b>and</b> all ADL items answered	Complete	<p>Assigned in one of the following situations:</p> <ul style="list-style-type: none"> <li>• Respondent completes 80–100% of the survey during a telephone interview <b>and</b> all ADL items (Q10a-f) are answered.</li> <li>• Respondent returned a mail survey that is less than 80% complete <b>or</b> one or more ADL items were unanswered. During the telephone phase of the protocol, the survey vendor contacted the respondent by phone and completed 80–100% of the survey and all ADL items were answered. <b>All questions must be asked during telephone re-contact.</b></li> </ul> <p>Assign this disposition code when 59 or more questions (of the 73 questions included to calculate percent complete) are answered, including all 6 ADL items.</p>
<b>M11/T11:</b> Partial Complete Survey  50-79% complete <b>or</b> 80-100% complete with one or more ADL items unanswered	Non-response	<p>A survey that is 50–79% complete <b>or</b> 80-100% complete with one or more ADL (Q10a-f) items unanswered.</p> <p>Assign this disposition code when 37–58 questions (of the 73 questions included to calculate percent complete) are answered or when 59 or more questions are answered but one or more ADL items are unanswered.</p>
<b>M20/T20:</b> Deceased	Ineligible	The member is deceased.
<b>M23/T23:</b> Language Barrier	Ineligible	The member does not read or speak English or Spanish and does not read Chinese. The survey vendor is unable to obtain a proxy to complete the survey.

Disposition Code	Disposition Group	Definition/Explanation
<b>T24:</b> Bad Address and Non-working/Unlisted Phone Number or Member is Unknown at the Dialed Phone Number	Ineligible	There is evidence that the member's address is bad (post-office returns questionnaire to survey vendor). The survey vendor is unable to obtain a viable telephone number for the member.
<b>M31/T31:</b> Break-off 0-49% complete	Non-response	<p>A survey that is 0-49% complete, regardless of whether the ADL items (Q10a-f) were answered.</p> <p>Assign this disposition code when 0–36 questions (of the 73 questions included to calculate percent complete) are answered (regardless of whether ADL items were completed).</p> <ul style="list-style-type: none"> <li>• <b>M31:</b> if a member returns a survey blank (with <b>no</b> note stating a refusal), assign interim code of M31 and attempt to contact by phone. Do not code as refusal unless member provides a note (on the survey or separately) refusing to complete the survey.</li> <li>• <b>T31:</b> if an interviewer codes a demographic field (such as gender) then the interview ends, use interim code T31 and attempt to re-contact. Do not code as refusal unless member verbally refuses to complete the survey.</li> </ul> <p>Contact the HOS Project Team for support if additional guidance is required.</p>
<b>M32/T32:</b> Refusal	Non-response	Refusal. Incomplete survey with a note (on the survey or separately) stating the member does not want to participate or the member verbally refuses to complete the survey.
<b>M33/T33:</b> Respondent Unavailable	Non-response	The member is unavailable during the data collection period. The survey vendor is unable to obtain a proxy to complete the survey.
<b>M34/T34:</b> Respondent Physically or Mentally Incapacitated	Non-response	The member is unable to complete the survey due to physical or mental disabilities. The survey vendor is unable to obtain a proxy to complete the survey.
<b>M35/T35:</b> Respondent Institutionalized	Non-response	The member is institutionalized. The survey vendor is unable to obtain a proxy to complete the survey.
<b>M36:</b> Non-response After Maximum Attempts	Non-response	There is no evidence to suggest the member's address is bad. The member has not returned a mail questionnaire. The survey vendor is unable to obtain a viable telephone number for the member.
<b>T36:</b> Non-response After Maximum Attempts	Non-response	<p>Assigned in one of the following situations:</p> <ul style="list-style-type: none"> <li>• There is no evidence to suggest the member's address is bad. The member has not returned a mail questionnaire. There is no evidence to suggest the member's telephone number is bad. The survey</li> </ul>

Disposition Code	Disposition Group	Definition/Explanation
		<p>vendor makes at least 6 telephone attempts (no more than 9 attempts) but is unable to contact the member.</p> <ul style="list-style-type: none"> <li>There is evidence to suggest the member's address is bad. There is no evidence to suggest the member's telephone number is bad. The survey vendor makes at least 6 telephone attempts (no more than 9 attempts) but is unable to contact the member.</li> </ul>

Survey vendors may only use the following disposition codes **with prior approval** from the HOS Project Team. Table 10 provides information about these disposition codes. If a survey vendor encounters a record that should use one of these codes, they must contact the HOS Project Team at [hos@ncqa.org](mailto:hos@ncqa.org).

**Table 10. Final Disposition Codes Used ONLY With HOS Project Team Approval**

Disposition Code	Disposition Group	Definition/Explanation
<b>M21/T21:</b> Not Enrolled in MAO	Ineligible	HOS does not collect sufficient data for survey vendors to assign this final disposition code. Survey vendors only assign this final disposition code in <b>exceptional instances</b> when there is strong evidence that the member is not enrolled in the MAO and <b>only after obtaining approval from the HOS Project Team</b> .  <i>Note: Code members M32 who write on their mailed survey that they are “not in the plan.”</i>
<b>M25:</b> Respondent Removed from Sample	Ineligible	The member belongs to a MAO that is no longer eligible for the survey. Survey vendors only assign this final disposition code in <b>exceptional instances</b> and <b>only after obtaining approval from the HOS Project Team</b> .
<b>M26:</b> Duplicate: Member Listed Twice in Sample	Ineligible	The member is listed twice in the sample. Survey vendors only assign this final disposition code in <b>exceptional instances</b> and <b>only after obtaining approval from the HOS Project Team</b> .

### **Assigning Bad Address and/or Bad Telephone Number Disposition Codes**

To assign a sampled member a final disposition code of T24, M36 or T36, survey vendors assess the member's address and telephone number to determine if the information is viable. Survey vendors should assume that the address and telephone number are viable unless there is sufficient evidence to the contrary. Survey vendors track attempts to obtain a correct mailing address and telephone number for each sampled member during survey administration. All materials relevant to survey administration are subject to review by CMS.

**Evidence that a member's address is not viable:** The following situations constitute evidence that a sampled member's address is not viable.

- Mailing material returned to the survey vendor marked “Address Unknown.”
- Mailing material returned to the survey vendor marked “Moved – No Forwarding Address.”
- The survey vendor is unable to obtain a complete or updated address from the member.

**Insufficient evidence of nonviable address:** The following situation is insufficient evidence that a sampled member’s address is not viable.

- Address search does not result in an exact “match.” The survey vendor **must** attempt to contact the member using the available address (i.e., may not exclude the member from the mailing phase of the protocol based on this information).

**Evidence that a member’s telephone number is not viable:** The following situations constitute evidence that a sampled member’s telephone number is not viable.

- The MAO does not provide a telephone number in the *SUPPLEMENTAL* file and the survey vendor is unable to obtain a “second source” telephone number for the member.
- The telephone interviewer attempts the member’s telephone number and receives a message that the number is nonworking or out of order and no updated number is available. There is no viable “second source” telephone number.
- The telephone interviewer attempts the member’s telephone number, speaks to a live person and is told that the number is incorrect. There is no viable “second source” telephone number.

**Insufficient evidence of nonviable telephone number:** The following situation is insufficient evidence that a sampled member’s telephone number is not viable.

- The telephone interviewer gets a busy signal every time he or she dials the number.

Table 11 displays how the survey vendor must assign final disposition codes of T24, M36 and T36 assessing the viability of the member’s address and telephone number.

**Table 11. Assigning Final Disposition Codes T24, M36, T36**

	Viable Address	Evidence of Bad Address
<b>Viable Telephone Number</b>	T36	T36
<b>Evidence of Bad Telephone Number</b>	M36	T24

#### **Assigning the Survey Round Variable**

Survey vendors assign a survey round variable to each sampled member and provide it in the final data files. Survey vendors examine the final disposition code for each member to determine if the survey is complete (M10/T10), partial complete (M11/T11) or break-off (M31/T31), and assign the survey round variable in Table 12.

**Table 12. Survey Round Variables for Complete, Partial Complete and Break-off Surveys**

Survey Round	Description
<b>M1</b>	The respondent completed the first mailed questionnaire.
<b>M2</b>	The respondent completed the second mailed questionnaire.
<b>T1</b>	The respondent completed the survey during the first telephone attempt.
<b>T2</b>	The respondent completed the survey during the second telephone attempt.

<b>Survey Round</b>	<b>Description</b>
<b>T3</b>	The respondent completed the survey during the third telephone attempt.
<b>T4</b>	The respondent completed the survey during the fourth telephone attempt.
<b>T5</b>	The respondent completed the survey during the fifth telephone attempt.
<b>T6</b>	The respondent completed the survey during the sixth telephone attempt.
<b>T7</b>	The respondent completed the survey during the seventh telephone attempt.
<b>T8</b>	The respondent completed the survey during the eighth telephone attempt.
<b>T9</b>	The respondent completed the survey during the ninth telephone attempt. <b>Note:</b> Survey vendors may not complete more than nine telephone attempts.
<b>MT</b>	The respondent returned a partially completed mail questionnaire and finished completing the survey via telephone interview. <b>Note:</b> Survey vendors must conduct the telephone interview from “scratch” or from the beginning and ask all survey questions.

Survey vendors assign a survey round of “NC” to all final disposition codes other than complete (M10/T10), partial complete (M11/T11) or break off (M31/T31). Table 13 provides rules for assigning survey rounds based on HOS final disposition codes.

**Table 13. Survey Round Rules Based on Final Disposition Codes**

<b>Disposition Code</b>	<b>Survey Round</b>
M10, M11, M31	M1, M2
T10, T11, T31	T1, T2, T3, T4, T5, T6, T7, T8, T9, MT
M20, T20, M21, T21, M23, T23, T24, M25, M26, M32, T32, M33, T33, M34, T34, M35, T35, M36, T36	NC

**Survey Completion Date:** If the survey vendor obtains a complete (M10/T10), partial complete (M11/T11) or break off (M31/T31), the survey vendor includes a survey completion date. Table 14 provides rules for assigning the survey rounds based on survey completion date.

**Table 14. Survey Round Rules Based on Survey Completion Date**

<b>Survey Completion Date</b>	<b>Survey Round</b>
MMDDYYYY <b>March 28 – July 25, 2016</b> Where “MM” is the month, “DD” is the day and “YYYY” is the year.	M1, M2, T1, T2, T3, T4, T5, T6, T7, T8, T9, MT
99999999	NC

**Survey Language:** If the survey vendor obtains a complete, partial complete or break off survey (M10, T10, M11, T11, M31, T31), the survey vendor includes a survey language indicator of 1 = English, 2 = Spanish, 4 = Chinese. Table 15 provides rules for assigning the survey rounds based on survey language.

**Table 15. Survey Round Rules Based on Survey Language**

<b>Survey Language</b>	<b>Survey Round</b>
1 = English	M1, M2, T1, T2, T3, T4, T5, T6, T7, T8, T9, MT
2 = Spanish	

Survey Language	Survey Round
4 = Chinese	M1, M2

***Examples of Assigning the Final Disposition Code and the Survey Round Variable***

Table 16 provides examples of how to assign the final disposition code and survey round variable. If survey vendors have any questions about the appropriate disposition code or survey round to assign, contact the HOS Project Team for assistance.

**Table 16. Disposition Code and Survey Round Examples**

	Example and Rationale	Survey Disposition	Survey Round
<b>1</b>	Member returns the first mail survey. The survey meets the criteria for “complete survey.” <ul style="list-style-type: none"><li>• Complete survey (mail) = M10.</li><li>• Survey is from first mailing = M1.</li></ul>	M10	M1
<b>2</b>	Member returns the first mail survey. Sixty-five percent of pertinent survey questions are complete (with all ADL items complete). The member is forwarded to the telephone phase and six to nine telephone attempts are made to obtain responses (thereby trying to convert an incomplete survey to complete). Six to nine unsuccessful attempts are made. <ul style="list-style-type: none"><li>• Non-response: Partial complete survey (mail) = M11.</li><li>• Survey is from first mailing = M1.</li></ul>	M11	M1
<b>3</b>	Member removes the unique ID from the survey, completes and returns the survey. <ul style="list-style-type: none"><li>• It is not possible to match the survey to the member. If the survey vendor is unable to identify the member, the survey is shredded and discarded.</li></ul>	None	None
<b>4</b>	Member returns the second mail survey during the telephone phase of the protocol. The survey meets the criteria for “complete survey.” <ul style="list-style-type: none"><li>• Complete survey (mail) = M10.</li><li>• Survey is from second mailing = M2.</li></ul>	M10	M2
<b>5</b>	Member completes the survey during the first telephone attempt after stating the mail survey was sent in. Following the telephone interview, the survey vendor receives the member’s first mail survey and it meets the criteria for “complete.” The telephone survey is judged to be more complete than the mail survey. <ul style="list-style-type: none"><li>• Survey vendors use the most complete survey when a member completes more than one survey. If one survey was completed by the member and one was completed by a proxy, survey vendors use the one completed by the member.</li><li>• Complete survey (telephone) = T10.</li><li>• First telephone attempt = T1.</li></ul>	T10	T1

Example and Rationale		Survey Disposition	Survey Round
<b>6</b>	Member does not return a mail survey. Member completes a telephone interview on the seventh telephone attempt. <ul style="list-style-type: none"> <li>• Complete survey (telephone) = T10.</li> <li>• Seventh telephone attempt = T7.</li> </ul>	T10	T7
<b>7</b>	Member is verbally abusive to telephone interviewer. <ul style="list-style-type: none"> <li>• Discontinue the interview and code the member as a refusal.</li> <li>• Non-response: Refusal (telephone) = T32.</li> <li>• Survey Round = NC.</li> </ul>	T32	NC
<b>8</b>	The member's family member calls the survey vendor's toll-free customer support number to inform the survey vendor that the member is deceased. <ul style="list-style-type: none"> <li>• Even though the information was obtained by telephone, it was obtained in response to the survey mailing.</li> <li>• Ineligible: Deceased (mail) = M20 (not T20).</li> <li>• Survey Round = NC.</li> </ul>	M20	NC
<b>9</b>	The member returns a partially completed first mail survey (60% complete). During the telephone interview, the member refuses to complete the rest of the survey. <ul style="list-style-type: none"> <li>• Enter responses from the partially complete mail survey.</li> <li>• Non-response: Partial complete survey (mail) = M11. Do not code as a refusal.</li> <li>• Survey Round = M1.</li> </ul>	M11	M1
<b>10</b>	The member completes 60% of the survey during the first telephone interview but then "refuses" to answer any more questions. <ul style="list-style-type: none"> <li>• Responses from the partially complete telephone survey are saved in the SMS and included in the member-level data file.</li> <li>• Non-response: partial complete survey (telephone) = T11. Do not code as a refusal.</li> <li>• Survey Round = T1.</li> </ul>	T11	T1
<b>11</b>	The member completes the survey during the first mail round. A month later, a family member contacts the survey vendor to inform them that the member has died. <ul style="list-style-type: none"> <li>• Members who die during the survey are accounted for during data cleaning by obtaining a death file from CMS Medicare records.</li> <li>• Complete survey (mail) = M10.</li> <li>• Survey round = M1.</li> </ul>	M10	M1
<b>12</b>	The member speaks Spanish and is able to complete a survey, but verbally refuses to do so. <ul style="list-style-type: none"> <li>• The barrier to completing a survey is not language; it is the member's refusal.</li> <li>• Non-response: Refusal (telephone) = T32.</li> <li>• Survey round = NC.</li> </ul>	T32	NC

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

Survey vendors assign a survey language variable to each sampled member. Survey vendors examine the final disposition code for each member to determine if the survey is complete (M10/T10), partial complete (M11/T11) or break off (M31/T31), and assign the survey language variable as follows:

- 1 = English: The respondent completed or partially completed the survey in English.
  - 2 = Spanish: The respondent completed or partially completed the survey in Spanish.
  - 3 = Not applicable: All surveys with a final disposition code other than M10, T10, M11, T11, M31 or T31.
  - 4 = Chinese: The respondent completed or partially completed the survey in Chinese.
- Note:** This survey language code is only valid for the Chinese protocol and is only valid for the mail disposition codes.

Table 17 summarizes the rules for assigning the survey language variable.

**Table 17. Survey Language Rules Based on Disposition Code**

Disposition Code	Survey Language
M10, M11, M31	1 = English 2 = Spanish 4 = Chinese
T10, T11, T31	1 = English 2 = Spanish
M20, T20, M21, T21, M23, T23, T24, M25, M26, M32, T32, M33, T33, M34, T34, M35, T35, M36, T36	3 = Not applicable

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

Survey vendors assign a survey completion date variable (date the survey was completed) to each sampled member. Survey vendors examine the final disposition code for each sampled member to determine if the survey is complete (M10/T10), partial complete (M11/T11) or break off (M31/T31), and assign the survey date variable as follows:

- **MMDDYYYY:** Where “MM” is the month, “DD” is the day and “YYYY” is the year.
- **For surveys with a final disposition code of M10, M11 or M31:** Survey vendors assign the date when they received the survey (mail returned surveys are scanned [or wanded] into the SMS daily).
  - For members that return **both** the first and second HOS questionnaires, survey vendors capture **both** dates in the SMS. After determining which survey to use as part of the final data set, the corresponding date for that survey is used.
- **For surveys with a final disposition code of T10, T11 or T31:** Survey vendors assign the date when the survey was assigned a final disposition code (or the date when the telephone interview was conducted).
  - **For telephone disposition codes with survey round variable of “MT”:** The date when the survey was completed is the date when the telephone interview was conducted.

For all other final disposition codes other than complete (M10/T10), partial complete (M11/T11) or break off (M31/T31), survey vendors assign a survey date of “99999999.”

Table 18 summarizes the rules for assigning the survey date variable.

**Table 18. Survey Completion Date Rules Based on Disposition Code**

Disposition Code	Date Survey Was Completed
M10, T10, M11, T11, M31, T31	MMDDYYYY <b>March 28 – July 25, 2016</b>
M20, T20, M21, T21, M23, T23, T24, M25, M26, M32, T32, M33, T33, M34, T34, M35, T35, M36, T36	99999999

***Assigning the Survey Vendor's Unique Telephone Interviewer ID Variable***

Survey vendors assign a unique 10-digit telephone interviewer ID for each sampled member in the survey vendor's SMS and electronic telephone interviewing system. The ID allows the survey vendor to link a particular telephone contact back to a particular interviewer.

For every member assigned a telephone (T) final disposition code other than T24 or T36, the survey vendor must append a unique telephone interviewer ID to the member-level data file. IDs allow CMS and other users of the HOS data to see which telephone interviews were conducted by the same telephone interviewer.

The 10-digit ID lets the survey vendor use up to a 5-digit variable for each interviewer. If the survey vendor uses fewer digits for internal purposes, the survey vendor must expand the ID to 10 digits for submission (e.g., fill in with leading zeros). For example, if DataStat uses a 3-digit variable to track interviewers, they code interviewer 221 as "0141500221." For all other final disposition codes, survey vendors assign "9999999999."

Table 19 summarizes the rules for assigning the survey vendor's unique telephone interviewer ID variable.

**Table 19. Unique Telephone Interviewer ID Rules Based on Disposition Code**

Disposition Code	Unique Telephone Interviewer ID
T10, T11, T20, T21, T23, T31, T32, T33, T34, T35	01413NNNNN = CSS 01415NNNNN = DataStat, Inc. 01417NNNNN = DSS Research 01440NNNNN = Morpace Inc. 01437NNNNN = Ipsos 01463NNNNN = SPH Analytics 11778NNNNN = Thoroughbred 01471NNNNN = WBA Research
M10, M11, M20, M21, M23, M25, M26, M31, M32, M33, M34, M35, M36, T24, T36	9999999999

***Assigning the MAO Phone Flag***

Survey vendors assign a MAO phone flag to each sampled member to show that an MAO gave the survey vendor a phone number for the sampled member in the supplemental file. Table 20 provides rules for assigning the MAO phone flag.

**Table 20. MAO Phone Flag**

Description	MAO Phone
The MAO provided the survey vendor with a phone number for the sampled member in the <i>SUPPLEMENTAL</i> file. <b>Note:</b> Code “1 = Yes” even if the number is wrong.	1 = Yes
The MAO <b>did not</b> provided the survey vendor with a phone number, or provided an invalid phone number (e.g., 9999999999, 0000000000) for the sampled member in the <i>SUPPLEMENTAL</i> file.	2 = No

***Assigning the Exclude from Future Survey Samples Flag***

Survey vendors assign an “exclude from future survey samples” flag to each sampled member. The flag identifies members who request to be removed from the mailing list **or never contacted again**. CMS excludes these members from future HOS samples (and other surveys administered or sponsored by CMS).

**Note:** Survey vendors should use appropriate judgment in assigning this flag. Excessive use will result in corrective action.

Survey vendors assign the flag as follows:

- 1 = The member specifically requested, *Take me off of your list and never contact me again*. It is **appropriate** to assign this code if the member uses phrases such as:
  - Never contact me again.
  - Do not ever contact me again.
  - Please take me off of your mailing list.

It is **not appropriate** to assign this code if the member uses phrases such as:

- I do not wish to participate in this survey.
  - I do not want to be in this study.
  - Please stop calling me.
- 2 = Member **did not** request, *Take me off of your list and never contact me again*.

***Assigning the Member Telephone Number Variable***

Survey vendors submit the telephone number where the interviewer successfully contacted the member for either a Baseline or Follow-Up survey. This variable captures information for each record to facilitate contact for a Follow-Up survey. This telephone number is in the sample file for records sampled for a Follow-Up survey. Table 21 summarizes the rules for assigning the telephone number variable.

**Table 21. Member Telephone Number Rules Based on Disposition Code**

Disposition Code	Telephone Number
T10, T11, T31	NNNNNNNNNN (10-digit numeric)
M10, M11, M31, M20, T20, M21, T21, M23, T23, T24, M25, M26, M32, T32, M33, T33, M34, T34, M35, T35, M36, T36	9999999999

**For Inbound Telephone Surveys:** If a member calls a survey vendor's telephone center to complete the survey and then declines to provide a telephone number, the survey vendor may code records with a T10, T11, or T31 disposition code as "8888888888" = Not Available.

## Quality Control Procedures

Periodically during survey administration, and again at the completion of data collection, survey vendors use quality control processes to confirm data accuracy, such as those listed below. Survey vendors are encouraged to develop additional accuracy verification procedures.

- **Total blank items:** A final check to assign the proper completion status to the record: full, partial or incomplete. Flag incomplete records in the data file for follow-up during data collection.
- **Invalid values:** The edit program performs an item-by-item analysis to identify responses that are invalid or out-of-range. See **Appendix D** for all of the valid values.
- **Comparison with sample file data:** Validation of the agreement of member responses with the corresponding data elements (e.g., gender) in the original sample file. Survey vendors identify inconsistencies and review records to verify they are not a result of coding errors, scanning errors or data capture errors.
- **Verify disposition codes:** Confirmation that the survey vendor assigned a valid final disposition code to each member-level record; confirmation of agreement between survey vendor-generated variables.

Survey vendor staff trained to identify problems should review quality control procedures, research likely causes and initiate corrective action. Corrective actions vary by problem type, but may include telephone follow-up with the member, if practical, with data entry staff or with the HOS Project Team.

## VIII. Data Submission

### Overview

This section includes information about the survey vendor authorization process, preparing and submitting HOS data files to the HOS Data Submission System, and the record retention policy. The HOS uses a standardized protocol for preparation and submission of all data. If any problems occur when submitting data to the HOS Data Submission System, contact the HOS Project Team at [hos@ncqa.org](mailto:hos@ncqa.org).

### Survey Vendor Authorization Process

Before survey administration, CMS provides the HOS Project Team with the list of required MA contracts, which includes all contracts that are required to report HOS. The HOS Project Team provides this information to MAOs via the *Medicare Health Outcomes Survey 2016 Administration* memo. By mid-January, MAOs must e-mail the HOS Project Team their survey vendor selection. All MAOs must contract with a CMS-approved HOS survey vendor to administer the HOS on their behalf.

In February, CMS may drop MA contracts from required reporting of HOS or specify that additional MA contracts must report HOS based on updated enrollment statistics. The HOS Project Team finalizes the list of MAOs and their designated survey vendor in late February/early March in order to generate the sample files.

### Preparation for Data Submission

Each survey vendor designates a Data Administrator within their organization. The Data Administrator has primary responsibility for ensuring that the survey vendor follows procedures for preparing and submitting survey data according to CMS requirements as outlined in these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0*. The Data Administrator is the main point of contact to communicate with the HOS Project Team if there are any questions or issues during the data submission period. Survey vendors notify the HOS Project Team of any personnel changes to the survey vendor's Data Administrator role.

At the conclusion of the data collection period, survey vendors have **two weeks** to perform data cleaning and editing routines, and assess the integrity of collected data prior to data submission.

Survey vendors generate one member-level data file for each HOS sample to submit to the HOS Project Team. The file consists of a Header Record and one record per sampled member, including non-respondents. Refer to **Appendix D** for required data file elements and layouts. Survey vendors fill **every field** of each sampled member's record with a valid value. For example, for surveys with ineligible disposition codes, survey vendors fill any fields for which the survey vendor received no respondent data with the valid value for "Missing." However,

respondent-provided data may never be overwritten with valid values for Missing (include all respondent-provided data in the record).

## **Data Submission Process**

Survey vendors submit HOS final data files to the HOS Project Team via the secure HOS Data Submission System by the date indicated in the *Data Collection Tasks* table in the *Data Collection Protocol* section. Survey vendors clean and edit the submitted files in accordance with coding instructions in these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0*.

Survey vendors submit member-level data files via the HOS Data Submission System. The HOS Project Team contacts survey vendors with instructions on accessing the web-based system as the data submission due date approaches. Use of the HOS Data Submission System for data submission does not require installation of special software or a licensing fee on the part of survey vendors. The web interface for the HOS Data Submission System is user friendly and requires minimal training, but survey vendors may contact the HOS Project Team with any questions.

