Medicare Health Outcomes Survey (HOS)

Quality Assurance Guidelines and Technical Specifications

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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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 V2.10

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I. Reader's Guide

Purpose of the *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.10*

The Centers for Medicare & Medicaid Services (CMS) developed the *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.10* 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 Reader's 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 V2.10* for detailed information on the requirements, protocols, and procedures for the HOS 2026 administration.

Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.10 Contents

The *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.10* 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 Medicare Advantage (MA) 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 the 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 the 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 the HOS, specifically the administration of the Baseline and Follow-Up cohorts and following the assigned protocol paths.

Data Coding

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 percentage answered.

Data Submission

This section provides information about data preparation and data submission, including the survey vendor authorization process, survey vendor attestation of data quality, the data submission process and schedule, the interim data 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 MAOs.

Quality Oversight

This section provides information about the quality oversight activities that the HOS Project Team conducts to assess 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 **Appendix G**.

Appendices

The Appendices include the HOS Minimum Business Requirements; Model Quality Assurance Plan; Frequently Asked Questions for Customer Support; Sample File Layout and Survey File Record Layout; Mailing Materials; Telephone Script; Discrepancy Report Form; HOS Master Calendar; 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 (https://www.hosonline.org).

To Provide Comments or Ask Questions

For information and technical assistance, email the HOS Project Team at NCQA (hos@ncqa.org).

To communicate with CMS staff, please email CMS (hos@cms.hhs.gov)

II. Introduction and Overview

CMS is committed to monitoring the quality of care provided to MA members by MAOs. One way CMS does this is through the Medicare HOS, by measuring the self-reported quality of life of MA members. 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®[1]). 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 HOS is to gather valid, reliable, and clinically meaningful MA program data that are used to target quality improvement activities and resources; monitor health plan performance and reward top-performing health plans; help people with Medicare make informed health care choices; and advance the science of functional health outcomes measurement.

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

About the Survey

The 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.

Two VR-12 items (limitations in moderate activities and climbing stairs) and six activities of daily living (ADL) questions are combined for the following measure:

- Physical Functioning Activities of Daily Living (PFADL) scale score.

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

In addition to the VR-12, the 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, and disability status).
- Questions on height and weight for calculation of body mass index (BMI).
- Questions to gather information for case-mix and risk adjustment.
- Other health questions, including limitations on ADLs, pain, depression, sleep quality, memory problems, 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 in Older Adults (MUI).
- Physical Activity in Older Adults (PAO).
- Fall Risk Management (FRM).

HOS Administration

The HOS is conducted with a random sample of MA members who are at least 18 years of age, currently enrolled in an MAO, and live in the United States or U.S. Territories. The following MAOs and other organization types with Medicare contracts in effect on or before January 1, 2025, **are required** to report the Baseline HOS in 2026, provided they have a minimum enrollment of 500 members as of February 2026, as reflected in the March 2026 Monthly Enrollment File by Contract:

- All MAOs, including all coordinated care plans, Private Fee-for-Service (PFFS) contracts, and Medical Savings Account (MSA) contracts.
- Section 1876 cost contracts even if they are closed for enrollment.
- Employer/union only contracts.

In addition, all MAOs and organizations that reported a Cohort 27 Baseline survey in 2024 are required to administer a Cohort 27 Follow-Up survey in 2026.

In the event of a consolidation, merger, or novation, the surviving contract must report Follow-Up HOS for all members of all contracts involved. All eligible members of consolidated, merged, or novated contracts will be surveyed, and the results will be reported as one under the surviving contract. In the event of a contract conversion, the contract must report if its new organization type is required to report.

Contracts that elect to voluntarily field the HOS Baseline in 2026 are required to administer the Follow-Up survey in 2028. All contracts electing to field the HOS survey are required to publicly report results. The HOS is administered annually at the contract level, using a specified mixed mode data collection protocol that includes a prenotification letter, two survey mailings, and telephone follow-up for nonrespondents. 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 MAO clients.

Public Reporting and Use of HOS Data

The HOS produces data on the health status of MA members that allow for objective and meaningful comparisons between MAOs. HOS data are included in the Medicare Star Ratings. The Medicare Star Ratings include five HOS measures: two measures of functional health from the VR-12 (Improving or Maintaining Physical Health and Improving or Maintaining Mental Health) and three HEDIS Effectiveness of Care measures (Monitoring Physical Activity, Reducing the Risk of Falling, and Improving Bladder Control).

CMS publicly reports these measures for MAOs on the Medicare Plan Finder website (https://www.medicare.gov/plan-compare). Members and their families can use the results to help them select a health plan. The general public and the 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 the 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 may notify all members of a contract that they may be asked to participate in the 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, and 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 or its personnel, or indicate the MAO is hoping for a specific response.
- Offer incentives of any kind for participating in the survey.
- Show or provide the HOS questionnaire or cover letters to members prior to or during survey administration.
    - Survey vendors are only permitted to show the HOS questionnaire and cover letters to sampled members during administration of the HOS as part of the official CMS-sponsored HOS program.

NCQA prohibits survey vendors, MAOs, and their agents from asking HOS-related questions of members eight weeks prior to and during the HOS administration.

Roles and Responsibilities

The following sections describe the roles and responsibilities of each organization involved with the 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:

- Notify MAOs of the general HOS reporting requirements and provide guidelines for communication with MA members about the HOS.
- Approve survey vendors to administer the HOS on an annual basis.

- Provide CMS-approved HOS survey vendors with the survey administration protocol, timeline, and data submission requirements through distribution of these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.10*.
- Train survey vendors to administer the HOS.
- Provide technical assistance to survey vendors and MAOs via telephone, email, and the HOS website (https://www.hosonline.org).
- Provide survey vendors with the tools, formats, and procedures for submitting HOS data.
- Process, review, and analyze data files submitted by survey vendors.

CMS publicly reports the HOS measures as part of the Medicare Star Ratings produced annually for the Medicare Plan Finder website (https://www.medicare.gov/plan-compare). 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 on the Medicare Plan Finder website (https://www.medicare.gov/plan-compare).

Medicare Advantage Organizations

MAOs that participate in the HOS agree to:

- Contract with a CMS-approved HOS survey vendor to administer the HOS (MAOs are not permitted to administer the survey themselves). The list of CMS-approved HOS survey vendors is on the HOS website (https://www.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.
- Securely provide the contracted HOS survey vendor with telephone numbers for all members or members identified in the supplemental file.
- Preview HOS results prior to public reporting.

Survey Vendors

Survey vendors that participate in the HOS agree to:

- Review and acknowledge agreement with the HOS Minimum Business Requirements and Rules of Participation.
- Participate in the HOS Survey Vendor Training, participate in polling questions administered during the training, complete the post-training test, and complete the training evaluation.
- Participate in any refresher training sessions or webinars.
- 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 V2.10*.
- Verify that each MA contract authorized the survey vendor to submit data on its behalf.

- Receive and perform checks on each MA contract's sample file to confirm all required data elements.
- Administer the HOS and oversee the work of staff, subcontractors, and external partners.
    - Subcontractors and external partners must meet the criteria outlined for the survey administration activities they will perform.
    - An "external partner" is defined as an organization utilized by the survey vendor to perform a specific aspect of HOS administration. While it is assumed that a subcontractor will have access to personally identifiable information (PII), an external partner may furnish goods or services to support HOS administration without access to PII.
- Maintain the capacity for conducting telephone interviews using a Computer Assisted Telephone Interview (CATI) system as well as an interviewer pool that meets the needs of members in all languages in which the survey vendor is approved to administer the survey, except Russian.
- Refrain from providing any HOS measure results to MAOs (refer to the *Data Analysis and Public Reporting* section for more information on the information survey vendors may provide to MAOs).
- 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 V2.10*, by the data submission deadline established by CMS.
    - All returned surveys received up to three business days prior to the Interim Data File submission due date must be processed and included in the Interim Data File submission.
- Review data submission reports and confirm that survey data are submitted to CMS accurately and in a timely manner.
- Submit attestation of data quality during Final Data Submission.
- Participate in all quality oversight activities, as specified in these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.10* 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 survey vendors **must** conduct all business operations within the United States. This requirement also applies to all staff and subcontractors.
- Prepare to submit reports as requested by the HOS Project Team.
- Execute a Data Use Agreement (DUA) with CMS in the Enterprise Privacy Policy Engine (EPPE) system to permit survey vendor access to sample files and specified CMS data (see *Data Use Agreements* below).

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.

Data Use Agreements

The DUA signed by each survey vendor, and their subcontractors if applicable, permits access to the HOS sample files and restricts the use of data to purposes that CMS determines for supporting the 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 and their subcontractors are prohibited from releasing HOS data to any other entity, including MAOs and MA members.** Subcontractors who do not have access to PII, including protected health information (PHI), do not have to be included in the DUA.

In signing the DUA, the survey vendor and all applicable subcontractors agree 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 the Health Insurance Portability and Accountability Act (HIPAA). The survey vendor also agrees to follow the data storage and retention policy specified by CMS. The survey vendor is responsible for ensuring that subcontractors comply with these requirements.

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. CMS will not approve new DUAs if a survey vendor's organization has any outstanding expired DUAs.
- Current DUAs are updated to include HOS 2026 survey administration data.
- All subcontractor organizations who have access to PII, including PHI, have signed a DUA Addendum and have been added to the survey vendor's DUA.

Survey vendors must notify the HOS Project Team immediately of any key personnel changes or if subcontractors are added or removed after submission of the Participation Form. A DUA update must also be submitted within three business days if any change in subcontractors occurs after the initial DUA is submitted to the HOS Project Team.

Survey vendors must provide a copy of their current DUA to the HOS Project Team after each DUA action is complete (e.g., each time the DUA is extended, updated, or a staff member or subcontractor is added or deleted).

For more information, please visit the CMS DUA website (https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA-Contractors).

Survey Management System

Survey vendors must implement an automated survey management system (SMS) for effective tracking of sampled member data elements, data throughout 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 Quality Assurance Plans (QAP) must address the events tracked by the SMS.
- The use of disposition codes to record resolution of each sampled member. Survey vendors may use their own "interim" disposition codes and map them to 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 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 and for simple retrieval.
- 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 telephone interviews are seamlessly incorporated into relevant data files in the SMS.
- The ability to flag members calling to request a Spanish (or Chinese or Russian, if applicable) version of the instrument to ensure that the appropriate instrument is mailed at each stage.
- The ability to personalize Follow-Up—Proxy at Baseline mailing materials with the name of the proxy.
- The ability to identify the name of the proxy during interviewing for members in the Follow-Up—Proxy at Baseline protocol.

Member Confidentiality

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

- Separate PII from member response data within the SMS and implement 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 verify that measures are in place to handle identified security breaches.
- Develop and obtain survey vendor-generated confidentiality agreements from all subcontractor staff that assist with printing, mailing, data entry, and/or telephone interviewing functions, if applicable.

- Provide only the minimum data necessary to staff and subcontractors to perform their applicable activities (e.g., do not provide member addresses to the telephone interviewing subcontractor).
- Prevent unauthorized access to electronic and hard copy materials used or generated during 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 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 members for each contracted MAO. 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.

All PII transferred electronically **must be encrypted using HIPAA-compliant software.**

PII must be transferred to client MAOs via 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 separately from the data (e.g., by phone call to recipient at MAO).

Email **is not** a secure method of transmitting unencrypted PII or PHI and is not permitted for data transmission.

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 those related to the HOS project.

HOS Survey Vendor Training

All survey vendors applying for participation in the HOS program must participate in the HOS Survey Vendor Training (via webinar) and any subsequent training required by CMS. At a minimum, the survey vendor's Project Director, Project Manager, Mail Supervisor, Telephone Supervisor, and the Lead or Primary Programmer must participate. At least one representative from each subcontractor and other external partners performing key survey administration responsibilities must also attend. The survey vendor must also complete the polling questions administered during the training, a post-training test, and training evaluation within the specified timeframe. The survey vendor must also participate in any refresher training sessions or webinars.

HOS Minimum Business Requirements to Administer the HOS

The HOS 2026 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 V2.10 and All Policy Updates

CMS developed the *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.10* 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 V2.10.* 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 QAP for survey administration in accordance with these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.10.* The Model QAP (see **Appendix B**) provides a template and guidelines that survey vendors follow to develop the survey vendor QAP. Survey vendors update the QAP as necessary to reflect changes in resources and processes and notify the HOS Project Team at NCQA (hos@ncqa.org) of changes to key personnel via email. The survey vendor QAP must include the following:

- HOS staffing, organizational background, and structure for the project.
- HOS administration work plan, including documentation of:
  - Implemented processes, system resources, and quality checks for each step of HOS survey administration.
  - 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.
- Issue remediation.
- Plans to ensure confidentiality, privacy, and data security.

Survey vendors submit a QAP to the HOS Project Team at NCQA (hos@ncqa.org) for review. See the *Quality Oversight* section for more information.

Participate in Quality Oversight Activities Conducted by the HOS Project Team

Survey vendors and, if applicable, their subcontractors and external partners, 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 assess whether 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 and questionnaires) and telephone scripts (screenshots or live links) to the HOS Project Team (hos@ncqa.org) for review. 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 HOS 2026 sample. The CMS Office of Information Technology pulls a sample frame of eligible MA members from the Integrated Data Repository (IDR). 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 the HOS sample files to each survey vendor in June 2026.

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 any sample file variables or analysis of sample file variables.

Survey vendors and subcontractors must not provide **any** data from sample files to MAOs or use the sample file for any other purpose other than collecting HOS data (e.g., de-duplicating samples for other surveys or other outreach campaigns).

Survey vendors should also refer to *HEDIS Measurement Year (MY) 2025 Volume 6: Specifications for the Medicare Health Outcomes Survey* for more information on sampling.

Sample Selection and Eligibility Criteria

MAOs and other organization types, including all coordinated care plans, PFFS contracts and MSA contracts, section 1876 cost contracts even if they are closed for enrollment, and employer/union only contracts in effect on or before January 1, 2025, are required to report the Baseline Cohort 29 HOS in 2026. MA contracts must have a minimum enrollment of 500 members as of February 2026, as reflected in the March 2026 Monthly Enrollment File by Contract. All continuing MA contracts that participated in a Cohort 27 Baseline survey two years ago are required to administer a Cohort 27 Follow-Up survey in 2026, regardless of enrollment size. Refer to the *Medicare Health Outcomes Survey 2026 Administration* memo, located on the HOS website (https://www.hosonline.org) for more information about reporting requirements.

To be included in the random sample for the Cohort 29 Baseline survey, MA members must be 18 years of age or older as of December 31, 2025. All members who are determined to be under 18 years of age, deceased, or otherwise ineligible for the HOS at the time the sample is drawn are excluded from the sample frame. If a survey vendor finds a record during its review of the sample files that should have been excluded, it must contact the HOS Project Team.

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

- **MA contracts with a population of 500–1,200 members:** All eligible members are surveyed. For this reason, members of small MA contracts often receive the HOS annually and also serve as “double-duty” respondents (see below).
- **MA contracts with a population of 1,201 or more members:** 1,200 members are randomly selected for the Baseline survey.

CMS identifies members eligible for the Follow-Up Survey sample. Eligible members are all respondents for whom a valid PCS or MCS was calculated during the Baseline survey and are currently enrolled in the same MA contract at the time the Follow-Up sample is identified.

"Double-duty" respondents are members who are eligible for the Follow-Up survey and are also randomly selected for the Baseline survey. Double-duty respondents receive only one survey during survey administration because the HOS Baseline and Follow-Up surveys use the same questionnaire. See the *Mail Protocol* subsection of the *Data Collection Protocol* section for more information.

Do Not Survey List

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

Oversampling

CMS permits oversampling (selecting a larger sample than the standard 1,200 sample) for the Baseline survey sample at the contract level if there is a sufficient number of members left after the HOS quality reporting sample is drawn. Oversampling for quality reporting is only permitted at the contract level.

MAOs must notify the HOS Project Team of oversampling requests when notifying the HOS Project Team of their survey vendor selection. Oversampling requests should be expressed as a whole percentage of the sample size. All oversampling requests are subject to approval by CMS.

Voluntary Survey Fielding

MA contracts that are not required to report HOS may be interested in voluntarily fielding HOS for quality improvement or for other reasons. CMS will consider voluntary fielding requests on a case-by-case basis. CMS will publicly report results for all MAOs that voluntarily field HOS. Contracts that elect to voluntarily field HOS Baseline are required to administer the Follow-Up survey. MAOs interested in voluntary fielding should email the HOS Project Team at NCQA.

Sample Preparation

CMS 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 the following files for each of their MA client contracts:

- *HEADER* file: Contains MA contract, survey vendor, and submission information.
- *SAMPLE* file: Contains names, contact information, and other variables for sampled members.
- *LIST* file: Contains a breakdown of protocol paths by MA contract.
- *SUMMARY REPORT* file: Contains a breakdown of various summary information that is included in the other three files.

Receipt and QA of the Sample File

Once the HOS Project Team prepares the 2026 sample files, survey vendors receive sample files via a secure transfer system. Upon receipt of 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 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 the 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 an 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 immediately report problems with the HOS sample files to the HOS Project Team (hos@ncqa.org). Note: Survey vendors must be authorized by their client contracts to obtain the 2026 sample files and to collect data on their behalf. As described under *Data Use Agreements*, survey vendors are required to enter into a DUA with CMS before the survey vendors can obtain their sample files for the HOS 2026 administration. Survey vendors **may not** provide any data from the sample files to client MAOs.

Decedent Update to the Sample File

Prior to telephone administration, survey vendors will receive a file which identifies deceased sampled members that must be excluded from the remaining protocol. These identified members and their families should not be contacted during telephone administration without approval from the HOS Project Team. See the *Survey Disposition Codes* subsection in the *Data Coding* section for more information about assigning disposition codes for deceased sampled members identified in the decedent file.

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 (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 (hos@hsag.com) or 888-880-0077.

General Information and Updates

To learn more about the HOS, please see the HOS website (https://www.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 all members who call with complaints, compliments, concerns, or other comments or questions about their MAO, physician, or the care that they are receiving to 1-800-MEDICARE.

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 (FAQ) provided to survey vendors and can provide information about research goals, purposes, 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 the HOS. This protocol includes collecting data using a self-administered mail survey. Then, for nonrespondents, there is telephone follow-up 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 contact with potential respondents until the completion of 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 nonrespondents. Survey vendors begin the protocol with a prenotification letter alerting all sampled members of the first questionnaire mailing. The mail survey must be available in English and Spanish. Survey vendors also have the option to field the survey in Chinese and Russian.

Survey vendors employ telephone follow-up to nonrespondents after the second questionnaire mailing. For each nonrespondent, the maximum number of call attempts to a single dialed telephone number is **five**. After five call attempts to contact the member at a specific telephone number, no further call attempts are made to that telephone number. If a second or third telephone number is available, survey vendors must dial these numbers as well. Provided the member has multiple numbers, each of these numbers must be attempted up to five times. 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 the member 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 also available in Chinese. Survey vendors that administer the Chinese mail survey must also administer the Chinese telephone survey. The telephone survey is **not** available in Russian.

Baseline and Follow-Up Cohorts

The HOS is a longitudinal survey that assesses MA members' health over time. Members in the Baseline and Follow-Up cohorts receive the same survey. The survey questions are exactly the same and use the same questionnaire and telephone script; however, the survey cover letters are unique. The mixed mode protocols for both cohorts are the same and are fielded on the same timelines. 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 (see *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, Chinese—Proxy, Russian—No Proxy, and Russian—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 is critical for successful survey administration. In the survey vendor's QAP, 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 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 and external partners, with emphasis on detection and correction of identified performance issues. Survey vendors' 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.

2026 Data Collection Schedule

Tables 1 and 2 below summarize the tasks and timing for conducting the HOS 2026 administration. Survey vendors adhere to this data collection schedule as outlined and may not depart from or modify this schedule in any way.

Table 1. Pre-Data Collection Tasks

Task	2026 Dates	Timeframe
Survey vendors develop mailing materials and program telephone systems.	Beginning Wednesday, March 11	-124 Days
MAOs and FIDE SNPs notify the HOS Project Team of survey vendor selections.	By Friday, April 24	-80 Days
HOS Project Team provides sample files to survey vendors.	Monday, June 22	-21 Days
Survey vendors obtain telephone numbers from MAOs for all members. **Survey vendors must not send the sample files to MAOs.** Obtaining addresses and language preference flags is optional.	Beginning no later than Monday, June 22	-21 Days

Task	2026 Dates	Timeframe
Survey vendors obtain telephone numbers using “second sources” (e.g., number look-up services, directory websites, or applications).	Beginning no later than Monday, June 22	-21 Days
Survey vendors test external functionality of customer support telephone numbers and email addresses prior to the prenotification letter mailing.	By Monday, July 13	Day 0

Table 2. Data Collection Tasks

Task	2026 Dates	Timeframe
Mail **Baseline** and **Follow-Up** prenotification letter.	Monday, July 13	Day 0
Open customer support services (telephone and email).		
Open electronic telephone interviewing for inbound member requests to complete survey by telephone.		
Mail **Baseline** and **Follow-Up** first questionnaire.	Monday, July 20	Day 7
Mail **Baseline** and **Follow-Up** second questionnaire.	Monday, August 24	Day 42
HOS Project Team provides decedent file to survey vendors.	Friday, August 28	Day 46
Conduct **Baseline** and **Follow-Up** outbound electronic telephone interviewing call attempts for nonrespondents. • Call attempts must be scheduled at different times of the day, on different days of the week, and in different weeks. • Call attempts must occur in at least three different calendar weeks. • The maximum number of call attempts to a single dialed telephone number is five. • After five call attempts to contact a member at a specific telephone number, no further call attempts are made to that telephone number. • If a second or third telephone number is available, survey vendors must dial these numbers, and each of these numbers must be attempted up to five times. • The first telephone attempt must be made to all members within the first 10 calendar days of dialing (by Thursday, September 24). • The fifth call attempt must occur no sooner than 21 calendar days after the first call attempt, if a fifth call attempt is necessary. • Telephone interviewing is available in English, Spanish, and Chinese only.	Monday, September 14–Monday, November 2	Days 63–112

Task	2026 Dates	Timeframe
Submit interim data files to the HOS Project Team. • Survey vendors may begin to submit data on Tuesday, September 29. • Survey vendors **must** submit all interim data files by Thursday, October 1 via the HOS Interactive Data Submission System. • All survey data received up to three business days prior to the interim data submission due date (Monday, September 28) must be processed and included in the interim data files.	Tuesday, September 29–Thursday, October 1	Days 78–80
End **Baseline** and **Follow-Up** data collection. • End all data entry/scanning of returned mail surveys. • End all telephone interviews. • Close customer support services (telephone and email).	Monday, November 2	Day 112
Prepare and submit final data files.	Monday, November 2–Monday, November 16	Days 112–126
Submit final data files to the HOS Project Team. • Final data files must be submitted by the deadline via the HOS Interactive Data Submission System. • No files are accepted after the submission deadline of Monday, November 16.	Monday, November 16	Day 126

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 prenotification letter is mailed.
- Survey vendors must institute processes to accommodate English and Spanish incoming calls. Survey vendors who field Chinese and Russian must institute processes to respond to calls in Chinese and Russian. Survey vendors must document in their QAPs their processes for accommodating multiple languages. For example, customer support personnel could be bilingual or could transfer the caller to a Spanish-speaking interviewer to complete the call.
- Lines must be staffed live from 9:00 a.m. to 8:00 p.m. (survey vendor local time), Monday through Friday.
- Lines must have sufficient capacity so that 90 percent of incoming calls each day are answered “live.” The average speed of answer must be 30 seconds or less.
- An automated attendant or voice mailbox must be available after hours and on weekends.
    - The after-hours greeting must reference the Medicare Health Outcomes Survey, regular call hours, and that calls will be returned within 24 hours (or the next business day).
    - The after-hours greeting must be presented in English and Spanish.

  - After hours greetings must also be presented in Chinese and Russian if the survey vendor fields Chinese and Russian.
  - 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."
- Voicemails must be returned within 24 hours (or the next business day).
- Questions that cannot be answered at the time of the initial call must receive a "return call" within 24 hours.
- During business hours, the system must support triage to a telephone interviewer for callers who want to conduct the survey by telephone. If an interviewer is not immediately available at the time of the call, a callback appointment must be scheduled at a time convenient for the caller.
- A contact log must be maintained to document and track the questions asked and the answers provided.
- Survey vendors must monitor the quality of responses provided by customer support personnel and provide feedback and additional training as necessary.
- During a site visit, the HOS Project Team 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 the survey vendor is monitoring the quality of responses.

Customer Support Email Address

Survey vendors must establish a customer support email address for members who have questions about the survey or their eligibility. Emails must be responded to within 24 hours (or on the next business day). Survey vendors must institute processes to respond to English and Spanish emails. Survey vendors who field Chinese and Russian must institute processes to respond to emails in Chinese and Russian. Survey vendors must document in their QAPs their processes for accommodating inquiries in multiple languages.

All emails received through the customer support email address and the associated survey vendor response must be forwarded to the HOS Project Team via a secure transfer method. Survey vendors should include the date and time each customer support email was responded to when forwarding to the HOS Project Team. Survey vendors must send weekly batched emails.

FAQs and Customer Support Personnel Training

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 FAQ.

Survey vendors must ensure that personnel responding to telephone and email queries are properly trained in HOS methodology and must periodically assess the accuracy and consistency of telephone and email responses. Survey vendors review questions posed by sampled members regularly to determine consistent patterns and opportunities to develop new FAQs. 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 56 questions and 71 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. Two VR-12 items and six ADL items are used for the PFADL measure.
- 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.
- Questions on height and weight for calculation of BMI.
- Questions as part of Section 4302 of the Affordable Care Act (i.e., race, ethnicity, primary language, and disability status).
- Health questions, including limitations on ADLs, 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 V2.10* and in *HEDIS MY 2025 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 and Russian. The HOS Project Team provides survey vendors with the HOS questionnaire, prenotification letter, survey cover letters, and required Office of Management and Budget (OMB) language in English, Spanish, Chinese, and

Russian. 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 prenotification letters or the survey cover letters. Finally, survey vendors are not permitted to create or use any other translations of the HOS questionnaire, prenotification letters, survey cover letters, or any related materials.

Note: Each survey vendor authorized by at least one MA contract to collect data must submit copies of their survey mailing materials (prenotification letters, survey cover letters, questionnaires, and envelopes for both Baseline and Follow-Up) to the HOS Project Team for review. Mailing materials must be finalized two weeks before the prenotification letter is mailed. See the *Quality Oversight* section for more information.