**Note:** The data submission program allows upload of either individual .txt submission files or zipped folders containing a maximum of 80 files (there can be more than one folder, but each folder must not contain more than 80 files).

The HOS Project Team validates submissions for valid value ranges, conformity of sample file values to submission file values and adherence to decision rules presented in the *Data Coding and Preparation* section. Survey vendors receive reports that highlight errors that they must correct prior to marking submissions as final.

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

**Test File:** Survey vendors submit at least one test file containing at least 50 completed records by 11:59 PM Eastern Time on **June 17, 2016**. The test file must contain all of the sampled members for the specific contract. Submitting a test file provides survey vendors with the opportunity to test the data submission process before submitting final data files and correct any data file errors.

**Final Data Files:** Survey vendors submit final HOS data files by 11:59 PM Eastern Time on **August 8, 2016**. Data files not submitted by the deadline are **not included** in the publicly-reported HOS results.

### ***Programming Data Errors***

The HOS Project Team asks survey vendors to investigate all issues identified during the data cleaning process. Survey vendors are responsible for correcting data errors that result from programming errors. Survey vendors make corrections and submit revised data files within **one week** of the HOS Project Team's notification.

### ***Member-Generated Data Errors***

Survey vendors are not responsible for correcting member-generated errors that result from either mishandling survey materials or confusion when reporting administrative information, such as gender or age. For example, survey vendors are not required to correct an error that resulted from two individuals residing in the same household swapping surveys, or one that resulted from a member reporting a different gender from that in the CMS administrative gender value in the sample file.

## **Survey File Submission Naming Convention**

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

- Use unique file names with a “TXT” extension for each data file.
- Begin the file name with “HOS.”
- Follow the prefix with the submission ID (provided by the HOS Project Team).
- For example: HOS12345678.TXT

## **Survey Vendor Instructions for Accessing the HOS Data Submission System**

Survey vendors submit HOS data using the following data submission steps:

1. The survey vendor designates a Data Administrator and notify the HOS Project Team.
2. The HOS Project Team provides the Data Administrator with a link to the HOS Data Submission System.
3. The Data Administrator logs into the HOS Data Submission System.
4. The Data Administrator is prompted for his/her user ID and password.
5. The Data Administrator reviews the disclosure and click “I agree” to proceed.
6. Once in the system, the Data Administrator uploads HOS data files by selecting the “Upload File” link and clicking “Browse” to select the appropriate HOS data files to upload.

## **Data Validation Checks**

As survey vendors upload data files, the HOS Data Submission System automatically validates the survey vendor-submitted data files for compliance with the file specifications outlined in the *Data Coding and Preparation* section and **Appendix D**. Validation checks include a comprehensive set of rules, such as range checks for valid values, agreement with survey variables (e.g., survey round and survey disposition) and checks for percent complete calculations.

If files contain one or more validation errors, the survey vendor receives a report detailing the issues found. Survey vendors are responsible for submitting a corrected file by the deadline for submission. Survey vendors review the error reports, correct the issue and re-upload the file. Once the file is clean, it is marked “validated,” indicating that the survey vendor does not need to address any further validation errors. The survey vendor must then mark the file “final.” All

HOS final data files must be marked “final” by 11:59 PM Eastern Time on **August 8, 2016**. Data files not submitted by the deadline are **not** included in the publicly-reported HOS results.

## Record Storage and Retention

Survey vendors store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for **three (3)** years.

Survey vendors may convert hard (paper) copies of survey documents to electronic images. The image becomes the “official record/recordkeeping copy” which must be retained in accordance with the CMS requirements. Survey vendors:

- Retain the paper HOS surveys **on site until December 31 of the following survey administration year** following electronic imaging, if the survey vendor implemented a QA process, after which the survey vendor may destroy the paper surveys.
- Retain the electronic image for **three (3)** years.
- Retain the paper HOS survey for **three (3)** years if an electronic image is **not** created.

### *Specifications for Document Image Capture and Processing*

The following procedure specifies requirements for document image capture, storage and retrieval.

- Accepted file formats include PDF and Tagged Image File Format (TIFF). The HOS Project Team does **not** allow text, Rich Text Format (RTF), Word Perfect, WORD or other commercial word processing file formats.
- Images include the front and back of the survey, if double-sided, and all written comments of respondents, in addition to those made by answering the survey questions.
- Images must be as legible as the paper version of the survey.
- To ensure that the image capture is authentic and accurate, survey vendors commit the paper survey documents to imaging systems that use WORM (write once, read many).
- Survey vendors store surveys electronically as received and not alter them in any way.
- Electronic images of HOS questionnaires must be stored in compliance with the CMS retention requirement for research files.
- Survey vendors establish a quality assurance process to ensure that they convert survey images accurately and that the imaged information is an exact replica of the paper document. Survey vendors document this process in their QAPs, including assurance that images and media are not altered and are stored exactly as received.

### Quality Assurance Process Example

1. The staff performing the actual scan:
  - Observe that all pages successfully pass through the scanner and that images displayed on the preview screen appear accurate.
  - Affix a “scanned” sticker to the top page and write the current date on the sticker.
2. Staff responsible for these records have immediate access to the images from their computers, using the imaging software. They review the images and ensure they were scanned properly. If they detect a problem, they retrieve and rescan the paper.

***Specifications for Document Image Storage and Retrieval***

All images contained in a document must be available for retrieval within **three** business days when required by the HOS Project Team. Survey vendors index documents so that they can be retrieved reliably 100 percent of the time. The survey vendor may use a proprietary retrieval package or conform to off-the-shelf image retrieval software standards. The survey vendor is responsible for using appropriate safeguards for safe maintenance and retrieval of files and for ensuring that file storage meets professional standards.

## **IX. Data Analysis and Public Reporting**

### **Overview**

This section describes the public reporting of HOS survey results, including the measures from the HOS that CMS publicly reports on the Medicare Plan Finder website ([www.medicare.gov](http://www.medicare.gov)) in 2016. This section also includes information about the analysis of HOS data and the reports the HOS Project Team produces for MAOs.

### **Reporting**

#### ***Public Reporting of HOS Data in 2016***

CMS publicly reports measures calculated from HOS data on the Medicare Plan Finder website ([www.medicare.gov](http://www.medicare.gov)) each fall. The HOS data have several uses: monitoring beneficiary health, tracking health plan performance, rewarding top-performing plans, helping beneficiaries make informed health care decisions and improving quality activities. The collection of valid and reliable data is imperative. Public reporting of survey results helps improve MAOs' quality of care and serves to enhance public accountability in health care by increasing transparency of the quality of care provided by MAOs. Beneficiaries also use HOS measures to help them choose a MA plan.

#### ***Measures That are Publicly Reported in 2016***

HOS results are included in the CMS Medicare Star Ratings. This five-star rating scale helps beneficiaries compare health plans, helps educate consumers on quality and makes quality data more transparent and comparable.

Four<sup>3</sup> HOS measures (two functional health measures and two HEDIS Effectiveness of Care measures) are included in the Medicare Star Ratings, which are:

- Improving or Maintaining Physical Health.
- Improving or Maintaining Mental Health.
- Monitoring Physical Activity.
- Reducing the Risk of Falling.

### **Analysis of HOS Data and Reporting of HOS Data to MAOs in 2016**

The HOS Project Team analyzes, calculates and reports MAO-specific HOS results after a cohort's Baseline and Follow-Up surveys are administered. The HOS Project Team generates a MAO-specific Baseline report and a Performance Measurement report (based on a cohort's Baseline and Follow-Up surveys) following administration of the surveys and makes reports available to MAOs. The Baseline and Performance Measurement reports provide comprehensive

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<sup>3</sup> The Improving Bladder Control measure is currently under revision and is not included in the 2016 Medicare Star Ratings.

summaries of the health status of sampled members. Each MAO receives a performance measurement data set of merged member-level Baseline and Follow-Up survey data after completion of each two-year cohort. MAOs use the data and reports as tools to inform the development, implementation and success of quality improvement initiatives.

- **HOS Baseline Report:** Made available to all MAOs that participated in the previous year's Baseline cohort. This quality improvement (QI) tool presents an aggregate overview of the Baseline health status of MA enrollees and was developed and extensively tested to ensure that the information presented is useful and actionable. Report distribution occurs electronically through the CMS Health Plan Management System (HPMS).
- **HOS Performance Measurement Report and Data:** Produced after administration of each cohort's Follow-Up survey. Responses from the Follow-Up survey are merged with the Baseline from two years prior to create a performance measurement data set. HOS performance measurement results are computed using a rigorous case-mix/risk adjustment model. The resulting aggregation of these scores across plan beneficiaries yields HOS MAO contract-level performance measurement results, which are designed to support MAO QI activities. HOS performance measurement summary results and aggregate scores are posted in HPMS for MAOs. Member-level performance measurement data are distributed to MAOs, after distribution of reports. MAOs are notified via HPMS that the data are available and are provided with instructions on how to request it.
- **Contract-Level Summary Data:** Provided in HPMS, in addition to each new Baseline and Performance Measurement report. Summary data are available in a data set (CSV) that can be opened in Excel and contain contract-level responses to each HOS question, as well as demographic data.

Survey vendors may refer MAOs to the Data Dissemination page on the following HOS website for information about the timeline for receiving reports: <http://hosonline.org>, or instruct them to contact the HOS Project Team at HSAG via [hos@HCQIS.org](mailto:hos@HCQIS.org).

## **Survey Vendor Analysis of HOS Data**

MAOs may request survey vendors to provide status or performance reports at specified intervals. Survey vendors must limit reports to the data elements outlined in the biweekly summary status reports (i.e., aggregate frequency distributions for each final disposition code). Data elements in biweekly survey result reports are sufficient to keep MAOs apprised of response rates. Survey vendors must safeguard the confidentiality of sampled members and may not give MAOs access to member identifying data or provide MAOs with additional analyses.

## X. Quality Oversight

### Overview

To ensure compliance with HOS protocols, the HOS Project Team conducts quality oversight of participating survey vendors. This section describes the HOS quality oversight activities. All materials and procedures relevant to survey administration are subject to review. **Signing the HOS Participation Form signifies agreement with all of the Rules of Participation, including all HOS oversight activities.**

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

### Quality Oversight Activities

All survey vendors that participate in the HOS are required to take part in all quality oversight activities, which are described in the following sections. Table 22 below displays pertinent dates for quality oversight activities for 2016 HOS administration.

**Table 22. Quality Oversight Schedule**

Quality Oversight Activities	2016 Dates
HOS Survey Vendor Training	Wednesday, February 3 –Thursday, February 4
Survey vendors submit printed materials to HOS Project Team to obtain written approval prior to volume printing.	Friday, February 26
HOS Project Team provides response to survey vendors after review of printed materials.	Friday, March 4
Survey vendors submit electronic telephone interviewing screenshots to the HOS Project Team to obtain written approval prior to telephone protocol.	Friday, March 4
The HOS Project Team responds to survey vendors after reviewing telephone screen shots.	Friday, March 11
Survey vendor project report #1 (QAP) due.	
Survey vendor QAP conference calls.	Monday, March 28– Friday, April 1
Survey vendor project report #2 due.	Friday, April 8
Survey vendor project report #3 due.	Friday, April 22
Survey vendor project report #4 due.	Friday, May 6
Survey vendor project report #5 due.	Friday, May 20
Survey vendor project report #6 due.	Friday, June 3
Survey vendor project report #7 due.	Friday, June 17
Survey vendor project report #8 due.	Friday, July 1

Quality Oversight Activities	2016 Dates
Survey vendor project report #9 due.	Friday, July 15
Survey vendor project report #10 due.	Friday, July 29
Survey vendor project report #11 (Final Report) due.	Friday, August 12
Report of HOS Records Stored and Facility Standards for Records Storage Facilities Inspection Checklist.	Friday, September 2

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

Before fielding the survey, the HOS Project Team reviews all English, Spanish and Chinese mailing materials (i.e., pre-notification letters, survey cover letters, reminder postcards, envelopes and questionnaires). Survey vendors send the HOS Project Team electronic copies of all mailing materials. The HOS Project Team notifies survey vendors that materials have been approved or require revisions. All final print-ready electronic mailing materials must be submitted to [hos@ncqa.org](mailto:hos@ncqa.org). Use the following naming convention when submitting mailing materials:

- Survey Vendor Name\_Tracking #\_MM-DD-YY.pdf.

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

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

Before fielding the survey, survey vendors submit the English and Spanish Proxy and Non-Proxy telephone screenshots to [hos@ncqa.org](mailto:hos@ncqa.org) for review. The HOS Project Team reviews all telephone screenshots to ensure they are correct and verbatim to the master telephone scripts. Survey vendors submit electronic telephone interviewing screenshots for all questions, including skip pattern logic. Survey vendors may also send website links to functioning telephone systems for the HOS Project Team to review.

### ***Member Correspondence***

Survey vendors forward member correspondence to the HOS Project Team as indicated in the *Reporting Requirements for Survey Vendor Progress Reports* table below. The HOS Project Team collects the member correspondences on behalf of CMS and forwards the material to CMS for review. Forwarded member correspondence must include all **white mail** (i.e., notes from members written on separate pieces of paper, cover letters, pre-notification letters, survey covers, envelopes or separately mailed letters).

It is not necessary to forward white mail that only indicates a member is ineligible (e.g., deceased, institutionalized, wrong address, language barrier). Survey vendors also do not submit member comments written on or throughout the survey, including marginal comments. However, survey vendors should forward any questionable comments (e.g., regarding signs of neglect or abuse, signs of a distressed respondent) to the HOS Project Team. These comments are collected by the HOS Project Team on behalf of CMS and are forwarded to CMS for review.

Survey vendors understand and agree that the submission of member correspondence and comments does not take the place of, or relieve the survey vendor of its responsibility to conduct, its own evaluation and monitoring procedures.

The HOS Project Team forwards correspondence to CMS for triage and follow-up on a biweekly basis, when appropriate. Survey vendors include legible information on a correspondent's name, mailing address and telephone number, if available, to enable CMS to follow-up directly with members and caregivers. Survey vendors are not precluded from responding to member correspondence, when appropriate.

Do not e-mail member correspondence; it contains PHI. The HOS Project Team requests electronic member correspondence via the Secure File Transfer System, Accellion.

Survey vendors track members who request no future contact (for HOS or for any other survey). Survey vendors use this information to assign an “exclude from future survey samples” flag in the final member-level data file. See the *Assigning the Exclude from Future Survey Samples Flag* subsection in the *Data Coding and Preparation* section for more information.

### ***Survey Vendor QAPs***

The HOS QAP is a comprehensive working document that survey vendors develop to document their current administration of the survey and compliance with HOS protocols. Survey vendors should use the QAP as a training tool for project staff and subcontractors. The HOS Project Team reviews each QAP to ensure that the survey vendor’s stated processes are compliant with HOS protocols.

Survey vendors approved to administer the HOS are required to develop and continually update a QAP. The main purposes of the QAP are as follows:

- Provide documentation of survey vendors’ understanding, application and compliance with the *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0*. **At a minimum**, QAPs prepared by survey vendors must address the content areas described in the Model QAP and **must** follow the Model QAP format (**Appendix B**).
- Provide documentation of survey vendors’ quality oversight processes. Survey vendors retain a record of all quality oversight activities/quality checks.
- Serve as the organization-specific guide for administering the HOS, training project staff to conduct the survey, and conducting quality control and oversight activities. The QAP must be developed in enough step-by-step detail, including flow charts, tracking forms and diagrams, such that the survey methodology is easily replicable by a new staff member in the organization’s survey operations.
- Ensure high quality data collection and continuity in survey processes.

Survey vendors submit the QAP by the date documented in the *Quality Oversight Schedule* table. The HOS Project Team reviews each survey vendor QAP and discusses questions and seeks clarification with the survey vendor during the QAP conference call. If revisions are required, the survey vendor must submit a revised QAP within **seven** calendar days of notification. Survey vendors submit updated QAPs (for re-approved survey vendors or for survey vendors requested to submit a revised QAP) in a “track change” version for ease of identifying changes made from the previously submitted QAP.

The HOS Project Team's acceptance of a QAP submission does not constitute or imply approval or endorsement of the survey vendor's HOS processes. The HOS Project Team uses the additional remote and onsite quality oversight activities to examine, verify and accept the actual processes by which the HOS is administered.

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

Throughout survey administration, the HOS Project Team will conduct at least two customer support reviews per survey vendor, and continuously reviews survey vendors' e-mail responses to respondent questions and comments. Survey vendors are required to forward all customer support e-mails with responses to the HOS Project Team, to ensure that survey vendor staff adhere to the FAQs via e-mail. The HOS Project Team sends Accellion requests for survey vendors to securely upload the files.

During the telephone review, the HOS Project Team calls the survey vendor's customer support line anonymously and reviews survey vendors' responses, to ensure that customer support staff adhere to FAQs, and gives immediate feedback.

Survey vendors are encouraged to contact the HOS Project Team if FAQs do not address specific items clearly or comprehensively.

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

The HOS Project Team may conduct a data record review session with survey vendors remotely or during a site visit. Data record review allows the HOS Project Team to see how survey vendor systems support HOS survey administration activities. Each review session takes approximately four hours.

The HOS Project Team tracks records through the SMS during each phase of survey administration. Survey vendors provide the team additional files for review, including printed or scanned questionnaires, audio recordings (if available) and customer support correspondence (if available).

**Remote Data Record Review:** The HOS Project Team uses WebEx to view the survey vendor's systems remotely. WebEx encrypts all presentation content using the Advanced Encryption Standard. Attendee sessions are restricted to authorized participants, who use passwords to join the session. Session recording is disabled and no data are stored.

The HOS Project Team may conduct additional data record reviews or audits as determined necessary.

### ***Telephone Monitoring***

The HOS Project Team conducts silent telephone monitoring sessions with survey vendors, either during a site visit or remotely, and may conduct a monitoring session during both Baseline and Follow-Up survey administration.

The HOS Project Team assesses interviewer adherence to the HOS electronic interviewing system script and checks to see that interviewers employ proper probes, remain objective and

courteous, speak clearly, maintain an appropriate pace and operate the electronic interviewing system competently. The team also listens to and assesses call attempts, survey introductions and conversions of partially completed mail surveys.

Survey vendors allow the HOS Project Team to listen to live introductions and live call attempts. The HOS Project Team provides oral feedback to survey vendors following each monitoring session.

**Remote Telephone Monitoring:** The HOS Project Team uses WebEx to view the survey vendor's telephone interviewing systems remotely and silently listens to interviewer phone calls. Confidentiality measures are standard to the remote data record review.

### ***Site Visit***

The HOS Project Team may conduct a site visit during the survey administration period to review compliance with HOS requirements. Site visits allow the HOS Project Team to review and verify procedures, facilities, resources and documentation. The HOS Project Team assesses protocols based upon these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0*. All materials relevant to survey administration are subject to review.

The HOS Project Team coordinates with survey vendor staff to cover agenda items presented in advance to the survey vendor. The HOS Project Team may also review any additional information or facilities determined to be necessary to complete the site visit, including work performed by subcontractors, if applicable. Survey vendors make their subcontractors available to participate in the site visits as needed.

Site visits also give survey vendors an opportunity to discuss issues or concerns about survey administration. The size and composition of the review team may vary. Site visits may be announced and scheduled in advance, or they may be unannounced. Survey vendors are given a three-day window during which an unannounced site visit may be conducted. The HOS Project Team conducts its onsite reviews in the presence of the survey vendor's staff and all parties sign a confidentiality agreement at the start of a HOS site visit.

The HOS Project Team observes and reviews data systems and processes, which may require access to confidential records and/or PHI. The HOS Project Team reviews specific data records and trace the documentation of activities from receipt of the sample through submitting final data files. See the *Data Record Review* subsection of this *Quality Oversight* section for more information. The onsite review may also include interviews with key staff members and interactions with project staff and subcontractors, if applicable. Any information observed or obtained during the site visit review will remain confidential, as per CMS guidelines.

The systems and survey administration process review includes, but is not necessarily limited to:

- Survey management.
- Staff training.
- Sample file processing.
- Production and mailing of survey materials.
- Incoming mail and data entry/scanning.

- Telephone interviewing.
- Customer support.
- Data preparation and submission.
- Member confidentiality and data security.
- Data storage.
- Written documentation of survey processes.
- Specific and/or randomly selected records.

At the end of the site visit, the HOS Project Team provides the survey vendor with a summary of findings, and may pose follow-up questions and/or request additional information as needed. Survey vendors have a defined time period in which to correct any issues and provide follow-up documentation of corrections for review. Survey vendors are subject to follow-up site visits and conference calls, as needed.

### ***Project Reporting***

During the data collection period, survey vendors submit 11 progress reports to the HOS Project Team at [hos@ncqa.org](mailto:hos@ncqa.org). These reports provide updates on data collection activities and interim statistics on responses rates and survey dispositions. Survey vendors use the following naming convention when submitting progress reports:

- Begin files with the survey vendor name, followed by subject of file and date submitted; for example:
  - Progress Reports (narrative report):
    - Survey Vendor Name\_Report #\_MM-DD-YY.doc.
  - Summary Status Reports:
    - Survey Vendor Name\_SSR\_C19B\_MM-DD-YY.xls.
    - Survey Vendor Name\_SSR\_C17F\_MM-DD-YY.xls.

Table 23 provides the reporting requirements and due dates for each survey vendor progress report.

**Table 23. Reporting Requirements for Survey Vendor Progress Reports**

Reporting Requirements	2016 Due Dates
<b>REPORT #1</b> <b>Survey Vendor QAP:</b> Survey vendors submit QAPs to the HOS Project Team that address all required elements as described throughout the <i>Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0</i> and in <b>Appendix B</b> . <b>Other Deliverable:</b> Signed confidentiality agreements (template provided via Accellion). Please do not send paper copies. There are 3 options for submitting confidentiality agreements to the HOS Project Team. First scan the signed documents and send: <ul style="list-style-type: none"> <li>• Via e-mail.</li> <li>• Via survey vendor secure FTP site (give the HOS Project Team a user name and password to download them).</li> <li>• Via Accellion.</li> </ul>	Friday, March 11
<b>REPORT #2</b>	Friday, April 8

Reporting Requirements	2016 Due Dates
<p><b>Narrative Report:</b></p> <ul style="list-style-type: none"> <li>• Overview of Baseline pre-notification letter and first questionnaire mailing printing and fulfillment processes.</li> <li>• Verification of mail out date of Baseline pre-notification letter and first questionnaire mailing (e.g., USPS generated report).</li> <li>• Status of staff training and SMS development.</li> <li>• Confirmation of customer support functionality and testing.</li> <li>• Outstanding issues or concerns.</li> </ul> <p><b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	
<p><b>REPORT #3</b></p> <p><b>Summary Status Report:</b> (template provided via Accellion)</p> <ul style="list-style-type: none"> <li>• Baseline Cohort.</li> </ul> <p><b>Narrative Report:</b></p> <ul style="list-style-type: none"> <li>• Overview of Baseline reminder/thank-you postcard.</li> <li>• Verification of mail out date of Baseline reminder/thank-you postcard mailing (e.g., USPS generated report).</li> <li>• Outstanding issues or concerns.</li> </ul> <p><b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	Friday, April 22
<p><b>REPORT #4</b></p> <p><b>Summary Status Report:</b></p> <ul style="list-style-type: none"> <li>• Baseline Cohort.</li> </ul> <p><b>Narrative Report:</b></p> <ul style="list-style-type: none"> <li>• Overview of Follow-Up pre-notification letter and first questionnaire mailing.</li> <li>• Verification of mail out date of Follow-Up pre-notification letter and first questionnaire mailing (e.g., USPS generated report).</li> <li>• Outstanding issues or concerns.</li> </ul> <p><b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	Friday, May 6
<p><b>REPORT #5</b></p> <p><b>Summary Status Report:</b></p> <ul style="list-style-type: none"> <li>• Baseline Cohort.</li> <li>• Follow-Up Cohort.</li> </ul> <p><b>Narrative Report:</b></p> <ul style="list-style-type: none"> <li>• Overview of Baseline second questionnaire mailing.</li> <li>• Overview of Follow-Up reminder/thank-you postcard.</li> <li>• Verification of mail out date of Baseline second questionnaire mailing and Follow-Up reminder/thank-you postcard mailing (e.g., USPS generated report).</li> <li>• Outstanding issues or concerns.</li> </ul> <p><b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	Friday, May 20
<p><b>REPORT #6</b></p> <p><b>Summary Status Report:</b></p> <ul style="list-style-type: none"> <li>• Baseline Cohort.</li> <li>• Follow-Up Cohort.</li> </ul>	Friday, June 3

<b>Reporting Requirements</b>	<b>2016 Due Dates</b>
<p><b>Narrative Report:</b></p> <ul style="list-style-type: none"> <li>• Overview of progress with protocol to date.</li> <li>• Detail problems or issues to date.</li> <li>• Describe process of converting partially completed surveys to complete, and progress.</li> <li>• Describe telephone protocol and training.</li> <li>• Report on progress with Baseline electronic telephone interviewing implementation.</li> <li>• Provide high-level summary statistics on respondent calls to customer support line or e-mail (summarize FAQs) and number of requests for Spanish version of the instrument.</li> </ul> <p><b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	
<p><b>REPORT #7</b></p> <p><b>Summary Status Report:</b></p> <ul style="list-style-type: none"> <li>• Baseline Cohort.</li> <li>• Follow-Up Cohort.</li> </ul> <p><b>Narrative Report:</b></p> <ul style="list-style-type: none"> <li>• Overview of Follow-Up second questionnaire mailing.</li> <li>• Verification of mail out date of Follow-Up second questionnaire mailing (e.g., USPS generated report).</li> <li>• Outstanding issues or concerns.</li> </ul> <p><b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	Friday, June 17
<p><b>REPORT #8</b></p> <p><b>Summary Status Report:</b></p> <ul style="list-style-type: none"> <li>• Baseline Cohort.</li> <li>• Follow-Up Cohort.</li> </ul> <p><b>Narrative Report:</b></p> <ul style="list-style-type: none"> <li>• Overview of progress with protocol to date.</li> <li>• Detail problems or issues to date.</li> <li>• Report on progress with Follow-Up electronic telephone interviewing implementation.</li> <li>• Provide high-level summary statistics on respondent calls to customer support line or e-mail (summarize FAQs); number of requests for Spanish version of the instrument.</li> </ul> <p><b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	Friday, July 1
<p><b>REPORT #9</b></p> <p><b>Summary Status Report:</b></p> <ul style="list-style-type: none"> <li>• Follow-Up Cohort.</li> </ul> <p><b>Other Deliverable:</b></p> <ul style="list-style-type: none"> <li>• Submit a sample of the interim/progress report that you provide to HOS clients.</li> <li>• Member correspondence (white mail), if applicable.</li> </ul>	Friday, July 15
<p><b>REPORT #10</b></p> <p><b>Summary Status Report:</b></p>	Friday, July 29

<b>Reporting Requirements</b>	<b>2016 Due Dates</b>
<ul style="list-style-type: none"> <li>• Follow-Up Cohort.</li> </ul> <p><b>Other Deliverable:</b> Member correspondence (white mail), if applicable.</p>	
<p><b>REPORT #11</b></p> <p><b>Final Detailed Status Report</b></p> <ul style="list-style-type: none"> <li>• See guidelines below.</li> </ul>	Friday, August 12
<p><b>Report of HOS Records Stored</b></p> <ul style="list-style-type: none"> <li>• Number of HOS records stored onsite and offsite.</li> <li>• The HOS Project Team provides the report template prior to the due date.</li> </ul>	Friday, September 2

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

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

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

1. Data Synthesis (**required**)
  - a. Summary Status Report (**required**)
  - b. Completed survey administration timelines (**required**)  
For each protocol path (i.e., Baseline, English Follow-Up No Proxy and Proxy, Spanish Follow-Up No Proxy and Proxy, and Chinese Follow-Up No Proxy and Proxy), submit the dates when:
    - Each mailing was sent.
    - Electronic telephone interviewing began.
    - Electronic telephone interviewing ended.
2. Discussion Component (**required**)
 

Suggested topics:

  - a. Overall timeline and administration flow.
  - b. The survey instrument or specific items in the instrument.
  - c. Mailing of letters, postcards and survey packets.
    - Including issues with separate protocol paths.
  - d. Validating addresses and obtaining phone numbers.
  - e. Survey receipt and data entry.
  - f. Electronic telephone interviewing operations.
  - g. Survey vendor toll-free customer support operations.
    - Including call statistics.
  - h. Data submission.
  - i. The HOS Project Team's role, including feedback regarding:
    - Operations oversight.
    - Survey vendor training.