Protocol Paths

HOS sampled members fall into nine HOS "protocol paths." 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. The Follow-Up protocol paths identify the survey language in which the vendor mails materials to each member and whether the Baseline survey was completed by the sampled member or by a proxy (English, Spanish, Chinese, or Russian proxy or no-proxy). The protocol path determines which HOS mailing materials the survey vendor mails to each sampled member. 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 the member's protocol path. Table 3 below displays the nine protocol paths and the associated Protocol Identifier Flag. Survey vendors use the Protocol Identifier Flag to determine the appropriate mailing material language for each sampled member. For sampled members in a Follow-Up protocol, survey vendors must send materials to the member or proxy in the language indicated by the Protocol Identifier Flag unless the member or proxy requests otherwise.

Note: Some sampled members may be included in **both** the Baseline and Follow-Up surveys (known as "double-duty" members) 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. These members are given a Follow-Up Protocol Identifier Flag.

Table 3. Protocol Paths and Protocol Identifier Flags

Protocol Path	Protocol Identifier Flag
Baseline—English, Spanish, Chinese, or Russian	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
Russian Follow-Up—No Proxy at Baseline	10
Russian Follow-Up—Proxy at Baseline	11

Survey vendors use different sets of mailing materials (questionnaires, prenotification letters, and survey cover letters) depending on the protocol path assigned to a sampled member. A tracking number is assigned to each mailing material used for the various protocol paths. 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 the mailing materials listed here and labels each piece with its associated tracking number.

Table 4. Mailing Material Tracking Numbers

Tracking Number	Mailing Material	Protocol Path(s)	Protocol ID
1	Baseline English Prenotification Letter	Baseline—English only	3
2	Baseline English Letter for First Questionnaire Mailing (Survey Cover Letter)	Baseline—English (Side A)	3
		Baseline—Spanish (Side B)	3
		Baseline—Chinese (Side B)	3
		Baseline—Russian (Side B)	3
3	Baseline Spanish Letter for First Questionnaire Mailing (Survey Cover Letter)	Baseline—Spanish (Side A)	3
		Baseline—English (Side B)	3
4	Baseline English Letter for Second Questionnaire Mailing (Survey Cover Letter)	Baseline—English only	3
5	Baseline Spanish Prenotification Letter	Baseline—Spanish only	3
6	Baseline Spanish Letter for Second Questionnaire Mailing (Survey Cover Letter)	Baseline—Spanish only	3
7	Follow-Up English Prenotification Letter *(same for both proxy and no-proxy)*	English Follow-Up—No Proxy at Baseline	1
		English Follow-Up—Proxy at Baseline	2
8	Follow-Up No Proxy English Letter for First Questionnaire Mailing (Survey Cover Letter)	English Follow-Up—No Proxy at Baseline	1
9	Follow-Up No Proxy English Letter for Second Questionnaire Mailing (Survey Cover Letter)	English Follow-Up—No Proxy at Baseline	1
10	Follow-Up Proxy English Letter for First Questionnaire Mailing (Survey Cover Letter)	English Follow-Up—Proxy at Baseline	2
11	Follow-Up Proxy English Letter for Second Questionnaire Mailing (Survey Cover Letter)	English Follow-Up—Proxy at Baseline	2
12	Follow-Up Spanish Prenotification Letter *(same for both proxy and no-proxy)*	Spanish Follow-Up—No Proxy at Baseline	4
		Spanish Follow-Up—Proxy at Baseline	5

Tracking Number	Mailing Material	Protocol Path(s)	Protocol ID
13	Follow-Up No Proxy Spanish Letter for First Questionnaire Mailing (Survey Cover Letter)	Spanish Follow-Up—No Proxy at Baseline	4
14	Follow-Up No Proxy Spanish Letter for Second Questionnaire Mailing (Survey Cover Letter)	Spanish Follow-Up—No Proxy at Baseline	4
15	Follow-Up Proxy Spanish Letter for First Questionnaire Mailing (Survey Cover Letter)	Spanish Follow-Up—Proxy at Baseline	5
16	Follow-Up Proxy Spanish Letter for Second Questionnaire Mailing (Survey Cover Letter)	Spanish Follow-Up—Proxy at Baseline	5
17	HOS English Questionnaire *(same for both Baseline and Follow-Up cohorts)*	Baseline—English only	3
		English Follow-Up—No Proxy at Baseline	1
		English Follow-Up—Proxy at Baseline	2
18	HOS Spanish Questionnaire *(same for both Baseline and Follow-Up cohorts)*	Baseline—Spanish only	3
		Spanish Follow-Up—No Proxy at Baseline	4
		Spanish Follow-Up—Proxy at Baseline	5
Optional Chinese Protocol			
C-1	Baseline Chinese Prenotification Letter	Baseline—Chinese only	3
C-2	Baseline Chinese Letter for First Questionnaire Mailing (Survey Cover Letter)	Baseline—Chinese (Side A) *Note: Side B must be in English (tracking number 2)*	3
C-3	Baseline Chinese Letter for Second Questionnaire Mailing (Survey Cover Letter)	Baseline—Chinese only	3
C-4	Follow-Up Chinese Prenotification Letter *(same for both proxy and no-proxy)*	Chinese Follow-Up—No Proxy at Baseline	6
		Chinese Follow-Up—Proxy at Baseline	7
C-5	Follow-Up No Proxy Chinese Letter for First Questionnaire Mailing (Survey Cover Letter)	Chinese Follow-Up—No Proxy at Baseline	6
C-6	Follow-Up No Proxy Chinese Letter for Second Questionnaire Mailing (Survey Cover Letter)	Chinese Follow-Up—No Proxy at Baseline	6
C-7	Follow-Up Proxy Chinese Letter for First Questionnaire Mailing (Survey Cover Letter)	Chinese Follow-Up—Proxy at Baseline	7
C-8	Follow-Up Proxy Chinese Letter for Second Questionnaire Mailing (Survey Cover Letter)	Chinese Follow-Up—Proxy at Baseline	7
C-9	HOS Chinese Questionnaire *(same for both Baseline and Follow-Up cohorts)*	Baseline—Chinese only	3
		Chinese Follow-Up—No Proxy at Baseline	6
		Chinese Follow-Up—Proxy at Baseline	7

Tracking Number	Mailing Material	Protocol Path(s)	Protocol ID
Optional Russian Protocol			
R-1	Baseline Russian Prenotification Letter	Baseline—Russian only	3
R-2	Baseline Russian Letter for First Questionnaire Mailing (Survey Cover Letter)	Baseline—Russian (Side A) *Note: Side B must be in English (tracking number 2)*	3
R-3	Baseline Russian Letter for Second Questionnaire Mailing (Survey Cover Letter)	Baseline—Russian only	3
R-4	Follow-Up Russian Prenotification Letter *(same for both proxy and no-proxy)*	Russian Follow-Up—No Proxy at Baseline	10
		Russian Follow-Up—Proxy at Baseline	11
R-5	Follow-Up No Proxy Russian Letter for First Questionnaire Mailing (Survey Cover Letter)	Russian Follow-Up—No Proxy at Baseline	10
R-6	Follow-Up No Proxy Russian Letter for Second Questionnaire Mailing (Survey Cover Letter)	Russian Follow-Up—No Proxy at Baseline	10
R-7	Follow-Up Proxy Russian Letter for First Questionnaire Mailing (Survey Cover Letter)	Russian Follow-Up—Proxy at Baseline	11
R-8	Follow-Up Proxy Russian Letter for Second Questionnaire Mailing (Survey Cover Letter)	Russian Follow-Up—Proxy at Baseline	11
R-9	HOS Russian Questionnaire *(same for both Baseline and Follow-Up cohorts)*	Baseline—Russian only	3
		Russian Follow-Up—No Proxy at Baseline	10
		Russian Follow-Up—Proxy at Baseline	11

Baseline English, Spanish, Chinese, or Russian Protocol

Sampled members with a Protocol Identifier Flag of “3” are part of the Baseline protocol path. 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, Chinese, or Russian (**Note:** Administering the survey in Chinese and Russian 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 that the respondent used to complete the survey in the final data files.

If the survey vendor sends Baseline mailing materials in English:

- The prenotification letter contains a Spanish footnote (and Chinese and Russian footnotes, if applicable) that instructs members who prefer a Spanish (or Chinese or Russian) 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.

For MAOs with a majority of members who speak Chinese or Russian, the survey vendor may elect to print the letter for first questionnaire mailing with a Chinese or Russian version on Side B.

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

- The prenotification letter contains an English footnote that instructs members who prefer 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.

See the *Prenotification Letters and Survey Cover Letters Folding Requirements* subsection of this *Mail Protocol* section for more requirements for double-sided cover letters.

The English, Spanish, and Chinese protocols follow the mixed mode data collection protocol of two survey mailings, followed by phone follow-up to nonrespondents. However, the Russian protocol is mail mode **only**. For the Russian mail mode, the survey vendor mails two survey mailings. After the second questionnaire mailing, the survey vendor does not attempt to make further contact with the member in Russian. Telephone interviewing is **not available** in Russian. However, if a member or proxy who received a mail survey in Russian would like to take the survey over the phone in English, Spanish, or Chinese, the survey vendor must allow this.

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

Follow-Up—No Proxy at Baseline (English, Spanish, Chinese, or Russian) 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 either “1 = Person to whom the survey was addressed” or “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).
- 10 = Russian Follow-Up—No Proxy at Baseline (if they completed the Baseline survey in Russian).

The English, Spanish, and Chinese protocols follow the mixed mode data collection protocol of two survey mailings followed by phone follow-up to nonrespondents. For the Russian mail mode, the survey vendor mails two survey mailings. After the second questionnaire mailing, the survey vendor does not attempt to make further contact with the member in Russian. Telephone interviewing is **not available** in Russian. However, if a member or proxy who received a mail survey in Russian would like to take the survey over the phone in English, Spanish, or Chinese, the survey vendor must allow this.

Follow-Up—Proxy at Baseline (English, Spanish, Chinese, or Russian) 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).
- 11 = Russian Follow-Up—Proxy at Baseline (if they completed the Baseline survey in Russian).

The English, Spanish, and Chinese protocols follow the mixed mode data collection protocol of two survey mailings followed by phone follow-up to nonrespondents. For the Russian mail mode, the survey vendor mails two survey mailings. After the second questionnaire mailing, the survey vendor does not attempt to make further contact with the member in Russian. Telephone interviewing is **not available** in Russian. However, if a member who received a mail survey in Russian would like to take the survey over the phone in English, Spanish, or Chinese, 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 insert the following on the Follow-Up—Proxy at Baseline survey cover letter:

- Our records show that two years ago, the name of the person who helped you complete the survey was [SURVEY VENDOR INSERTS APPROPRIATE INFORMATION]. **If you need help taking this survey again, please ask this person or someone else who knows about your health to help you.**

If the survey vendor did not capture the proxy name two years ago or if the written response was "Illegible," the survey vendor inserts the phrase "Not Provided" in place of the proxy name. 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. See *Proxy Respondents* below for additional information.

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 provided by CMS: prenotification letters, survey cover letters, and questionnaires. The Baseline and Follow-Up questionnaires are the same, but the mailing materials are unique to the specific survey cohort (Baseline or Follow-Up) and protocol path. See the *Protocol Paths* subsection above. CMS developed the text of the letters and questionnaires; survey vendors may **not** modify this text in any way.

Survey vendors are responsible for producing a sufficient volume of English and Spanish (as well as Chinese and Russian, if applicable) mailing materials for HOS administration, including materials for sampled members who request the survey in a language other than the one in which they received the survey initially (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 prenotification letters, survey cover letters, questionnaires, and envelopes.

Prenotification Letters and Survey Cover Letters Requirements

Survey vendors adhere to the following requirements for prenotification letters and survey cover letters.

- Do not alter text on letters.
- Survey vendors have the option of placing the health plan logo on cover letters. CMS and health plan logos are the only logos that may appear on the cover letters.
    - Health plan logos may **not** appear on the prenotification letter.
    - Health plan logos should be left justified with the CMS logo.
    - Health plan logos should be smaller than the size of the CMS logo (0.97” H x 2.11” W). Survey vendors may not alter the size or the placement of the CMS logo.
    - If survey vendors choose to include health plan logos, the health plan logo must be included on all applicable mailing materials.
- Personalize the salutation to the member with the member’s first and last name listed in the sample file, (e.g., “Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]”).
- Print in Arial font in 12-point type or larger. For Chinese characters, print in PMingLiu, SimSun, or another readable font in 12-point type or larger.
    - The HOS Project Team will review mailing material fonts during quality oversight for readability and approve the use prior to mailing.
- Letters must have centered margins.
    - Letters may not have left or right margin sizes less than 0.75”.
    - Letters may not have top or bottom margin sizes less than 0.5”.

  - Margin sizes should be consistent across all letters; however, the "CMS and Health Plan Logo" letters may have different margin sizes than the "CMS Logo Only" letters.
- Letters must be one page in length.
- Include a bar or alphanumeric coded unique identifier (ID) on letters for tracking purposes.
  - The unique ID must be in a user-friendly format. This includes a font size of Arial in 12-point type or larger, as well as a format that is easy to read (e.g., use hyphens to break apart longer IDs or do not require the member to read a long series of zeros or other numbers).
  - Survey vendors must provide an example of the unique ID on the sample materials to the HOS Project Team for review prior to bulk printing.
- Include the survey vendor toll-free customer support number and email address.
- Print the letter on CMS letterhead. The prenotification letters will display CMS's return address on CMS letterhead. The survey cover letters will have "c/o Survey Processing" and the survey vendor's return address printed on CMS letterhead.
- Print the letter in black and white. This includes the CMS logo and optional health plan logos.
- Include English instructions on how to request the survey in English on the Spanish, Chinese, and Russian letters.
- Survey cover letters may **not** be attached to the questionnaire (i.e., stapled).

Prenotification Letters and Survey Cover Letters Folding Requirements

Survey vendors adhere to the following requirements for folding prenotification letters and survey covers letters.

- Survey vendors may **not** use Z fold or accordion fold for prenotification letters.
- Double-sided survey cover letters must be folded in such a way that only one language is visible.
  - The visible survey language must correspond to the sampled member's language preference.
  - For example, for a Spanish speaking member receiving a double-sided cover letter with Spanish (side A) and English (side B), the letter must be folded such that only the Spanish side is visible when the letter is opened and unfolded.

Questionnaire Formatting and Printing Guidelines

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

- Keep the question and answer categories together in the same column on the same page of the questionnaire.
- Insert the survey vendor name, toll-free number, and email address following the last question of the survey.
- Include a unique ID to track the Survey Round variable.
- Inscribe the member's unique ID on the survey instrument (i.e., front cover or back cover, or both).

  - The unique ID must be in a user-friendly format. This includes a font size of Times New Roman or Arial in 13-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 may include the unique ID on the bottom left of the survey questionnaire cover.
  - Survey vendors must provide an example of the unique ID on the sample materials to the HOS Project Team for review prior to bulk printing.
- OMB clearance statement must appear on the instructions page. The OMB number (0938-0701) must appear on every page of the questionnaire.
- Survey vendors may include the page number, centered on the bottom of each page.
  - Survey vendors may include just the page number or include “Page” before the page number.
- *Minor* alterations to the format and layout of the survey instrument may be proposed to accommodate survey vendor system requirements (e.g., scanning software).
- Ovals or circles instead of boxes may be used for response items. Survey vendors may not reduce the size of the response item ovals, circles, or boxes.
- Survey vendors may **not**:
  - Change the font or font size from the template materials.
  - Change the two-column survey format.
  - Change the introduction, question wording, or response category wording, including the order of questions and response categories.
  - Deviate from the question and response category layout provided.
  - 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 anywhere on the questionnaire.
  - Print the NCQA toll-free number on the questionnaire.

Questionnaire Self-Mailers: Survey vendors have the option to use a self-mailer. A self-mailer includes a questionnaire and cover letter that is constructed together without the need for an envelope. Survey vendors adhere to the following specifications when using self-mailers:

- Include self-mailer instructions in the same language as the questionnaire and cover letter (e.g., if the survey vendor sends a Spanish questionnaire and Spanish cover letter, then all self-mailer instructions must be in Spanish).
- Use the following standardized self-mailer instructions:
  - “To protect your privacy please remove this cover prior to mailing.”
  - The HOS Project Team will provide translations of these instructions in Spanish, Chinese, and Russian upon request.

Envelope Guidelines

Survey vendors adhere to the following envelope specifications.

- Include sampled member's full name and mailing address.
- Mark the prenotification letter envelope as "Return Service Requested" or "Address Service Requested" in order to update records for sampled members who have moved.
- For the outgoing envelopes for the prenotification letter and the first and second questionnaire survey cover letter, survey vendors should include the CMS logo.
- For the business reply envelope, survey vendors may use either the CMS logo or "Centers for Medicare & Medicaid Services."
- Survey vendors have the option of placing the health plan logo on the first and second questionnaire envelopes. CMS and health plan logos are the only logos that may appear on the envelopes.
    - Health plan logos may **not** appear on the prenotification envelope or business reply envelopes.
    - Health plan logos should be placed within one inch to the right of the CMS logo and should be smaller than the size of the CMS logo. Survey vendors may not alter the size or the placement of the CMS logo.
    - If survey vendors choose to include health plan logos, the health plan logo must be included on all applicable materials. Do not print tag lines on outgoing envelopes.
- Print sampled member names and addresses in Arial font in 12-point or larger.
- Print the envelopes in black and white. This includes the CMS logo and optional health plan logos.
- Include a postage-paid business reply envelope with each survey packet.
- If window envelopes are used, the survey vendor's return address must be clearly visible.

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 to prevent ink from bleeding onto the next page, but thin enough to fold easily and fit into business reply envelopes. All questionnaires, prenotification letters, and survey cover letters must be printed on white paper.

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
Prenotification Letter	CMS letterhead
Prenotification Letter Outgoing Envelope	[CMS logo] c/o Survey Processing [Survey vendor mailing address]
First and Second Questionnaire Survey Cover Letter	CMS letterhead [CMS logo; health plan logo, optional, left justified] c/o Survey Processing [Survey vendor mailing address]
First and Second Questionnaire Survey Cover Letter Outgoing Envelope	[CMS logo; health plan logo, optional] c/o Survey Processing [Survey vendor mailing address]
Business Reply Envelope	[CMS logo] c/o Survey Processing

Mailing Material	Logo/Letterhead
	[Survey vendor mailing address] Or "Centers for Medicare & Medicaid Services" c/o Survey Processing [Survey vendor mailing address]

Survey vendors forward all print-ready electronic mailing materials in Portable Document Format (PDF) to the HOS Project Team for review by the date specified in the *Quality Oversight Schedule*. Survey vendors must submit materials for review in the format that the materials will be printed. 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 (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 above the minimum requirement.
- 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, postage-paid 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, postage-paid 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 must 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 Certified Zip+4 software and NCOA database to update CMS-provided sampled member addresses and to standardize addresses to conform to USPS formats.

In their QAPs, survey vendors must state the methods used to obtain updated mailing addresses. Survey vendors may also propose other means of identifying incorrect addresses proactively.

Survey vendors flag prenotification letters and survey packets that are returned as undeliverable for address updating and 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; survey vendors may discard the surveys after removing all member-identifying information, such as name and address. Survey vendors must shred all member-identifying information.

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 scan or "wand" all returned surveys within **24 hours** of receipt to designate them as "received." Survey vendors record the date of receipt in the SMS. Survey vendors must process and enter/scan data within **three business days** of receipt. 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.

The SMS must track duplicate returned surveys (i.e., 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* section.

In instances where it is not possible to identify the member that completed the survey (e.g., if a member removes the unique ID from the survey, completes, and returns the survey), then the survey must be shredded and discarded.

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* 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 **three business days** of receipt.

Key Entry Guidelines
At a minimum, a survey vendor's 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. Survey vendors must have an established process for dealing with 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 the data entered to ensure that it accurately captures the responses on the original survey. To ensure quality for key-entered data, two separate data entry specialists key enter each answer from each survey. Survey vendors identify data entry errors by comparing the separate entries and reconciling errors, as necessary.
- **Disposition codes:** The SMS must flag various stages of data processing (e.g., key entered, validated, edited post-entry).

Scanning Guidelines
If optical character recognition or image capture technology (OCR/ICT) is used, survey vendors must implement quality control procedures to ensure accurate conversion of member responses to the electronic record and outline these procedures in their QAP. Survey vendors must test the reliability of scanning software using test batches prior to its use with actual HOS questionnaires. Survey vendors must implement quality assurance procedures, including ongoing interval checks, to verify that software consistently scans respondent-provided values accurately for each language in which the survey is administered.

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

- **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 duplicate surveys separately in the SMS.
- **Reconciling discrepancies:** The scanning software must have the ability to detect "out of range" variables and must require that these variables 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 must 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 are 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.

Onsite Retention of Paper Questionnaires: Survey vendors also retain paper HOS questionnaires **on site until December 31 of the following survey administration year.** After this period, survey vendors may destroy the paper surveys following electronic imaging, if a QA process was used to verify scanning.

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 paper questionnaires for the appropriate storage time frame.

Quality Control Guidelines
Survey vendors are responsible for the quality of work performed by all staff and subcontractors and should conduct on-site verification of printing and mailing processes, regardless of whether the survey vendors are using organization staff or subcontractors to perform this work. Survey vendors must 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, questionnaire, return envelope).
- Cross-checking during the assembly process, to ensure that all labeled items bear the same unique ID (e.g., questionnaire 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, address accuracy, and mailing material content.
    - Seeded mailings must be created in the member mailing database rather than in a separate mailing list. Seeded mailings must be treated in the same manner as member mailings to be used as a QA tool.
    - Survey vendors must also send seeded mailings to CMS, the HOS Project Team, and HSAG personnel for **all** survey mailings that are sent to members. See the *Quality Oversight* section for more information.

Note: Survey vendors must describe their quality control processes, including oversight of subcontractors, 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 V2.10* and in *HEDIS MY 2025 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 (see **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.

Survey vendors must also submit telephone interview screenshots or links to a live test platform of the telephone interviewing system to the HOS Project Team for review prior to the start of survey administration. If a link to a live test platform is provided, this link must remain active for the duration of data collection. 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 **unless approved by CMS**. 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. Interviewers do not contact sampled members outside of these hours unless they request to schedule an appointment. Due to HIPAA regulations regarding member privacy, interviewers may **not** leave an answering machine or voicemail system message.

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 a 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 no forwarding telephone number is available, 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–Nonresponse: 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–Nonresponse: 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–Nonresponse: 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 Survey (DNS) 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. The flag identifies members who request to be removed from the mailing list **and never contacted again.** See the *Assigning the Exclude from Future Survey Samples Flag* subsection in the *Data Coding* 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 and requests 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 by the prenotification 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, the survey vendor must resume and continue the standard mail and telephone protocols. Inbound call attempts that do not result in survey completion do **not** count toward 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 Call (DNC) list when using predictive dialing. It is the responsibility of the survey vendor to determine whether its 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 “on behalf of [Health Plan Name],” with the permission and compliance of the health plan’s HIPAA/Privacy Officer. Survey vendors must **not** program the caller ID to display only “[Health Plan Name].”

Members Eligible for the Telephone Phase of the Data Collection Protocol

Following the mail phase of the data collection protocol for the 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* 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. Survey vendors must use the decedent file delivered in August to identify sampled members who do not require telephone follow-up.

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–Nonresponse: Partial Complete Survey” and “M31–Nonresponse: 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 responses from the returned mail survey.

Survey vendors may make multiple telephone attempts to members with incomplete mail surveys; however, after five call attempts to contact the member at a specific telephone number, no further call attempts are made to that telephone number. If a second or third telephone number is available, survey vendors must dial these numbers as well. Provided the member has multiple numbers, each of these numbers must be attempted up to five times.

Telephone Follow-Up of Surveys Returned as Ineligible or Nonresponse: If a mail survey is returned with a note indicating that the sampled member is unavailable for the duration of the study, mentally or physically incapacitated, or in an institution (disposition codes M33, M34, or M35, respectively) and there is no indication that the *Exclude from Future Survey Samples Flag* is “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, survey vendors use the appropriate **telephone** ineligible survey dispositions (T33, T34, or T35, respectively).

Obtaining Telephone Numbers

Survey vendors obtain telephone numbers directly from MAOs. Survey vendors are encouraged to ask MAOs for the information as soon as possible to give the MAO time to generate telephone numbers.

To obtain telephone numbers from MAOs, survey vendors must use the following methods:

- Obtain an encrypted complete enrollment list from the MAO via a secure file transfer system.

- Obtain a "second source" telephone number for each member who is triaged to the telephone phase of the protocol.

Survey vendors may **not** provide the sample file to MAOs. Survey vendors also may **not** approach MAOs for individual telephone numbers. These scenarios are a breach of member confidentiality and protocol. Sampled members must be at least 18 years of age, currently enrolled in a MA health plan, and live in the United States or U.S. Territories.

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 are 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 (MAO-provided and second source) 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 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 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 and continue telephone call attempts. If another number is not available, the survey vendor places the member on its DNC list and codes the final disposition as "T32–Refusal." Survey vendors do **not** assign the *Exclude from Future Survey Samples Flag* unless the member specifically requests to be removed from the mailing list and never contacted again.

Note: Survey vendors must document in their QAPs that they have met their compliance or legal department's Telephone Consumer Protection Act (TCPA) requirements for dialing wireless phone numbers.

Internal Corporate Do Not Call Lists

Survey vendors that maintain an internal corporate DNC list are not required to make call attempts to sampled members if the member is on the internal corporate DNC list. These members must remain in the mail protocol. If the member does not respond to the mail survey, the survey vendor codes the final disposition as "M36–Nonresponse After Maximum Attempts" since the member did not enter the telephone protocol. Survey vendors do **not** assign the *Exclude* *from Future Survey Samples Flag* unless the member specifically requests to be removed from the mailing list and never contacted again. Assigning the flag excludes these members from future HOS samples and other surveys administered or sponsored by CMS.

Telephone Attempts

Survey vendors attempt to reach every sampled member. Multiple attempts must be made to a phone number until one of the following occurs:

- The survey vendor contacts the sampled member or a proxy and the interview is completed or refused.
- The survey vendor finds the sampled member to be ineligible for the survey.
- The sampled member is determined to have a language barrier or be ineligible for the survey.
- The reached telephone number is identified as non-working or incorrect.
- Five call attempts to contact the member **at each available telephone number** have been made.
    - o The first telephone attempt must be made to all members within the first 10 calendar days of dialing (by Thursday, September 24).
    - o The fifth call attempt must occur no sooner than 21 calendar days after the first call attempt, if a fifth call attempt is necessary.

A telephone attempt must meet the following criteria:

- The interviewer reaches an answering machine or voicemail system. In this case, the interviewer hangs up the phone without leaving a message.
- The telephone rings at least **six** times with no answer.
- The interviewer reaches a sampled member's household and is told the member is (temporarily) not available to come to the telephone. The interviewer should attempt to schedule a callback date and 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 and time.
- The interviewer obtains a busy signal. When telephone interviewing systems permit, CMS recommends that survey vendors attempt to recontact members up to three times at approximately 20-minute intervals if receiving a busy signal at each attempt. Three attempts completed 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).

For each nonrespondent, the maximum number of call attempts to a single dialed telephone number is **five**. After five call attempts to contact the member at a specific telephone number, no further call attempts are made to that telephone number. If a second or third telephone number is available, survey vendors must dial these numbers as well. Provided the member has multiple numbers, each of these numbers must be attempted up to five times.

- Example 1: The survey vendor loads three phone numbers for a member into the CATI system. The first number receives five phone attempts; for each attempt the phone rings at least six times with no answer. After five call attempts have been made to the first

number, interviewers begin attempts on the second phone number. The second number receives five phone attempts; for each attempt the phone rings at least six times with no answer. Interviewers begin attempts on the third phone number. On the first attempt, the phone is answered by the member's son who provides a new phone number for the member. The new number is called and on the first attempt to that number, the member answers the phone and completes the interview. In this scenario, the member received a total of twelve call attempts, five on the first number, five on the second number, one on the third number, and one on the fourth number, provided by the member's son.
- Example 2: The survey vendor loads one phone number for a member into the CATI system. There are no additional telephone numbers available for the member. On the first four attempts, the interviewer reaches the answering machine and hangs up the phone without leaving a message. On the fifth attempt, the phone rings at least six times with no answer. In this example, the member received a total of five call attempts and no further attempts were made.

Telephone attempts must occur at different times of day, on different days of the week, and in different weeks. Members that reach finalization at the maximum number of attempts must have had dialing attempts occur no sooner than 21 calendar days between first and final attempts, regardless of whether the vendor dials one telephone number or multiple telephone numbers.

- Example 3: The survey vendor loads one phone number for a member into the CATI system. The first attempt occurs on a Tuesday afternoon. On the first attempt, the phone rings at least six times with no answer. The survey vendor makes a second attempt four calendar days later on a Saturday afternoon. The interviewer reaches an answering machine and hangs up the phone without leaving a message. The third attempt occurs 11 calendar days later on a Wednesday evening and the interviewer reaches the member's wife, who asks for a call back the next morning, as the member is not available at the moment. On the next calendar day, the fourth attempt occurs and the member answers and begins the survey, but asks for a call back the following week as the member is running late for a doctor's appointment. The fifth attempt occurs eight calendar days later on a Friday morning and the member answers and completes the survey. In this scenario, no further attempts are needed as the member has completed the survey after receiving five attempts over 25 calendar days.
- Example 4: The survey vendor loads two phone numbers for a member into the CATI system. The first attempt occurs during a Wednesday afternoon. On the first attempt, the phone rings six times with no answer. The second attempt is made four calendar days later on a Sunday morning, and again the phone rings six times with no answer. Over the next 10 days the third, fourth, and fifth attempts are made and each time the phone rings six times with no answer. The first phone number has five attempts across different times of day and different days of the week, including weekdays and weekends. Interviewers begin attempts on the second phone number on the sixteenth day of outbound CATI. On the first attempt to the second number, the member answers the phone and requests to never be contacted again. In this scenario, the interviewers must stop dialing as the member has requested to no longer be contacted, and this member would be assigned an *Exclude from Future Survey Samples Flag* in the final member-level data file.

Survey vendors must make a minimum of five call attempts to reach a member unless they obtain a complete survey, the member is found to be ineligible or away for the duration of the data collection period, or if they explicitly refuse to complete the survey. Call attempts should continue unless there is a verbal refusal or another obvious cue (e.g., a hard phone slam). An unexpected hang-up is not considered a refusal and is not an appropriate reason for removing a sampled member from receiving additional telephone attempts. If a member is verbally abusive to the telephone interviewer during the interview (e.g., threatening the interviewer, verbalizing violence towards the interviewer), then the interviewer may discontinue the interview and code the member as a refusal.

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).

Survey vendors and their associated subcontractors must have processes in place for tracking telephone attempts throughout the telephone protocol. Survey vendors are required to report on the progress of their telephone attempts prior to and after the deadline for making the first telephone attempt to all members within the first 10 calendar days of dialing (see the *Project Reporting* subsection of the *Quality Oversight* 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, interviewers 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 and Chinese. The telephone protocol is **not** administered in Russian. Survey vendors are not permitted to translate the telephone scripts into any other language and must use the language translations provided by CMS (English, Spanish, and Chinese).

Note: Survey vendors must submit screenshots or live links to their programmed electronic telephone interviewing systems and skip pattern logic to the HOS Project Team for review. See the *Quality Oversight* section for more information.

Recording of Telephone Interviews

Survey vendors must record all telephone interviews in all fielded languages and make them available to the HOS Project Team upon request. Recordings include interviewer introductions to the respondent, as well as the complete telephone interview.

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 recordings and 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, including oversight of telephone interviewing subcontractors, in their QAPs. Survey vendors are responsible for ensuring that subcontractors are appropriately implementing the telephone component of the protocol (e.g., making the appropriate number of call attempts, training interviewers to follow the telephone scripts exactly, making calls in a quiet environment, and accurately programming the telephone specifications).

Interviewer Training
Interviewer training is essential to ensure that interviewers are following HOS protocols and procedures, know how to pronounce medical terms correctly, and 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. Interviewers must also be trained in processes for addressing technical issues (e.g., system failure, internet outage) during a telephone interview. These processes must be defined in the vendor's QAP.

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 an introduction and interviewer probes to aid in the standardization of the interviews. Interviewers must also be trained to use the HOS FAQ 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 and participating in the subcontractor's telephone interviewer training to ensure compliance with the protocols, procedures, and guidelines established for the HOS telephone protocol.

General Interviewing Guidelines for Conducting Telephone Surveys

These guidelines are provided to assist telephone interviewers who are conducting the HOS. Interviewers play an important role in the success of the survey and will interact with many respondents.

In order to achieve quality data and encourage participation, interviewers should be trained to maintain key principles of telephone interviewing which include:

- Establishing rapport by listening attentively and responding appropriately to respondent responses, concerns, and questions.
- Gaining respondent cooperation by projecting a warm but professional phone demeanor and soothing any uneasiness about participating in the survey.
- Using phrases that convey empathy and understanding when respondents share difficult personal information, such as a health problem or a death in the family (e.g., “I understand,” “I’m sorry to hear that,” or “I understand that must be difficult”).
    - In instances where a respondent shares frustration or difficulty with a health problem, interviewers may convey to the respondent that a goal of the survey is to improve the care provided by health plans (see Question 13 in the FAQ).

Telephone Interviewer Monitoring and Quality Oversight

Properly training and supervising interviewers leads to standardized, nondirective interviews. Consistent monitoring of interviewers is essential to ensure accurate results. Survey vendors must adequately supervise and monitor telephone interviewers (within the organization or subcontractors) throughout telephone data collection 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 using silent monitoring (including both complete surveys and call attempts). Monitoring staff must monitor all interviewers at different times of the day. The use of callbacks is not permitted.
- If subcontractors are used for telephone interviewing, survey vendors must participate in monitoring in addition to subcontractors.
- The survey vendor must conduct a sufficient percentage of telephone interviewer monitoring to be able to identify issues with interviews completed by its subcontractors.
- If a survey vendor completes telephone interviews both internally and with the use of a subcontractor, the survey vendor must monitor a minimum of 10 percent of telephone interviews by its internal telephone interviewers **and** 10 percent of telephone interviews by its subcontractor.
- 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, who are difficult to understand, or have difficulty using the computer must be identified and retrained or, if necessary, replaced. Survey vendors must specify telephone interviewer remediation policies in their QAPs.

Outcomes of telephone interviewer monitoring 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. Survey vendors must also include their telephone subcontractor, if applicable, in monitoring sessions with the HOS Project Team.

Distressed Respondents Procedures

Survey vendors may encounter respondents who are in crisis or potentially suicidal. Because this situation is not unique to the HOS, survey vendors must have established procedures in place for handling and documenting distressed or potentially suicidal respondents. These procedures must cover the various modes in which a respondent may contact the survey vendor (e.g., sending a letter with a survey, emailing the survey vendor's customer support, stating concerns during a telephone interview). Survey vendors must document these procedures, including staff training procedures, in their QAPs.

The following are 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 [988] or [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 [988] or [1-800-273-TALK (8255)].
- **When respondents express abuse or neglect:** Refer the respondent to the National Domestic Violence Helpline [1-800-799-SAFE (7233)].

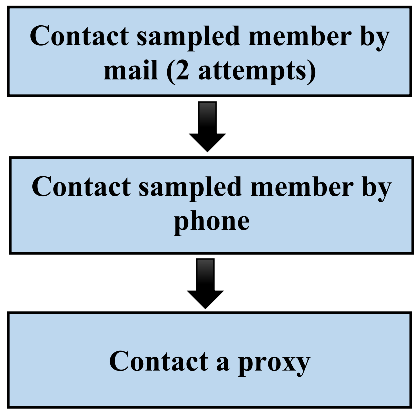
Note: Survey vendors must not share the information of members reporting abuse or distress with MAOs.

See the *Member Correspondence* subsection of the *Quality Oversight* section for additional guidelines on handling distressed respondents.

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 a facility's program staff or home staff may assist members. Facility or program staff should only serve as proxies at the request of the sampled member, family member, or other caregiver. Sampled members who are deaf or hard of hearing may use teletypewriters or have an interpreter serve as a proxy to assist with completing telephone surveys.

Survey vendors 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 must attempt to schedule a callback and call 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 or mentally unable to complete a telephone interview, institutionalized, or does not speak English, Spanish, or Chinese), the interviewer attempts to contact a proxy by phone.

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, Chinese, and Russian 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 or if the proxy name is listed as “Illegible”: 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 MAOs 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 MAOs 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, Chinese, and Russian. Survey vendors make Spanish language questionnaires available to all Spanish-speaking members (both in the mail and telephone protocols). Use of the Chinese and Russian questionnaires is optional and is done at the request of the MAO. Chinese language administration is available by mail and telephone. The Chinese mail materials and questionnaire are in Traditional Chinese characters and is appropriate for members who speak Cantonese or Mandarin. Interviewers conduct telephone interviewing in Chinese with Cantonese and Mandarin speaking interviewers. Russian language administration is only available by mail. There is **no** telephone interviewing conducted in Russian.

Survey vendors work with their MAOs to determine the survey language to send to sampled Baseline members. For members in a Follow-Up protocol, the survey vendor must send mailings in the language specified by the Protocol Identifier Flag (i.e., Spanish, Chinese, or Russian).

Survey vendors and their MAOs have options for determining language preference for Baseline members, including:

- Working with contracts to identify the language that 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 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 an MAO provides a survey vendor with language preference data, the data must include all members for whom data are available or applicable. Survey vendors cannot provide any contract with names or other identifying information of sampled members.

When sending the Baseline prenotification letter in English, survey vendors include instructions for requesting a Spanish language questionnaire (as well as instructions for requesting a Chinese and Russian language questionnaire, if applicable). If a Spanish, Chinese, or Russian-speaking member calls the survey vendor to ask for a questionnaire in that language, the member is flagged to 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 the following at the request of the contract:

- Include a Spanish 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 language questionnaire only in all mailings of the survey to sampled members known to prefer Spanish. Survey vendors may identify those members using language preference data received from the MAO.
- Include instructions for requesting an optional language (Chinese or Russian) questionnaire with the prenotification letter and all mailings of the English language questionnaire. Instructions must be written in the optional language.
- Include an optional language questionnaire in all mailings of the English language questionnaire ("double stuff" packets). Such packets may be sent to all enrollees within a contract, or to a subset of enrollees within a contract based on language preference data received from the plan.
- Send an optional language questionnaire only in all mailings of the survey to members known to prefer the optional language. Those members would be identified using language preference data received from the plan.

Note: Survey vendors must describe the process for distributing the survey in Spanish, and any applicable optional languages (i.e., Chinese or Russian) in their QAPs.

Administering HOS for MAOs with Primarily Spanish-Speaking Members

For MAOs 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 MAO to ascertain if that is the better option. The survey vendor mails the Baseline prenotification letter in Spanish and includes a footnote in English with the toll-free number and customer support email address to request an English survey. The Baseline Letter for First Questionnaire Mailing is double-sided and contains 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 identify these members using language preference data received from the contract.

Administering HOS for MAOs with Primarily Chinese or Russian-Speaking Members
For MAOs with a majority of members who primarily speak Chinese or Russian, the survey vendor may elect to administer Baseline surveys in Chinese or Russian after discussion with the MAO to ascertain if that is the better option. The survey vendor mails the Baseline prenotification letter in Chinese or Russian and includes a footnote in English with the toll-free number and customer support email address to request an English survey. The Baseline Letter for First Questionnaire Mailing is double-sided and contains Chinese or Russian on side A and English on side B. (In the English Baseline protocol, English is on side A and Chinese or Russian 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. There is **no** telephone interviewing in Russian.

At the request of the contract, survey vendors may:

- Include an English language questionnaire in all mailings of the Chinese or Russian 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 identify these members using language preference data received from the contract.

Note: The administration of Chinese and Russian 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, MA contracts and survey vendors are strongly discouraged from fielding other surveys to their members eight weeks prior to and during the HOS administration. NCQA prohibits survey vendors, MAOs, and their agents from asking HOS-related questions of members eight weeks prior to and during the HOS administration. Survey vendors are only permitted to show the HOS questionnaire and cover letters to sampled members during administration of the HOS as part of the official CMS-sponsored HOS program. The HOS is a longitudinal survey that relies on repeated member participation. Fielding multiple surveys to people with Medicare during the HOS administration period will likely have a negative effect on response rates and scores.

VII. Data Coding

Overview

This section details the standardized protocols for HOS data file specifications and data coding. 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 Interactive Data Submission System. Survey vendors submit data files that contain data for every MA contract with which the survey vendor has contracted. For assistance with preparing data files for submission, contact the HOS Project Team (hos@ncqa.org).

Text File Specifications

Survey vendors submit survey data files in a text file format (.txt) that allows submission of each MA contract'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 based on the 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 Interactive Data Submission System. Header Record fields include information provided by CMS during sampling (i.e., reporting year, CMS contract number, contract name, and survey vendor ID) as well as data elements that the HOS Project Team provides in late June 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 follows the Survey File Record Layout. This file layout includes the following variables from the Sample File Layout: CMS Beneficiary Identifier, CMS Contract Number, Member Name, Date of Birth, and Protocol Identifier Flag. The Survey File Record Layout also 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.

See **Appendix D** for the field description, field position (start and end), field length, and 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 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 for returned mail surveys. 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 (Case-mix)	Scale
8–9	Change in Health	Scale
10 (a–f)	ADLs (Case-mix)	Scale
11	Vision, S.4302 Disability	Dichotomous/categorical
12	Hearing, S.4302 Disability	Dichotomous/categorical
13–14	Difficulty with concentrating, remembering, making decisions, and difficulty doing errands alone, S.4302 Disability	Dichotomous/categorical
15	Memory Problems	Scale
16–27	Chronic Conditions (Case-mix)	Dichotomous/categorical
28 (a–e)	Chronic Conditions—Cancer (Case-mix)	Dichotomous/categorical
29–30	Patient-Reported Outcomes Measurement Information System (PROMIS) Pain Item	Scale
31 (a–b)	Patient Health Questionnaire (PHQ)-2 Depression	Scale
32	General Health (Case-mix)	Scale
33–36	HEDIS—Urinary Incontinence	Dichotomous/categorical
37–38	HEDIS—Physical Activity	Dichotomous/categorical
39–42	HEDIS—Fall Risk Assessment	Dichotomous/categorical
43–44	Sleep quality	Scale
45	Weight	Open-ended
46	Height	Open-ended
47	Ethnicity, S.4302 (Case-mix)	Exception

Question #	Question Description	Applicable Decision Rules
48	Race, S.4302 (Case-mix)	Exception
49	Primary Language, S.4302	Exception
50	Marital status (Case-mix)	Dichotomous/categorical
51	Education (Case-mix)	Exception
52	Living arrangement—alone or with others	Exception
53	Living arrangement—where do you live	Dichotomous/categorical
54	Living arrangement—house ownership (Case-mix)	Dichotomous/categorical
55	Form assist (Case-mix)	Dichotomous/categorical
56	Form assist	Open-ended

Scale and Dichotomous/Categorical Question Decision Rules: Survey vendors use the following decision rules for scale and 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 it is obvious that the member crossed out a response to select another, then code the corrected response.
- 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 for Mail Surveys

Question	Coding Instructions
Q45 (Weight)	• Code response provided by the member. Zero-fill if less than 100. • For numeric responses, record the response, regardless of appropriateness (e.g., if the respondent answers "900," code as "900"). Do not clean. • 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"). • For numeric responses that are more than 3-digits, code with the valid value of "888 = Inappropriate Answer" (i.e., do not impute). • 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). • 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). • 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). • If a value is missing or the respondent does not know, code with the valid value of "999 = Missing" (i.e., do not impute).

Question	Coding Instructions

	• Survey vendors clean responses (enter a different response than the one provided by the respondent) **only** in the following instances:
	  o Zero-fill responses less than 100 (e.g., code a response of “90” as “090”).
	  o If the respondent answers “999,” recode this response as “888 = Inappropriate Answer” so that the question is included in the numerator for percentage answered.
	• Contact the HOS Project Team for support if additional circumstances arise where data cleaning may be appropriate.

Q46 (Height)	• Height is reported in two fields: feet and inches. Only one field must have a valid value to be included in the numerator of percentage answered.
	• Code answer provided by the respondent. Zero-fill if the inches field is less than 10.
	• 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.
	• 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”).
	• For non-numeric responses without a numeric counterpart (e.g., “tall”), code with the valid value of “888,” where “8 = Inappropriate Answer” for feet and “88 = Inappropriate Answer” for inches (i.e., do not impute).
	• 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 = Inappropriate Answer” for feet and “88 = Inappropriate Answer” for inches (i.e., do not impute).
	• If a value is missing or the respondent does not know, code with the valid value of “999,” where “9 = Missing” for feet and “99 = Missing” for inches (i.e., do not impute).
	• 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 “__ feet and 47 inches,” code as “947,” where “9 = Missing” for feet and inches equals “47.”
	• 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 __ inches,” code as “599,” where feet equals “5” and inches equals “99 = Missing.”
	• For a response where the respondent reported feet from 2–7 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.
	• For a response where the respondent reported feet greater than 7, code the response as “8 = Inappropriate Answer” (e.g., if the respondent answers “9ft.,5in.,” code as “805”). Do not clean.
	• 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).
	• Survey vendors clean responses (enter a different response than the one provided by the respondent) **only** in the following instances:
	  o Zero-fill if inches is less than 10. (e.g., code a response of “5 ft. 9 in.” as “509”).
	  o If the respondent answers “9” for feet **and** “99” for inches, recode this response as “888 = Inappropriate Answer” so that the question is included in the numerator for percentage answered.

Question	Coding Instructions
	• Contact the HOS Project Team for support if additional circumstances arise where data cleaning may be appropriate.
Q49 (Primary Language)	• Primary language is reported in two fields, Q49a and Q49b. Only one field must have a valid value to be included in the numerator of percentage answered. • For Q49a, follow the decision rules and coding guidelines for dichotomous/categorical questions; however, if a respondent wrote in some other language for Q49b, even if response category “7 = Some other language (please specify)” is not selected for Q49a, code the response. • Code response provided by the respondent, regardless of appropriateness. If the respondent answers one of the response options for Q49a (i.e., “English,” “Spanish,” “Chinese,” or “Russian”) in the field for Q49b, the response still must be coded as is. • Survey vendors code the response to the best of their ability. If a response is illegible, survey vendors code it as “illegible” rather than leaving the response blank, so the value is included in the numerator of percentage answered. The word “illegible” must be submitted in all caps as the only word in the field with no punctuation and not surrounded by quotes, brackets, or parentheses (i.e., ILLEGIBLE). • Contact the HOS Project Team for support if additional circumstances arise where data cleaning may be appropriate.
Q56 (Proxy Name)	• Code response provided by the respondent, regardless of appropriateness (e.g., if the respondent answers “sister,” code as “sister”). Do not clean. • If a value is missing, leave the field blank (i.e., do not impute). • Survey vendors code the response to the best of their ability. If a response is illegible, survey vendors code it as “illegible” rather than leaving the response blank. The word “illegible” must be submitted in all caps as the only word in the field with no punctuation and not surrounded by quotes, brackets, or parentheses (i.e., ILLEGIBLE). • If the question was supposed to have been skipped but was not, code the data as is. • Survey vendors clean responses (enter a different response than the one provided by the respondent) **only** in the following instances: o 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,” **do not** include the last name in the First Name field of the member-level data file. o If a proxy entered his or her name on the Chinese mail survey in Traditional Chinese characters or on the Russian mail survey in Cyrillic characters, the survey vendor must Romanize the proxy name in the interim and final data files. o Do not use accented letters. • Contact the HOS Project Team for support if additional circumstances arise where data cleaning may be appropriate.

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

- Q47 (Ethnicity), Q48 (Race), and Q52 (Living Arrangement—Alone or with Others): For questions in which 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.

- Q49 (Primary Language): Members who select response category “7 = Some other language (please specify)” are instructed to specify the language mainly spoken at home if it is not English, Spanish, Chinese, or Russian. The Survey File Record Layout allows survey vendors to code the open-ended response (Q49b). See **Appendix D** for more information.
- Q51 (Education): If multiple responses are marked or provided, code the highest level of education indicated.

Survey Skip Patterns

Some HOS questions 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 and code appropriately skipped questions with 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–Nonresponse: 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 and include 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–Nonresponse: Refusal.” If this occurs, the survey vendor should **not** triage the member to the telephone protocol.

Survey Completion and Coding Guidelines

An HOS survey is considered complete if it is 80 percent or more complete with all six ADL questions (Q10a–f) answered. Once an HOS survey reaches 80 percent or more complete with all six ADL questions answered, no further attempts are made to the member. 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 for the Same Member

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

- If 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 Percentage Answered

The HOS instrument contains 71 response items. To simplify the calculation of percentage answered, 11 items that are part of a skip pattern are excluded from the calculation: **28a, 28b, 28c, 28d, 28e, 34, 35, 36, 38, 54, and 56**. Seventy-one minus 11 excluded questions leaves a base denominator of **60** items to be included in the calculation.

Calculating Percentage Answered

To calculate percentage answered, count the total answered items (excluding items **28a, 28b, 28c, 28d, 28e, 34, 35, 36, 38, 54, and 56**). Divide the number by 60 (the total number of items excluding skip pattern items) and multiply by 100. The following is the equation for calculating percentage answered:

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

For Questions 47, 48, and 52, 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 percentage answered.)

For Questions 46 and 49, only one of the two fields must be complete to count towards percentage answered.

Table 9 summarizes the rules for assigning the Percentage Answered variable. For surveys without a final disposition of M10/T10, M11/T11, or T31, assign a percentage answered value of 000.00 (represented as a five-digit number [six field positions]).

Table 9. Rules for Assigning the Percentage Answered Variable

Disposition Code	Percentage Answered
M10, T10, M11, T11, T31	NNN.NN
M20, T20, M23, T23, M24, T24, M25, T25, M26, T26, M32, T32, M33, T33, M34, T34, M35, T35, M36, T36	000.00
M31	NNN.NN or 000.00

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 (the status of each sampled member during the data collection period) or final (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 do 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. During data submission, survey vendors must return each record that was included in the sample file and assign the corresponding disposition code for every record. A prefix of "M" represents mail disposition codes and a prefix of "T" represents telephone disposition codes. Table 10 provides information to help survey vendors assign final disposition codes.

Table 10. Final Survey Disposition Codes

Final Disposition	Disposition Code	Disposition Group	Definition/Explanation
Complete Survey	**M10**	Complete	Respondent returns mail survey that is 80% or more complete with **all** six ADL items (Q10a–f) answered. Assign this disposition code when 48 or more items (of the 60 items included in the calculation of percentage answered) are answered, including **all** six ADL items.

Final Disposition	Disposition Code	Disposition Group	Definition/Explanation
	T10	Complete	Assigned in one of the following situations: • Respondent completes at least 80% of the survey during a telephone interview and **all** six ADL items (Q10a–f) are answered. • Respondent returned a mail survey that is less than 80% complete **or** one or more ADL items were unanswered. During the telephone protocol, the survey vendor contacted the respondent by phone and completed at least 80% of the survey and **all** six ADL items were answered. **All questions must be asked during telephone recontact.** Assign this disposition code when 48 or more items (of the 60 items included to calculate percentage answered) are answered, including **all** six ADL items.
Partial Complete	**M11/T11**	Nonresponse	A survey that is 50% or more but less than 80% complete **or** 80% or more complete with one or more ADL items (Q10a–f) unanswered. Assign this disposition code when 30–47 items (of the 60 items included to calculate percentage answered) are answered or when 48 or more items are answered but one or more ADL items are unanswered.
Deceased	**M20/T20**	Ineligible	The member is deceased.
Language Barrier	**M23/T23**	Ineligible	The member does not read or speak English, Spanish, or Chinese, and does not read Russian. The survey vendor is unable to obtain a proxy to complete the survey.
Bad Address *and* Mail-Only Protocol	**M24**	Ineligible	There is evidence that the member's address is bad (post-office returns questionnaire to survey vendor) and the member is in a mail-only protocol (Russian Follow-Up protocol only).
Bad Address *and* Non-working/Unlisted Phone Number or Member is Unknown at the Dialed Phone Number	**T24**	Ineligible	There is evidence that the member's address is bad (post-office returns questionnaire to survey vendor). The survey vendor is unable to obtain a viable telephone number for the member.
Respondent Deceased Per Decedent File	**M26/T26**	Ineligible	This code refers to sampled members who have died since the sample was drawn, as identified in the decedent file. The HOS Project Team provides a list to the survey vendors in August before beginning telephone interviews.

Final Disposition	Disposition Code	Disposition Group	Definition/Explanation
Break-off	**M31/T31**	Nonresponse	A survey that is less than 50% complete, regardless of whether the ADL items (Q10a–f) were answered. Assign this disposition code when 0–29 items (of the 60 items included to calculate percentage answered) are answered (regardless of whether ADL items were completed). • **M31:** If a member returns a survey blank (with **no** note stating a refusal), then attempt to contact by phone. If unable to reach by phone, code as M31. Do not code as refusal unless member provides a note (on the survey or separately) refusing to complete the survey. • **T31:** If a respondent ends the telephone call before completing the survey, attempt to recontact (unless there is a verbal refusal). If unable to recontact, code as T31. Do not code as T31 if the interviewer only codes Questions 55 and 56 and then the interview ends before Question 1. Do not code as refusal unless member verbally refuses to complete the survey.
Refusal	**M32/T32**	Nonresponse	Refusal. Incomplete survey with a note (on the survey or separately) stating the member does not want to participate or the member verbally refuses to complete the survey.
Respondent Unavailable	**M33/T33**	Nonresponse	The member is unavailable during the data collection period. The survey vendor is unable to obtain a proxy to complete the survey.
Respondent Physically or Mentally Incapacitated	**M34/T34**	Nonresponse	The member is unable to complete the survey due to physical or mental disabilities. The survey vendor is unable to obtain a proxy to complete the survey.
Respondent Institutionalized	**M35/T35**	Nonresponse	The member is unable to complete the survey because he or she is institutionalized or residing in a group home or institution (e.g., hospice, nursing home) and the survey vendor is unable to obtain a proxy to complete the survey.