- Communication and technical assistance.
- NCQA toll-free customer support.
- Telephone conferences.
- Written materials (*Medicare HOS Quality Assurance Guidelines and Technical Specifications Manual V2.0* and *HEDIS 2016, Volume 6: Specifications for the Medicare Health Outcomes Survey*.)

### 3. Recommendations for 2017 HOS Administration

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

The HOS Project Team reviews all survey data that survey vendors submit to the HOS Data Submission System. This review includes, but is not limited to, statistical and comparative analyses, preparation of data for public reporting, and other activities as required by CMS. If the HOS Project Team discovers any data anomalies, they will follow-up with the survey vendor.

The HOS Project Team and CMS review and analyze HOS survey data to ensure the integrity of the data. Survey vendors adhere to all submission requirements as specified in these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0*, and any other updates communicated by the HOS Project Team.

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

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

#### **Non-compliance and Sanctions**

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

- Loss of approved status to administer the HOS.
- Increased quality oversight activities.
- Adjustment of publicly reported scores, as needed.
- Additional sanctions deemed appropriate by CMS.

## XI. Discrepancy Reports

### Overview

This section describes the process for notifying the HOS Project Team of discrepancies discovered during survey data collection or submission and how the HOS Project Team assesses the issues. CMS established the discrepancy process and the Discrepancy Report form for use by survey vendors to notify the HOS Project Team of any discrepancies in the standard HOS protocols. Survey vendors are required to notify the HOS Project Team of any discrepancies or variations that occur during survey administration as soon as the discrepancy is identified. The survey vendor must submit a Discrepancy Report form within **one business day** of becoming aware of a discrepancy, regardless of the root cause, scope of issue or if a resolution has been identified. The date of discovering the discrepancy must be clearly identified on the form.

### Discrepancy Report Process

During survey administration, the survey vendor may discover a process or issue that deviates from these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0* that requires a correction to procedures or electronic processing to realign the activity to comply with HOS protocols. In its quality oversight role, the HOS Project Team may also identify discrepancies that require investigation and correction.

Survey vendors are required to formally notify CMS by completing and submitting the Discrepancy Report form (**Appendix G**) and submitting it to [hos@ncqa.org](mailto:hos@ncqa.org) within **one business day** of discovering the discrepancy. The form provides the HOS Project Team with information about the survey vendor contact, the nature of the discrepancy, the impact of the discrepancy and information about the corrective action plan (CAP) and timeline for implementation, to the extent this information is immediately available. If all the required information is not immediately available, survey vendors submit an initial Discrepancy Report alerting CMS of the issue and subsequently submit an updated Discrepancy Report, within **one week** of submitting the original report. Survey vendors include the relevant CMS plan contract numbers on the form.

### Discrepancy Report Review Process

The HOS Project Team reviews Discrepancy Reports with CMS and determine the potential impact on publicly reported results. The HOS Project Team reviews the CAP with CMS to confirm that the survey vendor's systems and procedures will be updated to prevent the issue from occurring in the future. Depending on the severity of the discrepancy, the HOS Project Team may schedule a conference call or site visit to evaluate the survey vendor's processes in detail. The HOS Project Team notifies the survey vendor of the review outcome and if additional information is required to evaluate the issue.

## **Appendix A: HOS 2016 Minimum Business Requirements**

A survey vendor must meet all of the Minimum Business Requirements listed below in order to apply to administer the Medicare Health Outcomes Survey (HOS).

### **Relevant Survey Experience**

Demonstrated recent experience in fielding patient experience surveys.

<b>Criteria</b>	<b>Survey Vendor Requirements</b>
<b>Number of Years in Business</b>	<ul style="list-style-type: none"><li>• Minimum of four years.</li></ul>
<b>Organizational Survey Experience</b>	<ul style="list-style-type: none"><li>• Prior experience administering standardized patient experience and/or functional health status surveys for the Medicare or other vulnerable/elderly population as an organization within the most recent two year period.</li><li>• Prior experience conducting mixed mode (mail and telephone) survey protocol within the most recent two year period.</li><li>• If applicable, satisfactory past performance on CMS beneficiary surveys. For example:<ul style="list-style-type: none"><li>○ Demonstrated capability to adhere to the timeline and/or procedures for survey administration.</li><li>○ Demonstrated ability to adhere to Discrepancy Report procedures and corrective actions.</li></ul></li></ul>
<b>Number of Years Conducting Surveys</b>	<ul style="list-style-type: none"><li>• Minimum of two years experience conducting large-scale self-reported health surveys using mixed mode (mail and telephone administration).</li></ul>
<b>Experience with Multiple Survey Languages</b>	<ul style="list-style-type: none"><li>• Prior experience administering mail and telephone surveys in English and Spanish.</li><li>• Survey vendor(s) will have the option of conducting the 2016 survey in Chinese and should have prior experience with Chinese (Traditional/Cantonese) language survey administration if choosing to administer Chinese (Traditional/Cantonese) language surveys.</li></ul>

### **Organizational Survey Capacity**

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

<b>Criteria</b>	<b>Survey Vendor Requirements</b>
<b>Capacity to Handle Estimated</b>	<ul style="list-style-type: none"><li>• Sufficient physical and personnel resources to administer large-scale outgoing and incoming mail surveys and to perform telephone interviews</li></ul>

Criteria	Survey Vendor Requirements
<b>Workload</b>	<p>using an electronic telephone interviewing system.</p> <ul style="list-style-type: none"> <li>• All survey-related activities must be conducted within the Continental United States, Hawaii, Alaska and U.S. Territories.</li> </ul> <p>Must adhere to requirements specified in the <i>Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0</i>.</p>
<b>Personnel</b>	<ul style="list-style-type: none"> <li>• Designated Project Manager, who is directly employed by the survey vendor (i.e., not a subcontractor) and oversees all survey operations, has at least two years of experience in overseeing all functional aspects of survey operations including mail, telephone, data file preparation, and data security.</li> <li>• Designated Mail Supervisor has previous experience managing large-scale mail survey projects.</li> <li>• Designated Telephone Survey Supervisor has previous experience managing large-scale telephone interviewing projects.</li> <li>• Designated Information System staff responsible for data submission (programmer) must be directly employed by survey vendor (i.e., not a subcontractor) and have previous experience preparing and submitting data files in specified format to external third-party organization within the past two years.</li> <li>• Survey vendor has appropriate, in terms of sufficiency and experience, organizational back-up staff to manage functions of survey administration in the absence of key staff.</li> </ul>
<b>System Resources</b>	<ul style="list-style-type: none"> <li>• Commercial physical plant and system resources meet CMS specifications and accommodate the volume of surveys being administered. All system resources are subject to oversight activities including remote activities and in-person site visits to physical locations. <ul style="list-style-type: none"> <li>○ Commercial physical plant. All survey-related work, including mail survey administration activities and telephone interviewing must be conducted at the survey vendor's or approved subcontractor's official business location. Home-based places of work (e.g., residences) and virtual organizations will not be considered or permitted.</li> <li>○ Capacity for reproduction and mailing of questionnaires, cover letters and postcards in-house or in accordance with requirements outlined in "Approved Use of Subcontractors."</li> <li>○ Incoming paper surveys will be processed (e.g., scanned or key entered) at the survey vendor's or designated subcontractor's official business location.</li> <li>○ Capacity for programming electronic telephone interview systems in accordance with specifications provided and conducting telephone interviews using an electronic telephone interviewing system in-house or in accordance with requirements outlined in "Approved Use of Subcontractors."</li> <li>○ Ability to handle concurrent survey projects while maintaining high quality survey data and high response rates.</li> <li>○ Electronic survey management system for tracking fielded surveys</li> </ul> </li> </ul>

Criteria	Survey Vendor Requirements
	<p>through each stage of the protocol through the use of a unique de-identified member identification number and interim disposition codes. This electronic management system should also prevent duplicative records.</p> <ul style="list-style-type: none"> <li>• A secure work environment for receiving, processing and storing hardcopy and electronic versions of questionnaires and sample files that protects the confidentiality of survey response data and personal identifying information.</li> <li>• Prepare and submit data via secure methods (HIPAA compliant).</li> </ul>
<b>Approved Use of Subcontractors (Subject to Approval)</b>	<ul style="list-style-type: none"> <li>• CMS must approve subcontractors as part of the survey vendor approval process at the time of application.</li> <li>• Subcontractors must meet the criteria outlined for the survey administration activities the subcontractors will be performing.</li> <li>• Subcontracting of data file preparation and submission is not allowed.</li> <li>• Subcontractors added after the application process are subject to approval by CMS. Survey vendors must inform the HOS Project Team of new subcontractor(s) as soon as possible.</li> </ul>
<b>Mode Administration</b>	<ul style="list-style-type: none"> <li>• Responsible for printing, assembling and mailing survey materials in accordance with the <i>Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0</i>.</li> <li>• Responsible for programming electronic telephone interviewing systems in accordance with the <i>Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0</i>.</li> <li>• Comply with all quality oversight requirements described in the <i>Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0</i>, including submitting sample mail materials and telephone interviewing screen shots to Project Team for review prior to survey administration.</li> <li>• Demonstrate ability to collect and accurately process and code survey data through all phases of survey administration.</li> <li>• Demonstrate ability to adhere to the survey administration timeline.</li> </ul>
<b>Sampling Experience</b>	<ul style="list-style-type: none"> <li>• Not applicable for HOS.</li> </ul>
<b>Data Submission</b>	<ul style="list-style-type: none"> <li>• Follow all data preparation and submission rules as specified in the <i>Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0</i>.</li> <li>• Submit data electronically in specified format outlined in the <i>Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0</i>.</li> <li>• Must be authorized by a health plan prior to submission of data.</li> <li>• Work with the HOS Project Team to resolve data and data file submission problems.</li> <li>• Execute business associate agreement with MAO and receive annual authorization from MAO to collect data on their behalf and submit to CMS.</li> <li>• Submit revised data files as requested by the HOS Project Team within</li> </ul>

Criteria	Survey Vendor Requirements
	the specified timeframe.
<b>Data Security</b>	<ul style="list-style-type: none"> <li>• Established electronic security procedures related to access levels, passwords and firewalls as required by HIPAA.</li> <li>• Perform regularly scheduled data back-up and off-site redundancy procedures that adequately safeguard system data.</li> <li>• Required encryption protocols, if applicable, must be utilized for transmitting data files.</li> <li>• Established procedures for identifying and reporting breaches of confidential data.</li> <li>• Experience preparing and submitting data via secure methods (HIPAA compliant).</li> <li>• Ensure the CMS Data Use Agreement (DUA) is kept up to date and that all CMS requirements are followed, including documenting all subcontractors.</li> <li>• Follow HIPAA compliant procedures.</li> </ul>
<b>Data Retention</b>	<ul style="list-style-type: none"> <li>• Capacity to retain all data files (electronic or paper) for a minimum of three years, or as otherwise specified by the <i>Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0</i>.</li> <li>• Store returned paper questionnaires in a secure and environmentally safe location until December 31 of the following survey administration year or as otherwise specified by the <i>Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0</i>.</li> </ul>
<b>Confidentiality</b>	<ul style="list-style-type: none"> <li>• Data files (electronic or paper) must be stored securely and confidentially in accordance with the <i>Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0</i>.</li> <li>• Ensure confidentiality of sampled members' identifying information during each phase of the survey process. Only contract-level data may be shared with MAOs as specified in the <i>Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0</i> (i.e., no member-level or member identifying information can be shared with MAOs).</li> <li>• Obtain signed confidentiality agreements from staff and subcontractors.</li> <li>• Ensure compliance with all applicable HIPAA Security and Privacy Rules in conducting all survey administration and data collection activities.</li> </ul>
<b>Technical Assistance/ Customer Support</b>	<ul style="list-style-type: none"> <li>• Establish toll-free customer support telephone lines with live operator Monday through Friday from 9:00 a.m. to 8:00 p.m. (survey vendor local time) to accommodate both Spanish and English inquiries starting at the beginning of the survey fielding period and continuing through the duration of survey fielding.</li> <li>• If administering the HOS survey in Chinese, accommodate telephone inquiries from Chinese-speaking survey participants.</li> </ul>

## Quality Control Procedures

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

Criteria	Survey Vendor Requirements
<b>Demonstrated Quality Control Procedures</b>	<ul style="list-style-type: none"> <li>• Establish and document quality control procedures for all phases of survey implementation, and as specified in the <i>Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0</i>: <ul style="list-style-type: none"> <li>○ Internal staff and subcontractor training.</li> <li>○ Printing, mailing and recording receipt of surveys.</li> <li>○ Telephone administration of survey (electronic telephone interviewing system).</li> <li>○ Scanning, coding and cleaning of survey data.</li> <li>○ Preparing final data files for submission.</li> <li>○ All other functions and processes that affect the administration of the HOS survey.</li> </ul> </li> <li>• Physical business premises on which major operations of survey business are conducted are amenable to on-site visits by CMS and CMS-sponsored Project Team, as specified in the <i>Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0</i>.</li> <li>• Subcontractors must meet the criteria outlined for the survey administration activities the subcontractors will be performing.</li> <li>• When a discrepancy occurs, submit a discrepancy report and corrective action plan to the HOS Project Team within one business day.</li> <li>• Prepare, accommodate, and plan for announced or unannounced in-person site visits and/or remote quality oversight activities from CMS or CMS-sponsored Project Team for quality oversight purposes.</li> </ul>
<b>Training Requirements</b>	<ul style="list-style-type: none"> <li>• Participate in and successfully complete the required Survey Vendor Training via Webinar after confirmation of conditionally approved status.</li> <li>• Successfully complete a training evaluation.</li> <li>• Successfully complete a post-training test.</li> <li>• Establish in-house training of staff involved in all aspects of survey administration.</li> </ul>
<b>Training Participants</b>	<ul style="list-style-type: none"> <li>• Participate in the HOS Survey Vendor Training session. At a minimum, the organization's Project Director, Project Manager, Mail Supervisor, and Telephone Supervisor must attend the annual training as representatives of the organization.</li> <li>• Strongly recommend that all survey vendor staff responsible for data coding and file preparation attend training.</li> <li>• Subcontractors with key survey administration responsibilities (i.e., Mail Supervisor, Telephone Supervisor, Programmers, etc.) must attend training.</li> </ul>

## Approval Term

An approved survey vendor may administer the Medicare Health Outcomes Survey for the specified amount of time.

Criteria	Survey Vendor Requirements
<b>Approval Term</b>	<ul style="list-style-type: none"><li>• One year subject to annual re-approval based on submission and review of Participation Form.</li><li>• Previously approved survey vendors must field HOS for at least one Medicare Advantage Organization during the prior two survey fielding years to remain eligible for consideration as an approved survey vendor.</li></ul>

## Medicare Health Outcomes Survey – 2016 Rules of Participation

Any organization participating in the Medicare Health Outcomes Survey (HOS) must adhere to the following Rules of Participation. To be eligible, the organization must:

1. Meet the HOS Minimum Business Requirements (MBR).
2. Participate in the HOS Survey Vendor Training session and successfully complete a post-training test and training evaluation. At a minimum, the organization's Project Director, Project Manager, Mail Supervisor, and Telephone Supervisor must attend the annual training as representatives of the organization. Subcontractors with key survey administration responsibilities (i.e., Mail Supervisor, Telephone Supervisor, Programmers, etc.) must attend training.
3. Complete and maintain a Data Use Agreement (DUA) for access to data from the Centers for Medicare & Medicaid Services (CMS) for use in collection of additional beneficiary-level information on persons with Medicare.
4. Comply with all rules and regulations pertaining to personally identifiable information (PII) and protected health information (PHI) per the Health Insurance Portability and Accountability Act (HIPAA).
5. Participate in teleconference call(s) with the HOS Project Team to discuss relevant survey experience, organizational survey capability and capacity, quality control and assurance procedures, and the role of subcontractors, if applicable.
6. Review and follow the Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0 and all policy updates.
7. Develop and submit an HOS Quality Assurance Plan (QAP) as specified by the deadline determined by CMS. In addition, submit materials relevant to the survey administration (as determined by CMS), including mailing materials (e.g., cover letters and questionnaires) and telephone scripts.
8. Participate and cooperate (including subcontractors) in all oversight activities conducted by the HOS Project Team, including but not limited to, survey material review, onsite/remote site visits, telephone interview monitoring, remote data review, data audits and other oversight activities as determined by CMS.
9. Submit an interim HOS data file to CMS via NCQA's IDSS.

10. Through agreement with these Rules of Participation, attest to the accuracy of the organization's HOS data collection (as determined by CMS), following the guidelines set forth in the most current version of the Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.0.
11. Submit HOS data on time, as specified by the deadline determined by CMS.
12. Notify the HOS Project Team of any discrepancies or variations from standard HOS protocol that occur as the discrepancy is identified. The organization must complete and submit a Discrepancy Report Form within one business day of becoming aware of a discrepancy.
13. Acknowledge that the use of virtual telephone interviewers is prohibited.
14. Survey vendor may not administer the HOS survey to meet CMS requirements for a MA contract client that controls, is controlled by, or is under common control with the survey vendor.
15. Acknowledge that CMS may, at its sole discretion, terminate, discontinue or not renew the “approved” status of a survey vendor.
16. Acknowledge that contracting with and administering the HOS on behalf of at least one Medicare Advantage organization in every 24 month period following initial approval status is a requirement for continued approval status.

## **Appendix B: Model Quality Assurance Plan**

### **Overview**

CMS-approved HOS survey vendors are required to submit an annual QAP that describes their implementation of and compliance with all required HOS protocols.

This outline is a guide in preparing the QAP. Following QAP review, the HOS Project Team holds a conference call with the survey vendor to discuss questions or issues. If revisions are needed, the survey vendor resubmits the QAP to the HOS Project Team for approval.

The following sections outline content that must be included in survey vendor QAPs.

### **Model QAP**

#### ***HOS Staffing and Organization***

1. Survey vendor contact information:
  - a. Survey vendor name.
  - b. Mailing address.
  - c. Physical address, if different from mailing address.
  - d. Web site address, including link to HOS specific content (if applicable).
  - e. Name of contact person, direct telephone number and e-mail address.
2. Organizational chart identifying all staff by name and title (including subcontractors, if applicable) who are responsible for the following tasks:
  - a. Overall project management.
  - b. Mail survey administration.
  - c. Telephone survey administration.
  - d. Data receipt and entry.
  - e. Tracking key survey events.
  - f. Survey administration process quality checks.
  - g. Data preparation and submission.
  - h. Data security.
  - i. Staff training.
3. Narrative description of internal training of personnel involved in HOS administration, including subcontractors, if applicable. Discuss training of:
  - a. Mail data entry personnel.
  - b. Telephone interviewers.
  - c. Customer support personnel.

4. Final subcontractors for HOS administration. Include all subcontractors the survey vendor will use for 2016 in Table B-1 below.

**Table B-1. HOS Subcontractors**

<b>Subcontractor</b>	<b>Activity</b>	<b>Main contact</b>	<b>Location</b>
1.			
2.			
3.			

***HOS Administration Work Plan***

1. Describe the implemented processes, system resources (hardware and software) and quality checks for each step of HOS survey administration.
2. Review and quality assurance of HOS sample file.
3. Survey Management System (SMS):
  - a. Process for tracking sampled members throughout survey administration in both the Mail Phase and Telephone Phase.
4. Mail Phase:
  - a. Update of member addresses and securing a second address for returned mail questionnaires.
  - b. Quality control checks conducted to ensure quality/accuracy of printed survey materials (including seeded mailings).
  - c. Data receipt process:
    - Logging surveys when they are returned by mail.
  - d. Data entry procedures:
    - Applying HOS-specific decision rules and quality control processes to verify the accuracy of decision rule application.
    - Key entry or scanning procedures, equipment used and quality control processes to validate the accuracy of key entry and electronic scanning procedures.
    - Demonstration of survey vendor understanding of HOS-specific data coding requirements.
  - e. Quality control of subcontractors, if applicable.
5. Telephone Phase:
  - a. Obtaining and updating telephone numbers.
  - b. Programming the electronic telephone interviewing system:
    - Tests and quality control checks of telephone interviewing procedures to confirm that programming is accurate and in accordance with HOS protocols and that data integrity is maintained.
  - c. Ensuring that telephone interviewers follow HOS data collection protocols and procedures during the telephone survey administration phase.
  - d. Quality control of subcontractors, if applicable.

6. Customer Support:
  - a. Identify responsible staff for responding to questions about HOS.
  - b. Provide the customer support telephone number.
  - c. Hours of live operations for the customer support line and the time frame for returning calls.
7. Data preparation and submission procedures:
  - a. Application of HOS disposition codes and interim disposition code mapping (including mapping internal disposition codes to NCQA final disposition codes).
  - b. Calculation of percentage complete.
  - c. Coding HOS-specific member-level variables (e.g., Survey Round, Survey Language).
  - d. Uploading data files.
8. Quality control processes to validate the accuracy of data file preparation and submission.
9. Data storage and retention policies
  - a. Back-up process for survey administration activities related to electronic data or files, including the quality control checks that are in place to ensure the back-up files are retrievable.

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

1. Physical and electronic security and procedures for storing PHI files and survey data in hard copy and electronic form.
  - a. Length of time materials will be retained.
  - b. Name of the external facility used to store HOS records, if applicable.
2. How the survey vendor complies with HIPAA regulations and protects member confidentiality and privacy, including the process for notifying NCQA of a security breach.
3. Method for transmitting PHI to a client (e.g., phone file to MAO to append member telephone numbers).
4. Description of steps taken when scanners are discarded and hard drives cleaned.
5. Include a copy of the confidentiality agreement template signed by staff and subcontractors, if applicable, who are involved in any aspect of HOS survey administration

## **Appendix C: Frequently Asked Questions for Customer Support**

### **General Questions About the Survey**

- 1. Replacement Survey: I have misplaced my survey; can you please send me another one? I received a postcard reminding me to take a survey, but I did not receive the survey. Please send another.**

Thank you for contacting the Medicare Health Outcomes Survey. You should receive a new survey in the mail soon. Could you please confirm your mailing address?

If you would prefer to complete the survey over the phone, please call [survey vendor toll free number].

- 2. Duplicate Surveys: I just completed and returned a survey, why am I receiving it again?**

If you completed and returned the Medicare Health Outcomes Survey recently, please disregard this duplicate survey. This survey was probably mailed to you before we received the one you completed. Thank you for participating in this survey.

- 3. Duplicate Surveys: I completed this survey a few months ago, why am I receiving it again? This is the third (or fourth) questionnaire I have received.**

You may have recently received another survey called the Medicare Satisfaction Survey. This is a different Medicare survey. The Medicare Satisfaction Survey asks mainly about your experiences with Medicare, while the Medicare Health Outcomes Survey asks about your health and well being. We hope that you will complete and return both surveys.

**Note:** If the person insists they recently mailed the HOS, thank them for participating.

- 4. Duplicate Surveys: Did I not answer this survey last year? Is this the same survey?**

It is the same survey. If you were selected for the survey again this year, it is either due to chance (your name was picked at random), or because your health plan has a very small membership (in which case, all members are asked to respond).

- 5. Requested Online Survey: Please send the survey via e-mail. Is the survey available online? Please send a link to complete the survey online.**

The Medicare Health Outcomes Survey is not currently available online. Please complete and return the mail survey or call us at [survey vendor toll-free number] to complete the survey by phone.

- 6. Requested Alternate Language: English, Spanish or Chinese**

The Medicare Health Outcomes Survey is also available in [English/Spanish/Chinese]. Please confirm your mailing address and we will mail you a [English/Spanish/Chinese] version of the survey.