Final Disposition	Disposition Code	Disposition Group	Definition/Explanation
Nonresponse After Maximum Attempts	**M36**	Nonresponse	Assigned in the following situations: • There is no evidence to suggest the member's address is bad. The member has not returned a mail questionnaire. The survey vendor is unable to obtain a viable telephone number for the member. • There is no evidence to suggest the member's address is bad. The member has not returned a mail questionnaire. The survey vendor is unable to contact the member by phone because the member is on the survey vendor's internal corporate DNC list.
	T36	Nonresponse	Assigned in the following situations: • There is no evidence to suggest the member's address is bad. The member has not returned a mail questionnaire. There is no evidence to suggest the member's telephone number is bad. The survey vendor makes five telephone attempts to each available telephone number but is unable to contact the member. • There is evidence to suggest the member's address is bad. There is no evidence to suggest the member's telephone number is bad. The survey vendor makes five telephone attempts to each available telephone number but is unable to contact the member.

In **rare instances** (e.g., MAO is no longer eligible for the survey), survey vendors may be instructed to use the disposition code "M25/T25–Ineligible: Data Collection Suspended." Survey vendors may only use this disposition code **with prior approval** from the HOS Project Team.

Assigning Bad Address and/or Bad Telephone Number Disposition Codes

To assign a sampled member a final disposition code of M24, T24, M36, or T36, survey vendors assess the member's address and telephone number to determine if the information is viable. Survey vendors 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 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 a nonviable telephone number: The following situations constitute 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.
- The telephone interviewer encounters a privacy manager when he or she dials the number. The survey vendor **must** continue dialing up to the maximum number of allowable attempts per phone number, unless there is evidence that a telephone number is not viable and there is no viable "second source" telephone number.

Table 11 displays how the survey vendor must assign final disposition codes of M24, T24, M36, and T36, based on the viability of the member's address and telephone number.

Table 11. Assigning Final Disposition Codes M24, T24, M36, and T36

	Viable Address	Evidence of Bad Address
Viable Telephone Number (English, Spanish, or Chinese)	T36	T36
Evidence of Bad Telephone Number (English, Spanish, or Chinese)	M36	T24
Mail-Only Protocol (Russian)	M36	M24

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. The assigned survey round variable should be associated with the mailed questionnaire or call attempt in which data are collected.

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

Survey Round	Description
M1	Respondent completed the first mailed questionnaire.
M2	Respondent completed the second mailed questionnaire.

Survey Round	Description
T1	Respondent completed the survey during the first telephone attempt.
T2	Respondent completed the survey during the second telephone attempt.
T3	Respondent completed the survey during the third telephone attempt.
T4	Respondent completed the survey during the fourth telephone attempt.
T5	Respondent completed the survey during the fifth telephone attempt.
T6	Respondent completed the survey during the sixth telephone attempt.
T7	Respondent completed the survey during the seventh telephone attempt.
T8	Respondent completed the survey during the eighth telephone attempt.
T9	Respondent completed the survey during the ninth telephone attempt or during additional telephone attempts exceeding the ninth telephone attempt.
MT	Respondent returned a partially completed mail questionnaire and finished completing the survey via telephone interview. **Note:** Survey vendors must conduct the telephone interview from “scratch” or from the beginning and ask all survey questions.
TN	Respondent completed the survey during an inbound telephone attempt. **Note:** Survey vendors must use this survey round code for any survey completed by telephone prior to the start of outbound telephone dialing.

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

Disposition Code	Survey Round
M10, M11, M31	M1, M2
T10, T11, T31	T1, T2, T3, T4, T5, T6, T7, T8, T9, MT, TN
M20, T20, M23, T23, M24, T24, M25, T25, M26, T26, 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

Survey Completion Date	Survey Round
MMDDYYYY **07132026–11022026** *(July 13, 2026–November 2, 2026)* *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, TN
99999999	NC

Survey Language: If the survey vendor obtains a complete (M10/T10), partial complete (M11/T11), or break-off survey (M31/T31), the survey vendor includes a survey language indicator of 1 = English, 2 = Spanish, 4 = Chinese, or 5 = Russian. Table 15 provides rules for assigning the survey rounds based on survey language.

Table 15. Survey Round Rules Based on Survey Language

Survey Language	Survey Round
1 = English 2 = Spanish 4 = Chinese	M1, M2, T1, T2, T3, T4, T5, T6, T7, T8, T9, MT, TN
5 = Russian	M1, M2

Note: The survey language indicator of 3 = Not Applicable corresponds to nonresponses or ineligible surveys.

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
1	Member returns the first mail survey. The survey meets the criteria for "complete survey." • Complete survey (mail) = M10. • Survey is from first mailing = M1.	M10	M1
2	Member returns the first mail survey. Sixty-five percent of pertinent survey items are complete (with all ADL items complete). The member is forwarded to the telephone phase and five telephone attempts are made to each available telephone number to obtain responses (in an effort to convert an incomplete survey to complete). Five attempts are made to each available telephone number and are unsuccessful. • Nonresponse: Partial complete survey (mail) = M11. • Survey is from first mailing = M1.	M11	M1
3	Member completes and returns a survey downloaded from the web without a unique ID. • 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.	None	None
4	Member returns the second mail survey during the telephone phase of the protocol. The survey meets the criteria for "complete survey." • Complete survey (mail) = M10. • Survey is from second mailing = M2.	M10	M2

	Example and Rationale	Survey Disposition	Survey Round
5	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. • 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. • Complete survey (telephone) = T10. • First telephone attempt = T1.	T10	T1
6	Member does not return a mail survey. Member completes a telephone interview on the seventh telephone attempt. • Complete survey (telephone) = T10. • Seventh telephone attempt = T7.	T10	T7
7	Member is verbally abusive to telephone interviewer. • Discontinue the interview and code the member as a refusal. • Nonresponse: Refusal (telephone) = T32. • Survey Round = NC.	T32	NC
8	The member's family member calls the survey vendor's customer support number after receiving a mail survey to inform the survey vendor that the member is deceased. • Even though the information was obtained by telephone, it was obtained in response to the survey mailing. • Ineligible: Deceased (mail) = M20 (**not T20**). • Survey Round = NC.	M20	NC
9	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. • Enter responses from the partially complete mail survey. • Nonresponse: Partial complete survey (mail) = M11. **Do not code as a refusal.** • Survey Round = M1.	M11	M1
10	The member completes 60% of the survey during the first telephone interview but then "refuses" to answer any more questions. • Responses from the partially complete telephone survey are saved in the SMS and included in the member-level data file. • Nonresponse: partial complete survey (telephone) = T11. **Do not code as a refusal.** • Survey Round = T1.	T11	T1

	Example and Rationale	Survey Disposition	Survey Round
11	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. • Members who die during the survey are accounted for during data cleaning by obtaining a death file from CMS Medicare records. • Complete survey (mail) = M10. • Survey round = M1.	M10	M1
12	The member speaks Spanish and is able to complete a survey, but verbally refuses to do so. • The barrier to completing a survey is not language; it is the member's refusal. • Nonresponse: Refusal (telephone) = T32. • Survey round = NC.	T32	NC
13	The member completes 30% of the survey during the third telephone attempt and asks to complete the remainder of the survey at another time. Five attempts to each available telephone number are made to contact the member to complete the remainder of the survey, but the member does not respond. • Though five attempts were made to each available telephone number, the survey round is associated with the attempt in which data are collected. • Nonresponse: Break-off = T31. • Survey round = T3. **Note:** All survey vendor-generated variables (e.g., Survey Vendor's Unique Telephone Interviewer ID, Survey Completion Date) must be associated with the same round in which data were collected.	T31	T3
14	The member is reached by phone and the interviewer is able to code Questions 55 and 56 because the interviewer verifies the person that answered the phone is the member. Before the interviewer gets to Question 1, the member says they cannot complete the survey at the time and asks for a call back at a later date. The survey vendor calls at the established time and makes additional telephone attempts (five attempts to each available telephone number) but does not successfully reach the member. • The member does not reach Question 1. • Nonresponse: Nonresponse After Maximum Attempts = T36.	T36	NC
15	The member is in the Russian Follow-Up—No Proxy at Baseline protocol. The survey vendor sends the mail survey in Russian, but the post-office returns the questionnaire to the survey vendor (bad address). • The member is in a mail-only protocol and does not receive any telephone attempts; therefore, the survey vendor is unable to contact the member by phone. • Ineligible: Bad Address and No Phone Protocol = M24.	M24	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.
- 5 = Russian: The respondent completed or partially completed the survey in Russian.

Note: Survey language code 5 is only valid for 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 5 = Russian
T10, T11, T31	1 = English 2 = Spanish 4 = Chinese
M20, T20, M23, T23, M24, T24, M25, T25, M26, T26, 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 who 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 telephone interview was conducted.
  - **For telephone disposition codes with survey round variable of "MT" or "TN":** 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 **07132026–11022026** *(July 13, 2026–November 2, 2026)*
M20, T20, M23, T23, M24, T24, M25, T25, M26, T26, 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 15-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. The ID must be associated with the telephone attempt corresponding to the final disposition code. These IDs allow CMS and other users of the HOS data to see which telephone interviews were conducted by the same telephone interviewer.

The 15-digit ID lets the survey vendor use up to a 9-digit alphanumeric variable for each interviewer. If the survey vendor uses fewer digits for internal purposes, the survey vendor must expand the ID to 15 digits for submission (e.g., fill in with leading zeros). For example, if a survey vendor uses a 3-digit variable to track interviewers, it codes interviewer 221 as "000000221" and includes the survey vendor ID as the first six digits of the 15-digit Survey Vendor Telephone Interviewer ID. For all other final disposition codes, survey vendors assign "999999999999999."

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, T23, T31, T32, T33, T34, T35	001413NNNNNNNNN = CSS 001415NNNNNNNNN = DataStat, Inc. 001463NNNNNNNNN = Press Ganey 630396NNNNNNNNN = Qualtrics
M10, M11, M20, M23, M24, M25, M26, T26, M31, M32, M33, M34, M35, M36, T24, T25, T36	999999999999999

Assigning the MAO Phone Flag

Survey vendors assign an 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. **Note:** Code "1 = Yes" even if the number is wrong.	1 = Yes
The MAO **did not** provide the survey vendor with a phone number, or provided an invalid phone number (e.g., 9999999999, 0000000000) for the sampled member.	2 = No

Assigning the Exclude from Future Survey Samples Flag

Survey vendors assign a valid **value** for the *Exclude from Future Survey Samples Flag* to each sampled member. The flag identifies members who request to be **removed from the mailing list and never contacted again.** CMS excludes these members from future HOS samples (and other surveys administered or sponsored by CMS). Survey vendors may not assign an *Exclude from Future Survey Samples Flag* based on information provided by the MAO (e.g., an MAO's DNC list) or the survey vendor's internal corporate DNC list.

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 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, M23, T23, M24, T24, M25, T25, M26, T26, 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 the valid values.
- **Comparison with sample file data:** Validation of the agreement of member responses with the corresponding data elements 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 interim and final HOS data files to the HOS Interactive 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 Interactive Data Submission System, contact the HOS Project Team (hos@ncqa.org).

Survey Vendor Authorization Process

Before survey administration, CMS provides the HOS Project Team with the list of MA contracts required to report the HOS. The HOS Project Team provides this information to MAOs via the *Medicare Health Outcomes Survey 2026 Administration* memo. MAOs must notify the HOS Project Team using the survey vendor selection web form of their survey vendor selection by the date specified in the memo. All MAOs must contract with a CMS-approved HOS survey vendor to administer the HOS on their behalf. The HOS Project Team finalizes the list of MAOs and their designated survey vendor in May to generate the sample files.

Preparation for Data Submission

Each survey vendor designates a Lead or Primary Programmer who is directly employed by the survey vendor (i.e., not subcontractors). The Lead or Primary Programmer has primary responsibility for data submission and 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 V2.10*. The Lead or Primary Programmer 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.

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

At the conclusion of the data collection period, survey vendors perform final data cleaning and editing routines and assess the integrity of collected data prior to the final data submission deadline.

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 nonrespondents. Each sampled member record must follow the Survey File Record Layout. 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, survey vendors may never overwrite respondent-provided data with valid values for "Missing." All respondent-provided data must be included in the record.

Data Submission Process

Survey vendors submit HOS interim and final data files to the HOS Project Team via the secure HOS Interactive 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 final files in accordance with coding instructions in these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.10.*

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 Interactive 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 Interactive Data Submission System is user-friendly and requires minimal training. 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 (i.e., there can be more than one folder within the zipped folder but the total number of files across all folders within the zipped folder must not exceed 80).

The HOS Interactive Data Submission System 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* section. Survey vendors receive reports that document errors that they must correct prior to marking submissions as final.

Data File Submission Dates

Interim Data Files: Survey vendors submit interim data files by 11:59 p.m. Eastern Time on **Thursday, October 1, 2026**. **All survey data received up to three business days prior to the interim data submission due date (Monday, September 28, 2026) must be processed and included in the interim data files.** Submitting interim data files will provide survey vendors an opportunity to test the data submission process and correct any data file errors before submitting the final data files.

Survey vendors may begin to submit interim data on Tuesday, September 29, 2026. All interim data files must be submitted by Thursday, October 1, 2026. The HOS Project Team conducts preliminary analysis with the interim data files and reviews the data for early identification of data collection issues. The HOS Project Team asks survey vendors to investigate all issues identified during the data cleaning process. Survey vendors are responsible for correcting data errors that result from programming errors prior to final data submission.

Final Data Files: Survey vendors submit final HOS data files by 11:59 p.m. Eastern Time on **Monday, November 16, 2026**. Data files not submitted by the deadline are **not** included in the publicly reported HOS results.

Data Quality Attestation

The designated Project Manager or Project Director from the survey vendor organization submits a signed statement attesting that all HOS data collected and submitted to CMS are accurate and complete, and conform with these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.10*. The attestation is completed in the HOS Interactive Data Submission System prior to marking submissions as final for Final Data Submission. Only the survey vendor's designated Project Manager or Project Director can sign the attestation and mark all files as final.

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 age. For example, survey vendors are not required to correct an error that resulted from two individuals residing in the same household swapping surveys.

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 Interactive Data Submission System

Survey vendors complete the following steps to access the HOS Interactive Data Submission System:

1. The survey vendor designates a Project Manager, Project Director, and Lead or Primary Programmer, and notifies the HOS Project Team.
2. The HOS Project Team provides the designated survey vendor staff with a link to the HOS Interactive Data Submission System.
3. The designated survey vendor staff are prompted for their user ID and password to log into the HOS Interactive Data Submission System.
4. The designated survey vendor staff review and agree to the disclosure to proceed.
5. Once in the system, the designated survey vendor staff select the appropriate HOS data files using a browsing feature and subsequently uploads all HOS data files using an upload feature.

Data Validation Checks

As survey vendors upload data files, the HOS Interactive Data Submission System automatically checks the survey vendor-submitted data files for compliance with the file specifications outlined in the *Data Coding* 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 percentage answered 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. The survey vendor must then mark the file "final." All HOS data files must be marked "final" by 11:59 p.m. Eastern Time on **Thursday, October 1, 2026,** for Interim Data Submission and **Monday, November 16, 2026,** for Final Data Submission. Final data submission data files not submitted by the deadline are **not** included in the publicly reported HOS results.

Record Storage and Retention

Mail Data

Survey vendors store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location, on site, for **three** years.

Survey vendors may convert hard (paper) copies of survey documents to electronic images. The image becomes the official record which must be retained in accordance with the CMS requirements. For survey vendors that use subcontractors for data entry/processing, electronic images and files must be kept on the survey vendors' systems. Survey vendors:

- Retain the paper HOS surveys **onsite until December 31 of the following survey administration year** following electronic imaging, after which the survey vendor may destroy the paper surveys. Electronic imaging must be accompanied by an established QA process that verifies electronic survey images match the associated hardcopy surveys.
- Retain the electronic image for **three** years.
- Retain the paper HOS survey for **three** years if an electronic image is **not** created.

Telephone Data

Survey vendors retain all telephone survey data and recordings in all fielded languages, on site, for **three** years. For survey vendors that use subcontractors for telephone interviewing, recordings must be kept on the survey vendors' systems.

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 Tag 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 do 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 and Telephone Recording Storage and Retrieval

All questionnaire images and telephone survey recordings must be available for retrieval within **three business days** when required by the HOS Project Team. Survey vendors index documents and telephone recordings 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](https://www.medicare.gov/plan-compare) (https://www.medicare.gov/plan-compare). 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 2026

CMS publicly reports measures calculated from HOS data on the [Medicare Plan Finder website](https://www.medicare.gov/plan-compare) (https://www.medicare.gov/plan-compare). The HOS data have several uses: monitoring the health of people with Medicare, tracking health plan performance, rewarding top-performing plans, helping people with Medicare 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. People with Medicare also use the HOS measures to help them choose an MA plan.

Measures that are Publicly Reported

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

Six HOS measures (three functional health measures and three HEDIS Effectiveness of Care measures) will be included in the Medicare Star Ratings, to be published on the Medicare Plan Finder.[2] These are:

- Improving or Maintaining Physical Health.
- Improving or Maintaining Mental Health.
- Physical Functioning Activities of Daily Living.
- Monitoring Physical Activity.
- Reducing the Risk of Falling.
- Improving Bladder Control.

Analysis of HOS Data and Reporting of HOS Data to MAOs

The HSAG HOS Project Team analyzes, calculates, and reports MAO-specific HOS results after a cohort's Baseline and Follow-Up surveys are administered. The HSAG HOS Project Team generates an MAO-specific Baseline report and a Performance Measurement report (based on a

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[2] One longitudinal functional health measure (Physical Functioning Activities of Daily Living) is currently on display.

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 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 (QI) initiatives.

- ***HOS Baseline Report.*** This report is made available each fall to MAOs that participated in the previous year's Baseline administration of the HOS. This QI tool, which presents an aggregate overview of the Baseline health status of MA enrollees, was developed and extensively tested to ensure that data are useful and actionable.
- ***HEDIS HOS Effectiveness of Care Report.*** This report is made available in the summer to MAOs that participated in the previous year's Baseline and/or Follow-Up administration of the HOS. The HEDIS HOS Effectiveness of Care Report provides MAOs an opportunity to review HEDIS HOS Effectiveness of Care results during the Star Ratings preview periods. The HEDIS HOS Effectiveness of Care Report includes MAO, state, regional, and national HOS Effectiveness of Care results for the following HEDIS HOS measures: MUI, PAO, and FRM.
- ***HOS Performance Measurement Report and Data.*** This report is available in the summer to MAOs that participated in administration of the previous year's Follow-Up HOS. Survey data from both the Baseline and the two-year Follow-Up HOS for each cohort are merged to create a performance measurement data set. The resulting aggregation of change scores yields contract-level HOS performance measurement results that describe change in health status over time for enrollees in each contract. Performance Measurement reports and corresponding data are designed to support QI activities. Enrollee-level performance measurement data are made available to MAOs upon request following distribution of the Performance Measurement reports.

Baseline reports, HEDIS HOS Effectiveness of Care reports, and Performance Measurement results and corresponding data are designed to support QI activities. Reports are available in the CMS Health Plan Management System (HPMS) the year after administration of the Follow-Up surveys. Each PDF report is contained in a ZIP file that includes aggregate data from the report in a comma-separated values (CSV) data file. Member-level performance measurement data are made available to MAOs upon request after distribution of the Performance Measurement reports.

All report distribution occurs electronically through the CMS HPMS. HOS Star Ratings Validation and Aggregate Score Analysis tables are also available in the HOS module on HPMS. Notification of the availability of reports and performance measurement data occurs through HPMS. For access to HPMS, contact your CMS Quality Point of Contact. Information about HPMS access is available on the CMS website (https://www.cms.gov/about-cms/information-systems/hpms/user-id-process).

Survey vendors may refer MAOs to the Data - Dissemination of Reports and Data page on the HOS website (https://www.hosonline.org) for information about the timeline for receiving reports or to instruct them to contact the HSAG HOS Project Team (hos@hsag.com).

Survey Vendor Analysis of HOS Data

MAOs may request that survey vendors provide status or performance reports at specified intervals. Survey vendors must limit reports to sample size and frequency distributions for each final disposition code at the contract level only, which are the data elements contained in the biweekly summary status reports. Data elements in biweekly summary status reports are sufficient to keep MAOs apprised of response rates. Survey vendors may share their overall response rates, at the survey vendor-level, with MAOs. Survey vendors **may not** share any member-level data with MAOs.

Survey vendors **must not** provide any data from the sample files or report any calculations or results for any HOS measure to MAOs. 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. Survey vendors must contact the NCQA HOS Project Team (hos@ncqa.org) if MAOs request additional analysis outside of the information detailed in the biweekly summary status reports.

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.**

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 and their subcontractors 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 HOS 2026 administration.

Table 22. Quality Oversight Schedule

Quality Oversight Activities	2026 Dates
HOS and HOS-M Survey Vendor Update Training.	Wednesday, March 11
Survey vendors submit printed materials to the HOS Project Team to obtain written approval prior to volume printing.	Monday, June 8
Survey vendors submit telephone scripts (screenshots or live links) to the HOS Project Team to obtain written approval prior to telephone protocol.	Thursday, June 18
HOS Project Team provides responses to survey vendors after review of printed materials.	Tuesday, June 23
Survey vendor progress report #1 (QAP) due.	Friday, June 26
HOS Project Team responds to survey vendors after reviewing telephone screenshots or live links.	Tuesday, June 30
Survey vendors finalize all mail materials (any revisions made after approval must be submitted to the HOS Project Team).	Wednesday, July 1
Survey vendors finalize all telephone screenshots or live links (any revisions made after approval must be submitted to the HOS Project Team).	Friday, July 10
Survey vendor QAP conference calls.	Monday, July 13–Friday, July 24
Survey vendor progress report #2 due.	Friday, July 24
Survey vendor progress report #3 due.	Friday, August 7
Survey vendor progress report #4 due.	Friday, August 21
Survey vendor progress report #5 due.	Friday, September 4
Survey vendor progress report #6 due.	Friday, September 18
Survey vendor progress report #7 due.	Friday, October 2
Survey vendor progress report #8 due.	Friday, October 16
Survey vendor progress report #9 due.	Friday, October 30
Survey vendor progress report #10 (Final Report) due.	Friday, November 20

Quality Oversight Activities	2026 Dates
Survey vendors submit member correspondence items (weekly customer support emails and biweekly white mail) to the HOS Project Team for review.	Friday, July 17–Friday, November 20
Survey vendors submit HOS Annual Records Storage Report.	Monday, November 30

Mailing Materials Review

Before fielding the survey, the HOS Project Team reviews all English, Spanish, Chinese, and Russian mailing materials (i.e., prenotification letters, survey cover letters, envelopes, and questionnaires). Survey vendors send the HOS Project Team electronic copies of all mailing materials for review. The HOS Project Team notifies survey vendors whether materials have been approved or require revisions. All final mailing materials must be submitted to the HOS Project Team (hos@ncqa.org) in a print-ready, electronic format (i.e., the final file that will be sent to the printer). For example, if multiple pages of materials will be printed on a single page and then trimmed down in preparation for mailing, the print-ready file should show multiple pages.

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

- Survey Vendor Name_Tracking # (CMS Logo).pdf.

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

- Survey Vendor Name_Tracking # (CMS and HP Logo).pdf.

Survey vendors may **not** change materials that have been approved by the HOS Project Team unless the revised materials are resubmitted for approval. Survey vendors must finalize all mail materials two weeks prior to the prenotification letter mailing.

During fielding, the HOS Project Team reviews mailing materials sent to members to check for compliance with the mail protocol, including timeliness of delivery and alignment with approved mailing materials. Survey vendors must send “seeded mailings” to CMS, the HOS Project Team, and HSAG personnel in each HOS protocol used and in each language mailing materials are sent. Additionally, survey vendors must seed the HOS Project Team in both the standard mailing materials and mailing materials formatted with the optional health plan logo. Seeded mailings must be created in the member mailing database rather than in a separate mailing list. Seeded mailings must be treated in the same manner as member mailings.

If survey vendors are not fielding specific protocols to members, then they must not seed CMS or the HOS Project Team and must notify the HOS Project Team in advance. For example, if a survey vendor does not field the Baseline protocol in Spanish and only sends Spanish surveys to Baseline members upon request, then the survey vendor does not seed CMS or the HOS Project Team in Spanish for the Baseline protocol and notifies the HOS Project Team before survey administration begins.

Telephone Materials Review

Before fielding the survey, survey vendors submit the English, Spanish, and Chinese Proxy and Non-Proxy telephone screenshots to the HOS Project Team (hos@ncqa.org) for review. The HOS Project Team reviews all telephone screenshots to confirm the telephone interviewing system is programmed correctly and verbatim to the master telephone scripts, including all interviewer instructions and probes. Survey vendors submit electronic telephone interviewing screenshots or live links 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, in addition to the screenshots. Survey vendors must finalize all telephone screenshots or live links by the prenotification letter mailing.

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 member correspondence on behalf of CMS and forwards the material to CMS for review. Forwarded member correspondence must include **white mail** (i.e., notes from members written on separate pieces of paper, cover letters, prenotification letters, survey covers, envelopes, or separately mailed letters). Survey vendors should submit white mail as individual files (i.e., one file per member correspondence) and in PDF format, if possible.

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, comments directed at CMS or the government) to the HOS Project Team. Survey vendors must forward any member correspondence that contain signs of a distressed respondent to the HOS Project Team **immediately upon receipt** to facilitate appropriate follow-up with the respondent. These comments are collected by the HOS Project Team on behalf of CMS and are forwarded to CMS for review. Survey vendors must submit an English summary of any pieces of white mail in Spanish, Chinese, or Russian to CMS. Additionally, survey vendors must include contact information (i.e., correspondent's name, mailing address, and telephone number) with each piece of submitted white mail. When submitting member correspondence, survey vendors must include all *applicable* white mail received in the previous two weeks.

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 member correspondence to CMS for triage and follow-up on a biweekly basis, when appropriate. Survey vendors are not precluded from responding to member correspondence, when appropriate.

Do **not** email member correspondence; it contains PHI. Member correspondence must be securely sent to the HOS Project Team via a secure file transfer system.

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* section for more information.