**7. Requested Alternate Language: Language barrier – Requested another language**

The Medicare Health Outcomes Survey is not currently translated into [other language]. If you have difficulty reading English, you can either complete the survey by phone or have someone complete the survey for you as a “proxy.” The person who completes the survey for you should be someone who knows you well enough to answer questions about your health, such as a family member, relative, friend or professional caregiver.

**8. Address Change: Please note that [member name] has moved to the following address.**

Thank you for providing the updated mailing address for [member name]. We will update our records accordingly.

Optional: Please provide the barcode number located on the mail questionnaire.

**9. Who are you? Are you with [CMS/Medicare]? If [CMS/Medicare] is administering the survey, then why are you (not CMS/Medicare) calling me?**

I'm an interviewer from the survey organization [NAME OF COMPANY]. We work with CMS, the Federal agency that runs Medicare, to help conduct this survey.

**10. What is CMS/the Centers for Medicare & Medicaid Services?**

CMS (or the Centers for Medicare & Medicaid Services) is the federal agency that runs Medicare. CMS wants to protect and improve the health of its beneficiaries. In addition to providing health insurance, CMS also performs a number of quality-focused activities, including surveys like this one.

**11. What is NCQA/the National Committee for Quality Assurance?**

NCQA (or the National Committee for Quality Assurance) is a private, not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans. NCQA works to help consumers make informed decisions when choosing among plans. The Centers for Medicare & Medicaid Services has asked NCQA to oversee data collection for this survey.

**12. What is the Medicare Health Outcomes Survey? What is the purpose of the survey? How will the data be used?**

The survey was developed by CMS, the federal agency that runs Medicare, to monitor the quality of care that health plans provide. Since 1998, the Medicare Health Outcomes Survey has been used to monitor the performance of all Medicare Advantage plans.

The program's 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 information collected is used to monitor plan performance, improve the quality of care provided to Medicare beneficiaries and help future Medicare beneficiaries make informed choices when selecting a health plan.

**13. How long will this take? (for phone interview)**

The interview will take about 20 minutes by phone and about 15 minutes to complete the written survey.

**14. I do not want to buy anything.**

We're not selling anything and we're not asking for money. This is an important survey sponsored by the Centers for Medicare & Medicaid Services, the federal agency that runs Medicare.

**15. How can I verify that CMS is really conducting this survey? How can I contact CMS?**

To verify the legitimacy of this survey, you may call Medicare at 1-800-MEDICARE (1-800-633-4227). You may also visit the CMS HOS website at: [www.cms.gov/hos](http://www.cms.gov/hos).

**16. How can I verify that NCQA is really conducting this survey? How can I contact NCQA?**

[Note: Survey vendors only provide members this telephone number if they are unable to answer the member's questions. Questions and answers that are provided in this document should be answered by survey vendors.]

If you like, you can contact NCQA's Customer Support department at 1-888-275-7585.

**17. What questions will I be asked?**

The questions are mainly about your physical and emotional health.

**18. How did you get my name? How was I chosen for the survey? How did you get my phone number?**

You were randomly selected from among all of the Medicare beneficiaries enrolled in your health plan.

Medicare provides contact information for all randomly selected beneficiaries.

**19. I am not in Medicare. I am enrolled in \_\_\_\_\_ health plan.**

Your health plan has a contract with Medicare to provide services. The answers you provide will help CMS monitor and improve the quality of care your health plan provides. Your participation is very important.

**20. I am not enrolled in \_\_\_\_\_ health plan, I have Medicare.**

[If the member states they have Medicare, then ask them to complete the questions based on their Medicare enrollment.]

**General Questions About the Follow-Up Survey****21. I do not remember participating before.**

We asked you some general questions about your health and well-being. Since the survey was fairly short and it was two years ago, many people don't remember participating. Once we get started, you may find that you remember some of the questions.

**(PROXY Indicated on screen) I don't remember participating before.**

Our records indicate that someone may have completed the survey on your behalf two years ago. We would like to complete the same survey with you now. By comparing the answers the person gave on your behalf two years ago with your answers now, we can determine whether or not your health plan is keeping its members as healthy as possible.

**22. I already did this a couple of years ago. Why are you calling me again?**

The survey is designed to measure the health and well-being of Medicare beneficiaries over time. By comparing the answers you give now with the answers you gave two years ago, we can determine whether your health plan is keeping its members as healthy as possible.

**23. My health really has not changed, so I don't think you need to interview me again.**

It is very important to the success of this survey that everyone who is selected participates, regardless of their current health. That way, we can get an accurate picture of how well your health plan is serving all Medicare beneficiaries.

**24. Will you be calling me again every two years?**

Probably not, since this survey is only done twice with each respondent. It is possible, however, that you will be selected for a new survey in the future.

**25. How is the survey different from the original survey?**

The questions I'll be asking you are identical to the questions you answered two years ago.  
{IF NEEDED: By comparing the answers you give now with the answers you gave two years ago, we can determine whether or not your health plan is keeping its members as healthy as possible.}

**Concerns/Fears About Participating****26. Refusal/Removal from Study: Please remove me from the study. Please do not contact me again. I do not want to complete this survey.**

Thank you for contacting the Medicare Health Outcomes Survey. Your contact information has been removed and you will not be contacted again.

**27. Member Unable to Complete Survey**

[Member name] is in a nursing home and is unable to complete this survey.

[Member name] has dementia and cannot complete this survey.

[Member name] is very frail, and is unable to complete this survey.

If [member name] is unable to complete the survey, someone else can complete the survey on (his/her) behalf as a "proxy." The person who completes the survey should be a family member, relative, friend, or professional caregiver who knows (him/her) well enough to answer questions about (his/her) health.

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

**28. Medicare Complaint or Health Plan Complaint**

I'm sorry to hear about this. Participating in this survey will help your health plan understand what improvements are needed. You can provide comments on the survey form and we will send them to CMS or you can call CMS at 1-800-MEDICARE (1-800-633-4227).

**29. Who can I contact to have my name permanently removed from the HOS mailing/calling list and never to be contacted again?**

[**Note:** Survey vendors only provide this information if the member specifically requests to be taken off the list and never contacted again. Survey vendors do not volunteer this information if the member has simple concerns or fears about participating. See FAQs below.]

If you would like to be removed from the list, I will make a note of it and your name will be removed from the list and you will no longer be contacted. Thank you for your time.

[Survey vendors must flag these individuals in their survey management systems as "Nonresponse: Refusal" and "Exclude from future survey samples flag" to ensure that the member does not receive further mailings or telephone calls during the current survey administration.]

**30. I have been advised not to participate in telephone surveys.**

I understand your concern but hope you will consider participating. This is very important survey sponsored by the Centers for Medicare & Medicaid Services, the federal agency that runs Medicare. Your participation will help CMS monitor and improve the quality of care provided under the Medicare program. If you'd like, you can verify that this is a legitimate survey by calling 1-800-MEDICARE (1-800-633-4227).

**31. I do not want to answer a lot of personal questions.**

I can understand your concern but this is a very important survey. You can skip any question that you don't want to answer. If a question bothers you, just tell me you'd rather not answer it and I will move on to the next question. Why don't we get started and you can see what the questions are like?

**32. I do not think I am the person you want to speak to because (I have not been sick/I am sick all the time/I'm too old/etc.).**

It is important that we have the opportunity to speak to all Medicare beneficiaries selected for the survey, regardless of their age or health. That way, we'll know how well we're serving all of the different needs of Medicare beneficiaries.

**33. Do I have to complete the survey? What happens if I do not? Why should I?**

Participation is voluntary. There are absolutely no penalties for not participating but please understand that this is a very important survey and your answers will help us to improve the quality of care provided to people with Medicare and determine if your health plan is providing the care you need to stay as healthy as possible.

Taking the survey or not taking the survey will not change your Medicare benefits in any way, and if you begin the interview, you may skip any questions you do not wish to answer.

**34. Will I get junk mail if I answer this survey?**

No, you will not get any junk mail. Your name and address will be kept absolutely confidential and will not be seen by anyone other than the research staff.

**35. Who will see my answers? What happens to my answers? Concerns about privacy.**

The information you provide is protected by the Privacy Act and we cannot share it with anyone other than CMS.

**36. Will my responses affect my benefits?**

No, your answers will not affect your benefits in any way.

**37. Will my doctor be affected by my answers?**

No. This study does not compile results for or about doctors. The information you provide is protected by the Privacy Act and cannot be shared with anyone other than CMS.

**38. What happens if I drop out of the plan before the second survey?**

If you are no longer enrolled in the plan, you will not be asked to participate in the second survey for that plan, but your answers to the current survey will still be valuable in helping us to evaluate the health plan. It is possible that you may receive this survey again if you enroll in another Medicare Advantage plan, but you would not be resurveyed on behalf of old plan.

**39. What happens if I die before the second survey?**

Your answers will still be valuable in helping us evaluate your health plan, but we will not try to contact your family or anyone else for the second survey.

**40. Will my responses to the survey be added to the 2010 Census data?**

No, information collected in this survey will not be added to any information you provide for the 2010 Census.

**Questions About Completing the Survey****41. What if I cannot complete the survey by myself?**

If you are unable to complete the survey, someone can complete the survey on your behalf as a “proxy.” The person should be a family member, relative, friend or professional caregiver who knows you well enough to answer questions about your health.

If more than one person could be a proxy for you, the preferred proxy would be the family member, relative or friend most likely to be available in two years to assist you with completing the Follow-Up survey.

**42. What if my \_\_\_\_\_ cannot complete this survey? Can I complete it for (him/her)?**

If your \_\_\_\_\_ is unable to complete the survey someone can complete the survey on (his/her) behalf as a “proxy.” The “proxy” should be a family member, relative, friend, or professional caregiver who knows (him/her) well enough to answer questions about (his/her) health status.

**43. My \_\_\_\_ is deceased. What should I do with the questionnaire?**

I'm sorry to hear that. Please discard the questionnaire, and I'll make sure that we don't contact you again.

**44. How can you tell I did not return the first questionnaire?**

Each survey has been assigned an identification number that allows us to keep track of which respondents have returned a completed questionnaire.

{**IF NEEDED:** The names and addresses are stored separately from the answers to the survey questions, so that once you have completed the questionnaire, your answers are not associated with your name.}

**45. Where do I put my name and address on the questionnaire?**

You should not write your name or address on the questionnaire. Each survey has been assigned an identification number that allows us to keep track of which respondents have returned a completed questionnaire. However, the last page of the survey may contain a few optional questions to assist us with contacting you two years from now.

**46. Should I answer the questions if I have not used the plan yet?**

Yes, we need to talk to everyone who is enrolled in the plan, even if they haven't yet used any health services.

**47. Is there a deadline to fill out the survey?**

**FOR MAIL SURVEY:** Since we need to contact so many people, it would really help if you could return it within the next two weeks. If we do not hear from you by (insert appropriate date), we will call you to see if you want to complete the interview over the telephone. If you'd prefer, I could do the interview with you over the telephone now.

**FOR TELEPHONE SURVEY:** We need to finish all the interviews by (insert appropriate date), but since we need to contact so many people, it would really help if we could do the interview right now. If you don't have time right now, maybe I could schedule an appointment for sometime over the next two weeks.

**48. How should I answer questions that do not apply? (for mail survey)**

That would depend on the question. Can you tell me which one doesn't apply to you and why?

{**IF NEEDED:** If it would be easier for you, we could do this interview over the telephone now, and then I could answer any questions you might have.}

**49. Why do you keep asking the same questions over and over?**

I'm sorry if the questions seem repetitive, but I need to ask all of the questions exactly the way they are written in the questionnaire.

{**IF NEEDED:** If there are any questions you would rather not answer, just let me know and I'll skip to the next question.}

***50. I am concerned that if I answer questions on behalf of \_\_\_\_\_ that I am violating the Health Insurance Portability and Accountability Act (HIPAA).***

HIPAA permits covered entities to disclose protected health information or PHI for the purposes of treatment, payment or health care operations. Since CMS will use information collected by the HOS for health care operations to monitor health plan performance, the disclosure of this information to CMS is permitted by HIPAA. You are not required to answer on behalf of \_\_\_\_\_, but family members, relatives, friends or professional caregivers who know him/her) well enough to answer questions about (his/her) health status are permitted to answer on behalf of \_\_\_\_\_.

## Appendix D: HOS 2016 Sample File Layout and Survey File Record Layout

This document contains file layout information that survey vendors use to generate the HOS member-level data file (one file per contract) for submission to the HOS Project Team.

**Table D-1: Header Record** provides the layout and data elements for the Header Record. During sampling, CMS provides a *header* file to the HOS survey vendor that is filled through field position **89**.

At a later date, the HOS Project Team provides survey vendors with data elements for field positions **90–105**. The Header Record portion of the survey vendor-generated HOS member-level data file must contain identical values to those provided by CMS.

**Table D-2: Sample File** provides the layout and data elements for field positions **1–329** of the HOS member-level data file.

**Table D-3: Survey File Record Layout** provides the layout and data elements for field positions **330–549** of the HOS member-level data file. The HOS survey vendor uses the specifications in the QAP to generate these variables from data collected during survey administration.

**Table D-1: Header Record**

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Record Identifier	1	1	1	Must be a tilde character: “~”
Reporting Year	2	5	4	2016
CMS Contract Number	6	10	5	Only one contract number per submission. Start with H, R or E. For example: H2222
Contract Name	11	80	70	
NCQA Survey Vendor ID	81	88	8	01413 = Center for the Study of Services (CSS) 01415 = DataStat, Inc. 01417 = Decision Support Systems, Inc. (dba DSS Research) 01440 = Morpace Inc. 01437 = Ipsos 01463 = SPH Analytics 11778 = Thoroughbred Research Group 01471 = WBA Research
Exclusive SNP Flag <i>To be appended from plan list by RTI in 2016</i>	89	89	1	0 = No 1 = Yes

<b>Field Description</b>	<b>Field Position</b>		<b>Field Length</b>	<b>Valid Values</b>
	<b>Start</b>	<b>End</b>		
NCQA Healthcare Organization ID	90	97	8	Enter the Organization ID supplied for this plan by NCQA for the plan name indicated above
NCQA Submission ID	98	105	8	Enter the Submission ID supplied for this plan by NCQA

**Table D-2: Sample File Layout**

<b>Field Description</b>	<b>Field Position</b>		<b>Field Length</b>	<b>Valid Values</b>
	<b>Start</b>	<b>End</b>		
CMS Beneficiary Link Key	1	13	13	13 digit numeric variable
CMS Contract Number	14	18	5	
Member First Name	19	33	15	
Member Middle Initial	34	34	1	
Member Last Name	35	58	24	
Member Street Address 1	59	88	30	Street Address
Member Street Address 2	89	118	30	Street Address
Member Street Address 3	119	148	30	Street Address
Member City	149	170	22	City
Member State	171	192	22	State (2-letter state abbreviation)
Member Zip Code	193	214	22	XXXXX-XXXX
State Code	215	216	2	2-digit numeric code (not the two-letter state abbreviation)
County Code	217	219	3	3-digit numeric
CMS Administrative Race	220	220	1	0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native 9 = Missing
CMS Administrative Gender	221	221	1	1 = Male 2 = Female
CMS Date of Birth	222	229	8	MMDDYYYY
CMS Date of Death	230	237	8	MMDDYYYY (Should be blank. If filled, contact HOS Project Team for instructions)
Accretion Date To Plan	238	245	8	MMDDYYYY
Termination Date From Plan	246	253	8	MMDDYYYY (Should be blank. If filled, contact HOS Project Team for instructions)
ESRD Indicator	254	254	1	0 = No ESRD 1 = ESRD status 9 = Missing

Field Description	Field Position		Field Length	Valid Values
	Start	End		
				Will be “9” in the sample file and recoded post-submission after verification with CMS’ MMR database.
Institutional Status	255	255	1	0 = Out of institution 1 = Institutionalized 2 = Eligible for nursing home care 9 = Missing Will be “9” in the sample file and recoded post-submission after verification with CMS’ MMR database.
Hospice Status	256	256	1	0 = No hospice start date present 1 = Hospice start date present 9 = Missing Will be “9” in the sample file and recoded post-submission after verification with CMS’ MMR database.
Medicaid Status	257	257	1	0 = Out of Medicaid 1 = In Medicaid 9 = Missing Will be “9” in the sample file and recoded post-submission after verification with CMS’ MMR database.
Reason for Entitlement	258	259	2	10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only 99 = Missing
Protocol Identifier Flag	260	260	1	1 = English Follow-Up—No Proxy at Baseline 2 = English Follow-Up—Proxy at Baseline 3 = Baseline 4 = Spanish Follow-Up—No Proxy at Baseline 5 = Spanish Follow-Up—Proxy at Baseline 6 = Chinese Follow-Up—No Proxy at Baseline 7 = Chinese Follow-Up—Proxy at Baseline
Member’s Baseline Survey Response to “What is the name of the person who completed this survey form?” in 2014.	261	285	25	First Name of person who completed survey Do not use accented letters.
	286	310	25	Last Name of person who complete survey Do not use accented letters.

<b>Field Description</b>	<b>Field Position</b>		<b>Field Length</b>	<b>Valid Values</b>
	<b>Start</b>	<b>End</b>		
Member's Baseline Telephone <i>Telephone where member was successfully contacted in 2014.</i>	311	320	10	10-digit numeric 9999999999 = Not applicable Blanks for valid values
Survey Indicator	321	321	1	1 = BASE (Baseline survey only) 2 = FUR (Follow-Up survey only) 3 = FUBSR (both Baseline and Follow-Up Surveys)
MAO Plan Benefit Package Number	322	324	3	3-digit numeric
SNP Type	325	325	1	1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional 9 = Not Applicable or Missing
Frailty Assessment FIDE Applicant Indicator	326	326	1	0 = Not an applicant 1 = Applicant not eligible for quality reporting 2 = Applicant is only PBP in contract 3 = Applicant is one of multiple PBPs in contract
Sampling Stage for FIDE Applicant	327	327	1	0 = Not an applicant 1 = Stage 1 contract-level random sample 2 = Stage 2 Supplemental sample; not previously selected 3 = Stage 2 Supplemental sample; previously selected for Follow-Up
HOS Quality Reporting Sample	328	328	1	0 = HOS non-quality reporting sample (voluntary FIDE SNPs) 1 = HOS quality reporting sample 2 = Other HOS non-quality reporting sample
MUST BE BLANK	329	329	1	MUST BE BLANK

**Table D-3: Survey File Record Layout**

<b>Field Description</b>	<b>Field Position</b>		<b>Field Length</b>	<b>Valid Values</b>
	<b>Start</b>	<b>End</b>		
Question 1	330	330	1	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 9 = Missing

<b>Field Description</b>	<b>Field Position</b>		<b>Field Length</b>	<b>Valid Values</b>
	<b>Start</b>	<b>End</b>		
Question 2a	331	331	1	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all 9 = Missing
Question 2b	332	332	1	
Question 3a	333	333	1	1 = No, none of the time 2 = Yes, a little of the time
Question 3b	334	334	1	3 = Yes, some of the time 4 = Yes, most of the time
Question 4a	335	335	1	5 = Yes, all of the time 9 = Missing
Question 4b	336	336	1	
Question 5	337	337	1	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely 9 = Missing
Question 6a	338	338	1	1 = All of the time
Question 6b	339	339	1	2 = Most of the time
Question 6c	340	340	1	3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time 9 = Missing
Question 7	341	341	1	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time 9 = Missing
Question 8	342	342	1	1 = Much better 2 = Slightly better 3 = About the same
Question 9	343	343	1	4 = Slightly worse 5 = Much worse 9 = Missing
Question 10a	344	344	1	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity 9 = Missing
Question 10b	345	345	1	
Question 10c	346	346	1	
Question 10d	347	347	1	
Question 10e	348	348	1	
Question 10f	349	349	1	
Question 11a	350	350	1	1 = No, I do not have difficulty

<b>Field Description</b>	<b>Field Position</b>		<b>Field Length</b>	<b>Valid Values</b>
	<b>Start</b>	<b>End</b>		
Question 11b	351	351	1	2 = Yes, I have difficulty 3 = I don't do this activity 9 = Missing
Question 11c	352	352	1	
Question 12	353	354	2	
Question 13	355	356	2	
Question 14	357	358	2	
Question 15	359	359	1	
Question 16	360	360	1	
Question 17	361	361	1	
Question 18	362	362	1	
Question 19	363	363	1	1 = Every day 2 = Most days 3 = Some days 4 = Rarely 5 = Never 9 = Missing
Question 20	364	364	1	
Question 21	365	365	1	
Question 22	366	366	1	
Question 23	367	367	1	
Question 24	368	368	1	
Question 25	369	369	1	
Question 26	370	370	1	
Question 27	371	371	1	
Question 28	372	372	1	
Question 29	373	373	1	
Question 30	374	374	1	
Question 31	375	375	1	
Question 32	376	376	1	
Question 33	377	377	1	
Question 34	378	378	1	
Question 35a	379	379	1	
Question 35b	380	380	1	
Question 35c	381	381	1	
Question 35d	382	382	1	
Question 35e	383	383	1	
Question 36	384	384	1	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much 9 = Missing

<b>Field Description</b>	<b>Field Position</b>		<b>Field Length</b>	<b>Valid Values</b>
	<b>Start</b>	<b>End</b>		
Question 37	385	385	1	1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always 9 = Missing
Question 38	386	387	2	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 99 = Missing
Question 39a	388	388	1	1 = Not at all 2 = Several days
Question 39b	389	389	1	3 = More than half the days 4 = Nearly every day 9 = Missing
Question 40	390	390	1	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 9 = Missing
Question 41	391	391	1	1 = Every day 2 = Some days 3 = Not at all 4 = Don't know 9 = Missing
Question 42	392	392	1	1 = Yes 2 = No 9 = Missing
Question 43	393	393	1	1 = A lot 2 = Somewhat 3 = Not at all 9 = Missing
Question 44	394	394	1	1 = Yes 2 = No 9 = Missing

<b>Field Description</b>	<b>Field Position</b>		<b>Field Length</b>	<b>Valid Values</b>
	<b>Start</b>	<b>End</b>		
Question 45	395	395	1	1 = Yes 2 = No 9 = Missing
Question 46	396	396	1	1 = Yes 2 = No 3 = I had no visits in the past 12 months 9 = Missing
Question 47	397	397	1	1 = Yes 2 = No 9 = Missing
Question 48	398	398	1	1 = Yes 2 = No 3 = I had no visits in the past 12 months 9 = Missing
Question 49	399	399	1	1 = Yes
Question 50	400	400	1	2 = No 9 = Missing
Question 51	401	401	1	1 = Yes 2 = No 3 = I had no visits in the past 12 months 9 = Missing
Question 52	402	402	1	1 = Yes 2 = No 9 = Missing
Question 53	403	403	1	1 = Less than 5 hours 2 = 5-6 hours 3 = 7-8 hours 4 = 9 or more hours 9 = Missing
Question 54	404	404	1	1 = Very good 2 = Fairly good 3 = Fairly bad 4 = Very bad 9 = Missing
Question 55	405	407	3	3-digit numeric, zero-fill if less than 100 888 = Inappropriate answer 999 = Missing
Question 56	408	410	3	1-digit numeric for field position 408 8 = Inappropriate answer 9 = Missing  2-digit numeric for field positions 409-410 88 = Inappropriate answer 99 = Missing

<b>Field Description</b>	<b>Field Position</b>		<b>Field Length</b>	<b>Valid Values</b>
	<b>Start</b>	<b>End</b>		
Question 57	411	411	1	1 = Male 2 = Female 9 = Missing
Question 58a	412	412	1	0 = Respondent did not check “No, not Hispanic, Latino/a or Spanish origin” 1 = Respondent checked “No, not Hispanic, Latino/a or Spanish origin”
Question 58b	413	413	1	0 = Respondent did not check “Yes, Mexican, Mexican American, Chicano/a” 1 = Respondent checked “Yes, Mexican, Mexican American, Chicano/a”
Question 58c	414	414	1	0 = Respondent did not check “Yes, Puerto Rican” 1 = Respondent checked “Yes, Puerto Rican”
Question 58d	415	415	1	0 = Respondent did not check “Yes, Cuban” 1 = Respondent checked “Yes, Cuban”
Question 58e	416	416	1	0 = Respondent did not check “Yes, Another Hispanic, Latino/a or Spanish origin” 1 = Respondent checked “Yes, Another Hispanic, Latino/a or Spanish origin”
Question 59a	417	417	1	0 = Respondent did not check “White” 1 = Respondent checked “White”
Question 59b	418	418	1	0 = Respondent did not check “Black or African American” 1 = Respondent checked “Black or African American”
Question 59c	419	419	1	0 = Respondent did not check “American Indian or Alaska Native” 1 = Respondent checked “American Indian or Alaska Native”
Question 59d	420	420	1	0 = Respondent did not check “Asian Indian” 1 = Respondent checked “Asian Indian”
Question 59e	421	421	1	0 = Respondent did not check “Chinese” 1 = Respondent checked “Chinese”
Question 59f	422	422	1	0 = Respondent did not check “Filipino” 1 = Respondent checked “Filipino”
Question 59g	423	423	1	0 = Respondent did not check “Japanese” 1 = Respondent checked “Japanese”
Question 59h	424	424	1	0 = Respondent did not check “Korean” 1 = Respondent checked “Korean”

<b>Field Description</b>	<b>Field Position</b>		<b>Field Length</b>	<b>Valid Values</b>
	<b>Start</b>	<b>End</b>		
Question 59i	425	425	1	0 = Respondent did not check “Vietnamese” 1 = Respondent checked “Vietnamese”
Question 59j	426	426	1	0 = Respondent did not check “Other Asian” 1 = Respondent checked “Other Asian”
Question 59k	427	427	1	0 = Respondent did not check “Native Hawaiian” 1 = Respondent checked “Native Hawaiian”
Question 59l	428	428	1	0 = Respondent did not check “Guamanian or Chamorro” 1 = Respondent checked “Guamanian or Chamorro”
Question 59m	429	429	1	0 = Respondent did not check “Samoan” 1 = Respondent checked “Samoan”
Question 59n	430	430	1	0 = Respondent did not check “Other Pacific Islander” 1 = Respondent checked “Other Pacific Islander”
Question 60a	431	431	1	1 = English 2 = Spanish 3 = Chinese 4 = Some other language (please specify) 9 = Missing
Question 60b	432	451	20	Some other language specified by member. If missing, leave blank.
Question 61	452	452	1	1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never married 9 = Missing
Question 62	453	453	1	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 degree 6 = More than a 4 year college degree 9 = Missing
Question 63a	454	454	1	0 = Respondent did not check “Alone” 1 = Respondent checked “Alone”
Question 63b	455	455	1	0 = Respondent did not check “With spouse/ significant other” 1 = Respondent checked “With spouse/ significant other”

<b>Field Description</b>	<b>Field Position</b>		<b>Field Length</b>	<b>Valid Values</b>
	<b>Start</b>	<b>End</b>		
Question 63c	456	456	1	0 = Respondent did not check “With children/ other relatives” 1 = Respondent checked “With children/other relatives”
Question 63d	457	457	1	0 = Respondent did not check “With non-relatives” 1 = Respondent checked “With non-relatives”
Question 63e	458	458	1	0 = Respondent did not check “With paid caregiver” 1 = Respondent checked “With paid caregiver”
Question 64	459	459	1	1 = House, apartment, condominium or mobile home 2 = Assisted living or board and care home 3 = Nursing home 4 = Other 9 = Missing
Question 65	460	460	1	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 9 = Missing
Question 66	461	461	1	1 = Person to whom the survey was addressed 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 9 = Missing
Question 67	462	486	25	First name of person who completed survey. If missing, leave blank.
	487	511	25	Last name of person who completed survey. If missing, leave blank.

<b>Field Description</b>	<b>Field Position</b>		<b>Field Length</b>	<b>Valid Values</b>
	<b>Start</b>	<b>End</b>		
Question 68	512	513	2	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 99 = Missing
Survey Disposition	514	516	3	M10/T10 = Complete survey (80-100% complete and all 6 ADL items Q10a-f answered) M11/T11 = Non-response: partial complete survey (50-79.5% complete, or > 79.5% complete and at least one ADL item unanswered) M20/T20 = Ineligible: deceased M21/T21 = Ineligible: not enrolled in MCO M23/T23 = Ineligible: language barrier T24 = Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M25 = Ineligible: respondent removed from sample M26 = Duplicate: beneficiary listed twice in sample M31/T31 = Non-response: break-off (0-49% complete) M32/T32 = Non-response: refusal M33/T33 = Non-response: respondent unavailable M34/T34 = Non-response: respondent physically or mentally incapacitated M35/T35 = Non-response: respondent institutionalized M36/T36 = Non-response: after maximum attempts

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Survey Round	517	518	2	M1 = 1st mailing M2 = 2nd mailing T1 = 1st telephone T2 = 2nd telephone T3 = 3rd telephone T4 = 4th telephone T5 = 5th telephone T6 = 6th telephone T7 = 7th telephone T8 = 8th telephone T9 = 9th telephone MT = Partially completed by mail and converted to complete by telephone NC = Not completed
Survey Language	519	519	1	1 = English 2 = Spanish 3 = Not applicable 4 = Chinese
Survey Completion Date <i>Date when survey vendor received the mail survey or date when survey vendor conducted the telephone interview.</i>	520	527	8	MMDDYYYY 99999999 = Not applicable
Survey Vendor Telephone Interviewer ID <i>A unique 10-digit ID assigned by the survey vendor that indicates which telephone interviewer conducted the interview). Use leading zeros if survey vendor uses telephone interviewer IDs less than 5 digits. For example, a Telephone Interviewer ID of 1234 from DataStat is entered as 0141501234.</i>	528	537	10	01413NNNNN = Center for the Study of Services (CSS) 01415NNNNN = DataStat, Inc. 01417NNNNN = Decision Support Systems, Inc. (dba DSS Research) 01440NNNNN = Morpace Inc. 01437NNNNN = Ipsos 01463NNNNN = SPH Analytics 11778NNNNN = Thoroughbred Research Group 01471NNNNN = WBA Research 9999999999 = Not applicable

<b>Field Description</b>	<b>Field Position</b>		<b>Field Length</b>	<b>Valid Values</b>
	<b>Start</b>	<b>End</b>		
MAO Phone <i>Did the MAO provide a phone number for this member in the sample frame? (If the MAO filled the field with invalid data such as 9999999999 or 00000000000, code it 2).</i>	538	538	1	1 = Yes 2 = No
DNC <i>Do Not Call—Exclude from Future Survey Samples Flag.</i>	539	539	1	1 = Member specifically requested <i>Take me off your list and/or never contact me again</i> 2 = Member did not request <i>Take me off your list and/or never contact me again</i>
Member Telephone <i>Telephone number where member was contacted successfully.</i>	540	549	10	10-digit numeric 9999999999 = Not applicable 0000000000 is not a valid value

## **Appendix E: HOS 2016 Questionnaire and Mailing Materials**

### **HOS Questionnaire**

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

# **HOS 3.0 2016 Insert Cover Art (English)**

## Medicare Health Outcomes Survey Instructions

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

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

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

Are you male or female?

Male

Female

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

Yes → Go to Question 35

No → Go to Question 36

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

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

OMB 0938-0701 Version 02-1

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

## ***Medicare Health Outcomes Survey***

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

- Excellent
- Very good
- Good
- Fair
- 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

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

b. Climbing **several flights of stairs**

- Yes, limited a lot
- Yes, limited a little
- 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**?

- 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

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

- 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

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**

- 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

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

- 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

5. 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

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?

- All of the time  
1
- Most of the time  
2
- A good bit of the time  
3
- Some of the time  
4
- A little of the time  
5
- None of the time  
6

b. Did you have a lot of energy?

- All of the time  
1
- Most of the time  
2
- A good bit of the time  
3
- Some of the time  
4
- A little of the time  
5
- None of the time  
6

c. Have you felt downhearted and blue?

- All of the time  
1
- Most of the time  
2
- A good bit of the time  
3
- Some of the time  
4
- A little of the time  
5
- None of the time  
6

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.)?

- All of the time  
1
- Most of the time  
2
- Some of the time  
3
- A little of the time  
4
- None of the time  
5

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**?

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

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

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

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

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

a. Bathing

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

b. Dressing

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

c. Eating

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

d. Getting in or out of chairs

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

e. Walking

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

f. Using the toilet

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

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

a. Preparing meals

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

b. Managing money

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

c. Taking medication as prescribed

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

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

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

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

days

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

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

days

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

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

--	--

**days**

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

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

Yes  
 1   
 2  No

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

Yes  
 1   
 2  No

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

Yes  
 1   
 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?

Yes  
 1   
 2  No

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

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

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

20. Hypertension or high blood pressure

Yes  
 1   
 No  
 2

21. Angina pectoris or coronary artery disease

Yes  
 1   
 No  
 2

22. Congestive heart failure

Yes  
 1   
 No  
 2

23. A myocardial infarction or heart attack

Yes  
 1   
 No  
 2

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

Yes  
 1   
 No  
 2

25. A stroke

Yes  
 1   
 No  
 2

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

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

Yes  
<sub>1</sub>  
 No  
<sub>2</sub>

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

Yes  
<sub>1</sub>  
 No  
<sub>2</sub>

28. Arthritis of the hip or knee

Yes  
<sub>1</sub>  
 No  
<sub>2</sub>

29. Arthritis of the hand or wrist

Yes  
<sub>1</sub>  
 No  
<sub>2</sub>

30. Osteoporosis, sometimes called thin or brittle bones

Yes  
<sub>1</sub>  
 No  
<sub>2</sub>

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

Yes  
<sub>1</sub>  
 No  
<sub>2</sub>

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

Yes  
<sub>1</sub>  
 No  
<sub>2</sub>

33. Depression

Yes  
<sub>1</sub>  
 No  
<sub>2</sub>

34. Any cancer (other than skin cancer)

Yes → **Go to Question 35**  
<sub>1</sub>  
 No → **Go to Question 36**  
<sub>2</sub>

35. Are you currently under treatment for:

a. Colon or rectal cancer

Yes  
<sub>1</sub>  
 No  
<sub>2</sub>

b. Lung cancer

Yes  
<sub>1</sub>  
 No  
<sub>2</sub>

c. Breast cancer

Yes  
<sub>1</sub>  
 No  
<sub>2</sub>

d. Prostate cancer

Yes  
<sub>1</sub>  
 No  
<sub>2</sub>

e. Other cancer (other than skin cancer)

Yes  
<sub>1</sub>  
 No  
<sub>2</sub>

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

Not at all  
<sub>1</sub>  
 A little bit  
<sub>2</sub>  
 Somewhat  
<sub>3</sub>  
 Quite a bit  
<sub>4</sub>  
 Very much  
<sub>5</sub>

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

Never  
<sub>1</sub>  
 Rarely  
<sub>2</sub>  
 Sometimes  
<sub>3</sub>  
 Often  
<sub>4</sub>  
 Always  
<sub>5</sub>

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

<input type="checkbox"/> 1 No pain
01
<input type="checkbox"/> 2
02
<input type="checkbox"/> 3
03
<input type="checkbox"/> 4
04
<input type="checkbox"/> 5
05
<input type="checkbox"/> 6
06
<input type="checkbox"/> 7
07
<input type="checkbox"/> 8
08
<input type="checkbox"/> 9
09
<input type="checkbox"/> 10 Worst imaginable pain
10

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

<input type="checkbox"/> Not at all
1
<input type="checkbox"/> Several days
2
<input type="checkbox"/> More than half the days
3
<input type="checkbox"/> Nearly every day
4

b. Feeling down, depressed or hopeless

<input type="checkbox"/> Not at all
1
<input type="checkbox"/> Several days
2
<input type="checkbox"/> More than half the days
3
<input type="checkbox"/> Nearly every day
4

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

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

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

<input type="checkbox"/> Every day
1
<input type="checkbox"/> Some days
2
<input type="checkbox"/> Not at all
3
<input type="checkbox"/> Don't know
4

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

<input type="checkbox"/> Yes → <b>Go to Question 43</b>
1
<input type="checkbox"/> No → <b>Go to Question 46</b>
2

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

<input type="checkbox"/> A lot
1
<input type="checkbox"/> Somewhat
2
<input type="checkbox"/> Not at all
3

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

<input type="checkbox"/> Yes
1
<input type="checkbox"/> No
2

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?

<input type="checkbox"/> Yes
1
<input type="checkbox"/> No
2

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.

- Yes → **Go to Question 47**  
 No → **Go to Question 47**  
 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.

- Yes  
 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?

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

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

- Yes  
 No

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

- Yes  
 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.

- Yes  
 No  
 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.

- Yes  
 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.)

- Less than 5 hours  
 5 – 6 hours  
 7 – 8 hours  
 9 or more hours

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

- Very Good  
 Fairly Good  
 Fairly Bad  
 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?

Male  
1  Female  
2

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  8<sup>th</sup> 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:

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

66. Who completed this survey form?

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

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

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

Please **print** clearly.

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

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

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

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

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

Insert Survey Vendor  
Contact Information Here

## HOS Mailing Materials

### ***Baseline Pre-notification Letter***

[CMS Letterhead]

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 way CMS does this is by asking people with Medicare about their physical and mental health and how it has changed over time.

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

Your answers will provide important information about your health. In two years, we may ask you to complete the same survey. 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 accuracy of these results depends on answers we get from you and others selected for this survey. All information you provide is protected by the Privacy Act and will not be shared. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not participate will not affect your Medicare benefits.**

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

Sincerely,

Amy K. Lerrick, Director  
Medicare Drug Benefit and C & D Data Group

Si desea solicitar el cuestionario en español, por favor llame a [SURVEY VENDOR NAME] al número de teléfono gratuito [1-800-NUMBER] o envíe un correo electrónico a [E-MAIL ADDRESS].

如果您需要中文版的問卷，請致電或電郵[SURVEY VENDOR NAME]，他們的免費電話是[1-800-NUMBER]，郵件地址是[E-MAIL ADDRESS]。

***Baseline Letter for First Questionnaire Mailing Side A***

[Survey Vendor Letterhead]

Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS), the federal agency that runs Medicare, monitors the quality of care Medicare health plans provide. One way CMS does this is by asking people with Medicare about their health see if 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. Your name was randomly selected for the survey. For some health plans that have fewer enrollees, all members with Medicare are being asked to participate.

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

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

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

Sincerely,

[SENIOR SURVEY VENDOR STAFF]  
[SURVEY VENDOR]

Enclosures

**Español Al Otro Lado**

***Baseline and Follow-Up Reminder/Thank-you Postcard***

**Medicare Health Outcomes Survey**

Dear Sir or Madam:

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

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

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

Thank you!  
[SURVEY VENDOR NAME]

***Baseline Letter for Second Questionnaire Mailing***

[Survey Vendor Letterhead]

Dear Medicare Beneficiary:

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

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

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

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

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

Sincerely,

[SENIOR SURVEY VENDOR STAFF]  
[SURVEY VENDOR]

Enclosures

***Follow-Up Pre-notification Letter***

[CMS Letterhead]

Dear Medicare Beneficiary:

About two 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 2016. In a few days, you will receive the new survey in the mail. When it arrives, please take the time to complete it and return it in the enclosed postage-paid envelope.

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

The information you provide in the survey can help us improve the quality of care provided to you and other people with Medicare. We 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 see how well health plans maintain or improve the health and well-being of their members over time.

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

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

Sincerely,

Amy K. Lerrick, Director  
Medicare Drug Benefit and C & D Data Group

Si desea solicitar el cuestionario en español, por favor llame a [SURVEY VENDOR NAME] al número de teléfono gratuito [1-800-NUMBER] o envíe un correo electrónico a [E-MAIL ADDRESS].

如果您需要中文版的問卷，請致電或電郵[SURVEY VENDOR NAME]，他們的免費電話是[1-800-NUMBER]，郵件地址是[E-MAIL ADDRESS]。

***Follow-Up No Proxy Letter for First Questionnaire Mailing***

[Survey Vendor Letterhead]

Dear Medicare Beneficiary:

About two years ago, you participated in the “Medicare Health Outcomes Survey.” At that time, we said we would like you to take the survey again in 2016. Please take the time to fill out the survey and return it to us in the postage-paid envelope.

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

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

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

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

Sincerely,

[SENIOR SURVEY VENDOR STAFF]  
[SURVEY]

Enclosures

***Follow-Up No Proxy Letter for Second Questionnaire Mailing***

[Survey Vendor Letterhead]

Dear Medicare Beneficiary:

About two years ago, you participated in the “Medicare Health Outcomes Survey.” At that time, we said we would like you to take the survey again in 2016. We recently mailed you the survey, but have not received it back from you. If you have already returned the completed survey, thank you. We have enclosed another copy of the same survey, in case you did not receive it. Please take the time to fill out the survey and return it to us in the postage-paid envelope.

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

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

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

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

Sincerely,

[SENIOR SURVEY VENDOR STAFF]  
[SURVEY VENDOR]

Enclosures

***Follow-Up Proxy Letter for First Questionnaire Mailing***

[Survey Vendor Letterhead]

Dear Medicare Beneficiary:

About two years ago, you participated in the “Medicare Health Outcomes Survey.” At that time, we said we would like you to take the survey again in 2016. Please take the time to fill out the survey and return it to us in the postage-paid envelope.

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

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

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

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

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

Sincerely,

[SENIOR SURVEY VENDOR STAFF]  
[SURVEY VENDOR]

Enclosures

***Follow-Up Proxy Letter for Second Questionnaire Mailing***

[Survey Vendor Letterhead]

Dear Medicare Beneficiary:

About two years ago, you participated in the “Medicare Health Outcomes Survey.” At that time, we said we would like you to take the survey again in 2016. We recently mailed you the survey, but have not received it back from you. If you have already returned the completed survey, thank you. We have enclosed another copy of the same survey, in case you did not receive it. Please take the time to fill out the survey and return it to us in the postage-paid envelope.

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

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

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

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

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

Sincerely,

[SENIOR SURVEY VENDOR STAFF]

[SURVEY VENDOR]

Enclosures

## Appendix F: HOS 2016 Telephone Script

### Introduction

This document contains the 2016 Medicare Health Outcomes Survey (HOS) Electronic Telephone Interviewing System Specifications.

### HOS Electronic Telephone Interviewing System Specifications

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

### Electronic Telephone Interviewing System Specification Conventions

The HOS telephone script was created using the Computer-Assisted Survey Execution System (CASES), developed at the University of California at Berkeley, and use the following conventions:

- **Square brackets** are used to show programming instructions (such as skip patterns), which would not actually appear on the interviewing screens.
- **Curly brackets** are used to set off language that interviewers may read as necessary.
- **All capitals enclosed in curly brackets** are used for on-screen directions to interviewers. {ENTER ALL THAT APPLY} is such an instruction.
- **All capitals** are used for responses that are not to be read to respondents. For example DON'T KNOW as a response category should not be read aloud, but used only if the respondent answers that way.
- Answer categories printed in **lower case** type should be read to the respondent.
- **Bold printing** is used whenever language needs highlighting, rather than italics or underlining. Using only one method of highlighting (regardless of which is preferred) is less confusing to interviewers.
- Response choices are numbered consistently with the valid value for the response choice.
- **[SPECIFY]** indicates that the telephone interviewing program should allow the interviewer to type in the respondent's exact response.

NOT ASCERTAINED is a valid response option for each item in the telephone script. This allows the telephone interviewer to go to the next question if a respondent is unable to provide a response for a given question (or refuses to provide a response). In the Survey File Layouts, a value of NOT ASCERTAINED is coded as *Missing*.

## Programming for Proxy Interviews

Survey vendors must establish special interviewing screens for use during proxy interviews. Screens must adapt question wording throughout the survey so that correct pronouns are used to refer to the sampled member throughout an interview that is being conducted with a proxy. Survey vendors should use the HOS Proxy Script for programming the proxy screens.

## Programming of Survey Questions

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

In order to program the correct wording for a proxy interview, the electronic telephone interviewing system must ascertain the respondent immediately—the sampled member or a proxy. **Therefore, Question 66 and 67 are asked at the beginning of the telephone interview.**

**The next question that is asked during telephone interviewing is Question 57.** It appears before Question 1 so that correct pronouns can be substituted throughout a proxy interview and the prostate cancer question can be skipped for females.

### Electronic Telephone Interviewing System Specifications

#### >INTRO<

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

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

<1>    RESPONDENT READY TO START	[Q66]
<2>    NEED PROXY	[PROXY]

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

## Electronic Telephone Interviewing System Specifications

*In order to program the correct wording for a proxy interview, the electronic telephone interviewing system needs to ascertain right away who the respondent is – the sampled member or a proxy.*

*Therefore, Question 66 and 67 (to establish to whom the telephone interviewer is speaking) are placed at the beginning of the telephone interview.*

*Questions 66 and 67 are immediately followed by question 57 (gender). Question 57 appears before question 1 so that correct pronouns can be substituted throughout a proxy interview and the prostate cancer question can be skipped for females.*

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

**>PROXY<**

[FOR MEMBERS IN THE FOLLOW-UP—PROXY AT BASELINE PROTOCOL PATH, CUSTOMIZE THIS SCREEN WITH “FORMER PROXY NAME: [INSERT PROXY NAME FROM FIELD POSITIONS 261-310 OF SAMPLE FILE PROVIDED BY THE HOS PROJECT TEAM]”.]

**{IF SPEAKING TO SAMPLED MEMBER}** Is there someone else we could talk to who would be able to answer questions about your health? {IF FORMER PROXY NAME IS LISTED ABOVE, ASK TO SPEAK WITH FORMER PROXY.}

**{IF SPEAKING TO SOMEONE ELSE. IF FORMER PROXY NAME IS LISTED ABOVE, ASK TO SPEAK WITH FORMER PROXY.}: I'm calling on behalf of Medicare. {SURVEY VENDORS THAT NEED TO INCLUDE THIS DISCLAIMER, INSERT HERE:} This call may be monitored or recorded for quality assurance purposes. We're doing an important survey about the health of people in Medicare health plans. Participation in the survey is completely voluntary.**

Recently, we sent [MEMBER NAME] a letter and questionnaire in the mail. We're trying to finish the study, so I'd like to do an interview about (him/her) now over the phone. Would you be able to answer questions about (his/her) health?

**IF NEEDED:** Do you know of anyone who would be able to answer questions about (his/her) health? **[Q66]**

## Electronic Telephone Interviewing System Specifications

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

*This screen is designed to find out if there is anyone available who might be an appropriate proxy respondent. Note that the proxy does not need to be a spouse or other family member. The only requirement is that s/he is able to answer questions about the sampled member's health. Use the HOS Proxy Script for programming the proxy screens. The survey vendor has the option of adding prompts at different points during the interview to remind proxies that they are answering questions on behalf of the sampled beneficiary and not for themselves.*

*If a former proxy name is shown on the screen, you should ask for that person first. If that person is not available or no name is shown, use the appropriate questions to ask for someone else.*

### >HIPAA CONCERNS<

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

*Survey vendors should use this script if care managers or other proxy respondents express HIPAA concerns.*

### >OPTIONAL PROBE<

{INTERVIEWERS MAY USE THE FOLLOWING PROBE AS NECESSARY THROUGHOUT THE SURVEY} I must ask all questions in their entirety for the responses to count.