Survey Vendor QAPs

The 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 of, and compliance with these *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.10.* **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 (see **Appendix B**).
- Provide documentation of previous administration issues and actions taken to prevent the issues from reoccurring.
- Provide documentation of survey vendors' quality oversight processes, including oversight of subcontractors. 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 **five** business 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 conducts at least two customer support reviews per survey vendor, and continuously reviews survey vendors' email responses to respondent questions and comments. Survey vendors are required to forward all customer support emails with responses to the HOS Project Team weekly, to ensure that survey vendor staff adhere to the FAQ via email as much as possible. Survey vendors should include the date and time each customer support email was responded to when forwarding to the HOS Project Team. Survey vendors may be asked to send member contact information and/or English translations of emails to CMS, if requested.

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

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

Data Record Review

The HOS Project Team must 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. Survey vendor systems and databases must be available to the HOS Project Team. The HOS Project Team will provide survey vendors with a list of items required for the data record review prior to the scheduled review session.

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, and customer support correspondence (if available).

For remote data record reviews, the HOS Project Team uses a web conferencing platform to view the survey vendor's systems remotely. This web conferencing platform encrypts all presentation content using the Advanced Encryption Standard. Attendee sessions are restricted to authorized participants only. 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 and their telephone subcontractor(s) (if applicable), either during a site visit or remotely.

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 verbal feedback to survey vendors following each call and written feedback after each monitoring session. See additional interviewer guidelines in the *Telephone Protocol* section.

For remote telephone monitoring, the HOS Project Team uses a web conferencing platform 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. Session recording is disabled and no data are stored.

Survey vendor monitoring of Spanish and Chinese telephone interviews must be done by a supervisor who is fluent in the language being monitored.

Site Visit

The HOS Project Team may conduct a site visit, either in-person or remotely, 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 V2.10.* 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. Remote visits are conducted via web conference. During remote visits, vendors share and present all required systems, processes, and documentation using web conferencing.

Site visits also give survey vendors an opportunity to discuss issues or concerns about survey administration. The size and composition of the HOS 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 reviews in the presence of the survey vendor's staff and all parties sign a confidentiality agreement at the start of a 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 traces the documentation of activities from receipt of the sample through the submission of final data files. See the *Data Record Review* subsection of this *Quality Oversight* section for more information. The 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 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.
- Subcontractor oversight.
- 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 10 progress reports to the HOS Project Team (hos@ncqa.org). These reports provide updates on data collection activities and interim statistics on responses rates and survey dispositions. The reports also provide updates on progress with telephone attempts. Survey vendors use the following naming convention when submitting progress reports:

- Begin files with the survey vendor name, followed by the subject of the 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_C29B_MM-DD-YY.xls.
        - Survey Vendor Name_SSR_C27F_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	2026 Due Dates
REPORT #1 **Survey Vendor QAP:** Survey vendors submit QAPs to the HOS Project Team that address all required elements as described throughout the *Medicare HOS Quality Assurance Guidelines and Technical Specifications V2.10* and in **Appendix B**.	Friday, June 26

Reporting Requirements	2026 Due Dates
REPORT #2 **Narrative Report:** • Overview of Baseline and Follow-Up prenotification letter and first questionnaire printing, fulfillment, and mailing processes. • Verification of mail out dates of Baseline and Follow-Up prenotification letter and first questionnaire mailing (e.g., USPS generated report). • Status of staff training and SMS development. • Confirmation of customer support functionality and testing. • Outstanding issues or concerns. **Other Deliverables:** • Member correspondence (white mail), if applicable. • Example of the response rate report sent to health plans.	Friday, July 24
REPORT #3 **Summary Status Report:** (template provided by the HOS Project Team) • Baseline Cohort. • Follow-Up Cohort. **Narrative Report:** • Outstanding issues or concerns. **Other Deliverable:** Member correspondence (white mail), if applicable.	Friday, August 7
REPORT #4 **Summary Status Report:** • Baseline Cohort. • Follow-Up Cohort. **Narrative Report:** • Overview of progress with protocol to date. • Detail problems or issues to date. • Outstanding issues or concerns. **Other Deliverable:** Member correspondence (white mail), if applicable.	Friday, August 21
REPORT #5 **Summary Status Report:** • Baseline Cohort. • Follow-Up Cohort. **Narrative Report:** • Overview of Baseline and Follow-Up second questionnaire mailing. • Verification of mail out dates of Baseline and Follow-Up second questionnaire mailing (e.g., USPS generated report). • Overview of progress with protocol to date. • Detail problems or issues to date. • Provide high-level summary statistics on respondent calls to customer support line or email (summarize FAQ) and number of requests for Spanish (and Chinese and Russian, if applicable) version of the instrument. Specify number of calls and/or emails requesting information regarding an internet version of the survey. • Describe telephone protocol and training. • Outstanding issues or concerns. **Other Deliverable:** Member correspondence (white mail), if applicable.	Friday, September 4

Reporting Requirements	2026 Due Dates
REPORT #6 **Summary Status Report:** • Baseline Cohort. • Follow-Up Cohort. • Telephone attempt progress to date. **Narrative Report:** • Overview of progress with protocol to date. • Detail problems or issues to date. • Describe process of converting partially completed surveys to complete, and progress. • Report on progress of Baseline and Follow-Up electronic telephone interviewing implementation. • Report on whether telephone protocol is on track to make a first telephone attempt to all members within the first 10 calendar days of dialing (by Thursday, September 24). Provide the number and percentage of first telephone attempts completed to date for each subcontractor, if applicable. **Other Deliverable:** Member correspondence (white mail), if applicable.	Friday, September 18
REPORT **Summary Status Report:** • Baseline Cohort. • Follow-Up Cohort. • Telephone attempt progress to date. **Narrative Report:** • Outstanding issues or concerns. • Detail problems or issues to date. • Report on progress of Baseline and Follow-Up electronic telephone interviewing implementation. • Confirm whether all members have received a first telephone attempt within the first 10 calendar days of dialing. Provide the number and percentage of first telephone attempts completed by Thursday, September 24, for each subcontractor, if applicable. • Report on experience with submitting interim data files. **Other Deliverable:** • Member correspondence (white mail), if applicable. • Submit a sample of the interim/progress report that is provided to HOS clients.	Friday, October 2
REPORT #8 **Summary Status Report:** • Baseline Cohort. • Follow-Up Cohort. • Telephone attempt progress to date. **Narrative Report:** • Overview of progress with protocol to date. • Detail problems or issues to date. • Report on progress of Baseline and Follow-Up electronic telephone interviewing implementation. **Other Deliverable:** Member correspondence (white mail), if applicable.	Friday, October 16

Reporting Requirements	2026 Due Dates
REPORT #9 **Summary Status Report:** • Baseline Cohort. • Follow-Up Cohort. • Telephone attempt progress to date. **Other Deliverable:** Member correspondence (white mail), if applicable.	Friday, October 30
REPORT #10 **Final Detailed Status Report** • See guidelines below. **Other Deliverable:** Member correspondence (white mail), if applicable.	Friday, November 20
HOS Annual Records Storage Report • Number of HOS records stored on site and off site. • The HOS Project Team provides the report template prior to the due date.	Monday, November 30

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.

An outline that survey vendors may use for developing the Final Detailed Status Report is as follows:

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, Chinese Follow-Up No Proxy and Proxy, and Russian 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.
        - List any additional language translations requested by MAOs.
        - List any additional survey modes requested by MAOs and/or respondents (e.g., internet, text) and number of requests.
    c. Mailing of letters 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. Interim and final 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 V2.10* and *HEDIS MY 2025 Volume 6: Specifications for the Medicare Health Outcomes Survey*).

3. Recommendations for HOS 2027 Administration.

Analysis of Submitted Data

The HOS Project Team reviews all survey data that survey vendors submit to the HOS Interactive 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 V2.10*, 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.

Noncompliance 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 V2.10* 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 submitting the Discrepancy Report form (**Appendix G**) and submitting it to the HOS Project Team (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 the HOS Project Team of the issue and subsequently submit an updated Discrepancy Report, within **one week** of submitting the original report. Survey vendors must include the relevant CMS plan contract numbers in the form.

Discrepancy Report Review Process

The HOS Project Team reviews Discrepancy Reports with CMS and determines 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 2026 Minimum Business Requirements

A survey vendor must meet all Minimum Business Requirements listed below to be considered for approval to administer the Medicare HOS on behalf of Medicare Advantage (MA) clients in 2026. The standardized data collection protocol for administering the 2026 HOS will be specified in the 2026 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.10* (QAG) and the *Fully Integrated Dual-Eligible (FIDE) Special Needs Plans (SNP) QAG Addendum* (FIDE SNP QAG Addendum).

Relevant Survey Experience

Demonstrated recent experience in fielding patient experience surveys.

Criteria	Survey Vendor Requirements
Number of Years in Business	• Minimum of four years. Subcontractor experience cannot be used to fulfill the “Number of Years in Business” requirement.
Organizational Survey Experience	• Minimum of three years of prior experience administering standardized patient experience and/or functional health status and/or self-reported health surveys for Medicare or other vulnerable/elderly populations as an organization within the most recent five-year period. • Minimum of three years of prior experience conducting large-scale mixed mode (mail and telephone) survey protocols within the most recent five-year period (i.e., mail survey administration followed by survey administration via computer assisted telephone interview [CATI] follow-up of nonrespondents). • Prior experience submitting survey data electronically to an external third-party organization. • If applicable, poor past performance by survey vendor and/or its subcontractor(s) on Centers for Medicare & Medicaid Services (CMS) surveys of people with Medicare will be considered as failing to meet Minimum Business Requirements. For example: o Failure to adhere to the timeline and/or procedures for survey administration. o Failure to submit accurate and complete survey data on time during interim and/or final data submission periods. o Failure to adhere to required quality oversight activities.

Criteria	Survey Vendor Requirements
	o Failure to adhere to Discrepancy Report submission timelines and procedures and to appropriately implement and manage required corrective actions.
Experience with Multiple Survey Languages	• Survey vendor (and subcontractor(s), if applicable) must have prior experience administering mail and telephone surveys in English and Spanish. • Survey vendor will have the option of conducting the survey in Chinese and Russian.

Organizational Survey Capacity

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

Criteria	Survey Vendor Requirements
Capacity to Handle Estimated Workload	• Sufficient physical and personnel resources to administer large-scale outgoing and incoming mail surveys and to perform telephone interviews using an electronic telephone interviewing system. o All survey-related activities must be conducted within the continental United States, Hawaii, Alaska, and U.S. Territories. o Must adhere to requirements specified in the QAG.
Personnel	• Designated personnel directly employed by the survey vendor (i.e., not subcontractor): o Project Director and Project Manager with at least three years of experience in overseeing all functional aspects of survey operations including mail, telephone, data file preparation, and data security. The Project Director and Project Manager oversee all survey operations. o Mail Supervisor with at least one year of previous experience managing large-scale mail survey projects. The Mail Supervisor provides oversight of all mail protocol operations and provides oversight of mail subcontractors and external partners (if applicable). ***Note***: *An "external partner" is defined as an organization utilized by the survey vendor to perform a specific aspect of HOS administration. While it is assumed that a subcontractor will have access to personally identifiable information (PII) and/or protected health information (PHI), an external partner*

Criteria	Survey Vendor Requirements
	may furnish goods or services to support HOS administration without access to PII/PHI. o Telephone Supervisor with at least one year of previous experience managing large-scale telephone interviewing projects. The Telephone Supervisor provides oversight of all telephone protocol operations and provides oversight of approved telephone interview subcontractors (if applicable). o Lead or Primary Programmer with at least one year of experience preparing and submitting electronic data files in a specified format to an external third-party organization within the past two years. The Lead or Primary Programmer is responsible for data submission. • Sufficient experienced organizational back-up staff to manage functions of survey administration in the absence of key staff.
System Resources	• Commercial physical plant and system resources must meet CMS specifications and accommodate data collection and processing of the volume of surveys being administered. o Capacity for production and mailing of questionnaires, cover letters, and postcards in-house or in accordance with requirements outlined in "Approved Use of Subcontractors and Other External Partners." o All survey-related work, including mail survey administration activities and telephone interviewing, must be conducted at the survey vendor's or approved subcontractor/external partner's official business location. Home-based places of work (e.g., residences) and virtual organizations will not be permitted without CMS approval. o Capacity to handle concurrent survey projects while maintaining high quality survey data and high response rates. o Capacity to process incoming paper surveys (e.g., scan or key enter) at the survey vendor's or designated subcontractor/external partner's official business location. • Electronic telephone interviewing systems programmed in accordance with QAG. o Capacity to conduct telephone interviews using an electronic telephone interviewing system in-house or in accordance with requirements outlined in "Approved Use of Subcontractors and Other External Partners." o Capacity to record all telephone surveys.

Criteria	Survey Vendor Requirements
	• A secure work environment for receiving, processing, and storing hardcopy and electronic versions of questionnaires, sample files, and supplemental files that protects the confidentiality of survey data and PII and protects the integrity of the survey. o Electronic survey management system that tracks fielded surveys through the entire protocol using unique de-identified member identification numbers and interim disposition codes. o Secure file transfer protocol or systems to receive member contact information from contract clients in a manner that is Health Insurance Portability and Accountability Act (HIPAA) compliant.
Use of Subcontractors and Other External Partners (Subject to Approval)	• CMS must approve subcontractors and other external partners as part of the survey vendor approval process at the time of application. • Subcontractors and other external partners must meet the criteria outlined for the survey administration activities they will perform. • Subcontracting of data file preparation and submission is not permitted. • Subcontractors and other external partners added after the application process are subject to approval by CMS. Survey vendor must inform the HOS Project Team immediately if there are any changes to subcontractors and external partners. Survey vendors are required to update the Data Use Agreement (DUA) within three business days of changes in subcontractor(s) with access to PII/PHI. • Survey vendor is responsible for supervising and providing quality oversight of all subcontracted tasks and/or those tasks completed by an organization external to the survey vendor. • All survey functions performed externally (i.e., not using the survey vendor's physical resources and/or in-house staff) must be listed in both the Participation Form and the survey vendor's Quality Assurance Plan (QAP). This includes, but is not limited to, organizations with which the survey vendor has subcontractor or purchased service agreements. Subcontractors with access to PII/PHI must be included in the survey vendor's DUA. All subcontractors and external partners, regardless of access to PII/PHI, must be included in both the Participation Form and QAP.

Criteria	Survey Vendor Requirements
Mixed Mode Administration	• Responsible for reproducing, printing, assembling, and mailing survey materials in accordance with the QAG. • Responsible for programming electronic telephone interviewing systems in accordance with the QAG. • Demonstrate ability to collect, accurately process, and code survey data through all phases of survey administration. • Maintain capacity for conducting telephone interviews using a CATI system. • Use commercial software/resources to ensure that addresses and telephone numbers are updated and correct for all sampled members. • Maintain an interviewer pool that meets the needs of sampled members in all languages in which the survey is administered, except Russian. • Conduct accurate monitoring of interviewers in all languages in which the survey vendor is fielding the survey. • Assign appropriate disposition codes to each sampled member indicating final survey status. • Demonstrate ability to adhere to the survey administration timeline. • Attest that the organization meets the Telephone Consumer Protection Act (TCPA) requirements by the Federal Trade Commission (FTC) and Federal Communications Commission (FCC) for dialing cell phones.

Criteria	Survey Vendor Requirements
Data Submission	• Follow all data preparation and submission rules as specified in the QAG. • Submit data electronically in the specified format outlined in the QAG. • Execute business associate agreements with MA contracts and receive annual authorization from MA contracts to collect data on their behalf and submit to CMS. o Must be authorized by a MA contract prior to receiving the sample file. • Work with the HOS Project Team to resolve data and data file submission problems. • Complete attestation of data quality during final data submission. • Submit data files as requested by the HOS Project Team within the specified timeframe.
Data Security and Confidentiality	• Maintain established electronic security procedures related to access levels, passwords, and firewalls as required by HIPAA. • Perform regularly scheduled data back-up at least daily and off-site redundancy procedures that adequately safeguard system data; procedures must include back-up recovery testing to verify files can be retrieved. • Develop a disaster recovery plan to support continued business operations or recovery in the event of a natural or human-related disaster. • Use required encryption protocols, if applicable, for transmitting data files. CMS-defined PII must be transmitted securely (e.g., encrypted file via email, data portal, or SFTP). • Implement established procedures for identifying and reporting breaches of confidential data. Data files (electronic or paper) must be stored securely and confidentially in accordance with the QAG. • Ensure confidentiality of sampled members' identifying information during each phase of the survey process. Only contract-level data may be shared with MA contracts, as specified in the QAG (i.e., no member-level or member identifying information can be shared with MA contracts). • Develop and obtain signed confidentiality agreements from staff and subcontractors (i.e., those individuals and organizations with access to PII/PHI). Confidentiality agreements must be reviewed and re-signed periodically, at the discretion of the survey vendor,

Criteria	Survey Vendor Requirements
	but not to exceed a three-year period. • Complete and maintain a Data Use Agreement (DUA) for access to data from CMS for use in collection of additional member-level information on persons with Medicare. • Ensure the DUA is kept up to date and that all CMS requirements are followed, including documenting all subcontractors with access to PII/PHI and key personnel. Survey vendor will submit a DUA update within three business days if any change in subcontractors with access to PII/PHI or key personnel occurs after the initial DUA submission. • Ensure compliance with all applicable HIPAA Security and Privacy Rules in conducting all survey administration and data collection activities.
Data Retention	• Capacity to retain all data files (electronic or paper) for a minimum of three years, or as otherwise specified by the QAG, onsite at the survey vendor's facilities. The retention requirement also applies to sample information. The retention of data will require extension of the DUA. o Store returned paper questionnaires in a secure and environmentally safe location until December 31 of the following survey administration year, or as otherwise specified by the QAG, onsite at the survey vendor's facilities. Scanned images must be retained for three years. o Record all telephone interviews and retain all telephone survey recordings for three years or as otherwise specified by the QAG, onsite at the survey vendor's facilities. o Archived electronic data files, telephone recordings, and paper copies or scanned images of surveys must be easily retrievable. • Establish a process for data destruction after three years and complete an attestation of data destruction.

Criteria	Survey Vendor Requirements
Technical Assistance/ Customer Support	• Establish toll-free customer support telephone lines with live operators Monday through Friday from 9:00 a.m. to 8:00 p.m. (survey vendor local time), either in-house or in accordance with requirements outlined in “Approved Use of Subcontractors and Other External Partners.” • Establish a customer support email address for members who have questions about the survey or their eligibility. • All emails received through the customer support email address and survey vendor responses must be forwarded to the HOS Project Team via secure transfer network. • Accommodate telephone and email inquiries in all languages in which the survey vendor is fielding the survey, starting at the beginning of the survey fielding period (i.e., prenotification mailing date) and continuing through the duration of survey fielding (i.e., through the end of data collection).

Quality Control Procedures

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

Criteria	Survey Vendor Requirements
Demonstrated Quality Control Procedures	• Establish, conduct, and document quality control procedures for all phases of survey implementation and in all languages in which the survey vendor is fielding the survey, as specified in the QAG: o Monitoring of subcontractor(s), if applicable. o Internal staff and subcontractor/external partner training. o Printing, mailing, and recording receipt of surveys. o Telephone administration of surveys (electronic telephone interviewing system) in all languages in which the survey is administered, except Russian. o Scanning, coding, and processing of survey data. o Preparing interim data files for submission and resolving any identified errors. o Preparing final data files for submission and resolving any identified errors. o All other functions and processes that affect the administration of the HOS surveys.

Criteria	Survey Vendor Requirements
	• Physical business premises on which major operations of survey business are conducted are amenable to site visits by CMS and the HOS Project Team, as specified in the QAG. • Subcontractors and other external partners must meet the criteria outlined for the survey administration activities they will perform.

Training Requirements	• Participate in and successfully complete the HOS Survey Vendor Training (via webinar).
	    o Participate in all poll questions administered during the training.
	    o Complete a post-training test.
	    o Complete a training evaluation.
	• Participate in any refresher training sessions or webinars.
	• At a minimum, the organization's Project Director, Project Manager, Mail Supervisor, Telephone Supervisor, and the Lead or Primary Programmer must attend the annual training as representatives of the organization.
	• At least one representative from subcontractors and other external partners performing the following key survey administration responsibilities must attend training.
	    o Inserting or survey packet preparation.
	    o Processing of returned mail surveys.
	    o Conducting telephone interviews (CATI administration).
	• All survey vendor staff responsible for data coding and file preparation are strongly recommended to attend training.

Oversight	• Prepare, accommodate, and plan for announced or unannounced site visits and/or remote quality oversight activities from CMS or the HOS Project Team for quality oversight purposes. • All system resources must meet CMS specifications in the QAG and are subject to oversight activities, including remote quality oversight activities and in-person site visits to physical locations. • Prepare and submit reports as requested by the HOS Project Team, such as reports of outbound CATI progress and inbound mail processing. • Monitor Spanish and Chinese telephone interviews by utilizing a supervisor who is fluent in the language being monitored. • Comply with all quality oversight requirements described in the

Criteria	Survey Vendor Requirements
	QAG, including submitting mail materials and telephone scripts to the HOS Project Team for review prior to survey administration. This also includes all subcontractor and external partner materials. • Develop and submit an annual Quality Assurance Plan by specified due date in the QAG. • Submit an initial Discrepancy Report and corrective action plan within one business day of becoming aware that a discrepancy in survey administration has occurred.

Approval Term

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

Criteria	Survey Vendor Requirements
Approval Term	• One-year term is subject to annual re-approval based on submission and review of the Participation Form. • Approval as a survey vendor in prior years does not guarantee future re-approval. • Approval and/or re-approval as a survey vendor is dependent on successful past performance. Performance criteria include, but are not limited to: o Occurrence of similar substantive errors within or across projects. o Significant non-compliant items identified during site visits or monitoring. o Receipt of a corrective action memo from CMS. o CMS requests for quality improvement plans. o Refusal to allow site visit team to observe HOS production activities. • Survey vendor must administer HOS and submit data for a minimum of one MA contract within two years of approval (if applicable) to remain eligible for re-approval. Multiple years as an approved vendor without HOS clients will be negatively weighted as a decision factor when considering re-approval.

HOS 2026 Rules of Participation

Any organization participating in the 2026 HOS administration must adhere to the following Rules of Participation. To be eligible, the organization must:

1. Meet the HOS Minimum Business Requirements.
2. 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 and other external partners, if applicable.
3. Participate in the HOS Survey Vendor Training, participate in polling questions administered during the training, complete the post-training test, and complete the training evaluation. Participate in any refresher training sessions or webinars. At a minimum, the organization's Project Director, Project Manager, Mail Supervisor, Telephone Supervisor, and the Lead or Primary Programmer must attend the annual training as representatives of the organization. At least one representative from subcontractors and other external partners performing major functions with key survey administration responsibilities including inserting or survey packet preparation, the processing of returned mail surveys, and conducting telephone interviews must attend training.
4. Complete and maintain a DUA for access to data from CMS for use in collection of additional member-level information on persons with Medicare. Survey vendors are required to include all subcontractors with access to PII/PHI on the DUA. Survey vendors must notify the HOS Project Team immediately of any key personnel changes or if subcontractors are added or removed after submission of the Participation Form. A DUA update must also be submitted within three business days if any change in subcontractors with access to PII/PHI occurs after the initial DUA is submitted to the HOS Project Team.
5. Comply with all rules and regulations pertaining to PII and PHI per HIPAA.
6. Review and follow the QAG and all policy updates.
7. Develop and submit an HOS QAP by the specified deadline, including plans to provide quality oversight of subcontractors and external partners. In addition, submit materials relevant to the survey administration (as determined by CMS), including mailing materials (e.g., cover letters and questionnaires) and telephone scripts (e.g., screenshots or live links).
8. Store paper HOS surveys onsite until December 31 of the following survey administration year and retain electronic images for three years.
9. Record all telephone interviews and retain all telephone survey recordings for three years.

10. Destroy data after three years and complete an attestation of data destruction.
11. Participate and cooperate by including subcontractors and other external partners in all oversight activities conducted by the HOS Project Team, including but not limited to, survey material review, site visits, remote telephone interview monitoring, remote data record review, data audits, and other oversight activities as determined by CMS.
12. Submit interim and final HOS data files via the HOS Data Submission System on time, as specified by the deadline determined by CMS.
13. Through agreement with these Rules of Participation, attest to the accuracy of the organization's HOS data collection, following the guidelines set forth in the most current version of the QAG.
14. Notify the HOS Project Team of any discrepancies or variations from the standard HOS protocol that occur as the discrepancy is identified. Survey vendor must complete and submit a Discrepancy Report Form within one business day of becoming aware of a discrepancy.
15. Acknowledge that the use of remote operations is prohibited unless approved by CMS.
16. Disclose business relationships with sponsors of MA contracts for potential conflicts of interest annually. Survey vendor may not administer the HOS to meet CMS requirements for an MA contract client that controls, is controlled by, or is under common control with the survey vendor.
17. Acknowledge that CMS may, at its sole discretion, terminate, discontinue, or not renew the "approved" status of a survey vendor.
18. Acknowledge that the survey vendor must contract with and administer the HOS on behalf of at least one MA contract within two years of initial approval status to remain eligible for reapproval.
19. Acknowledge that fielding non-CMS surveys using HOS questions to people with Medicare could have a negative effect on the official survey response rates and measure scores.

Appendix B: HOS Model Quality Assurance Plan

Overview

CMS-approved HOS survey vendors fielding the HOS in 2026 are required to submit an annual Quality Assurance Plan (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 will hold a conference call with survey vendors to discuss questions or issues. If revisions are needed, survey vendors must resubmit the QAP to the HOS Project Team for approval.

The following sections outline the 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. Website address, including link to HOS specific content (if applicable).
    e. Name of primary contact person(s), direct telephone number, and email address.
2. Organizational chart identifying all staff by name and title (including subcontractors and external partners,[3] 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 overall HOS survey administration, including subcontractors and external partners, if applicable.

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

4. Final list of subcontractors and external partners for HOS administration. Include all subcontractors and external partners the survey vendor will use for 2026 in Table 1.

Table 1. HOS Subcontractors and External Partners

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

HOS Administration Work Plan

1. Description of 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 during the Mail Phase and the Telephone Phase.
4. Mail Phase:
    a. Training and ongoing monitoring of mail production and data entry personnel. Include subcontractors and external partners, as applicable.
    b. Update of member addresses and securing a second address for returned mail questionnaires.
    c. Quality control checks conducted to ensure quality/accuracy of printed survey materials (including seeded mailings).
    d. Data receipt process:
        - Logging surveys when they are returned by mail.
    e. Data entry procedures:
        - Applying HOS-specific decision rules and quality control processes to verify the accuracy of decision rule application (e.g., verifying accurate coding of open-ended questions, coding responses if multiple responses are marked, coding if mark falls between two choices).
        - Key entry or scanning procedures, equipment used, and quality control processes to validate the accuracy of key entry and scanning procedures.
        - Demonstration of survey vendor understanding of HOS-specific data coding requirements.
    f. Quality control of subcontractors and external partners, if applicable.
5. Telephone Phase:
    a. Process for budgeting, scheduling, and staffing telephone interviews, including subcontractors, if applicable.