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
>Q1< In general, would you say your health is:  <1> Excellent, <2> Very good, <3> Good, <4> Fair, or <5> Poor?  <9> NOT ASCERTAINED	>Q1< In general, would you say [MEMBER NAME]'s health is:  <1> Excellent, <2> Very good, <3> Good, <4> Fair, or <5> Poor?  <9> NOT ASCERTAINED
[Q2a]	[Q2a]
<p><i>Question 2a and 2b ask about the member's limitations with certain activities. The member may be limited in doing an activity if he or she is unable to do it, or if the activity is not done because a physician has advised the member not to do it.</i></p> <p><i>If the respondent indicates that a question is not applicable because the member does not normally do an activity, use the probe "Is that because of your [his/her] health?" If it is not because of the member's health, code as &lt;3&gt; NO, NOT LIMITED AT ALL.</i></p> <p><i>If the member cannot do the activity because of his or her health, code as &lt;1&gt; LIMITED A LOT</i></p>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q2a&lt;</p> <p>Now I am going to read you a list of activities that you might do during a typical day. Please tell me if <b>your health now limits you</b> a lot, limits you a little, or does not limit you at all in these activities.</p> <p>What about <b>moderate activities</b>, such as moving a table, pushing a vacuum cleaner, bowling or playing golf? Because of your health, are you limited a lot, limited a little or not limited at all in these activities?</p> <p>{IF R DOES NOT DO ACTIVITY, PROBE: Is that because of your health?}</p> <p>&lt;1&gt; LIMITED A LOT  &lt;2&gt; LIMITED A LITTLE  &lt;3&gt; NOT LIMITED AT ALL  &lt;9&gt; NOT ASCERTAINED</p>	<p>&gt;Q2a&lt;</p> <p>Now I am going to read you a list of activities that [MEMBER NAME] might do during a typical day. Please tell me if <b>[his/her] health now limits [him/her]</b> a lot, limits [him/her] a little, or does not limit [him/her] at all in these activities.</p> <p>What about <b>moderate activities</b>, such as moving a table, pushing a vacuum cleaner, bowling or playing golf? Because of [MEMBER NAME]'s health, is [he/she] limited a lot, limited a little or not limited at all in these activities?</p> <p>{IF R DOES NOT DO ACTIVITY, PROBE: Is that because of [his/her] health?}</p> <p>&lt;1&gt; LIMITED A LOT  &lt;2&gt; LIMITED A LITTLE  &lt;3&gt; NOT LIMITED AT ALL  &lt;9&gt; NOT ASCERTAINED</p>
<p>[Q2b]</p> <p>&gt;Q2b&lt;</p> <p>What about climbing <b>several</b> flights of stairs? Because of your health, are you limited a lot, limited a little or not limited at all in this activity?</p> <p>{IF R DOES NOT DO ACTIVITY, PROBE: Is that because of your health?}</p> <p>&lt;1&gt; LIMITED A LOT  &lt;2&gt; LIMITED A LITTLE  &lt;3&gt; NOT LIMITED AT ALL  &lt;9&gt; NOT ASCERTAINED</p>	<p>[Q2b]</p> <p>&gt;Q2b&lt;</p> <p>What about climbing <b>several</b> flights of stairs? Because of [MEMBER NAME]'s health, is [he/she] limited a lot, limited a little or not limited at all in this activity?</p> <p>{IF R DOES NOT DO ACTIVITY, PROBE: Is that because of [his/her] health?}</p> <p>&lt;1&gt; LIMITED A LOT  &lt;2&gt; LIMITED A LITTLE  &lt;3&gt; NOT LIMITED AT ALL  &lt;9&gt; NOT ASCERTAINED</p>
<p>[Q3a]</p>	<p>[Q3a]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><b>&gt;Q3a&lt;</b></p> <p>The next questions ask about your activities over the past four weeks. During the <b>past 4 weeks</b>, have you <b>accomplished less</b> than you would like <b>as a result of your physical health?</b></p> <p>&lt;1&gt; NO</p> <p>{IF “YES”, ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time,      &lt;3&gt; Some of the time,      &lt;4&gt; Most of the time, or      &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q3b]</p>	<p><b>&gt;Q3a&lt;</b></p> <p>The next questions ask about [his/her] activities over the past four weeks. During the <b>past 4 weeks</b>, has [MEMBER NAME] <b>accomplished less</b> than [he/she] would like <b>as a result of [his/her] physical health?</b></p> <p>&lt;1&gt; NO</p> <p>{IF “YES”, ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time,      &lt;3&gt; Some of the time,      &lt;4&gt; Most of the time, or      &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q3b]</p>
<p><i>This is the first question that references a four-week time frame. For this question, and all subsequent questions using the four-week time frame, the respondent should respond for the most recent four-week period, regardless of any special circumstances.</i></p>	
<p><b>&gt;Q3b&lt;</b></p> <p>During the <b>past 4 weeks</b>, were you limited in the <b>kind</b> of work or other regular daily activities you do <b>as a result of your physical health?</b></p> <p>&lt;1&gt; NO</p> <p>{IF “YES”, ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time,      &lt;3&gt; Some of the time,      &lt;4&gt; Most of the time, or      &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q4a]</p>	<p><b>&gt;Q3b&lt;</b></p> <p>During the <b>past 4 weeks</b>, was [he/she] limited in the <b>kind</b> of work or other regular daily activities [he/she] did <b>as a result of [his/her] physical health?</b></p> <p>&lt;1&gt; NO</p> <p>{IF “YES”, ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time,      &lt;3&gt; Some of the time,      &lt;4&gt; Most of the time, or      &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q4a]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><b>&gt;Q4a&lt;</b></p> <p>During the <b>past 4 weeks</b>, have you <b>accomplished less</b> than you would like <b>as a result of any emotional problems</b> such as feeling depressed or anxious?</p> <p>&lt;1&gt; NO</p> <p>{IF “YES”, ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time,      &lt;3&gt; Some of the time,      &lt;4&gt; Most of the time, or      &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p><b>&gt;Q4a&lt;</b></p> <p>During the <b>past 4 weeks</b>, has [MEMBER NAME] <b>accomplished less</b> than [he/she] would like <b>as a result of any emotional problems</b> such as feeling depressed or anxious?</p> <p>&lt;1&gt; NO</p> <p>{IF “YES”, ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time,      &lt;3&gt; Some of the time,      &lt;4&gt; Most of the time, or      &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p><b>[Q4b]</b></p> <p><i>Some respondents may resist answering questions about their mental health. You can help reassure them by maintaining a neutral tone of voice and reminding them that their answers will be kept confidential.</i></p>	<p><b>[Q4b]</b></p>
<p><b>&gt;Q4b&lt;</b></p> <p>During the <b>past 4 weeks</b>, have you not done work or other activities as <b>carefully</b> as usual <b>as a result of any emotional problems</b>?</p> <p>&lt;1&gt; NO</p> <p>{IF “YES”, ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time,      &lt;3&gt; Some of the time,      &lt;4&gt; Most of the time, or      &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p><b>&gt;Q4b&lt;</b></p> <p>During the <b>past 4 weeks</b>, has [he/she] not done work or other activities as <b>carefully</b> as usual <b>as a result of any emotional problems</b>?</p> <p>&lt;1&gt; NO</p> <p>{IF “YES”, ASK: How often? Would you say?}</p> <p>&lt;2&gt; A little of the time,      &lt;3&gt; Some of the time,      &lt;4&gt; Most of the time, or      &lt;5&gt; All of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p><b>[Q5]</b></p>	<p><b>[Q5]</b></p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q5&lt;</p> <p>During the <b>past 4 weeks</b>, how much did <b>pain</b> interfere with your normal work, including both work outside the home and housework? Did it interfere:</p> <p>&lt;1&gt; Not at all,      &lt;2&gt; A little bit,      &lt;3&gt; Moderately,      &lt;4&gt; Quite a bit, or      &lt;5&gt; Extremely?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p>&gt;Q5&lt;</p> <p>During the <b>past 4 weeks</b>, how much did <b>pain</b> interfere with [MEMBER NAME]'s normal work, including both work outside the home and housework? Did it interfere:</p> <p>&lt;1&gt; Not at all,      &lt;2&gt; A little bit,      &lt;3&gt; Moderately,      &lt;4&gt; Quite a bit, or      &lt;5&gt; Extremely?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p>[Q6a]</p> <p><i>Be prepared at this point for respondents to describe specific areas of pain they have. The best solution is to probe by repeating the question, with the preface "But in general..."</i></p>	<p>[Q6a]</p>
<p>&gt;Q6a&lt;</p> <p>The next questions are about how you feel and how things have been with you during the <b>past 4 weeks</b>. As I read each statement, please give me the one answer that comes closest to the way you have been feeling.</p> <p>How much of the time during the <b>past 4 weeks</b> have you felt calm and peaceful?      Would you say:</p> <p>&lt;1&gt; All of the time,      &lt;2&gt; Most of the time,      &lt;3&gt; A good bit of the time,      &lt;4&gt; Some of the time,      &lt;5&gt; A little of the time, or      &lt;6&gt; None of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p>&gt;Q6a&lt;</p> <p>The next questions are about how [MEMBER NAME] feels and how things have been with [him/her] during the <b>past 4 weeks</b>. As I read each statement, please give me the one answer that comes closest to the way [he/she] has been feeling.</p> <p>How much of the time during the <b>past 4 weeks</b> has [MEMBER NAME] felt calm and peaceful?      Would you say:</p> <p>&lt;1&gt; All of the time,      &lt;2&gt; Most of the time,      &lt;3&gt; A good bit of the time,      &lt;4&gt; Some of the time,      &lt;5&gt; A little of the time, or      &lt;6&gt; None of the time?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p>[Q6b]</p>	<p>[Q6b]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><i>For questions 6a-c: Read through all of the response choices for 6a and 6b. If you sense the respondent has caught onto the response categories, do not read them for 6c. Re-read the categories if you sense the respondent needs to hear them again.</i></p> <p><i>For questions with answer categories with fine gradations such as these, listen closely for answers that require probing because they do not match the category. For example, if the respondent answers "a lot of the time," do not make an assumption about how this should be coded. Instead probe by reading answer categories 1 through 5. Category 6 does not need to be read in this case.</i></p>	
<p><b>&gt;Q6b&lt;</b></p> <p>How much of the time during the <b>past 4 weeks</b> did you have a lot of energy? Would you say:</p> <ul style="list-style-type: none"> <li>&lt;1&gt; All of the time,</li> <li>&lt;2&gt; Most of the time,</li> <li>&lt;3&gt; A good bit of the time,</li> <li>&lt;4&gt; Some of the time,</li> <li>&lt;5&gt; A little of the time, or</li> <li>&lt;6&gt; None of the time?</li> </ul> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p><b>&gt;Q6b&lt;</b></p> <p>How much of the time during the <b>past 4 weeks</b> did [he/she] have a lot of energy? Would you say:</p> <ul style="list-style-type: none"> <li>&lt;1&gt; All of the time,</li> <li>&lt;2&gt; Most of the time,</li> <li>&lt;3&gt; A good bit of the time,</li> <li>&lt;4&gt; Some of the time,</li> <li>&lt;5&gt; A little of the time, or</li> <li>&lt;6&gt; None of the time?</li> </ul> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p><b>[Q6c]</b></p> <p><b>&gt;Q6c&lt;</b></p> <p>How much of the time during the <b>past 4 weeks</b> have you felt downhearted and blue?  {Would you say: THEN READ RESPONSE CHOICES}</p> <ul style="list-style-type: none"> <li>&lt;1&gt; All of the time,</li> <li>&lt;2&gt; Most of the time,</li> <li>&lt;3&gt; A good bit of the time,</li> <li>&lt;4&gt; Some of the time,</li> <li>&lt;5&gt; A little of the time, or</li> <li>&lt;6&gt; None of the time?</li> </ul> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p><b>[Q6c]</b></p> <p><b>&gt;Q6c&lt;</b></p> <p>How much of the time during the <b>past 4 weeks</b> has [he/she] felt downhearted and blue?  {Would you say: THEN READ RESPONSE CHOICES}</p> <ul style="list-style-type: none"> <li>&lt;1&gt; All of the time,</li> <li>&lt;2&gt; Most of the time,</li> <li>&lt;3&gt; A good bit of the time,</li> <li>&lt;4&gt; Some of the time,</li> <li>&lt;5&gt; A little of the time, or</li> <li>&lt;6&gt; None of the time?</li> </ul> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p><b>[Q7]</b></p>	<p><b>[Q7]</b></p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q7&lt;</p> <p>During the <b>past 4 weeks</b>, how much of the time has your <b>physical health or emotional problems</b> interfered with your social activities, like visiting with friends or relatives? Has it interfered:</p> <ul style="list-style-type: none"> <li>&lt;1&gt; All of the time,</li> <li>&lt;2&gt; Most of the time,</li> <li>&lt;3&gt; Some of the time,</li> <li>&lt;4&gt; A little of the time, or</li> <li>&lt;5&gt; None of the time?</li> </ul> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p>&gt;Q7&lt;</p> <p>During the <b>past 4 weeks</b>, how much of the time has [MEMBER NAME]'s <b>physical health or emotional problems</b> interfered with [his/her] social activities, like visiting with friends or relatives? Has it interfered:</p> <ul style="list-style-type: none"> <li>&lt;1&gt; All of the time,</li> <li>&lt;2&gt; Most of the time,</li> <li>&lt;3&gt; Some of the time,</li> <li>&lt;4&gt; A little of the time, or</li> <li>&lt;5&gt; None of the time?</li> </ul> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p>[Q8]</p> <p>&gt;Q8&lt;</p> <p>Now, I'd like to ask you some questions about how your health may have changed.</p> <p><b>Compared to one year ago</b>, how would you rate your <b>physical health</b> in general <b>now</b>? Is it:</p> <ul style="list-style-type: none"> <li>&lt;1&gt; Much better,</li> <li>&lt;2&gt; Slightly better,</li> <li>&lt;3&gt; About the same,</li> <li>&lt;4&gt; Slightly worse, or</li> <li>&lt;5&gt; Much worse?</li> </ul> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p>[Q8]</p> <p>&gt;Q8&lt;</p> <p>Now, I'd like to ask you some questions about how [his/her] health may have changed.</p> <p><b>Compared to one year ago</b>, how would you rate [MEMBER NAME]'s <b>physical health</b> in general <b>now</b>? Is it:</p> <ul style="list-style-type: none"> <li>&lt;1&gt; Much better,</li> <li>&lt;2&gt; Slightly better,</li> <li>&lt;3&gt; About the same,</li> <li>&lt;4&gt; Slightly worse, or</li> <li>&lt;5&gt; Much worse?</li> </ul> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p>[Q9]</p>	<p>[Q9]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q9&lt;</p> <p><b>Compared to one year ago</b>, how would you rate your <b>emotional problems</b> such as feeling anxious, depressed or irritable in general <b>now</b>? Are they:</p> <p>&lt;1&gt; Much better,      &lt;2&gt; Slightly better,      &lt;3&gt; About the same,      &lt;4&gt; Slightly worse, or      &lt;5&gt; Much worse?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p>&gt;Q9&lt;</p> <p><b>Compared to one year ago</b>, how would you rate [MEMBER NAME]'s <b>emotional problems</b> such as feeling anxious, depressed or irritable in general <b>now</b>? Are they:</p> <p>&lt;1&gt; Much better,      &lt;2&gt; Slightly better,      &lt;3&gt; About the same,      &lt;4&gt; Slightly worse, or      &lt;5&gt; Much worse?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p>[Q10a]</p> <p>&gt;Q10a&lt;</p> <p>Now I am going to ask a few additional questions about limitations with activities because of a health or physical problem.</p> <p>Because of a health or physical problem, do you have any difficulty bathing <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF "YES," ASK: Are you:}</p> <p>&lt;2&gt; Able to do this with difficulty, or      &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>{PROBE: Do you have difficulty taking a bath or taking a shower?}</p>	<p>[Q10a]</p> <p>&gt;Q10a&lt;</p> <p>Now I am going to ask a few additional questions about limitations with activities because of a health or physical problem.</p> <p>Because of a health or physical problem, does [MEMBER NAME] have any difficulty bathing <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF "YES," ASK: Is [he/she]:}</p> <p>&lt;2&gt; Able to do this with difficulty, or      &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>{PROBE: Does [he/she] have difficulty taking a bath or taking a shower?}</p>
<p>[Q10b]</p> <p>For Q10b-f, interviewers are not required to read "Because of a health or physical problem." However, if you sense the respondent needs to hear the phrase again, re-read it.</p>	<p>[Q10b]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><b>&gt;Q10b&lt;</b>  Do you have any difficulty dressing <b>without special equipment or help from another person?</b></p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p>&lt;2&gt; Able to do this with difficulty, or  &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>{PROBE: Do you have difficulty putting on clothes?}</p> <p><b>[Q10c]</b></p>	<p><b>&gt;Q10b&lt;</b>  Does [MEMBER NAME] have any difficulty dressing <b>without special equipment or help from another person?</b></p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p>&lt;2&gt; Able to do this with difficulty, or  &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>{PROBE: Does [he/she] have difficulty putting on clothes?}</p> <p><b>[Q10c]</b></p>
<p><i>Note: Dressing includes shoes and socks, so if the respondent has difficulty putting on shoes and socks, code as “able to do this with difficulty.” If the respondent is unable to put on shoes and socks (even if he/she can put on other clothes, code as “unable to do this.”</i></p>	
<p><b>&gt;Q10c&lt;</b>  Do you have any difficulty eating <b>without special equipment or help from another person?</b></p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p>&lt;2&gt; Able to do this with difficulty, or  &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q10d]</b></p>	<p><b>&gt;Q10c&lt;</b>  Does [he/she] have any difficulty eating <b>without special equipment or help from another person?</b></p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p>&lt;2&gt; Able to do this with difficulty, or  &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q10d]</b></p>
<p><i>Note: Difficulty with eating can have several causes, such as digestive problems or arthritis that makes handling utensils difficult. The respondent should consider any health or physical problems that may cause this difficulty.</i></p>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><b>&gt;Q10d&lt;</b>            Do you have any difficulty getting in or out of chairs <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p>&lt;2&gt; Able to do this with difficulty, or            &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p><b>&gt;Q10d&lt;</b>            Does [he/she] have any difficulty getting in or out of chairs <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p>&lt;2&gt; Able to do this with difficulty, or            &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<b>[Q10e]</b>	<b>[Q10e]</b>
<p><b>&gt;Q10e&lt;</b>            Do you have any difficulty walking <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p>&lt;2&gt; Able to do this with difficulty, or            &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p><b>&gt;Q10e&lt;</b>            Does [he/she] have any difficulty walking <b>without special equipment or help from another person</b>?</p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p>&lt;2&gt; Able to do this with difficulty, or            &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<b>[Q10f]</b>	<b>[Q10f]</b>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><b>&gt;Q10f&lt;</b>            Do you have any difficulty using the toilet  <b>without special equipment or help from another person?</b></p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Are you:}</p> <p>&lt;2&gt; Able to do this with difficulty, or  &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p><b>&gt;Q10f&lt;</b>            Does [he/she] have any difficulty using the toilet  <b>without special equipment or help from another person?</b></p> <p>&lt;1&gt; NO {ABLE TO DO THIS WITHOUT DIFFICULTY}</p> <p>{IF “YES,” ASK: Is [he/she]:}</p> <p>&lt;2&gt; Able to do this with difficulty, or  &lt;3&gt; Unable to do this?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<b>[Q11a]</b>	<b>[Q11a]</b>
<p><b>&gt;Q11a&lt;</b>            Because of a health or physical problem, do you have any difficulty preparing meals?</p> <p>&lt;1&gt; NO {HAVE NO DIFFICULTY}</p> <p>{IF “YES,” ASK: Do you:}</p> <p>&lt;2&gt; Have difficulty, or  &lt;3&gt; Do you not do this activity?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p><b>&gt;Q11a&lt;</b>            Because of a health or physical problem, does [MEMBER NAME] have any difficulty preparing meals?</p> <p>&lt;1&gt; NO {HAS NO DIFFICULTY}</p> <p>{IF “YES,” ASK: Does [he/she]:}</p> <p>&lt;2&gt; Have difficulty, or  &lt;3&gt; Does [he/she] not do this activity?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<b>[Q11b]</b>	<b>[Q11b]</b>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><b>&gt;Q11b&lt;</b></p> <p>Because of a health or physical problem, do you have any difficulty managing money?</p> <p>&lt;1&gt; NO {HAVE NO DIFFICULTY}</p> <p>{IF “YES”, ASK: Do you:}</p> <p>&lt;2&gt; Have difficulty, or &lt;3&gt; Do you not do this activity?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p><b>&gt;Q11b&lt;</b></p> <p>Because of a health or physical problem, does [MEMBER NAME] have any difficulty managing money?</p> <p>&lt;1&gt; NO {HAS NO DIFFICULTY}</p> <p>{IF “YES,” ASK: Does [he/she]:}</p> <p>&lt;2&gt; Have difficulty, or &lt;3&gt; Does [he/she] not do this activity?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p><b>[Q11c]</b></p>	<p><b>[Q11c]</b></p>
<p><b>&gt;Q11c&lt;</b></p> <p>Because of a health or physical problem, do you have any difficulty taking medication as prescribed?</p> <p>&lt;1&gt; NO {HAVE NO DIFFICULTY}</p> <p>{IF “YES”, ASK: Do you:}</p> <p>&lt;2&gt; Have difficulty, or &lt;3&gt; Do you not do this activity?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p><b>&gt;Q11c&lt;</b></p> <p>Because of a health or physical problem, does [he/she] have any difficulty taking medication as prescribed?</p> <p>&lt;1&gt; NO {HAS NO DIFFICULTY}</p> <p>{IF “YES,” ASK: Does [he/she]:}</p> <p>&lt;2&gt; Have difficulty, or &lt;3&gt; Does [he/she] not do this activity?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p><b>[Q12]</b></p>	<p><b>[Q12]</b></p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><b>&gt;Q12&lt;</b></p> <p>These next questions ask about your physical and mental health during the past 30 days.</p> <p>Thinking about your physical health, which includes physical illness and injury, for how many days during the <b>past 30 days</b> was your <b>physical health not</b> good? Your best estimate is fine.</p> <p>&lt;DD&gt; {ENTER NUMBER OF DAYS} [SPECIFY: 2-DIGIT NUMBER. VALID VALUES 00-30, INCLUSIVE]</p> <p>&lt;99&gt; NOT ASCERTAINED</p> <p><b>[Q13]</b></p>	<p><b>&gt;Q12&lt;</b></p> <p>These next questions ask about [his/her] physical and mental health during the past 30 days.</p> <p>Thinking about [his/her] physical health, which includes physical illness and injury, for how many days during the <b>past 30 days</b> was [MEMBER NAME]'s <b>physical health not</b> good? Your best estimate is fine.</p> <p>&lt;DD&gt; {ENTER NUMBER OF DAYS} [SPECIFY: 2-DIGIT NUMBER. VALID VALUES 00-30, INCLUSIVE]</p> <p>&lt;99&gt; NOT ASCERTAINED</p> <p><b>[Q13]</b></p>
<p><i>The respondent should provide a number from 0 to 30. Probe if the respondent does not provide an appropriate answer. For example, if the respondent says "my physical health has not been good for 7, maybe 10 days" probe to find out what number between 7 and 10 best describes how many days the respondent's physical health was not good.</i></p> <p>1 week = 7 days 2 weeks = 14 days 3 weeks = 21 days 1 month = 30 days</p>	
<p><b>&gt;Q13&lt;</b></p> <p>Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the <b>past 30 days</b> was your <b>mental health not</b> good? Your best estimate is fine.</p> <p>&lt;DD&gt; {ENTER NUMBER OF DAYS} [SPECIFY: 2-DIGIT NUMBER. VALID VALUES 00-30, INCLUSIVE]</p> <p>&lt;99&gt; NOT ASCERTAINED</p> <p><b>[IF Q12 = 00 AND Q13 = 00 GO TO Q15; ELSE, IF Q12 ≠ 00 OR Q13 ≠ 00 GO TO Q14]</b></p>	<p><b>&gt;Q13&lt;</b></p> <p>Now thinking about [his/her] mental health, which includes stress, depression, and problems with emotions, for how many days during the <b>past 30 days</b> was [MEMBER NAME]'s <b>mental health not</b> good? Your best estimate is fine.</p> <p>&lt;DD&gt; {ENTER NUMBER OF DAYS} [SPECIFY: 2-DIGIT NUMBER. VALID VALUES 00-30, INCLUSIVE]</p> <p>&lt;99&gt; NOT ASCERTAINED</p> <p><b>[IF Q12 = 00 AND Q13 = 00 GO TO Q15; ELSE, IF Q12 ≠ 00 OR Q13 ≠ 00 GO TO Q14]</b></p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><b>&gt;Q14&lt;</b>  During the <b>past 30 days</b>, for about how many days did <b>poor physical or mental health</b> keep you from doing your usual activities, such as self-care, work, or recreation? Your best estimate is fine.</p> <p>&lt;DD&gt; {ENTER NUMBER OF DAYS}  [SPECIFY: 2-DIGIT NUMBER. VALID VALUES 00-30, INCLUSIVE]</p> <p>&lt;99&gt; NOT ASCERTAINED</p> <p>[Q15]</p>	<p><b>&gt;Q14&lt;</b>  During the <b>past 30 days</b>, for about how many days did <b>poor physical or mental health</b> keep [him/her] from doing [his/her] usual activities, such as self-care, work, or recreation? Your best estimate is fine.</p> <p>&lt;DD&gt; {ENTER NUMBER OF DAYS}  [SPECIFY: 2-DIGIT NUMBER. VALID VALUES 00-30, INCLUSIVE]</p> <p>&lt;99&gt; NOT ASCERTAINED</p> <p>[Q15]</p>
<i>This question is skipped if the respondent answers no days to questions 12 and 13.</i>	
<p><b>&gt;Q15&lt;</b>  Now I am going to ask some questions about specific medical conditions.</p> <p>Are you blind or do you have serious difficulty seeing, even when wearing glasses?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q16]</p>	<p><b>&gt;Q15&lt;</b>  Now I am going to ask some questions about specific medical conditions.</p> <p>Is [MEMBER NAME] blind or does [he/she] have serious difficulty seeing, even when wearing glasses?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q16]</p>
<i>Note that the answer to this question is "No" if the member is not blind or does not have serious difficulty seeing when wearing glasses.</i>	
<p><b>&gt;Q16&lt;</b>  Are you deaf or do you have serious difficulty hearing, even with a hearing aid?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q17]</p>	<p><b>&gt;Q16&lt;</b>  Is [he/she] deaf or does [he/she] have serious difficulty hearing, even with a hearing aid?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q17]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q17&lt;</p> <p><b>Because of a physical, mental, or emotional condition</b>, do you have <b>serious</b> difficulty concentrating, remembering or making decisions?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;9&gt; NOT ASCERTAINED</p> <p>[Q18]</p>	<p>&gt;Q17&lt;</p> <p><b>Because of a physical, mental, or emotional condition</b>, does [MEMBER NAME] have <b>serious</b> difficulty concentrating, remembering or making decisions?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;9&gt; NOT ASCERTAINED</p> <p>[Q18]</p>
<p>&gt;Q18&lt;</p> <p><b>Because of a physical, mental, or emotional condition</b>, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;9&gt; NOT ASCERTAINED</p> <p>[Q19]</p>	<p>&gt;Q18&lt;</p> <p><b>Because of a physical, mental, or emotional condition</b>, does [MEMBER NAME] have difficulty doing errands alone such as visiting a doctor's office or shopping?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;9&gt; NOT ASCERTAINED</p> <p>[Q19]</p>
<p>&gt;Q19&lt;</p> <p>In the <b>past month</b>, how often did memory problems interfere with your daily activities? Would you say:</p> <p>&lt;1&gt; Every day,  &lt;2&gt; Most days, such as 5 to 6 days a week,  &lt;3&gt; Some days, such as 2 to 4 days a week,  &lt;4&gt; Rarely, such as once a week, or  &lt;5&gt; Never</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q20]</p>	<p>&gt;Q19&lt;</p> <p>In the <b>past month</b>, how often did memory problems interfere with [his/her] daily activities? Would you say:</p> <p>&lt;1&gt; Every day,  &lt;2&gt; Most days, such as 5 to 6 days a week,  &lt;3&gt; Some days, such as 2 to 4 days a week,  &lt;4&gt; Rarely, such as once a week, or  &lt;5&gt; Never</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q20]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q20&lt; I have some more questions about specific medical conditions.</p> <p>Has a doctor <b>ever</b> told you that you had hypertension or high blood pressure?</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;9&gt; NOT ASCERTAINED</p>	<p>&gt;Q20&lt; I have some more questions about specific medical conditions.</p> <p>Has a doctor <b>ever</b> told [MEMBER NAME] that [he/she] had hypertension or high blood pressure?</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;9&gt; NOT ASCERTAINED</p>
[Q21]	[Q21]
<p><i>Hypertension = [hahy-per-TEN-shuh n] High blood pressure = [hahy bluhd PRESH-er]</i></p> <p><i>Note that for this question and the following questions, the member doesn't have to have the condition now.</i></p>	
<p>&gt;Q21&lt; Has a doctor <b>ever</b> told you that you had angina pectoris or coronary artery disease?</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;9&gt; NOT ASCERTAINED</p>	<p>&gt;Q21&lt; Has a doctor <b>ever</b> told [him/her] that [he/she] had angina pectoris or coronary artery disease?</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;9&gt; NOT ASCERTAINED</p>
[Q22]	[Q22]
<p><i>Angina pectoris [an-JYE-nuh or AN-jin-uh PECK-ter-iss] is severe pain in the chest associated with insufficient blood supply to the heart. Coronary artery disease = [KOR-uh-ner-ee AHR-tuh-ree dih-ZEEZ]</i></p> <p><i>Note that the member doesn't have to have the condition now.</i></p>	
<p>&gt;Q22&lt; {Has a doctor <b>ever</b> told you that you had}  Congestive heart failure?</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;9&gt; NOT ASCERTAINED</p>	<p>&gt;Q22&lt; {Has a doctor <b>ever</b> told [him/her] that [he/she] had}  Congestive heart failure?</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;9&gt; NOT ASCERTAINED</p>
[Q23]	[Q23]

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><i>Congestive heart failure = [kuh n-JEST-iv hahrt FEYL-yer]</i>  <i>Note that the member doesn't have to have the condition now.</i></p> <p>&gt;Q23&lt;  {Has a doctor <b>ever</b> told you that you had}  A myocardial infarction or a heart attack?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED    [Q24]</p>	<p>&gt;Q23&lt;  {Has a doctor <b>ever</b> told [him/her] that [he/she] had}  A myocardial infarction or a heart attack?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED    [Q24]</p>
<p><i>[MY-oh-car-dee-el in-FARK-shun] refers death of part of the heart muscle due to an interruption in the heart's blood supply; heart attack. Note: not pronounced in-frack-shun.</i>  <i>Heart attack = [hahrt uh-TAK]</i>  <i>Note that the member doesn't have to have the condition now.</i></p> <p>&gt;Q24&lt;  {Has a doctor <b>ever</b> told you that you had}  Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED    [Q25]</p>	<p>&gt;Q24&lt;  {Has a doctor <b>ever</b> told [him/her] that [he/she] had}  Other heart conditions, such as problems with heart valves or the rhythm of [his/her] heartbeat?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED    [Q25]</p>
<p><i>Heart valves = [hahrt valvs]</i>  <i>Rhythm of your heartbeat = [RITH-uh m] of your [HAHRT-beet]</i>  <i>Note that the member doesn't have to have the condition now.</i></p>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q25&lt;  {Has a doctor <b>ever</b> told you that you had}  A stroke?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED</p> <p>[Q26]</p>	<p>&gt;Q25&lt;  {Has a doctor <b>ever</b> told [him/her] that [he/she] had}  A stroke?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED</p> <p>[Q26]</p>
<p><i>Stroke = [strohk]</i>  <i>Note that the member doesn't have to have the condition now.</i></p>	
<p>&gt;Q26&lt;  {Has a doctor <b>ever</b> told you that you had}    Emphysema, or asthma, or COPD, which is chronic obstructive pulmonary disease?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED</p> <p>[Q27]</p>	<p>&gt;Q26&lt;  {Has a doctor <b>ever</b> told [him/her] that [he/she] had}    Emphysema, or asthma, or COPD, which is chronic obstructive pulmonary disease?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED</p> <p>[Q27]</p>
<p><i>[EM-fi-see-ma] is a condition of the lungs marked by an abnormal increase in the size of the air spaces, resulting in labored breathing and an increased susceptibility to infection.</i>  <i>Asthma = [AZ-muh]</i>  <i>Chronic obstructive pulmonary disease = [KRON-ik uh b-STRUHKT-iv PUHL-muh-ner-ee dih-ZEEZ]</i>  <i>Note that the member doesn't have to have the condition now.</i></p>	
<p>&gt;Q27&lt;  {Has a doctor <b>ever</b> told you that you had}    Crohn's disease, ulcerative colitis, or inflammatory bowel disease?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED</p> <p>[Q28]</p>	<p>&gt;Q27&lt;  {Has a doctor <b>ever</b> told [him/her] that [he/she] had}    Crohn's disease, ulcerative colitis, or inflammatory bowel disease?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED</p> <p>[Q28]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<i>These diseases involve chronic inflammation of the digestive tract.</i>	
<i>Crohn's disease = [crohns dih-ZEEZ]</i>	
<i>Ulcerative colitis = [UHL-suh-rey-tiv kuh-LAHY-tis]</i>	
<i>Inflammatory bowel disease = [in-FLAM-uh-tawr-ee BOU-uh l dih-ZEEZ]</i>	
<i>Note that the member doesn't have to have the condition now.</i>	
<p><b>&gt;Q28&lt;</b>            {Has a doctor <b>ever</b> told you that you had}</p> <p>Arthritis of the hip or knee?</p> <p>&lt;1&gt; YES            &lt;2&gt; NO            &lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q29]</b></p>	<p><b>&gt;Q28&lt;</b>            {Has a doctor <b>ever</b> told [him/her] that [he/she] had}</p> <p>Arthritis of the hip or knee?</p> <p>&lt;1&gt; YES            &lt;2&gt; NO            &lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q29]</b></p>
<i>Arthritis = [ahr-THRAHY-tis]</i>	
<i>Note that the member doesn't have to have the condition now.</i>	
<p><b>&gt;Q29&lt;</b>            {Has a doctor <b>ever</b> told you that you had}</p> <p>Arthritis of the hand or wrist?</p> <p>&lt;1&gt; YES            &lt;2&gt; NO            &lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q30]</b></p>	<p><b>&gt;Q29&lt;</b>            {Has a doctor <b>ever</b> told [him/her] that [he/she] had}</p> <p>Arthritis of the hand or wrist?</p> <p>&lt;1&gt; YES            &lt;2&gt; NO            &lt;9&gt; NOT ASCERTAINED</p> <p><b>[Q30]</b></p>
<i>Arthritis = [ahr-THRAHY-tis]</i>	
<i>Note that the member doesn't have to have the condition now.</i>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q30&lt;  {Has a doctor <b>ever</b> told you that you had}    Osteoporosis, sometimes called thin or brittle bones?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED</p> <p>[Q31]</p>	<p>&gt;Q30&lt;  {Has a doctor <b>ever</b> told [him/her] that [he/she] had}    Osteoporosis, sometimes called thin or brittle bones?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED</p> <p>[Q31]</p>
<i>Osteoporosis = [os-tee-oh-puh-ROH-sis]  Note that the member doesn't have to have the condition now.</i>	
<p>&gt;Q31&lt;  {Has a doctor <b>ever</b> told you that you had}    Sciatica, which is pain or numbness that travels down your leg to below your knee?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED</p> <p>[Q32]</p>	<p>&gt;Q31&lt;  {Has a doctor <b>ever</b> told [him/her] that [he/she] had}    Sciatica, which is pain or numbness that travels down your leg to below your knee?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED</p> <p>[Q32]</p>
<i>Sciatica = [sigh-AT-ih-ka]  Note that the member doesn't have to have the condition now.</i>	
<p>&gt;Q32&lt;  {Has a doctor <b>ever</b> told you that you had}    Diabetes, high blood sugar or sugar in the urine?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED</p> <p>[Q33]</p>	<p>&gt;Q32&lt;  {Has a doctor <b>ever</b> told [him/her] that [he/she] had}    Diabetes, high blood sugar or sugar in the urine?    &lt;1&gt; YES  &lt;2&gt; NO    &lt;9&gt; NOT ASCERTAINED</p> <p>[Q33]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><i>Diabetes = [dahy-uh-BEE-tis or dahy-uh-BEE-teez]</i>  <i>High blood sugar = [hahy bluhd SHOO G-er]</i>  <i>Sugar in the urine = [SHOO G-er] in the [YOO R-in]</i>  <i>Note that the member doesn't have to have the condition now.</i></p>	
<p>&gt;Q33&lt;  {Has a doctor <b>ever</b> told you that you had}   Depression?   &lt;1&gt; YES  &lt;2&gt; NO   &lt;9&gt; NOT ASCERTAINED</p> <p>[Q34]</p>	<p>&gt;Q33&lt;  {Has a doctor <b>ever</b> told [him/her] that [he/she] had}   Depression?   &lt;1&gt; YES  &lt;2&gt; NO   &lt;9&gt; NOT ASCERTAINED</p> <p>[Q34]</p>
<p><i>Depression = [dih-PRESH-uh n]</i>  <i>Note that the member doesn't have to have the condition now.</i></p>	
<p>&gt;Q34&lt;  {Has a doctor <b>ever</b> told you that you had}   Any cancer other than skin cancer?   &lt;1&gt; YES [Q35a]  &lt;2&gt; NO [Q36]   &lt;9&gt; NOT ASCERTAINED [Q36]</p>	<p>&gt;Q34&lt;  {Has a doctor <b>ever</b> told [him/her] that [he/she] had}   Any cancer other than skin cancer?   &lt;1&gt; YES [Q35a]  &lt;2&gt; NO [Q36]   &lt;9&gt; NOT ASCERTAINED [Q36]</p>
<p><i>Cancer = [KAN-ser]</i>  <i>Note that the member doesn't have to have the condition now.</i></p>	
<p>&gt;Q35a&lt;  Are you <b>currently</b> under treatment for colon or rectal cancer?   &lt;1&gt; YES  &lt;2&gt; NO   &lt;9&gt; NOT ASCERTAINED</p> <p>[Q35b]</p>	<p>&gt;Q35a&lt;  Is [MEMBER NAME] <b>currently</b> under treatment for colon or rectal cancer?   &lt;1&gt; YES  &lt;2&gt; NO   &lt;9&gt; NOT ASCERTAINED</p> <p>[Q35b]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>Questions 35 a-e are asked only if a doctor told the member s/he had a form of cancer other than skin cancer (answered "Yes" to Q34).</p> <p>A respondent may ask for the definition of "currently under treatment" if, for example, s/he is between chemotherapy treatments. The meaning of this should be left to the respondent. A useful probe might be: "Do you consider yourself [him/her] currently under treatment?"</p> <p>Colon or rectal cancer = [KOH-luh n] or [REK-tl KAN-ser]</p>	
>Q35b< Are you <b>currently</b> under treatment for lung cancer?  <1> YES <2> NO  <9> NOT ASCERTAINED  [Q35c]	>Q35b< Is [he/she] <b>currently</b> under treatment for lung cancer?  <1> YES <2> NO  <9> NOT ASCERTAINED  [Q35c]
<p>Lung cancer = [luhng KAN-ser]</p>	
>Q35c< Are you <b>currently</b> under treatment for breast cancer?  <1> YES <2> NO  <9> NOT ASCERTAINED  [IF Q57= 1 GO TO Q35d; IF Q57 ≠ 1 GO TO Q35e]	>Q35c< Is [he/she] <b>currently</b> under treatment for breast cancer?  <1> YES <2> NO  <9> NOT ASCERTAINED  [IF Q57= 1 GO TO Q35d; IF Q57 ≠ 1 GO TO Q35e]
<p>Breast cancer = [brest KAN-ser]</p>	
>Q35d< Are you <b>currently</b> under treatment for prostate cancer?  <1> YES <2> NO  <9> NOT ASCERTAINED  [Q35e]	>Q35d< Is he <b>currently</b> under treatment for prostate cancer?  <1> YES <2> NO  <9> NOT ASCERTAINED  [Q35e]
<p>Prostate cancer = [PROS-teyt KAN-ser]</p>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q35e&lt;</p> <p>Are you <b>currently</b> under treatment for any other cancer (not including skin cancer)?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;9&gt; NOT ASCERTAINED</p> <p>[Q36]</p>	<p>&gt;Q35e&lt;</p> <p>Is [he/she] <b>currently</b> under treatment for any other cancer (not including skin cancer)?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;9&gt; NOT ASCERTAINED</p> <p>[Q36]</p>
<p>&gt;Q36&lt;</p> <p>In the <b>past 7 days</b>, how much did pain interfere with your day-to-day activities?</p> <p>Would you say:</p> <p>&lt;1&gt; Not at all,  &lt;2&gt; A little bit,  &lt;3&gt; Somewhat,  &lt;4&gt; Quite a bit, or  &lt;5&gt; Very much?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q37]</p>	<p>&gt;Q36&lt;</p> <p>In the <b>past 7 days</b>, how much did pain interfere with [MEMBER NAME]'s day-to-day activities?</p> <p>Would you say:</p> <p>&lt;1&gt; Not at all,  &lt;2&gt; A little bit,  &lt;3&gt; Somewhat,  &lt;4&gt; Quite a bit, or  &lt;5&gt; Very much?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q37]</p>
<p>&gt;Q37&lt;</p> <p>In the <b>past 7 days</b>, how often did pain keep you from socializing with others?</p> <p>Would you say:</p> <p>&lt;1&gt; Never,  &lt;2&gt; Rarely,  &lt;3&gt; Sometimes,  &lt;4&gt; Often, or  &lt;5&gt; Always?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q38]</p>	<p>&gt;Q37&lt;</p> <p>In the <b>past 7 days</b>, how often did pain keep [him/her] from socializing with others?</p> <p>Would you say:</p> <p>&lt;1&gt; Never,  &lt;2&gt; Rarely,  &lt;3&gt; Sometimes,  &lt;4&gt; Often, or  &lt;5&gt; Always?</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q38]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q38&lt;</p> <p>Using any number from 1 to 10, where 1 is no pain and 10 is the worst imaginable pain, in the <b>past 7 days</b>, how would you rate your pain <b>on average</b>?</p> <p>&lt;01&gt; 1  &lt;02&gt; 2  &lt;03&gt; 3  &lt;04&gt; 4  &lt;05&gt; 5  &lt;06&gt; 6  &lt;07&gt; 7  &lt;08&gt; 8  &lt;09&gt; 9  &lt;10&gt; 10</p> <p>&lt;99&gt; NOT ASCERTAINED</p>	<p>&gt;Q38&lt;</p> <p>Using any number from 1 to 10, where 1 is no pain and 10 is the worst imaginable pain, in the <b>past 7 days</b>, how would you rate [MEMBER NAME]'s pain <b>on average</b>?</p> <p>&lt;01&gt; 1  &lt;02&gt; 2  &lt;03&gt; 3  &lt;04&gt; 4  &lt;05&gt; 5  &lt;06&gt; 6  &lt;07&gt; 7  &lt;08&gt; 8  &lt;09&gt; 9  &lt;10&gt; 10</p> <p>&lt;99&gt; NOT ASCERTAINED</p>
<p>[Q39a]</p> <p>&gt;Q39a&lt;</p> <p>Over the <b>past 2 weeks</b>, how often have you had little interest or pleasure in doing things? Would you say:</p> <p>&lt;1&gt; Not at all,  &lt;2&gt; Several days,  &lt;3&gt; More than half the days, or  &lt;4&gt; Nearly every day</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p>[Q39a]</p> <p>&gt;Q39a&lt;</p> <p>Over the <b>past 2 weeks</b>, how often has [MEMBER NAME] had little interest or pleasure in doing things? Would you say:</p> <p>&lt;1&gt; Not at all,  &lt;2&gt; Several days,  &lt;3&gt; More than half the days, or  &lt;4&gt; Nearly every day</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p>[Q39b]</p>	<p>[Q39b]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q39b&lt;</p> <p>Over the <b>past 2 weeks</b>, how often have you felt down, depressed or hopeless? Would you say:</p> <p>&lt;1&gt; Not at all,      &lt;2&gt; Several days,      &lt;3&gt; More than half the days, or      &lt;4&gt; Nearly every day</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p>&gt;Q39b&lt;</p> <p>Over the <b>past 2 weeks</b>, how often has [he/she] felt down, depressed or hopeless? Would you say:</p> <p>&lt;1&gt; Not at all,      &lt;2&gt; Several days,      &lt;3&gt; More than half the days, or      &lt;4&gt; Nearly every day</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p>[Q40]</p> <p>&gt;Q40&lt;</p> <p>In general, compared to other people your age, would you say that your health is:</p> <p>&lt;1&gt; Excellent,      &lt;2&gt; Very good,      &lt;3&gt; Good,      &lt;4&gt; Fair, or      &lt;5&gt; Poor?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p>[Q40]</p> <p>&gt;Q40&lt;</p> <p>In general, compared to other people [his/her] age, would you say that [MEMBER NAME]'s health is:</p> <p>&lt;1&gt; Excellent,      &lt;2&gt; Very good,      &lt;3&gt; Good,      &lt;4&gt; Fair, or      &lt;5&gt; Poor?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p>[Q41]</p> <p>&gt;Q41&lt;</p> <p>Do you <b>now</b> smoke:</p> <p>&lt;1&gt; Every day,      &lt;2&gt; Some days, or      &lt;3&gt; Not at all?      &lt;4&gt; DON'T KNOW</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p>[Q41]</p> <p>&gt;Q41&lt;</p> <p>Does [he/she] <b>now</b> smoke:</p> <p>&lt;1&gt; Every day,      &lt;2&gt; Some days, or      &lt;3&gt; Not at all?      &lt;4&gt; DON'T KNOW</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p>[Q42]</p> <p><i>"Don't know" is a valid response choice for this question. Do not read the response choice of "Don't know." However, if the respondent indicates they "don't know" the response to this question, code as &lt;4&gt; DON'T KNOW (not &lt;9&gt; NOT ASCERTAINED).</i></p>	<p>[Q42]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><b>&gt;Q42&lt;</b>  Many people experience leakage of urine, also called urinary incontinence. In the <b>past six months</b>, have you experienced leaking of urine?</p> <p>&lt;1&gt; YES [Q43]  &lt;2&gt; NO [Q46]</p> <p>&lt;9&gt; NOT ASCERTAINED [Q46]</p>	<p><b>&gt;Q42&lt;</b>  Many people experience leakage of urine, also called urinary incontinence. In the <b>past six months</b>, has [MEMBER NAME] experienced leaking of urine?</p> <p>&lt;1&gt; YES [Q43]  &lt;2&gt; NO [Q46]</p> <p>&lt;9&gt; NOT ASCERTAINED [Q46]</p>
<p><b>&gt;Q43&lt;</b>  During the <b>past six months</b>, how much did leaking of urine make you change your daily activities or interfere with your sleep? Would you say:</p> <p>&lt;1&gt; A lot,  &lt;2&gt; Somewhat, or  &lt;3&gt; Not at all?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p><b>&gt;Q43&lt;</b>  During the <b>past six months</b>, how much did leaking of urine make [him/her] change [his/her] daily activities or interfere with [his/her] sleep? Would you say:</p> <p>&lt;1&gt; A lot,  &lt;2&gt; Somewhat, or  &lt;3&gt; Not at all?</p> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p><b>&gt;Q44&lt;</b>  Have you <b>ever</b> talked with your current doctor, nurse, or other health provider about leaking of urine?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q45]</p>	<p><b>&gt;Q44&lt;</b>  Has [MEMBER NAME] <b>ever</b> talked with [his/her] current doctor, nurse, or other health provider about leaking of urine?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO</p> <p>&lt;9&gt; NOT ASCERTAINED</p> <p>[Q45]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><b>&gt;Q45&lt;</b></p> <p>There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you <b>ever</b> talked with a doctor, nurse, or other health care provider about any of these approaches?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;9&gt; NOT ASCERTAINED</p>	<p><b>&gt;Q45&lt;</b></p> <p>There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Has [he/she] <b>ever</b> talked with a doctor, nurse, or other health care provider about any of these approaches?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;9&gt; NOT ASCERTAINED</p>
<p><b>[Q46]</b></p> <p><b>&gt;Q46&lt;</b></p> <p>A doctor or other health provider may ask if you exercise regularly or take part in physical exercise. In the <b>past 12 months</b>, did you talk with a doctor or other health provider about your level of exercise or physical activity?</p> <p>&lt;1&gt; YES [Q47]  &lt;2&gt; NO [Q47]  &lt;3&gt; I HAD NO VISITS IN THE PAST 12 MONTHS [Q48]  &lt;9&gt; NOT ASCERTAINED [Q47]</p>	<p><b>[Q46]</b></p> <p><b>&gt;Q46&lt;</b></p> <p>A doctor or other health provider may ask if [he/she] exercises regularly or takes part in physical exercise. In the <b>past 12 months</b>, did [MEMBER NAME] talk with a doctor or other health provider about [his/her] level of exercise or physical activity?</p> <p>&lt;1&gt; YES [Q47]  &lt;2&gt; NO [Q47]  &lt;3&gt; [HE/SHE] HAD NO VISITS IN THE PAST 12 MONTHS [Q48]  &lt;9&gt; NOT ASCERTAINED [Q47]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><b>&gt;Q47&lt;</b></p> <p>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. In the <b>past 12 months</b>, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? Would you say yes or no?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;9&gt; NOT ASCERTAINED</p> <p>[Q48]</p>	<p><b>&gt;Q47&lt;</b></p> <p>In order to improve [his/her] health, [his/her] doctor or other health provider may advise [him/her] to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain [his/her] current exercise program. In the <b>past 12 months</b>, did a doctor or other health provider advise [MEMBER NAME] to start, increase or maintain [his/her] level of exercise or physical activity? Would you say yes or no?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;9&gt; NOT ASCERTAINED</p> <p>[Q48]</p>
<p><b>&gt;Q48&lt;</b></p> <p>A fall is when your body goes to the ground without being pushed. In the <b>past 12 months</b>, did you talk with your doctor or other health provider about falling or problems with balance or walking?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;3&gt; I HAD NO VISITS IN THE PAST 12 MONTHS  &lt;9&gt; NOT ASCERTAINED</p> <p>[Q49]</p>	<p><b>&gt;Q48&lt;</b></p> <p>A fall is when the body goes to the ground without being pushed. In the <b>past 12 months</b>, did [MEMBER NAME] talk with [his/her] doctor or other health provider about falling or problems with balance or walking?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;3&gt; [HE/SHE] HAD NO VISITS IN THE PAST 12 MONTHS  &lt;9&gt; NOT ASCERTAINED</p> <p>[Q49]</p>
<p><b>&gt;Q49&lt;</b></p> <p>Did you fall in the <b>past 12 months</b>?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;9&gt; NOT ASCERTAINED</p> <p>[Q50]</p>	<p><b>&gt;Q49&lt;</b></p> <p>Did [he/she] fall in the <b>past 12 months</b>?</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;9&gt; NOT ASCERTAINED</p> <p>[Q50]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q50&lt;</p> <p>In the <b>past 12 months</b>, have you had a problem with balance or walking?</p> <p>&lt;1&gt; YES      &lt;2&gt; NO      &lt;9&gt; NOT ASCERTAINED</p> <p>[Q51]</p>	<p>&gt;Q50&lt;</p> <p>In the <b>past 12 months</b>, has [MEMBER NAME] had a problem with balance or walking?</p> <p>&lt;1&gt; YES      &lt;2&gt; NO      &lt;9&gt; NOT ASCERTAINED</p> <p>[Q51]</p>
<p>&gt;Q51&lt;</p> <p>Has your doctor or other health provider done any of the following to help prevent falls or treat problems with balance or walking?</p> <p>{READ THROUGH THE FIVE ITEMS BELOW AND PAUSE AFTER EACH QUESTION. IF R ANSWERS YES TO A QUESTION, CODE 1=YES AND MOVE TO Q52. CONTINUE THROUGH THE LIST UNTIL R ANSWERS YES. IF R ANSWERS NO TO ALL CODE 2=NO}</p> <ul style="list-style-type: none"> <li>• Suggest that you use a cane or walker?</li> <li>• Check your blood pressure lying or standing?</li> <li>• Suggest that you do an exercise or physical therapy program?</li> <li>• Suggest a vision or hearing testing?</li> <li>• Has your doctor or other health provider done anything else? {PROBE: to help prevent falls or treat problems with balance or walking.}</li> </ul> <p>&lt;1&gt; YES      &lt;2&gt; NO      &lt;3&gt; I HAD NO VISITS IN THE PAST 12 MONTHS      &lt;9&gt; NOT ASCERTAINED</p> <p>[Q52]</p>	<p>&gt;Q51&lt;</p> <p>Has [his/her] doctor or other health provider done any of the following to help prevent falls or treat problems with balance or walking?</p> <p>{READ THROUGH THE FIVE ITEMS BELOW AND PAUSE AFTER EACH QUESTION. IF R ANSWERS YES TO A QUESTION, CODE 1=YES AND MOVE TO Q52. CONTINUE THROUGH THE LIST UNTIL R ANSWERS YES. IF R ANSWERS NO TO ALL CODE 2=NO}</p> <ul style="list-style-type: none"> <li>• Suggest that [he/she] use a cane or walker?</li> <li>• Check [his/her] blood pressure lying or standing?</li> <li>• Suggest that [he/she] do an exercise or physical therapy program?</li> <li>• Suggest a vision or hearing testing?</li> <li>• Has [MEMBER NAME]'s doctor or other health provider done anything else? {PROBE: to help prevent falls or treat problems with balance or walking.}</li> </ul> <p>&lt;1&gt; YES      &lt;2&gt; NO      &lt;3&gt; [HE/SHE] HAD NO VISITS IN THE PAST 12 MONTHS      &lt;9&gt; NOT ASCERTAINED</p> <p>[Q52]</p>
<p>If the respondent answers "yes" to "check your blood pressure lying or standing" PROBE "Was this performed to help prevent falls or treat problems with balance or walking?"</p>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q52&lt;</p> <p>Have you <b>ever</b> had a <b>bone density test</b> to check for <b>osteoporosis</b>, sometimes thought of as “brittle bones”? This test would have been done to your back or hip.</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;9&gt; NOT ASCERTAINED</p>	<p>&gt;Q52&lt;</p> <p>Has [MEMBER NAME] <b>ever</b> had a <b>bone density test</b> to check for <b>osteoporosis</b>, sometimes thought of as “brittle bones”? This test would have been done to [his/her] back or hip.</p> <p>&lt;1&gt; YES  &lt;2&gt; NO  &lt;9&gt; NOT ASCERTAINED</p>
<p>[Q53]</p> <p>&gt;Q53&lt;</p> <p>During the <b>past month</b>, 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. Would you say:</p> <p>&lt;1&gt; Less than 5 hours,  &lt;2&gt; 5 to 6 hours,  &lt;3&gt; 7 to 8 hours, or  &lt;4&gt; 9 or more hours  &lt;9&gt; NOT ASCERTAINED</p>	<p>[Q53]</p> <p>&gt;Q53&lt;</p> <p>During the <b>past month</b>, on average, how many hours of actual sleep did [MEMBER NAME] get at night? This may be different from the number of hours [he/she] spent in bed. Would you say:</p> <p>&lt;1&gt; Less than 5 hours,  &lt;2&gt; 5 to 6 hours,  &lt;3&gt; 7 to 8 hours, or  &lt;4&gt; 9 or more hours  &lt;9&gt; NOT ASCERTAINED</p>
<p>[Q54]</p> <p>&gt;Q54&lt;</p> <p>During the <b>past month</b>, how would you rate your overall sleep quality? Would you say:</p> <p>&lt;1&gt; Very good,  &lt;2&gt; Fairly good,  &lt;3&gt; Fairly bad, or  &lt;4&gt; Very bad  &lt;9&gt; NOT ASCERTAINED</p>	<p>[Q54]</p> <p>&gt;Q54&lt;</p> <p>During the <b>past month</b>, how would you rate [his/her] overall sleep quality? Would you say:</p> <p>&lt;1&gt; Very good,  &lt;2&gt; Fairly good,  &lt;3&gt; Fairly bad, or  &lt;4&gt; Very bad  &lt;9&gt; NOT ASCERTAINED</p>
<p>[Q55]</p>	<p>[Q55]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q55&lt; How much do you weigh in pounds?  {PROBE: Your best estimate would be fine.}  {ENTER 3-DIGIT WEIGHT. ZERO-FILL IF LESS THAN 100}  &lt;999&gt; NOT ASCERTAINED  [Q56]</p>	<p>&gt;Q55&lt; How much does [MEMBER NAME] weigh in pounds? {PROBE: Your best estimate would be fine.}  {ENTER 3-DIGIT WEIGHT. ZERO-FILL IF LESS THAN 100}  &lt;999&gt; NOT ASCERTAINED  [Q56]</p>
<p><i>The interviewer key-enters the weight in lbs by entering a 3-digit number.</i>  <i>Probe if the respondent does not provide an appropriate answer. For example, if the respondent says "I [He/She] weigh[es] too much" probe to find out what the specific weight in lbs.</i></p>	
<p>&gt;Q56&lt; How tall are you without shoes on in feet and inches?  {IF R GIVES HALF INCH RESPONSE, ROUND UP. PROBE: Your best estimate would be fine.}  {ENTER 3-DIGIT HEIGHT IN FEET AND INCHES. ZERO-FILL INCHES IF LESS THAN 10} [FOR FEET, SPECIFY: 1-DIGIT NUMBER. VALID VALUES 4-7, INCLUSIVE] [FOR INCHES, SPECIFY: 2-DIGIT NUMBER. VALID VALUES 00-11, INCLUSIVE]  &lt;999&gt; NOT ASCERTAINED  [Q58a]</p>	<p>&gt;Q56&lt; How tall is [he/she] without shoes on in feet and inches?  {IF R GIVES HALF INCH RESPONSE, ROUND UP. PROBE: Your best estimate would be fine.}  {ENTER 3-DIGIT HEIGHT IN FEET AND INCHES. ZERO-FILL INCHES IF LESS THAN 10} [FOR FEET, SPECIFY: 1-DIGIT NUMBER. VALID VALUES 4-7, INCLUSIVE] [FOR INCHES, SPECIFY: 2-DIGIT NUMBER. VALID VALUES 00-11, INCLUSIVE]  &lt;999&gt; NOT ASCERTAINED  [Q58a]</p>
<p><i>The interviewer key-enters (or selects from a drop down menu) the height in two separate fields: a "feet" field and an "inches" field.</i>  <i>Probe if the respondent does not provide an appropriate answer. For example, if the respondent says "I'm [He's/she's] not too tall" probe to find out what the specific height in feet and inches.</i></p>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q57&lt; IS THE PERSON TO WHOM THE SURVEY WAS ADDRESSED MALE OR FEMALE? {ASK IF NECESSARY: "Are you male or female?"}</p> <p>{READ IF NECESSARY:} &lt;1&gt; Male [Q1] &lt;2&gt; Female [Q1]</p> <p>&lt;9&gt; NOT ASCERTAINED [Q1]</p>	<p>&gt;Q57&lt; IS THE PERSON TO WHOM THE SURVEY WAS ADDRESSED MALE OR FEMALE? {ASK IF NECESSARY: "Is [MEMBER NAME] male or female?"}</p> <p>{READ IF NECESSARY:} &lt;1&gt; Male [Q1] &lt;2&gt; Female [Q1]</p> <p>&lt;9&gt; NOT ASCERTAINED [Q1]</p>
<p><i>For telephone interviewing, this question appears at the beginning of the survey, immediately before Q1. This question is asked at the beginning of the interview so that correct pronouns can be used to refer to the sampled member throughout the interview conducted with a proxy and so the prostate cancer question is skipped for females.</i></p>	
<p>&gt;Q58a&lt; Are you Hispanic, Latino/a or of Spanish origin?</p> <p>&lt;0&gt; YES, HISPANIC OR NOT ASCERTAINED [Q58b] &lt;1&gt; NO, NOT HISPANIC [Q59a]</p> <p>{IF THE RESPONDENT DOES NOT WANT TO ANSWER QUESTION 58, CODE Q58a-e AS “0”}</p>	<p>&gt;Q58a&lt; Is [MEMBER NAME] Hispanic, Latino/a or of Spanish origin?</p> <p>&lt;0&gt; YES, HISPANIC OR NOT ASCERTAINED [Q58b] &lt;1&gt; NO, NOT HISPANIC [Q59a]</p> <p>{IF THE RESPONDENT DOES NOT WANT TO ANSWER QUESTION 58, CODE Q58a-e AS “0”}</p>
<p>IF YES: (READ ALL RESPONSE CATEGORIES)</p> <p>&gt;Q58b&lt; Are you: Mexican, Mexican American or Chicano/a?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q58c] &lt;1&gt; YES [Q58c]</p>	<p>IF YES: (READ ALL RESPONSE CATEGORIES)</p> <p>&gt;Q58b&lt; Is [he/she]: Mexican, Mexican American or Chicano/a?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q58c] &lt;1&gt; YES [Q58c]</p>
<p>&gt;Q58c&lt; Are you: Puerto Rican?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q58d] &lt;1&gt; YES [Q58d]</p>	<p>&gt;Q58c&lt; Is [he/she]: Puerto Rican?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q58d] &lt;1&gt; YES [Q58d]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q58d&lt; Are you: Cuban?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q58e] &lt;1&gt; YES [Q58e]</p>	<p>&gt;Q58d&lt; Is [he/she]: Cuban?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q58e] &lt;1&gt; YES [Q58e]</p>
<p>&gt;Q58e&lt; Are you: Another Hispanic, Latino/a or Spanish origin?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q59a] &lt;1&gt; YES [Q59a]</p>	<p>&gt;Q58e&lt; Is [he/she]: Another Hispanic, Latino/a or Spanish origin?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q59a] &lt;1&gt; YES [Q59a]</p>
<p><i>If the respondent is male, telephone interviewers use "Latino" and "Chicano." If the respondent is female, telephone interviewers use "Latina" and "Chicana."</i></p>	
<p>FOR TELEPHONE INTERVIEWING THIS QUESTION IS BROKEN INTO PARTS A-N]</p>	
<p>&gt;Q59a&lt; When I read the following list, please select one or more categories that describe your race. I must ask you about all categories in case more than one applies. As I read each category, please answer with a yes or no.</p> <p>Are you White?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q59b] &lt;1&gt; YES [Q59b]</p> <p>{IF THE RESPONDENT DOES NOT WANT TO ANSWER QUESTION 59, CODE Q59a-n AS "0"}</p> <p><i>If the respondent replies, "Why are you asking my [his/her] race?" say, "We ask about your [his/her] race for demographic purposes. We want to be sure that the people we survey accurately represent the racial diversity of Medicare beneficiaries in this country."</i></p>	<p>&gt;Q59a&lt; When I read the following list, please select one or more categories that describes [MEMBER NAME]'s race. I must ask you about all categories in case more than one applies. As I read each category, please answer with a yes or no.</p> <p>Is [he/she] White?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q59b] &lt;1&gt; YES [Q59b]</p> <p>{IF THE RESPONDENT DOES NOT WANT TO ANSWER QUESTION 59, CODE Q59a-n AS "0"}</p>
<p>&gt;Q59b&lt; Are you Black or African American?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q59c] &lt;1&gt; YES [Q59c]</p>	<p>&gt;Q59b&lt; Is [he/she] Black or African American?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q59c] &lt;1&gt; YES [Q59c]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
>Q59c< Are you American Indian or Alaska Native?  <0> NO OR NOT ASCERTAINED [Q59d1] <1> YES [Q59d1]	>Q59c< Is [he/she] American Indian or Alaska Native?  <0> NO OR NOT ASCERTAINED [Q59d1] <1> YES [Q59d1]
>Q59d1< Are you Asian?  <0> NO OR NOT ASCERTAINED [Q59k1] <1> YES [Q59d]	>Q59d1< Is [he/she] Asian?  <0> NO OR NOT ASCERTAINED [Q59k1] <1> YES [Q59d]
IF YES: (READ ALL CATEGORIES) >Q59d< {Are you...} Asian Indian?  <0> NO OR NOT ASCERTAINED [Q59e] <1> YES [Q59e]	IF YES: (READ ALL CATEGORIES) >Q59d< {Is [he/she]...} Asian Indian?  <0> NO OR NOT ASCERTAINED [Q59e] <1> YES [Q59e]
>Q59e< {Are you...} Chinese?  <0> NO OR NOT ASCERTAINED [Q59f] <1> YES [Q59f]	>Q59e< {Is [he/she]...} Chinese?  <0> NO OR NOT ASCERTAINED [Q59f] <1> YES [Q59f]
>Q59f< {Are you...} Filipino?  <0> NO OR NOT ASCERTAINED [Q59g] <1> YES [Q59g]	>Q59f< {Is [he/she]...} Filipino?  <0> NO OR NOT ASCERTAINED [Q59g] <1> YES [Q59g]
>Q59g< {Are you...} Japanese?  <0> NO OR NOT ASCERTAINED [Q59h] <1> YES [Q59h]	>Q59g< {Is [he/she]...} Japanese?  <0> NO OR NOT ASCERTAINED [Q59h] <1> YES [Q59h]
>Q59h< {Are you...} Korean?  <0> NO OR NOT ASCERTAINED [Q59i] <1> YES [Q59i]	>Q59h< {Is [he/she]...} Korean?  <0> NO OR NOT ASCERTAINED [Q59i] <1> YES [Q59i]
>Q59i< {Are you...} Vietnamese?  <0> NO OR NOT ASCERTAINED [Q59j] <1> YES [Q59j]	>Q59i< {Is [he/she]...} Vietnamese?  <0> NO OR NOT ASCERTAINED [Q59j] <1> YES [Q59j]