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

   e. Quality control processes to validate the accuracy of data file preparation and submission.

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

Issue Remediation

Describe the corrective action(s) taken to remediate the major and minor issues that arose during the prior year's survey administration (refer to major and minor issues listed in the 2025 HOS Survey Vendor Feedback Report) to prevent them from recurring.

Table 2. Issues and Corrective Actions Implemented from the 2025 Survey Administration

Issue	Corrective Action
1.	
2.	
3.	

Confidentiality, Privacy, and Data Security Procedures

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

Appendix C: Frequently Asked Questions for Customer Support

Overview

The questions and responses in this document have been compiled to assist survey vendor staff in responding to frequently asked questions (FAQs) related to the Medicare Health Outcomes Survey (HOS). Answers are provided for the following topics: General Questions about the Survey, General Questions about Follow-Up; Concerns/Fears about Participating; Questions about Completing the Survey; and Other Situations.

***Note**: Survey vendors conducting HOS and plans participating in HOS must NOT attempt to influence or encourage members to answer survey questions in a particular way. Please refer to the "Program Requirements" section of the Quality Assurance Guidelines & Technical Specifications V2.10 for more information on communicating with beneficiaries about HOS.*

***Note**: Survey vendors should follow their own standard procedures for handling information received by mail or by phone that may suggest a member's health or well-being is at risk.*

General Questions About the Survey

1. ***Replacement Survey:* I misplaced my survey. Can you please send me another one?**
   Thank you for contacting the Medicare Health Outcomes Survey. You should receive a new survey in the mail soon. Please confirm if the mailing address at which you received the mailing is still the best address to reach you.

   Optional: If you'd prefer, I can do the interview with you over the telephone now.

2. ***Duplicate Surveys:* I already mailed the survey back. Why did you send another?**
   If you recently returned the Medicare Health Outcomes Survey, 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.

   Note: Confirm in the system that the survey has been received. If the survey has not been received, offer to do the interview with the member over the telephone now.

3. ***Duplicate Surveys:* I just completed another survey. Do I need to complete this one?**
   The Centers for Medicare & Medicaid Services, the federal agency that runs Medicare, conducts multiple surveys. You may have completed the Medicare Satisfaction Survey or Provider Experience Survey. The Medicare Health Outcomes Survey is a different survey that asks about your health and well-being. We would appreciate it if you could complete and return both surveys. If you'd like, you can complete this survey right now, over the phone.

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

4. ***Duplicate Surveys:* Didn't I answer this survey last year? Is this the same survey?**
   It is the same survey. You were selected to receive it again this year either by chance (your name was picked at random) or because your health plan is small (in which case, all members are asked to respond each year). We hope you will complete it again this year.

5. ***Online Survey:* Please email me the survey or send me a link to complete it online.**
   Thank you for your interest in completing the survey. The Medicare Health Outcomes Survey is not currently available online. Please complete and return the mail survey or if you'd prefer, I can do the interview with you over the telephone now.

   Note: Respond with the following *only* if the member insists that they know someone who was invited to complete their HOS questionnaire online: The Medicare Health Outcomes Survey is currently available to be completed online for a small subset of Medicare members as part of a pilot test to improve the HOS. We apologize for any confusion and ask that you complete and return the mail survey, or if you'd prefer, I can do the interview with you over the telephone now.

6. ***Requested Alternate Language:* English, Spanish, Chinese, or Russian.**
   The Medicare Health Outcomes Survey is also available in [English/Spanish/Chinese/Russian]. Please confirm if the mailing address at which you received the mailing is still the best address to reach you, and we will mail you a [English/Spanish/Chinese/Russian] version of the survey or if you'd prefer, I could do the interview with you over the telephone now.

7. ***Alternate Language:* Language barrier—requested for another language.**
   Currently, the Medicare HOS is not offered in [OTHER LANGUAGE]. We have made a note of your request, which will be communicated to the Centers for Medicare & Medicaid Services for consideration for future surveys. For now, you may complete the survey by phone or have someone complete it for you. The person who completes the survey for you should be someone who knows you well enough to answer questions about your health.

8. **I received a letter saying that I would get a survey in the mail, but I have not received one. Please send a survey.**
   Thank you for contacting the Medicare Health Outcomes Survey. You should receive a survey in the mail soon. Please confirm if the mailing address at which you received the mailing is still the best address to reach you.

   Optional: If you'd prefer, I could do the interview with you over the telephone now.

9. **Who are you? Are you with Medicare? If Medicare is administering the survey, then why isn't Medicare calling me?**
   I'm an interviewer with [VENDOR NAME]. We are an organization approved by the Centers for Medicare & Medicaid Services, the federal agency that runs Medicare. They have asked us to contact you on their behalf to learn about the quality of care that you receive from your health plan.

10. What is CMS?

CMS stands for the Centers for Medicare & Medicaid Services. It is a federal agency that oversees Medicare and is part of the Department of Health and Human Services.

11. What is NCQA?

NCQA stands for the National Committee for Quality Assurance. It is a private, not-for-profit organization dedicated to assessing and improving the quality of health care. NCQA works to help people with Medicare make informed decisions when choosing among health plans. CMS has asked NCQA to oversee data collection for this survey.

12. What is the purpose of the survey?

The purpose of this survey is to monitor the quality of care health plans provide to people with Medicare. The Medicare Health Outcomes Survey has been in use since 1998.

The program's goal is to determine whether health plans are providing people with Medicare the care they need to stay as healthy as possible over time.

13. How will the data be used?

The information collected will be used to compare health plan performance, to improve the quality of care provided to people with Medicare, and to help people select a health plan.

14. How can I access the results from the survey?

Thank you for contacting the Medicare Health Outcomes Survey (HOS). Answers from all Medicare beneficiaries who complete the HOS are grouped, analyzed, and reviewed by the Centers for Medicare & Medicaid Services (CMS). Each health plan's HOS results are utilized in the Star Ratings that are publicly reported on the Medicare Plan Finder website, www.medicare.gov/plan-compare. Members and their families can use the results to help them compare and select a health plan. Your answers to the HOS help improve the quality of health care for people with Medicare.

Optional: You can also visit the Medicare HOS website at www.hosonline.org and click the link for "Information for People with Medicare" for additional information.

15. How can I verify this is a legitimate survey?

This is a 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 to people with Medicare and Medicare Advantage. To verify the legitimacy of this survey you can call Medicare at 1-800-MEDICARE.

Optional: You can also visit the Medicare HOS website at www.hosonline.org and click the link for "Information for People with Medicare" for additional information.

16. Is there a government agency that I can contact to find out more about this survey?

Yes, you can contact the Centers for Medicare & Medicaid Services, a federal agency within the Department of Health and Human Services, at 1-800-MEDICARE. You can also visit the CMS HOS website at www.cms.gov/data-research/research/health-outcomes-survey.

17. How can I contact NCQA?
You can contact NCQA's Customer Support department at 1-888-275-7585.

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

18. How long will this take?
The survey will take about 20 minutes by phone and about 15 minutes by mail.

19. What questions will I be asked?
The questions are mainly about your physical and emotional health.

General Questions About the Follow-Up Survey

20. I do not remember participating before.
The survey was conducted two years ago, so many people don't remember participating. Once we get started, you may find some of the questions familiar.

(PROXY Indicated) I do not remember participating before.
Our records show someone else completed the survey for you two years ago. We would like you to complete the survey now. By comparing the answers from two years ago with your answers now, we can determine if your health plan keeps its members as healthy as possible.

21. 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 people with Medicare over time. By comparing the answers you give now with the answers you gave two years ago, we can determine whether your health plan keeps its members as healthy as possible.

22. My health has not changed so I do not think you need to interview me again.
It is very important to the success of this program 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 serves all people with Medicare.

23. How is the survey different from the original survey?
It's not. The questions I'll ask you are identical to the questions you answered two years ago.

Optional: By comparing the answers you give now with the answers you gave two years ago, we can determine whether your health plan keeps its members as healthy as possible.

Concerns/Fears About Participating

24. How did you get my name and number? How was I chosen for the survey?
Medicare is interested in your unique viewpoint and authorized us to contact you. You were randomly selected from all the people with Medicare in your health plan to be the voice of someone with Medicare.

25. I am on the Do Not Call List. You should not be calling me.
The Do Not Call List prohibits sales and telemarketing calls. We are not selling anything, and we are not asking for money. We are a survey research firm. The Centers for Medicare & Medicaid Services (CMS) has asked us to help conduct this survey.

26. *Concerns About Privacy*: Who will see my answers? What happens to my answers?
The information you provide is protected by the Privacy Act and we cannot share it with anyone other than CMS, the federal agency that runs Medicare.

27. *Refusal*: I am not interested. I do not want to complete this survey.
Thank you for contacting the Medicare Health Outcomes Survey. We encourage you to reconsider participating. This is a very important survey sponsored by the Centers for Medicare & Medicaid Services, the federal agency that runs Medicare. If you are still not interested in completing the survey, then please discard the mailing provided to you.

28. *Refusal/Removal:* Please remove my name and number. Do not ever contact me again.
Thank you for contacting the Medicare Health Outcomes Survey. Your contact information has been removed from our lists, and you will not be contacted again.

Note: Provide this response only if the member specifically asks to be taken off the list and never contacted again. Do not volunteer this information if the member has simple concerns about participating. Survey vendors must flag these records in their survey management systems as "M32–Nonresponse: Refusal" and "Exclude from future survey samples flag" to ensure the member does not receive further mailings or calls during the current survey administration.

29. *Member Unable to Complete Survey:* [MEMBER NAME] is in a nursing home/has dementia/is very frail and is unable to complete this survey.
If [MEMBER NAME] is unable to complete the survey, someone else can complete it for (him/her) as a "proxy." The person who completes the survey can be a family member, friend, or other caregiver who can answer questions about (his/her) health.

Note: If the member is **temporarily** unavailable, survey vendors must schedule a callback or try to reach the member at another time before obtaining a proxy. Survey vendors should record the most appropriate response that will reflect the most accurate disposition code.

30. I am not in Medicare. I am enrolled in ____ health plan.
Your health plan has a contract with Medicare to provide services under Medicare Advantage which is sometimes called Part C. The answers you provide will help CMS, the federal

agency that runs Medicare, monitor and improve the quality of care your health plan provides. Your participation is very important.

31. I am not enrolled in ____ health plan, I have Medicare.
Please complete the questions based on your Medicare enrollment. The answers you provide will help CMS monitor and improve the quality of care it provides to people with Medicare.

32. I have been advised not to participate in telephone surveys.
I understand your concern but hope you will consider participating. This is a 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).

33. I do not want to answer a lot of personal questions.
For mail survey: I understand your concern. This is an important survey, but your answers will not be shared. You can skip any question that you don't want to answer. 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.

For telephone survey: I understand your concern. This is an important survey, but your answers will not be shared. 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?

34. 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. Your voice is important, and this is your chance to help improve Medicare. We'd greatly appreciate a few minutes of your time to help with this project.

35. I don't think I'm the person you want to speak to. I'm (too old/too sick/too healthy).
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 health plans serve the needs of all people with Medicare. Your voice is important, and we'd greatly appreciate a few minutes of your time to help with this important project.

36. Do I have to complete the survey? What happens if I do not? Why should I?
You can choose whether you would like to participate. There are absolutely no penalties for not participating but please understand that this is a very important survey. Your answers will help us 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.

You can skip any questions you do not wish to answer.

37. Will my responses affect my benefits?
No, your answers will not affect your benefits in any way.

38. Will I get junk mail if I answer this survey?
No, you will not get any junk mail related to this survey. Your name and address will be kept absolutely confidential and will not be seen by anyone other than the research staff.

39. Will my doctor be affected by my answers?
No. Your doctor will not see your survey responses.

40. What happens if I [die/drop out of the plan] before the second survey?
Your answers today will still be valuable and will help us evaluate your health plan.

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 assist you in completing the survey or complete it for you as a “proxy.” The person should be a family member, friend, or other 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 or friend most likely to be available in two years to assist you with completing the Follow-Up survey.

42. Can my doctor complete the survey for me?
We are interested in your answers about your health and your experiences with your health care, not your physician’s. If you need assistance, a “proxy” can complete the survey for you. A proxy can be a family member, a friend, or a caregiver who knows you well enough to answer questions about how you feel and your health.

43. 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 for (him/her). It can be a family member, friend, or other caregiver who knows (him/her) well enough to answer questions about (his/her) health.

44. My ____ is deceased. What should I do with the questionnaire?
I’m sorry for your loss. Please discard the questionnaire and I’ll make sure that we don’t contact you again.

45. How can you tell I did not return the first questionnaire?
Each survey has an identification number that lets us keep track of which questionnaires have been returned. However, the names and addresses are stored separately from the answers to the survey questions, so that once you complete the questionnaire, your answers are not associated with your name.

Note: Offer to do the interview with the member over the telephone now.

46. Where do I put my name and address on the questionnaire?
If speaking to member: Do not write your name or address on the questionnaire. Each survey has an identification number that allows us to track which questionnaire has been completed and returned.

If speaking to proxy: The last page of the survey contains questions about who completed the survey form, to help us contact you two years from now.

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 [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 [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, I could schedule an appointment for some time over the next two weeks.

48. How should I answer questions that do not apply?
You can skip any question that you don't want to answer.

Optional for mail survey: 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 the questions seem repetitive, but I need to ask all of the questions exactly the way they are written.

If there are questions you would rather not answer, just let me know and I'll skip to the next question.

50. Why are you asking me about my [race/ethnicity]?
We are required to ask about your [race/ethnicity] for demographic purposes. We want to be sure the people we survey accurately represent the Medicare beneficiaries in our country. You can skip any question that you don't want to answer.

51. I can't answer questions on behalf of ____. Doing so would violate HIPAA.
Disclosure of this information to CMS is permitted by the Health Insurance Portability and Accountability Act (HIPAA) because CMS uses the information collected by the Medicare Health Outcomes Survey for health care operations and to monitor health plan performance. HIPAA permits covered entities to disclose protected health information or PHI for the purposes of treatment, payment, and health care operations.

You are not required to answer on behalf of ____, but family, friends, or caregivers who know (him/her) well enough to answer questions about (his/her) health are permitted to answer on behalf of ____.

52. Is there a reward for completing the survey?

We do not offer incentives of any kind for participation in the survey. However, your answers are valuable and completing the survey will help CMS improve the quality of Medicare health plans and help others choose a health plan. The survey takes just a few minutes to complete, and your information is kept private by law. Participation is voluntary.

Other Situations

53. 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. Please call CMS at 1-800-MEDICARE (1-800-633-4227) to report this [situation/problem].

Appendix D: HOS 2026 Sample File Layout and Survey File Record Layout

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

Table 1: Header Record Layout provides the layout and data elements for the Header Record. The Header Record is the first line of the survey vendor-generated member-level data file and must contain identical values to those provided by CMS. During sampling, CMS provides a Header File to the survey vendor that is filled through field position **88**. At a later date, the HOS Project Team provides survey vendors with data elements for field positions **89–104**.

Table 2: Sample File Layout provides the layout and data elements for the sample file (field positions **1–331**). CMS provides the sample file information to survey vendors. Select fields from the sample file are also included in the member-level data file (see Table 3: Survey File Record Layout). In these instances, the fields in the member-level data file must include values identical to those included in the sample file provided by CMS.

Table 3: Survey File Record Layout provides the layout and data elements for field positions **1–280** of the member-level data file. The survey vendor uses the specifications in the QAG to generate these variables from data collected during survey administration.

Header Record Layout

Table 1: Header Record Layout

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Record Identifier	1	1	1	Must be a tilde character: "~"
Reporting Year	2	5	4	2026
CMS Contract Number	6	10	5	5-digit alphanumeric variable Only one contract number per submission. Starts with H, R, or E. For example: H2222
Contract Name	11	80	70	Contract Name
NCQA Survey Vendor ID	81	88	8	001413 = Center for the Study of Services 001415 = DataStat, Inc. 001463 = Press Ganey 630396 = Qualtrics
NCQA Healthcare Organization ID	89	96	8	Enter the Organization ID supplied by the HOS Project Team for the MA contract name indicated above.

Field Description	Field Position		Field Length	Valid Values
	Start	End		
NCQA Submission ID	97	104	8	Enter the Submission ID supplied by the HOS Project Team for the MA contract name indicated above.

Sample File Layout

Table 2: Sample File Layout

Field Description	Field Position		Field Length	Valid Values
	Start	End		
CMS Beneficiary Link Key	1	13	13	Maximum of 9-digit numeric variable
CMS Contract Number	14	18	5	5-digit alphanumeric variable Starts with H, R, or E. For example: H2222
Member First Name	19	33	15	First Name
Member Middle Initial	34	34	1	Middle Initial
Member Last Name	35	58	24	Last Name
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	9-digit numeric variable (5-digit Zip Code and 4-digit plus-four code)
State Code	215	216	2	2-digit numeric code (not the two-letter state abbreviation)
County Code	217	219	3	3-digit numeric code
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 Sex	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

Field Description	Field Position		Field Length	Valid Values
	Start	End		
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 *Will be "9" in the sample file and recoded post-submission after verification with the 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 the 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 the CMS MMR database.*
Medicaid Status *Beneficiary receives either full or partial Medicaid benefits in March of the survey administration year.*	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 the CMS MMR database.*

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Dual Status *Beneficiary receives full Medicaid benefits for one or more months from April of the previous year through March of the survey administration year.*	258	258	1	0 = Not Dual Status 1 = Dual Status 9 = Missing *Will be "9" in the sample file and recoded post-submission after verification with the CMS MMR database.*
Reason for Entitlement	259	260	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	261	262	2	1 = English Follow-Up—No Proxy at Baseline 2 = English Follow-Up—Proxy at Baseline 3 = Baseline (all languages) 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 10 = Russian Follow-Up—No Proxy at Baseline 11 = Russian Follow-Up—Proxy at Baseline
Member's Baseline Survey Response to "What is the name of the person who completed this survey form?" in 2024.	263	287	25	First Name of person who completed survey
	288	312	25	Last Name of person who completed survey
Member's Baseline Telephone *Telephone where member was successfully contacted in 2024.*	313	322	10	10-digit numeric variable 8888888888 = Not available (Telephone survey completed via inbound request but member did not provide a telephone number) *The field may also be left blank.*

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Survey Indicator	323	323	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	324	326	3	3-digit numeric variable
SNP Type	327	327	1	1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional 5 = Fully Integrated Dual-Eligible (FIDE) 6 = Highly Integrated Dual-Eligible (HIDE) 9 = Not Applicable or Missing
Frailty Assessment FIDE Applicant Indicator	328	328	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	329	329	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	330	330	1	0 = HOS non-quality reporting sample (voluntary FIDE SNPs) 1 = HOS quality reporting sample
MUST BE BLANK	331	331	1	MUST BE BLANK

Survey File Record Layout

Table 3: Survey File Record Layout

Field Description	Field Position		Field Length	Valid Values
	Start	End		
CMS Beneficiary Link Key	1	13	13	Maximum of 9-digit numeric variable
CMS Contract Number	14	18	5	5-digit alphanumeric variable Starts with H, R, or E. For example: H2222
Member First Name	19	33	15	First Name
Member Middle Initial	34	34	1	Middle Initial
Member Last Name	35	58	24	Last Name
CMS Date of Birth	59	66	8	MMDDYYYY
Protocol Identifier Flag	67	68	2	1 = English Follow-Up—No Proxy at Baseline 2 = English Follow-Up—Proxy at Baseline 3 = Baseline (all languages) 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 10 = Russian Follow-Up—No Proxy at Baseline 11 = Russian Follow-Up—Proxy at Baseline
Question 1	69	69	1	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 9 = Missing
Question 2a	70	70	1	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all 9 = Missing
Question 2b	71	71	1	
Question 3a	72	72	1	1 = No, none of the time

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 3b	73	73	1	2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time 9 = Missing
Question 4a	74	74	1	
Question 4b	75	75	1	
Question 5	76	76	1	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely 9 = Missing
Question 6a	77	77	1	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time 9 = Missing
Question 6b	78	78	1	
Question 6c	79	79	1	
Question 7	80	80	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	81	81	1	1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse 9 = Missing
Question 9	82	82	1	
Question 10a	83	83	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	84	84	1	
Question 10c	85	85	1	
Question 10d	86	86	1	
Question 10e	87	87	1	
Question 10f	88	88	1	
Question 11	89	89	1	1 = Yes 2 = No 9 = Missing
Question 12	90	90	1	
Question 13	91	91	1	
Question 14	92	92	1	

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 15	93	93	1	1 = Every day (7 days a week) 2 = Most days (5–6 days a week) 3 = Some days (2–4 days a week) 4 = Rarely (once a week or less) 5 = Never 9 = Missing
Question 16	94	94	1	1 = Yes 2 = No 9 = Missing
Question 17	95	95	1	
Question 18	96	96	1	
Question 19	97	97	1	
Question 20	98	98	1	
Question 21	99	99	1	
Question 22	100	100	1	
Question 23	101	101	1	
Question 24	102	102	1	
Question 25	103	103	1	
Question 26	104	104	1	
Question 27	105	105	1	
Question 28a	106	106	1	
Question 28b	107	107	1	
Question 28c	108	108	1	
Question 28d	109	109	1	
Question 28e	110	110	1	
Question 29	111	111	1	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much 9 = Missing
Question 30	112	112	1	1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always 9 = Missing
Question 31a	113	113	1	1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day 9 = Missing
Question 31b	114	114	1	

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 32	115	115	1	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 9 = Missing
Question 33	116	116	1	1 = Yes 2 = No 9 = Missing
Question 34	117	117	1	1 = A lot 2 = Somewhat 3 = Not at all 9 = Missing
Question 35	118	118	1	1 = Yes 2 = No 9 = Missing
Question 36	119	119	1	
Question 37	120	120	1	1 = Yes 2 = No 3 = I had no visits in the past 12 months 9 = Missing
Question 38	121	121	1	1 = Yes 2 = No 9 = Missing
Question 39	122	122	1	1 = Yes 2 = No 3 = I had no visits in the past 12 months 9 = Missing
Question 40	123	123	1	1 = Yes 2 = No 9 = Missing
Question 41	124	124	1	
Question 42	125	125	1	1 = Yes 2 = No 3 = I had no visits in the past 12 months 9 = Missing
Question 43	126	126	1	1 = Less than 5 hours 2 = 5-6 hours 3 = 7-8 hours 4 = 9 or more hours 9 = Missing

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 44	127	127	1	1 = Very good 2 = Fairly good 3 = Fairly bad 4 = Very bad 9 = Missing
Question 45	128	130	3	3-digit numeric variable, zero-fill if less than 100 888 = Inappropriate answer 999 = Missing
Question 46	131	133	3	1-digit numeric variable for field position 131 (feet) 8 = Inappropriate answer 9 = Missing *0 and 1 are not valid values for Mail and Telephone surveys.* 2-digit numeric for field positions 132–133 (inches) 88 = Inappropriate answer 99 = Missing
Question 47a	134	134	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 47b	135	135	1	0 = Respondent did not check “Yes, Mexican, Mexican American, Chicano/a” 1 = Respondent checked “Yes, Mexican, Mexican American, Chicano/a”
Question 47c	136	136	1	0 = Respondent did not check “Yes, Puerto Rican” 1 = Respondent checked “Yes, Puerto Rican”
Question 47d	137	137	1	0 = Respondent did not check “Yes, Cuban” 1 = Respondent checked “Yes, Cuban”

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 47e	138	138	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 48a	139	139	1	0 = Respondent did not check “White” 1 = Respondent checked “White”
Question 48b	140	140	1	0 = Respondent did not check “Black or African American” 1 = Respondent checked “Black or African American”
Question 48c	141	141	1	0 = Respondent did not check “American Indian or Alaska Native” 1 = Respondent checked “American Indian or Alaska Native”
Question 48d	142	142	1	0 = Respondent did not check “Asian Indian” 1 = Respondent checked “Asian Indian”
Question 48e	143	143	1	0 = Respondent did not check “Chinese” 1 = Respondent checked “Chinese”
Question 48f	144	144	1	0 = Respondent did not check “Filipino” 1 = Respondent checked “Filipino”
Question 48g	145	145	1	0 = Respondent did not check “Japanese” 1 = Respondent checked “Japanese”
Question 48h	146	146	1	0 = Respondent did not check “Korean” 1 = Respondent checked “Korean”
Question 48i	147	147	1	0 = Respondent did not check “Vietnamese” 1 = Respondent checked “Vietnamese”
Question 48j	148	148	1	0 = Respondent did not check “Other Asian” 1 = Respondent checked “Other Asian”

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 48k	149	149	1	0 = Respondent did not check "Native Hawaiian" 1 = Respondent checked "Native Hawaiian"
Question 48l	150	150	1	0 = Respondent did not check "Guamanian or Chamorro" 1 = Respondent checked "Guamanian or Chamorro"
Question 48m	151	151	1	0 = Respondent did not check "Samoan" 1 = Respondent checked "Samoan"
Question 48n	152	152	1	0 = Respondent did not check "Other Pacific Islander" 1 = Respondent checked "Other Pacific Islander"
Question 49a	153	153	1	1 = English 2 = Spanish 3 = Chinese 4 = Russian 7 = Some other language (please specify) 9 = Missing
Question 49b	154	173	20	Some other language specified by member. *If missing, leave blank.*
Question 50	174	174	1	1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never married 9 = Missing
Question 51	175	175	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 52a	176	176	1	0 = Respondent did not check "Alone" 1 = Respondent checked "Alone"

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 52b	177	177	1	0 = Respondent did not check “With spouse/significant other” 1 = Respondent checked “With spouse/significant other”
Question 52c	178	178	1	0 = Respondent did not check “With children/other relatives” 1 = Respondent checked “With children/other relatives”
Question 52d	179	179	1	0 = Respondent did not check “With non-relatives” 1 = Respondent checked “With non-relatives”
Question 52e	180	180	1	0 = Respondent did not check “With paid caregiver” 1 = Respondent checked “With paid caregiver”
Question 53	181	181	1	1 = House, apartment, condominium, or mobile home 2 = Assisted living or board and care home 3 = Nursing home 4 = Other 9 = Missing
Question 54	182	182	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 55	183	183	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

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Question 56	184	208	25	First name of person who completed survey. *If missing, leave blank. If a proxy name is entered in Traditional Chinese or Cyrillic characters, Romanize the proxy name in interim and final data files. Do not use accented letters.*
	209	233	25	Last name of person who completed survey. *If missing, leave blank. If a proxy name is entered in Traditional Chinese or Cyrillic characters, Romanize the proxy name in interim and final data files. Do not use accented letters.*

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Survey Disposition	234	236	3	M10/T10 = Complete survey (80% or more complete with all 6 ADL items Q10a–f answered) M11/T11 = Nonresponse: partial complete survey (50% or more but less than 80% complete **or** 80% or more complete with one or more ADL items unanswered) M20/T20 = Ineligible: deceased M23/T23 = Ineligible: language barrier M24 = Ineligible: bad address AND mail-only protocol (*Russian only*) T24 = Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M25/T25 = Ineligible: data collection suspended M26/T26 = Ineligible: respondent deceased per decedent file M31/T31 = Nonresponse: break-off (less than 50% complete) M32/T32 = Nonresponse: refusal M33/T33 = Nonresponse: respondent unavailable M34/T34 = Nonresponse: respondent physically or mentally incapacitated M35/T35 = Nonresponse: respondent institutionalized M36/T36 = Nonresponse: after maximum attempts

Field Description	Field Position		Field Length	Valid Values
	Start	End		
Survey Round	237	238	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 or greater MT = Partially completed by mail and converted to complete by telephone TN = Inbound telephone NC = Not completed
Survey Language	239	239	1	1 = English 2 = Spanish 3 = Not applicable 4 = Chinese 5 = Russian
Survey Completion Date *Date when survey vendor received the mail survey or date when survey vendor conducted the telephone interview.*	240	247	8	MMDDYYYY 07132026 – 11022026 *July 13, 2026 – November 2, 2026* 99999999 = Not applicable
Survey Vendor Telephone Interviewer ID *Unique 15-digit alphanumeric ID assigned by the survey vendor that indicates which telephone interviewer conducted the interview.*	248	262	15	001413NNNNNNNNN = Center for the Study of Services 001415NNNNNNNNN = DataStat, Inc. 001463NNNNNNNNN = Press Ganey 630396NNNNNNNNN = Qualtrics 999999999999999 = Not applicable (T24 and T36 cases) *Use leading zeros if survey vendor uses telephone interviewer IDs less than 9 digits.*

Field Description	Field Position		Field Length	Valid Values
	Start	End		
MAO Phone *Did the MAO provide a phone number for this member?*	263	263	1	1 = Yes 2 = No *If the MAO filled the field with invalid data such as 9999999999 or 00000000000, code as 2.*
DNS *Do Not Survey—Exclude from Future Survey Samples Flag.*	264	264	1	1 = Member specifically requested *Take me off your list and/or never contact me again* 2 = Member did not request *Take me off your list and/or never contact me again*
Member Telephone *Telephone number where member was contacted successfully.*	265	274	10	10-digit numeric 9999999999 = Not applicable 8888888888 = Not available (Inbound telephone survey completed and member did not provide a telephone number) *0000000000 is not a valid value.*
Percentage Answered	275	280	6	NNN.NN *Use leading zeros if percentage answered is less than 100. Round to two decimal places.*

Do not include any values or spaces after field position 280.

Appendix E-1: HOS 2026 Mailing Materials (Prenotification Letters)

HOS Baseline Prenotification Letter

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

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

In a few days, you'll get an important survey in the mail. We hope you'll complete and return the **"Medicare Health Outcomes Survey"** when it arrives. Your responses will help Medicare improve the quality of health plans and help others choose a plan.

You may have received this survey before, and we may ask you to complete it again. Your response helps Medicare monitor health plans over time.

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

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

Thank you in advance for your help.

Sincerely,
Center for Medicare

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

HOS Follow-Up Prenotification Letter

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

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

About two years ago, you filled out the **"Medicare Health Outcomes Survey."** Thank you! In a few days, you'll get a follow-up survey in the mail.

We'd greatly appreciate you taking the time to respond again. Your answers will help Medicare monitor health plans over time and improve care for people with Medicare.

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

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

Thank you in advance for your help with this important survey.

Sincerely,
Center for Medicare

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

Appendix E-2: HOS 2026 Mailing Materials (CMS Logo Only)

HOS Baseline Letter for First Questionnaire Mailing

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

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

This is an important survey from Medicare. We'd greatly appreciate you taking the time to complete and return the **"Medicare Health Outcomes Survey."** Your answers will help us improve the quality of Medicare health plans.

Your voice matters.

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

In two years, we may ask you to take the **"Medicare Health Outcomes Survey"** again. The goal is to monitor health plans over time.

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

Thank you for your help with this important survey.

Sincerely,
Center for Medicare

Español Al Otro Lado

HOS Baseline Letter for Second Questionnaire Mailing

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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

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

We recently sent you the **"Medicare Health Outcomes Survey."** If you already returned this survey, thank you! You don't need to do anything else.

If not, **this is a friendly reminder that we're still very interested in hearing from you.** We have included another copy of the survey to make it easy. Your responses will help us monitor plans and improve care for people with Medicare.

In two years, we may ask you to take this same survey again. The goal is to monitor health plans over time.

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

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

We greatly appreciate your help.

Sincerely,
Center for Medicare

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

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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

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

About two years ago, you took the **"Medicare Health Outcomes Survey."** Thank you!

You may recall that we promised to send the survey again in two years. The goal is to see how well your Medicare plan helped you maintain or improve your health over time.

We'd greatly appreciate you taking the time to complete and return this survey. Your response will help Medicare monitor health plans and improve care for people with Medicare.

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

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

Thank you for your help with this important survey.

Sincerely,
Center for Medicare

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

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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

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

We recently mailed you the **"Medicare Health Outcomes Survey."** If you already returned it, thank you! You don't need to do anything else.

If not, **this is a friendly reminder that we're very interested in hearing from you.** We've included another copy of the survey to make it easy.

You may recall that you completed and returned this same survey two years ago. Your responses on this follow-up survey will help Medicare monitor health plans over time and improve the quality of care for people with Medicare.

Your voice matters.

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

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

Thank you again for your help.

Sincerely,
Center for Medicare

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

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

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

About two years ago, you took the **"Medicare Health Outcomes Survey."** Thank you!

You may recall we promised to send this same survey to you again in two years. The goal is to see how well your Medicare plan helped you maintain or improve your health over time.

We'd greatly appreciate you taking the time to complete the enclosed survey. Medicare will use this information to monitor plans and improve the quality of care for people with Medicare.

Our records show that two years ago, the name of the person who helped you complete the survey was [SURVEY VENDOR INSERTS APPROPRIATE INFORMATION]. **If you need help taking this survey again, please ask this person or someone else who knows about your health to help you.**

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

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

Thank you for your help with this important survey.

Sincerely,
Center for Medicare

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

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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

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

We recently mailed you the **"Medicare Health Outcomes Survey."** If you already returned it, thank you! You don't need to do anything else.

If not, **this is a friendly reminder that Medicare is still very interested in hearing from you.** We've included another copy of the survey to make it easy.

You may recall that you took this same survey two years ago. Your responses help us see how well your Medicare plan helped you maintain or improve your health over time.

Our records show that two years ago, the person who helped you complete the survey was [SURVEY VENDOR INSERTS APPROPRIATE INFORMATION]. **If you need help taking this survey again, please ask this person or someone else who knows about your health to help you.**

Your response is important. Your answers will help Medicare monitor plans and improve care for people with Medicare.

We know your time is valuable. The survey takes just a few minutes to complete, and your information is kept private by law. Participation is voluntary.

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

Thank you for your help.

Sincerely,
Center for Medicare

Appendix E-3: HOS 2026 Mailing Materials (CMS and Health Plan Logo)

HOS Baseline Letter for First Questionnaire Mailing

[Insert health plan logo here]

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

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

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

This is an important survey from Medicare. We'd greatly appreciate you taking the time to complete and return the **"Medicare Health Outcomes Survey."** Your answers will help us improve the quality of Medicare health plans.

Your voice matters.

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

In two years, we may ask you to take the **"Medicare Health Outcomes Survey"** again. The goal is to monitor health plans over time.

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

Thank you for your help with this important survey.

Sincerely,
Center for Medicare

Español Al Otro Lado

HOS Baseline Letter for Second Questionnaire Mailing

[Insert health plan logo here]

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

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

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

We recently sent you the **"Medicare Health Outcomes Survey."** If you already returned this survey, thank you! You don't need to do anything else.

If not, **this is a friendly reminder that we're still very interested in hearing from you.** We have included another copy of the survey to make it easy. Your responses will help us monitor plans and improve care for people with Medicare.

In two years, we may ask you to take this same survey again. The goal is to monitor health plans over time.

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

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

We greatly appreciate your help.

Sincerely,
Center for Medicare

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

[Insert health plan logo here]

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

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

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

About two years ago, you took the **“Medicare Health Outcomes Survey.”** Thank you!

You may recall that we promised to send the survey again in two years. The goal is to see how well your Medicare plan helped you maintain or improve your health over time.

We’d greatly appreciate you taking the time to complete and return this survey. Your response will help Medicare monitor health plans and improve care for people with Medicare.

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

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

Thank you for your help with this important survey.

Sincerely,
Center for Medicare

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

[Insert health plan logo here]

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

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

We recently mailed you the **"Medicare Health Outcomes Survey."** If you already returned it, thank you! You don't need to do anything else.

If not, **this is a friendly reminder that we're very interested in hearing from you.** We've included another copy of the survey to make it easy.

You may recall that you completed and returned this same survey two years ago. Your responses on this follow-up survey will help Medicare monitor health plans over time and improve the quality of care for people with Medicare.

Your voice matters.

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

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

Thank you again for your help.

Sincerely,
Center for Medicare

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

[Insert health plan logo here]

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

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

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

About two years ago, you took the **“Medicare Health Outcomes Survey.”** Thank you!

You may recall we promised to send this same survey to you again in two years. The goal is to see how well your Medicare plan helped you maintain or improve your health over time.

We’d greatly appreciate you taking the time to complete the enclosed survey. Medicare will use this information to monitor plans and improve the quality of care for people with Medicare.

Our records show that two years ago, the name of the person who helped you complete the survey was [SURVEY VENDOR INSERTS APPROPRIATE INFORMATION]. **If you need help taking this survey again, please ask this person or someone else who knows about your health to help you.**

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

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

Thank you for your help with this important survey.

Sincerely,
Center for Medicare

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

[Insert health plan logo here]

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

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

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

We recently mailed you the **"Medicare Health Outcomes Survey."** If you already returned it, thank you! You don't need to do anything else.

If not, **this is a friendly reminder that Medicare is still very interested in hearing from you.** We've included another copy of the survey to make it easy.

You may recall that you took this same survey two years ago. Your responses help us see how well your Medicare plan helped you maintain or improve your health over time.

Our records show that two years ago, the person who helped you complete the survey was [SURVEY VENDOR INSERTS APPROPRIATE INFORMATION]. **If you need help taking this survey again, please ask this person or someone else who knows about your health to help you.**

Your response is important. Your answers will help Medicare monitor plans and improve care for people with Medicare.

We know your time is valuable. The survey takes just a few minutes to complete, and your information is kept private by law. Participation is voluntary.

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

Thank you for your help.

Sincerely,
Center for Medicare

Appendix F: HOS 2026 Telephone Script

Introduction

This document contains the 2026 Medicare Health Outcomes Survey (HOS) Electronic Telephone Interviewing System Specifications in English.

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 is 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 uses the following conventions:

- **Square brackets** are used to show programming instructions (such as skip patterns), which do 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, the DON'T KNOW 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 print**, rather than italics or underlining, is used to emphasize language.
- Response categories are numbered consistently with the valid value for the response category.
- **[SPECIFY]** indicates that the telephone interviewing program must allow the interviewer to type in the respondent's exact response.

NOT ASCERTAINED is a valid response option for each item in the electronic telephone interviewing 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 Layout, a value of NOT ASCERTAINED is coded as *Missing*.

Programming Survey Questions and Proxy Interviews

Survey vendors must program special interviewing screens for use during proxy interviews. These screens adapt question wording throughout the survey so that an interviewer uses the correct pronouns to refer to the sampled member throughout an interview conducted with a proxy. Survey vendors use the Proxy Script to program the proxy screens.

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

In order to program the correct wording for a proxy interview, the electronic telephone interviewing system must ascertain who the respondent is immediately—the sampled member or a proxy. **Therefore, Question 55 (Who are you interviewing?) and Question 56 (What is your name?) are asked at the beginning of the telephone interview.**

Survey vendors use the CMS Administrative Sex data in **Field Position 232** of the Sample File Layout to program the survey with the correct pronouns for proxy interviews and determine if Question 28d (Are you currently under treatment for prostate cancer?) should be asked. When the sampled member is female (CMS Administrative Sex = 2), survey vendors skip Question 28d.

If during the interview, a proxy refers to the member's sex in a way that does not match the CMS Administrative Sex variable, the survey vendor must have a process in place for using the correct member pronouns during the interview. Examples include programming an option to change the pronouns throughout the script, training interviewers to use a neutral pronoun, or training interviewers to substitute pronouns with the member's name.

Electronic Telephone Interviewing System Specifications

>INTRO-OUT<

Hello, I’m calling on behalf of Medicare. [SURVEY VENDORS THAT NEED TO INCLUDE THIS DISCLAIMER, INSERT HERE:] This call may be monitored or recorded for quality assurance purposes. 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	**[Q55]**
<2>	NEED PROXY	**[PROXY]**

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

Interviewers should be prepared to respond with empathetic language when respondents share difficult or sensitive personal information. Appropriate empathetic phrases may include, but are not limited to, “Thank you for sharing”, “I’m sorry to hear that”, and/or “I understand that must be difficult.”

Programming Note: 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 55 and Question 56 are placed at the beginning of the telephone interview to establish to whom the telephone interviewer is speaking.

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.

>INTRO-IN<

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

<1>	RESPONDENT READY TO START	**[Q55]**
<2>	NEED PROXY	**[PROXY]**

Electronic Telephone Interviewing System Specifications

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

Interviewers should be prepared to respond with empathetic language when respondents share difficult or sensitive personal information. Appropriate empathetic phrases may include, but are not limited to, "Thank you for sharing", "I'm sorry to hear that", and/or "I understand that must be difficult."

>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 **274–323** 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?}

[Q55]

Electronic Telephone Interviewing System Specifications
Interviewer Note: While sampled members are encouraged to participate in the telephone survey, not all elderly or disabled members are able to do so. In such cases, someone else who is familiar with the member's health can do the interview. *This screen is designed to find out if there is anyone available who might be an appropriate proxy respondent. The proxy does not need to be a spouse or other family member. The only requirement is that the proxy is able to answer questions about the sampled member's health. Use the Proxy Script for programming the proxy screens. If a former proxy name is shown on the screen, ask for that person first. If that person is not available or no name is shown, use the appropriate questions to ask for someone else.* ***Programming Note: 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 member and not for themselves****.*
>HIPAA CONCERNS< {IF SPEAKING WITH A PROXY WHO HAS HIPAA CONCERNS ABOUT RESPONDING ON BEHALF OF THE MEMBER}: I understand your concern. The Medicare Health Outcomes Survey 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, and others to answer the questions about the member as an informal "proxy." The information you provide will not be shared with anyone other than Medicare.
Interviewer Note: Read 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.

<table>
<tr><th colspan="2">Electronic Telephone Interviewing System Specifications</th></tr>
<tr><th>Member Script</th><th>Proxy Script</th></tr>
<tr><td>>Q55<
WHO ARE YOU INTERVIEWING?

<1> PERSON TO WHOM SURVEY WAS ADDRESSED, [Q1]

{IF SOMEONE ELSE, PROBE: How are you related to [MEMBER NAME]? Are you a:}

<2> family member or relative, [Q56]
<3> a friend, or [Q56]
<4> a caregiver? [Q56]

<9> NOT ASCERTAINED [Q56]</td><td>>Q55<
WHO ARE YOU INTERVIEWING?

<1> PERSON TO WHOM SURVEY WAS ADDRESSED, [Q1]

{IF SOMEONE ELSE, PROBE: How are you related to [MEMBER NAME]? Are you a:}

<2> family member or relative, [Q56]
<3> a friend, or [Q56]
<4> a caregiver? [Q56]

<9> NOT ASCERTAINED [Q56]</td></tr>
<tr><td colspan="2">Interviewer Note: This is the first question asked during the telephone interview. It establishes who the respondent is—the sampled member or a proxy respondent. The question is asked at the beginning of the interview so the correct form of the questions can be used (questions for proxy interviews are different from those used to interview the sampled member).</td></tr>
<tr><td>>Q56<
What is your name?

{ENTER FIRST NAME} [SPECIFY]

{ENTER LAST NAME} [SPECIFY]

[Q1]</td><td>>Q56<
What is your name?

{ENTER FIRST NAME} [SPECIFY]

{ENTER LAST NAME} [SPECIFY]

[Q1]</td></tr>
<tr><td colspan="2">Programming Note: This question must be programmed to allow the interview to enter the respondent’s first and last names into two separate 25-character fields.</td></tr>
<tr><td>>Q1<
In general, would you say your health is:

<1> Excellent,
<2> Very good,
<3> Good,
<4> Fair, or
<5> Poor?

<9> NOT ASCERTAINED

[Q2a]</td><td>>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]</td></tr>
</table>

<table>
<tr><th colspan="2">Electronic Telephone Interviewing System Specifications</th></tr>
<tr><th>Member Script</th><th>Proxy Script</th></tr>
<tr><td>>Q2a<
Now I am going to read you a list of activities that you might do during a typical day. Please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

What about moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Because of your health, are you limited a lot, limited a little, or not limited at all in these activities?

{IF R DOES NOT DO ACTIVITY, PROBE: Is that because of your health?}

<1> LIMITED A LOT
<2> LIMITED A LITTLE
<3> NOT LIMITED AT ALL

<9> NOT ASCERTAINED

[Q2b]</td><td>>Q2a<
Now I am going to read you a list of activities that [MEMBER NAME] might do during a typical day. Please tell me if [his/her] health now limits [him/her] a lot, limits [him/her] a little, or does not limit [him/her] at all in these activities.

What about moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Because of [MEMBER NAME]'s health, is [he/she] limited a lot, limited a little, or not limited at all in these activities?

{IF MEMBER DOES NOT DO ACTIVITY, PROBE: Is that because of [his/her] health?}

<1> LIMITED A LOT
<2> LIMITED A LITTLE
<3> NOT LIMITED AT ALL

<9> NOT ASCERTAINED

[Q2b]</td></tr>
<tr><td colspan="2">Interviewer Note: Question 2a and 2b ask about the member's limitations with certain activities. The member may be limited in doing an activity if he/she is unable to do it, or if the activity is not done because a physician has advised the member not to do it.

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 health?" If it is not because of the member's health, code as <3> NOT LIMITED AT ALL. If the member cannot do the activity because of his or her health, code as <1> LIMITED A LOT.</td></tr>
</table>

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q2b< What about climbing **several** flights of stairs? Because of your health, are you limited a lot, limited a little, or not limited at all in this activity? {IF R DOES NOT DO ACTIVITY, PROBE: Is that because of your health?} <1> LIMITED A LOT <2> LIMITED A LITTLE <3> NOT LIMITED AT ALL <9> NOT ASCERTAINED **[Q3a]**	**>Q2b<** What about climbing **several** flights of stairs? Because of [MEMBER NAME]'s health, is [he/she] limited a lot, limited a little, or not limited at all in this activity? {IF MEMBER DOES NOT DO ACTIVITY, PROBE: Is that because of [his/her] health?} <1> LIMITED A LOT <2> LIMITED A LITTLE <3> NOT LIMITED AT ALL <9> NOT ASCERTAINED **[Q3a]**
>Q3a< The next questions ask about your activities over the past four weeks. During the **past 4 weeks**, have you **accomplished less** than you would like **as a result of your physical health**? <1> NO {IF "YES," ASK: How often? Would you say:} <2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time? <9> NOT ASCERTAINED **[Q3b]**	**>Q3a<** The next questions ask about [his/her] activities over the past four weeks. During the **past 4 weeks**, has [MEMBER NAME] **accomplished less** than [he/she] would like **as a result of [his/her] physical health**? <1> NO {IF "YES," ASK: How often? Would you say:} <2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time? <9> NOT ASCERTAINED **[Q3b]**
Interviewer Note: Question 3a 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.	

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q3b< During the **past 4 weeks**, were you limited in the **kind** of work or other regular daily activities you do **as a result of your physical health**? <1> NO {IF “YES,” ASK: How often? Would you say:} <2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time? <9> NOT ASCERTAINED **[Q4a]**	**>Q3b<** During the **past 4 weeks**, was [he/she] limited in the **kind** of work or other regular daily activities [he/she] did **as a result of [his/her] physical health**? <1> NO {IF “YES,” ASK: How often? Would you say:} <2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time? <9> NOT ASCERTAINED **[Q4a]**
>Q4a< During the **past 4 weeks**, have you **accomplished less** than you would like **as a result of any emotional problems** such as feeling depressed or anxious? <1> NO {IF “YES,” ASK: How often? Would you say:} <2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time? <9> NOT ASCERTAINED **[Q4b]**	**>Q4a<** During the **past 4 weeks**, has [MEMBER NAME] **accomplished less** than [he/she] would like **as a result of any emotional problems** such as feeling depressed or anxious? <1> NO {IF “YES,” ASK: How often? Would you say:} <2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time? <9> NOT ASCERTAINED **[Q4b]**
Interviewer Note: Some respondents may resist answering questions about their mental health. You can help to reassure them by maintaining a neutral tone of voice and reminding them that their answers will be kept confidential.	

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q4b< During the **past 4 weeks**, have you not done work or other activities as **carefully** as usual **as a result of any emotional problems**? <1> NO {IF "YES," ASK: How often? Would you say:} <2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time? <9> NOT ASCERTAINED **[Q5]**	**>Q4b<** During the **past 4 weeks**, has [he/she] not done work or other activities as **carefully** as usual **as a result of any emotional problems**? <1> NO {IF "YES," ASK: How often? Would you say:} <2> A little of the time, <3> Some of the time, <4> Most of the time, or <5> All of the time? <9> NOT ASCERTAINED **[Q5]**
>Q5< During the **past 4 weeks**, how much did **pain** interfere with your normal work, including both work outside the home and housework? Did it interfere: <1> Not at all, <2> A little bit, <3> Moderately, <4> Quite a bit, or <5> Extremely? <9> NOT ASCERTAINED **[Q6a]**	**>Q5<** During the **past 4 weeks**, how much did **pain** interfere with [MEMBER NAME]'s normal work, including both work outside the home and housework? Did it interfere: <1> Not at all, <2> A little bit, <3> Moderately, <4> Quite a bit, or <5> Extremely? <9> NOT ASCERTAINED **[Q6a]**
Interviewer Note: Be prepared at this point for respondents to describe specific areas of pain they have. The best solution is to probe by repeating the question, with the preface "But in general…"	

<table>
<tr><th colspan="2">Electronic Telephone Interviewing System Specifications</th></tr>
<tr><th>Member Script</th><th>Proxy Script</th></tr>
<tr><td>>Q6a<
The next questions are about how you feel and how things have been with you during the past 4 weeks. As I read each statement, please give me the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks have you felt calm and peaceful? Would you say:

<1> All of the time,
<2> Most of the time,
<3> A good bit of the time,
<4> Some of the time,
<5> A little of the time, or
<6> None of the time?

<9> NOT ASCERTAINED

[Q6b]</td><td>>Q6a<
The next questions are about how [MEMBER NAME] feels and how things have been with [him/her] during the past 4 weeks. As I read each statement, please give me the one answer that comes closest to the way [he/she] has been feeling.

How much of the time during the past 4 weeks has [he/she] felt calm and peaceful? Would you say:

<1> All of the time,
<2> Most of the time,
<3> A good bit of the time,
<4> Some of the time,
<5> A little of the time, or
<6> None of the time?

<9> NOT ASCERTAINED

[Q6b]</td></tr>
<tr><td colspan="2">Interviewer Note: 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.

For questions with answer categories with fine gradations such as these, listen closely for answers that require probing because they do not match the category. For example, if the respondent answers "a lot of the time," do not assume how this should be coded. Instead, probe by re-reading response categories <1> through <5>. Category <6> does not need to be re-read in this case.</td></tr>
</table>

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q6b< How much of the time during the **past 4 weeks** did you have a lot of energy? Would you say: <1> All of the time, <2> Most of the time, <3> A good bit of the time, <4> Some of the time, <5> A little of the time, or <6> None of the time? <9> NOT ASCERTAINED **[Q6c]**	**>Q6b<** How much of the time during the **past 4 weeks** did [he/she] have a lot of energy? Would you say: <1> All of the time, <2> Most of the time, <3> A good bit of the time, <4> Some of the time, <5> A little of the time, or <6> None of the time? <9> NOT ASCERTAINED **[Q6c]**
>Q6c< How much of the time during the **past 4 weeks** have you felt downhearted and blue? Would you say: <1> All of the time, <2> Most of the time, <3> A good bit of the time, <4> Some of the time, <5> A little of the time, or <6> None of the time? <9> NOT ASCERTAINED **[Q7]**	**>Q6c<** How much of the time during the **past 4 weeks** has [he/she] felt downhearted and blue? Would you say: <1> All of the time, <2> Most of the time, <3> A good bit of the time, <4> Some of the time, <5> A little of the time, or <6> None of the time? <9> NOT ASCERTAINED **[Q7]**

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q7< During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities, like visiting with friends or relatives? Has it interfered: <1> All of the time, <2> Most of the time, <3> Some of the time, <4> A little of the time, or <5> None of the time? <9> NOT ASCERTAINED **[Q8]**	**>Q7<** During the **past 4 weeks**, how much of the time has [MEMBER NAME]'s **physical health or emotional problems** interfered with [his/her] social activities, like visiting with friends or relatives? Has it interfered: <1> All of the time, <2> Most of the time, <3> Some of the time, <4> A little of the time, or <5> None of the time? <9> NOT ASCERTAINED **[Q8]**
>Q8< Now, I'd like to ask you some questions about how your health may have changed. **Compared to one year ago**, how would you rate your **physical health** in general **now**? Is it: <1> Much better, <2> Slightly better, <3> About the same, <4> Slightly worse, or <5> Much worse? <9> NOT ASCERTAINED **[Q9]**	**>Q8<** Now, I'd like to ask you some questions about how [his/her] health may have changed. **Compared to one year ago**, how would you rate [MEMBER NAME]'s **physical health** in general **now**? Is it: <1> Much better, <2> Slightly better, <3> About the same, <4> Slightly worse, or <5> Much worse? <9> NOT ASCERTAINED **[Q9]**

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q9< **Compared to one year ago**, how would you rate your **emotional problems** such as feeling anxious, depressed, or irritable in general **now**? Are they: <1> Much better, <2> Slightly better, <3> About the same, <4> Slightly worse, or <5> Much worse? <9> NOT ASCERTAINED **[Q10a]**	**>Q9<** **Compared to one year ago**, how would you rate [MEMBER NAME]'s **emotional problems** such as feeling anxious, depressed, or irritable in general **now**? Are they: <1> Much better, <2> Slightly better, <3> About the same, <4> Slightly worse, or <5> Much worse? <9> NOT ASCERTAINED **[Q10a]**
>Q10a< Now I am going to ask a few additional questions about limitations with activities because of a health or physical problem. Because of a health or physical problem, do you have any difficulty bathing **without special equipment or help from another person**? <1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY} {IF "YES," ASK: Are you:} <2> Able to do this with difficulty, or <3> Unable to do this? <9> NOT ASCERTAINED {PROBE: Do you have difficulty taking a bath or taking a shower?} **[Q10b]**	**>Q10a<** Now I am going to ask a few additional questions about limitations with activities because of a health or physical problem. Because of a health or physical problem, does [MEMBER NAME] have any difficulty bathing **without special equipment or help from another person**? <1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY} {IF "YES," ASK: Is [he/she]:} <2> Able to do this with difficulty, or <3> Unable to do this? <9> NOT ASCERTAINED {PROBE: Does [he/she] have difficulty taking a bath or taking a shower?} **[Q10b]**

<table>
<tr><th colspan="2">Electronic Telephone Interviewing System Specifications</th></tr>
<tr><th>Member Script</th><th>Proxy Script</th></tr>
<tr><td>>Q10b<
{Because of a health or physical problem…}

Do you have any difficulty dressing without special equipment or help from another person?