Electronic Telephone Interviewing System Specifications			
Member Script	Proxy Script		
>Q59j< {Are you...} Other Asian?  <0> NO OR NOT ASCERTAINED [Q59k1] <1> YES [Q59k1]	>Q59j< Is [MEMBER NAME] Other Asian?  <0> NO OR NOT ASCERTAINED [Q59k1] <1> YES [Q59k1]		
>Q59k1< {Are you...} Native Hawaiian or Other Pacific Islander?  <0> NO OR NOT ASCERTAINED [Q60a] <1> YES [Q59k]	>Q59k1< {Is [he/she]...} Native Hawaiian or Other Pacific Islander?  <0> NO OR NOT ASCERTAINED [Q60a] <1> YES [Q59k]		
IF YES: (READ ALL CATEGORIES) >Q59k< {Are you...} Native Hawaiian?  <0> NO OR NOT ASCERTAINED [Q59l] <1> YES [Q59l]	IF YES: (READ ALL CATEGORIES) >Q59k< {Is [he/she]...} Native Hawaiian?  <0> NO OR NOT ASCERTAINED [Q59l] <1> YES [Q59l]		
>Q59l< {Are you...} Guamanian or Chamorro?  <0> NO OR NOT ASCERTAINED [Q59m] <1> YES [Q59m]	>Q59l< {Is [he/she]...} Guamanian or Chamorro?  <0> NO OR NOT ASCERTAINED [Q59m] <1> YES [Q59m]		
>Q59m< {Are you...} Samoan?  <0> NO OR NOT ASCERTAINED [Q59n] <1> YES [Q59n]	>Q59m< {Is [he/she]...} Samoan?  <0> NO OR NOT ASCERTAINED [Q59n] <1> YES [Q59n]		
>Q59n< Are you Other Pacific Islander?  <0> NO OR NOT ASCERTAINED [Q60a] <1> YES [Q60a]	>Q59n< Is [MEMBER NAME] Other Pacific Islander?  <0> NO OR NOT ASCERTAINED [Q60a] <1> YES [Q60a]		
>Q60a< What language do you <b>mainly</b> speak at home?  <1> English, [Q61] <2> Spanish, [Q61] <3> Chinese, or [Q61] <4> Some other language? [Q60b]  <9> NOT ASCERTAINED [Q61]	>Q60a< What language does [MEMBER NAME] <b>mainly</b> speak at home?  <1> English, [Q61] <2> Spanish, [Q61] <3> Chinese, or [Q61] <4> Some other language? [Q60b]  <9> NOT ASCERTAINED [Q61]		

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q60b&lt;  {IF SOME OTHER LANGUAGE, SAY: Please specify the language.}</p> <hr/> <p>[Q61]</p> <p>&gt;Q61&lt;  What is your current marital status? Are you:</p> <ul style="list-style-type: none"> <li>&lt;1&gt; Married,</li> <li>&lt;2&gt; Divorced,</li> <li>&lt;3&gt; Separated,</li> <li>&lt;4&gt; Widowed, or</li> <li>&lt;5&gt; Never married?</li> </ul> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p>&gt;Q60b&lt;  {IF SOME OTHER LANGUAGE, SAY: Please specify the language.}</p> <hr/> <p>[Q61]</p> <p>&gt;Q61&lt;  What is [MEMBER NAME]’s current marital status? Is [he/she]:</p> <ul style="list-style-type: none"> <li>&lt;1&gt; Married,</li> <li>&lt;2&gt; Divorced,</li> <li>&lt;3&gt; Separated,</li> <li>&lt;4&gt; Widowed, or</li> <li>&lt;5&gt; Never married?</li> </ul> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p>&gt;Q62&lt;  What is the highest grade or level of school that you have completed? Did you complete:</p> <ul style="list-style-type: none"> <li>&lt;1&gt; 8th grade or less,</li> <li>&lt;2&gt; Some high school, but you did not graduate,</li> <li>&lt;3&gt; High school graduate or GED,</li> <li>&lt;4&gt; Some college or 2 year degree,</li> <li>&lt;5&gt; 4 year college graduate, or</li> <li>&lt;6&gt; More than a 4 year college degree?</li> </ul> <p>&lt;9&gt; NOT ASCERTAINED</p>	<p>&gt;Q62&lt;  What is the highest grade or level of school that [MEMBER NAME] has completed? Did [he/she] complete:</p> <ul style="list-style-type: none"> <li>&lt;1&gt; 8<sup>th</sup> grade or less,</li> <li>&lt;2&gt; Some high school, but [he/she] did not graduate,</li> <li>&lt;3&gt; High school graduate or GED,</li> <li>&lt;4&gt; Some college or 2 year degree,</li> <li>&lt;5&gt; 4 year college graduate, or</li> <li>&lt;6&gt; More than a 4 year college degree?</li> </ul> <p>&lt;9&gt; NOT ASCERTAINED</p>
<p>[Q63a]</p> <p><i>Academic training beyond a high school diploma that does not lead to a bachelor’s degree should be coded “&lt;4&gt; Some college or 2 year degree.” This includes training such as business school or a 3-year nursing degree. If the respondent describes nonacademic training such as trade school, probe to find out if he/she has a high school diploma.</i></p>	
<p>[FOR TELEPHONE INTERVIEWING THIS QUESTION IS BROKEN INTO PARTS A-E]</p>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>When I read the following list, please select one or more categories that describe who you live with or who lives with you:</p> <p><b>&gt;Q63a&lt;</b> Do you live alone?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q63b] &lt;1&gt; YES [Q64]</p>	<p>When I read the following list, please select one or more categories that describe who [MEMBER NAME] lives with or who lives with [him/her]:</p> <p><b>&gt;Q63a&lt;</b> Does [he/she] live alone?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q63b] &lt;1&gt; YES [Q64]</p>
<p><b>&gt;Q63b&lt;</b> Do you live with your spouse or significant other?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q63c] &lt;1&gt; YES [Q63c]</p>	<p><b>&gt;Q63b&lt;</b> Does [he/she] live with [his/her] spouse or significant other?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q63c] &lt;1&gt; YES [Q63c]</p>
<p><b>&gt;Q63c&lt;</b> Do you live with your children or other relatives?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q63d] &lt;1&gt; YES [Q63d]</p>	<p><b>&gt;Q63c&lt;</b> Does [he/she] live with [his/her] children or other relatives?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q63d] &lt;1&gt; YES [Q63d]</p>
<p><b>&gt;Q63d&lt;</b> Do you live with non-relatives?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q63e] &lt;1&gt; YES [Q63e]</p>	<p><b>&gt;Q63d&lt;</b> Does [he/she] live with non-relatives?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q63e] &lt;1&gt; YES [Q63e]</p>
<p><b>&gt;Q63e&lt;</b> Do you live with a paid caregiver?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q64] &lt;1&gt; YES [Q64]</p>	<p><b>&gt;Q63e&lt;</b> Does [he/she] live with a paid caregiver?</p> <p>&lt;0&gt; NO OR NOT ASCERTAINED [Q64] &lt;1&gt; YES [Q64]</p>

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><b>&gt;Q64&lt;</b>  When I read the following list, please select the category that describes where you live:</p> <ul style="list-style-type: none"> <li>&lt;1&gt; In a house, apartment, condominium or mobile home, [Q65]</li> <li>&lt;2&gt; In an assisted living or board and care home, [Q65]</li> <li>&lt;3&gt; In a nursing home, or [Q68]</li> <li>&lt;4&gt; Somewhere else [Q68]</li>   <li>&lt;9&gt; NOT ASCERTAINED [Q68]</li> </ul>	<p><b>&gt;Q64&lt;</b>  When I read the following list, please select the category that describes where [MEMBER NAME] lives?</p> <ul style="list-style-type: none"> <li>&lt;1&gt; In a house, apartment, condominium or mobile home, [Q65]</li> <li>&lt;2&gt; In an assisted living or board and care home, [Q65]</li> <li>&lt;3&gt; In a nursing home, or [Q68]</li> <li>&lt;4&gt; Somewhere else? [Q68]</li>   <li>&lt;9&gt; NOT ASCERTAINED [Q68]</li> </ul>
[IF RESPONDENT SELECTS AN OPTION BEFORE ALL THE OPTIONS ARE READ, MARK THE OPTION AND MOVE TO QUESTION 65]	
<p><b>&gt;Q65&lt;</b>  Is the house or apartment you currently live in:</p> <ul style="list-style-type: none"> <li>&lt;1&gt; Owned or being bought by you,</li> <li>&lt;2&gt; Owned or being bought by someone in your family other than you,</li> <li>&lt;3&gt; Rented for money,</li> <li>&lt;4&gt; Not owned and one in which you live without payment of rent, or</li> <li>&lt;5&gt; None of these?</li>   <li>&lt;9&gt; NOT ASCERTAINED</li> </ul> <p>[Q68]</p>	<p><b>&gt;Q65&lt;</b>  Is the house or apartment [he/she] currently lives in:</p> <ul style="list-style-type: none"> <li>&lt;1&gt; Owned or being bought by [him/her],</li> <li>&lt;2&gt; Owned or being bought by someone in [his/her] family other than [him/her],</li> <li>&lt;3&gt; Rented for money,</li> <li>&lt;4&gt; Not owned and one in which [he/she] lives without payment of rent, or</li> <li>&lt;5&gt; None of these?</li>   <li>&lt;9&gt; NOT ASCERTAINED</li> </ul> <p>[Q68]</p>
[IF RESPONDENT SELECTS AN OPTION BEFORE ALL THE OPTIONS ARE READ, MARK THE OPTION AND MOVE TO QUESTION 68]	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p>&gt;Q66&lt; WHO ARE YOU INTERVIEWING?</p> <p>&lt;1&gt; PERSON TO WHOM SURVEY WAS ADDRESSED, [Q57]</p> <p>{IF SOMEONE ELSE, PROBE: How are you related to [MEMBER NAME]? Are you a:}</p> <p>&lt;2&gt; family member or relative, [Q67]            &lt;3&gt; a friend, or [Q67]            &lt;4&gt; a professional caregiver? [Q67]</p> <p>&lt;9&gt; NOT ASCERTAINED [Q67]</p>	<p>&gt;Q66&lt; WHO ARE YOU INTERVIEWING?</p> <p>&lt;1&gt; PERSON TO WHOM SURVEY WAS ADDRESSED, [Q57]</p> <p>{IF SOMEONE ELSE, PROBE: How are you related to [MEMBER NAME]? Are you a:}</p> <p>&lt;2&gt; family member or relative, [Q67]            &lt;3&gt; a friend, or [Q67]            &lt;4&gt; a professional caregiver? [Q67]</p> <p>&lt;9&gt; NOT ASCERTAINED [Q67]</p>
<p><i>This is the first question asked during the telephone interview. It establishes who the respondent is—the sampled member or a proxy respondent. The question is asked at the beginning of the survey so the correct form of the questions can be used (questions for proxy interviews are different from those used to interview the sampled member).</i></p>	
<p>&gt;Q67&lt; What is your name?</p> <p>{ENTER FIRST NAME} [SPECIFY]</p> <p>{ENTER LAST NAME} [SPECIFY]</p> <p>[Q57]</p>	<p>&gt;Q67&lt; What is your name?</p> <p>{ENTER FIRST NAME} [SPECIFY]</p> <p>{ENTER LAST NAME} [SPECIFY]</p> <p>[Q57]</p>
<p><i>The respondent's first and last names are entered into two separate 25-character fields.</i></p>	

Electronic Telephone Interviewing System Specifications	
Member Script	Proxy Script
<p><b>&gt;Q68&lt;</b></p> <p>Which of the following categories best represents the <b>combined income for all family members in your household</b> for the <b>past 12 months</b>?</p> <p>{PROBE: Your best estimate would be fine.}</p> <p>&lt;01&gt; Less than 5,000 dollars,      &lt;02&gt; At least 5,000 but less than 10,000      &lt;03&gt; At least 10,000 but less than 20,000      &lt;04&gt; At least 20,000 but less than 30,000      &lt;05&gt; At least 30,000 but less than 40,000      &lt;06&gt; At least 40,000 but less than 50,000      &lt;07&gt; At least 50,000 but less than 80,000      &lt;08&gt; At least 80,000 but less than 100,000      &lt;09&gt; 100,000 or more, or you      &lt;10&gt; Don't know?</p> <p>&lt;99&gt; NOT ASCERTAINED</p> <p>[IF RESPONDENT SELECTS AN OPTION BEFORE ALL THE OPTIONS ARE READ, MARK THE OPTION AND COMPLETE THE SURVEY]</p>	<p><b>&gt;Q68&lt;</b></p> <p>Which of the following categories best represents the <b>combined income for all family members in [MEMBER NAME]'s household</b> for the <b>past 12 months</b>?</p> <p>{PROBE: Your best estimate would be fine.}</p> <p>&lt;01&gt; Less than 5,000 dollars,      &lt;02&gt; At least 5,000 but less than 10,000      &lt;03&gt; At least 10,000 but less than 20,000      &lt;04&gt; At least 20,000 but less than 30,000      &lt;05&gt; At least 30,000 but less than 40,000      &lt;06&gt; At least 40,000 but less than 50,000      &lt;07&gt; At least 50,000 but less than 80,000      &lt;08&gt; At least 80,000 but less than 100,000      &lt;09&gt; 100,000 or more, or you      &lt;10&gt; Don't know?</p> <p>&lt;99&gt; NOT ASCERTAINED</p> <p>[IF RESPONDENT SELECTS AN OPTION BEFORE ALL THE OPTIONS ARE READ, MARK THE OPTION AND COMPLETE THE SURVEY]</p>
<b>[TERM]</b>	<b>[TERM]</b>
<p>If the respondent asks, "Why are you asking my [his/her] income level?" say, "We ask about your [his/her] income for demographic purposes. We want to be sure that the people we survey accurately represent the different income groups of Medicare beneficiaries in this country. Please be assured that this information will be kept completely confidential."</p>	
<p><b>&gt;TERM&lt;</b></p> <p>Those are all the questions I have. Thank you for taking part in this important interview.</p>	

## Appendix G: Discrepancy Report Form

### HOS Discrepancy Report Form

Submit the completed Discrepancy Report Form to the HOS mailbox at [hos@ncqa.org](mailto:hos@ncqa.org).

#### Contact Information

Name:	Title:
Organization:	Address:
Telephone:	E-mail:

#### Discrepancy

Date Discrepancy Discovered:
Detailed Description of Discrepancy:
Discrepancy Time Frame:
Additional Information:

#### Impact of Discrepancy

Affected Contracts	Number of Affected Surveys	Number of Sampled Members

How Was Estimation of Affected Surveys Reached?

#### Corrective Action Plan (CAP)

Detailed Description of CAP:
Estimated Time of CAP Implementation:

## Appendix H: Acronyms and Abbreviations

<b>Acronym/Abbreviation</b>	<b>Term</b>
ADL	Activities of Daily Living
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CAP	Corrective Action Plan
CASS	Coding Accuracy Support System
CMS	Centers for Medicare & Medicaid Services
COPD	Chronic Obstructive Pulmonary Disease
CSV	Comma-Separated Values
DNC	Do Not Call
DUA	Data Use Agreement
ESRD	End Stage Renal Disease
FAQ	Frequently Asked Question
FCC	Federal Communications Commission
FIDE	Fully Integrated Dual Eligible
FIPS	Federal Information Processing Standard
FTC	Federal Trade Commission
FTP	File Transfer Protocol
HEDIS	Healthcare Effectiveness Data and Information Set
HIPAA	Health Insurance Portability and Accountability Act
HOS	Health Outcomes Survey
HPMS	Health Plan Management System
HSAG	Health Services Advisory Group
IADL	Instrumental Activities of Daily Living
ICS	Image Capture Technology
ID	Identifier
IDR	Integrated Data Repository
IDSS	Interactive Data Submission System
MA	Medicare Advantage
MAO	Medicare Advantage Organization
MBR	Minimum Business Requirement
MCS	Mental Component Summary
MMP	Medicare Medicaid Plans
MMR	Membership Monthly Report
NCOA	National Change Of Address
NCQA	National Committee for Quality Assurance
OCR/ICS	Optical Character Recognition/Image Capture Technology
OMB	Office of Management and Budget
PBP	Plan Benefit Package
PCS	Physical Component Summary
PDF	Portable Document Format
PHI	Protected Health Information

Acronym/Abbreviation	Term
PII	Personally Identifiable Information
PHQ	Patient Health Questionnaire
PROMIS	Patient Reported Outcomes Measurement Information System
QA	Quality Assurance
QAG	Medicare HOS Quality Assurance Guidelines and Technical Specifications
QAP	Quality Assurance Plan
QI	Quality Improvement
RTF	Rich Text Format
SMS	Survey Management System
SNP	Special Needs Plan
TIFF	Tagged Image File Format
USPS	United States Postal Service
VR-12	Veterans RAND 12-Item Health Survey
WORM	Write Once Read Many