<1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY}

{IF “YES,” ASK: Are you:}

<2> Able to do this with difficulty, or
<3> Unable to do this?

<9> NOT ASCERTAINED

{PROBE: Do you have difficulty putting on clothes?}

[Q10c]</td><td>>Q10b<
{Because of a health or physical problem…}

Does [MEMBER NAME] have any difficulty dressing without special equipment or help from another person?

<1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY}

{IF “YES,” ASK: Is [he/she]:}

<2> Able to do this with difficulty, or
<3> Unable to do this?

<9> NOT ASCERTAINED

{PROBE: Does [he/she] have difficulty putting on clothes?}

[Q10c]</td></tr>
<tr><td colspan="2">Interviewer Note: 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.

Dressing includes shoes and socks, so if the respondent has difficulty putting on shoes and socks, code as <2> Able to do this with difficulty. If the respondent is unable to put on shoes and socks (even if he/she can put on other clothes), code as <3> Unable to do this.</td></tr>
</table>

<table>
<tr><th colspan="2">Electronic Telephone Interviewing System Specifications</th></tr>
<tr><th>Member Script</th><th>Proxy Script</th></tr>
<tr><td>>Q10c<
{Because of a health or physical problem…}

Do you have any difficulty eating without special equipment or help from another person?

<1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY}

{IF “YES,” ASK: Are you:}

<2> Able to do this with difficulty, or
<3> Unable to do this?

<9> NOT ASCERTAINED

[Q10d]</td><td>>Q10c<
{Because of a health or physical problem…}

Does [he/she] have any difficulty eating without special equipment or help from another person?

<1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY}

{IF “YES,” ASK: Is [he/she]:}

<2> Able to do this with difficulty, or
<3> Unable to do this?

<9> NOT ASCERTAINED

[Q10d]</td></tr>
<tr><td colspan="2">Interviewer Note: Difficulty with eating can have several causes, such as digestive problems or arthritis, that make handling utensils difficult. The respondent should consider any health or physical problems that may cause this difficulty.</td></tr>
<tr><td>>Q10d<
{Because of a health or physical problem…}

Do you have any difficulty getting in or out of chairs without special equipment or help from another person?

<1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY}

{IF “YES,” ASK: Are you:}

<2> Able to do this with difficulty, or
<3> Unable to do this?

<9> NOT ASCERTAINED

[Q10e]</td><td>>Q10d<
{Because of a health or physical problem…}

Does [he/she] have any difficulty getting in or out of chairs without special equipment or help from another person?

<1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY}

{IF “YES,” ASK: Is [he/she]:}

<2> Able to do this with difficulty, or
<3> Unable to do this?

<9> NOT ASCERTAINED

[Q10e]</td></tr>
</table>

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q10e< {Because of a health or physical problem…} Do you have any difficulty walking **without special equipment or help from another person**? <1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY} {IF "YES," ASK: Are you:} <2> Able to do this with difficulty, or <3> Unable to do this? <9> NOT ASCERTAINED **[Q10f]**	**>Q10e<** {Because of a health or physical problem…} Does [he/she] have any difficulty walking **without special equipment or help from another person**? <1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY} {IF "YES," ASK: Is [he/she]:} <2> Able to do this with difficulty, or <3> Unable to do this? <9> NOT ASCERTAINED **[Q10f]**
>Q10f< {Because of a health or physical problem…} Do you have any difficulty using the toilet **without special equipment or help from another person**? <1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY} {IF "YES," ASK: Are you:} <2> Able to do this with difficulty, or <3> Unable to do this? <9> NOT ASCERTAINED **[Q11]**	**>Q10f<** {Because of a health or physical problem…} Does [he/she] have any difficulty using the toilet **without special equipment or help from another person**? <1> NO {ABLE TO DO THIS WITHOUT DIFFICULTY} {IF "YES," ASK: Is [he/she]:} <2> Able to do this with difficulty, or <3> Unable to do this? <9> NOT ASCERTAINED **[Q11]**

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q11< Now I am going to ask some questions about specific medical conditions. Are you blind or do you have serious difficulty seeing, even when wearing glasses? <1> YES <2> NO <9> NOT ASCERTAINED **[Q12]**	**>Q11<** Now I am going to ask some questions about specific medical conditions. Is [MEMBER NAME] blind or does [he/she] have serious difficulty seeing, even when wearing glasses? <1> YES <2> NO <9> NOT ASCERTAINED **[Q12]**
Interviewer Note: Code as <2> No if the member is not blind or does not have serious difficulty seeing when wearing glasses.	
>Q12< Are you deaf or do you have serious difficulty hearing, even with a hearing aid? <1> YES <2> NO <9> NOT ASCERTAINED **[Q13]**	**>Q12<** Is [he/she] deaf or does [he/she] have serious difficulty hearing, even with a hearing aid? <1> YES <2> NO <9> NOT ASCERTAINED **[Q13]**
Interviewer Note: Code as <2> No if the member is not deaf or does not have serious difficulty hearing when wearing a hearing aid.	
>Q13< **Because of a physical, mental, or emotional condition**, do you have **serious** difficulty concentrating, remembering, or making decisions? <1> YES <2> NO <9> NOT ASCERTAINED **[Q14]**	**>Q13<** **Because of a physical, mental, or emotional condition**, does [MEMBER NAME] have **serious** difficulty concentrating, remembering, or making decisions? <1> YES <2> NO <9> NOT ASCERTAINED **[Q14]**

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q14< **Because of a physical, mental, or emotional condition**, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? <1> YES <2> NO <9> NOT ASCERTAINED **[Q15]**	**>Q14<** **Because of a physical, mental, or emotional condition**, does [he/she] have difficulty doing errands alone such as visiting a doctor's office or shopping? <1> YES <2> NO <9> NOT ASCERTAINED **[Q15]**
>Q15< In the **past month**, how often did memory problems interfere with your daily activities? Would you say: <1> Every day, <2> Most days, such as 5 to 6 days a week, <3> Some days, such as 2 to 4 days a week, <4> Rarely, such as once a week, or <5> Never? <9> NOT ASCERTAINED **[Q16]**	**>Q15<** In the **past month**, how often did memory problems interfere with [his/her] daily activities? Would you say: <1> Every day, <2> Most days, such as 5 to 6 days a week, <3> Some days, such as 2 to 4 days a week, <4> Rarely, such as once a week, or <5> Never? <9> NOT ASCERTAINED **[Q16]**
>Q16< I have some more questions about specific medical conditions. Has a doctor **ever** told you that you had hypertension or high blood pressure? <1> YES <2> NO <9> NOT ASCERTAINED **[Q17]**	**>Q16<** I have some more questions about specific medical conditions. Has a doctor **ever** told [MEMBER NAME] that [he/she] had hypertension or high blood pressure? <1> YES <2> NO <9> NOT ASCERTAINED **[Q17]**
Interviewer Note: Member does not have to have the condition now.	

<table>
<tr><th colspan="2">Electronic Telephone Interviewing System Specifications</th></tr>
<tr><th>Member Script</th><th>Proxy Script</th></tr>
<tr><td>>Q17<
Has a doctor ever told you that you had angina pectoris or coronary artery disease?

<1> YES
<2> NO

<9> NOT ASCERTAINED

[Q18]</td><td>>Q17<
Has a doctor ever told [him/her] that [he/she] had angina pectoris or coronary artery disease?

<1> YES
<2> NO

<9> NOT ASCERTAINED

[Q18]</td></tr>
<tr><td colspan="2">Interviewer Note: 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.
Member does not have to have the condition now.</td></tr>
<tr><td>>Q18<
{Has a doctor ever told you that you had}

Congestive heart failure?

<1> YES
<2> NO

<9> NOT ASCERTAINED

[Q19]</td><td>>Q18<
{Has a doctor ever told [him/her] that [he/she] had}

Congestive heart failure?

<1> YES
<2> NO

<9> NOT ASCERTAINED

[Q19]</td></tr>
<tr><td colspan="2">Interviewer Note: Member does not have to have the condition now.</td></tr>
<tr><td>>Q19<
{Has a doctor ever told you that you had}

A myocardial infarction or a heart attack?

<1> YES
<2> NO

<9> NOT ASCERTAINED

[Q20]</td><td>>Q19<
{Has a doctor ever told [him/her] that [he/she] had}

A myocardial infarction or a heart attack?

<1> YES
<2> NO

<9> NOT ASCERTAINED

[Q20]</td></tr>
<tr><td colspan="2">Interviewer Note: Myocardial infarction (MY-oh-car-dee-el in-FARK-shun) (not pronounced in-frack-shun) refers to death of part of the heart muscle due to an interruption in the heart’s blood supply; heart attack.</td></tr>
</table>

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q20< {Has a doctor **ever** told you that you had} Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat? <1> YES <2> NO <9> NOT ASCERTAINED **[Q21]**	**>Q20<** {Has a doctor **ever** told [him/her] that [he/she] had} Other heart conditions, such as problems with heart valves or the rhythm of [his/her] heartbeat? <1> YES <2> NO <9> NOT ASCERTAINED **[Q21]**
Interviewer Note: Member does not have to have the condition now.	
>Q21< {Has a doctor **ever** told you that you had} A stroke? <1> YES <2> NO <9> NOT ASCERTAINED **[Q22]**	**>Q21<** {Has a doctor **ever** told [him/her] that [he/she] had} A stroke? <1> YES <2> NO <9> NOT ASCERTAINED **[Q22]**
Interviewer Note: Member does not have to have the condition now.	
>Q22< {Has a doctor **ever** told you that you had} Emphysema, or asthma, or COPD, which is chronic obstructive pulmonary disease? <1> YES <2> NO <9> NOT ASCERTAINED **[Q23]**	**>Q22<** {Has a doctor **ever** told [him/her] that [he/she] had} Emphysema, or asthma, or COPD, which is chronic obstructive pulmonary disease? <1> YES <2> NO <9> NOT ASCERTAINED **[Q23]**

<table>
<tr><th colspan="2">Electronic Telephone Interviewing System Specifications</th></tr>
<tr><th>Member Script</th><th>Proxy Script</th></tr>
<tr><td colspan="2">Interviewer Note: Emphysema (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.
Member does not have to have the condition now.</td></tr>
<tr><td>>Q23<
{Has a doctor ever told you that you had}

Crohn’s disease, ulcerative colitis, or inflammatory bowel disease?

<1> YES
<2> NO

<9> NOT ASCERTAINED

[Q24]</td><td>>Q23<
{Has a doctor ever told [him/her] that [he/she] had}

Crohn’s disease, ulcerative colitis, or inflammatory bowel disease?

<1> YES
<2> NO

<9> NOT ASCERTAINED

[Q24]</td></tr>
<tr><td colspan="2">Interviewer Note: These diseases involve chronic inflammation of the digestive tract.
Crohn’s disease = (crones dih-ZEEZ)
Ulcerative colitis = (UHL-suh-rey-tiv kuh-LAHY-tis)
Member does not have to have the condition now.</td></tr>
<tr><td>>Q24<
{Has a doctor ever told you that you had}

Osteoporosis, sometimes called thin or brittle bones?

<1> YES
<2> NO

<9> NOT ASCERTAINED

[Q25]</td><td>>Q24<
{Has a doctor ever told [him/her] that [he/she] had}

Osteoporosis, sometimes called thin or brittle bones?

<1> YES
<2> NO

<9> NOT ASCERTAINED

[Q25]</td></tr>
<tr><td colspan="2">Interviewer Note: Osteoporosis = (os-tee-oh-puh-ROH-sis)
Member does not have to have the condition now.</td></tr>
</table>

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q25< {Has a doctor **ever** told you that you had} Diabetes, high blood sugar, or sugar in the urine? <1> YES <2> NO <9> NOT ASCERTAINED **[Q26]**	**>Q25<** {Has a doctor **ever** told [him/her] that [he/she] had} Diabetes, high blood sugar, or sugar in the urine? <1> YES <2> NO <9> NOT ASCERTAINED **[Q26]**
Interviewer Note: Member does not have to have the condition now.	
>Q26< {Has a doctor **ever** told you that you had} Depression? <1> YES <2> NO <9> NOT ASCERTAINED **[Q27]**	**>Q26<** {Has a doctor **ever** told [him/her] that [he/she] had} Depression? <1> YES <2> NO <9> NOT ASCERTAINED **[Q27]**
Interviewer Note: Member does not have to have the condition now.	
> Q27< {Has a doctor **ever** told you that you had} Any cancer other than skin cancer? <1> YES **[Q28]** <2> NO **[Q29]** <9> NOT ASCERTAINED **[Q29]**	**> Q27<** {Has a doctor **ever** told [him/her] that [he/she] had} Any cancer other than skin cancer? <1> YES **[Q28]** <2> NO **[Q29]** <9> NOT ASCERTAINED **[Q29]**
Interviewer Note: Member does not have to have the condition now.	

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q28a< Are you **currently** under treatment for colon or rectal cancer? {IF R ASKS FOR THE MEANING OF “CURRENTLY UNDER TREATMENT,” PROBE: Do you consider yourself currently under treatment? THE MEANING OF “CURRENTLY UNDER TREATMENT” IS LEFT TO THE R.} <1> YES <2> NO <9> NOT ASCERTAINED **[Q28b]**	**>Q28a<** Is [MEMBER NAME] **currently** under treatment for colon or rectal cancer? {IF R ASKS FOR THE MEANING OF “CURRENTLY UNDER TREATMENT,” PROBE: Do you consider [him/her] currently under treatment? THE MEANING OF “CURRENTLY UNDER TREATMENT” IS LEFT TO THE R.} <1> YES <2> NO <9> NOT ASCERTAINED **[Q28b]**
Programming Note: Questions 28a–e are asked only if a doctor told the member he/she had a form of cancer other than skin cancer (answered <1> YES to Q27).	
>Q28b< Are you **currently** under treatment for lung cancer? <1> YES <2> NO <9> NOT ASCERTAINED **[Q28c]**	**>Q28b<** Is [he/she] **currently** under treatment for lung cancer? <1> YES <2> NO <9> NOT ASCERTAINED **[Q28c]**
>Q28c< Are you **currently** under treatment for breast cancer? <1> YES <2> NO <9> NOT ASCERTAINED **[IF CMS ADMIN SEX = 1, GO TO Q28d; IF CMS ADMIN SEX ≠ 1, GO TO Q28e]**	**>Q28c<** Is [he/she] **currently** under treatment for breast cancer? <1> YES <2> NO <9> NOT ASCERTAINED **[IF CMS ADMIN SEX = 1, GO TO Q28d; IF CMS ADMIN SEX ≠ 1, GO TO Q28e]**

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q28d< Are you **currently** under treatment for prostate cancer? <1> YES <2> NO <9> NOT ASCERTAINED {IF CMS ADMIN SEX ≠ 1, THEN CODE AS <9> NOT ASCERTAINED} **[Q28e]**	**>Q28d<** Is he **currently** under treatment for prostate cancer? <1> YES <2> NO <9> NOT ASCERTAINED {IF CMS ADMIN SEX ≠ 1, THEN CODE AS <9> NOT ASCERTAINED} **[Q28e]**
>Q28e< Are you **currently** under treatment for any other cancer (not including skin cancer)? <1> YES <2> NO <9> NOT ASCERTAINED **[Q29]**	**>Q28e<** Is [he/she] **currently** under treatment for any other cancer (not including skin cancer)? <1> YES <2> NO <9> NOT ASCERTAINED **[Q29]**
>Q29< In the **past 7 days**, how much did pain interfere with your day-to-day activities? Would you say: <1> Not at all, <2> A little bit, <3> Somewhat, <4> Quite a bit, or <5> Very much? <9> NOT ASCERTAINED **[Q30]**	**>Q29<** In the **past 7 days**, how much did pain interfere with [MEMBER NAME]'s day-to-day activities? Would you say: <1> Not at all, <2> A little bit, <3> Somewhat, <4> Quite a bit, or <5> Very much? <9> NOT ASCERTAINED **[Q30]**

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q30< In the **past 7 days**, how often did pain keep you from socializing with others? Would you say: <1> Never, <2> Rarely, <3> Sometimes, <4> Often, or <5> Always? <9> NOT ASCERTAINED **[Q31a]**	**>Q30<** In the **past 7 days**, how often did pain keep [him/her] from socializing with others? Would you say: <1> Never, <2> Rarely, <3> Sometimes, <4> Often, or <5> Always? <9> NOT ASCERTAINED **[Q31a]**
>Q31a< Over the **past 2 weeks**, how often have you had little interest or pleasure in doing things? Would you say: <1> Not at all, <2> Several days, <3> More than half the days, or <4> Nearly every day? <9> NOT ASCERTAINED **[Q31b]**	**>Q31a<** Over the **past 2 weeks**, how often has [MEMBER NAME] had little interest or pleasure in doing things? Would you say: <1> Not at all, <2> Several days, <3> More than half the days, or <4> Nearly every day? <9> NOT ASCERTAINED **[Q31b]**
>Q31b< Over the **past 2 weeks**, how often have you felt down, depressed, or hopeless? Would you say: <1> Not at all, <2> Several days, <3> More than half the days, or <4> Nearly every day? <9> NOT ASCERTAINED **[Q32]**	**>Q31b<** Over the **past 2 weeks**, how often has [he/she] felt down, depressed, or hopeless? Would you say: <1> Not at all, <2> Several days, <3> More than half the days, or <4> Nearly every day? <9> NOT ASCERTAINED **[Q32]**

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q32< In general, compared to other people your age, would you say that your health is: <1> Excellent, <2> Very good, <3> Good, <4> Fair, or <5> Poor? <9> NOT ASCERTAINED **[Q33]**	**>Q32<** In general, compared to other people [his/her] age, would you say that [MEMBER NAME]'s health is: <1> Excellent, <2> Very good, <3> Good, <4> Fair, or <5> Poor? <9> NOT ASCERTAINED **[Q33]**
>Q33< Many people experience leakage of urine, also called urinary incontinence. In the **past six months**, have you experienced leaking of urine? <1> YES **[Q34]** <2> NO **[Q37]** <9> NOT ASCERTAINED **[Q37]**	**>Q33<** Many people experience leakage of urine, also called urinary incontinence. In the **past six months**, has [MEMBER NAME] experienced leaking of urine? <1> YES **[Q34]** <2> NO **[Q37]** <9> NOT ASCERTAINED **[Q37]**
Interviewer Note: Incontinence = (in-KON-tih-NENS)	
>Q34< During the **past six months,** how much did leaking of urine make you change your daily activities or interfere with your sleep? Would you say: <1> A lot, <2> Somewhat, or <3> Not at all? <9> NOT ASCERTAINED **[Q35]**	**>Q34<** During the **past six months,** how much did leaking of urine make [him/her] change [his/her] daily activities or interfere with [his/her] sleep? Would you say: <1> A lot, <2> Somewhat, or <3> Not at all? <9> NOT ASCERTAINED **[Q35]**

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q35< Have you **ever** talked with your current doctor, nurse, or other health provider about leaking of urine? <1> YES <2> NO <9> NOT ASCERTAINED **[Q36]**	**>Q35<** Has [MEMBER NAME] **ever** talked with [his/her] current doctor, nurse, or other health provider about leaking of urine? <1> YES <2> NO <9> NOT ASCERTAINED **[Q36]**
>Q36< There are many ways to control or manage the leaking of urine, including bladder training exercises, medication, and surgery. Have you **ever** talked with a doctor, nurse, or other health care provider about any of these approaches? <1> YES <2> NO <9> NOT ASCERTAINED **[Q37]**	**>Q36<** There are many ways to control or manage the leaking of urine, including bladder training exercises, medication, and surgery. Has [he/she] **ever** talked with a doctor, nurse, or other health care provider about any of these approaches? <1> YES <2> NO <9> NOT ASCERTAINED **[Q37]**
>Q37< A doctor or other health provider may ask if you exercise regularly or take part in physical exercise. In the **past 12 months,** did you talk with a doctor or other health provider about your level of exercise or physical activity? <1> YES **[Q38]** <2> NO **[Q38]** <3> I HAD NO VISITS IN THE PAST 12 MONTHS **[Q39]** <9> NOT ASCERTAINED **[Q38]**	**>Q37<** A doctor or other health provider may ask if [he/she] exercises regularly or takes part in physical exercise. In the **past 12 months,** did [MEMBER NAME] talk with a doctor or other health provider about [his/her] level of exercise or physical activity? <1> YES **[Q38]** <2> NO **[Q38]** <3> [HE/SHE] HAD NO VISITS IN THE PAST 12 MONTHS **[Q39]** <9> NOT ASCERTAINED **[Q38]**

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q38< 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 **past 12 months,** 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? <1> YES <2> NO <9> NOT ASCERTAINED **[Q39]**	**>Q38<** 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 **past 12 months,** 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? <1> YES <2> NO <9> NOT ASCERTAINED **[Q39]**
>Q39< A fall is when your body goes to the ground without being pushed. In the **past 12 months**, did you talk with your doctor or other health provider about falling or problems with balance or walking? <1> YES <2> NO <3> I HAD NO VISITS IN THE PAST 12 MONTHS <9> NOT ASCERTAINED **[Q40]**	**>Q39<** A fall is when the body goes to the ground without being pushed. In the **past 12 months**, did [MEMBER NAME] talk with [his/her] doctor or other health provider about falling or problems with balance or walking? <1> YES <2> NO <3> [HE/SHE] HAD NO VISITS IN THE PAST 12 MONTHS <9> NOT ASCERTAINED **[Q40]**

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q40< Did you fall in the **past 12 months**? <1> YES <2> NO <9> NOT ASCERTAINED **[Q41]**	**>Q40<** Did [he/she] fall in the **past 12 months**? <1> YES <2> NO <9> NOT ASCERTAINED **[Q41]**
>Q41< In the **past 12 months**, have you had a problem with balance or walking? <1> YES <2> NO <9> NOT ASCERTAINED **[Q42]**	**>Q41<** In the **past 12 months**, has [MEMBER NAME] had a problem with balance or walking? <1> YES <2> NO <9> NOT ASCERTAINED **[Q42]**

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q42< Has your doctor or other health provider done any of the following to help prevent falls or treat problems with balance or walking? {PAUSE AFTER EACH OF THE QUESTIONS BELOW. IF R ANSWERS YES TO A QUESTION, CODE <1> YES AND MOVE TO Q43. CONTINUE THROUGH THE LIST UNTIL R ANSWERS YES. IF R ANSWERS NO TO ALL, CODE <2> NO.} • Suggest that you use a cane or walker? {IF R ANSWERS YES, CODE <1> YES AND MOVE TO Q43.} • Suggest that you do an exercise or physical therapy program? {IF R ANSWERS YES, CODE <1> YES AND MOVE TO Q43.} • Suggest a vision or hearing test? {IF R ANSWERS YES, CODE <1> YES AND MOVE TO Q43.} • Has your doctor or other health provider done anything else to help prevent falls or treat problems with balance or walking? {IF R ANSWERS YES, CODE <1> YES AND MOVE TO Q43.} <1> YES <2> NO <3> I HAD NO VISITS IN THE PAST 12 MONTHS <9> NOT ASCERTAINED **[Q43]**	**>Q42<** Has [his/her] doctor or other health provider done any of the following to help prevent falls or treat problems with balance or walking? {PAUSE AFTER EACH OF THE QUESTIONS BELOW. IF R ANSWERS YES TO A QUESTION, CODE <1> YES AND MOVE TO Q43. CONTINUE THROUGH THE LIST UNTIL R ANSWERS YES. IF R ANSWERS NO TO ALL, CODE <2> NO.} • Suggest that [he/she] use a cane or walker? {IF R ANSWERS YES, CODE <1> YES AND MOVE TO Q43.} • Suggest that [he/she] do an exercise or physical therapy program? {IF R ANSWERS YES, CODE <1> YES AND MOVE TO Q43.} • Suggest a vision or hearing test? {IF R ANSWERS YES, CODE <1> YES AND MOVE TO Q43.} • Has [MEMBER NAME]'s doctor or other health provider done anything else to help prevent falls or treat problems with balance or walking? {IF R ANSWERS YES, CODE <1> YES AND MOVE TO Q43.} <1> YES <2> NO <3> [HE/SHE] HAD NO VISITS IN THE PAST 12 MONTHS <9> NOT ASCERTAINED **[Q43]**

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q43< 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. Would you say: <1> Less than 5 hours, <2> 5 to 6 hours, <3> 7 to 8 hours, or <4> 9 or more hours? <9> NOT ASCERTAINED **[Q44]**	**>Q43<** During the **past month**, 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: <1> Less than 5 hours, <2> 5 to 6 hours, <3> 7 to 8 hours, or <4> 9 or more hours? <9> NOT ASCERTAINED **[Q44]**
>Q44< During the **past month**, how would you rate your overall sleep quality? Would you say: <1> **Very** good, <2> **Fairly** good, <3> **Fairly** bad, or <4> **Very** bad? <9> NOT ASCERTAINED **[Q45]**	**>Q44<** During the **past month**, how would you rate [his/her] overall sleep quality? Would you say: <1> **Very** good, <2> **Fairly** good, <3> **Fairly** bad, or <4> **Very** bad? <9> NOT ASCERTAINED **[Q45]**
Interviewer Note: Be sure to emphasize "very" and "fairly," as these words can sound similar over the phone.	

<table>
<tr><th colspan="2">Electronic Telephone Interviewing System Specifications</th></tr>
<tr><th>Member Script</th><th>Proxy Script</th></tr>
<tr><td>>Q45<
How much do you weigh in pounds?

{IF R GIVES RESPONSE IN METRIC UNITS, PROBE: You must respond in pounds.}

{IF R DOES NOT PROVIDE A SPECIFIC NUMBER, PROBE: Your best estimate is fine.}

{ENTER 3-DIGIT WEIGHT. ZERO-FILL IF LESS THAN 100.}

<999> NOT ASCERTAINED

[Q46]</td><td>>Q45<
How much does [MEMBER NAME] weigh in pounds?

{IF R GIVES RESPONSE IN METRIC UNITS, PROBE: You must respond in pounds.}

{IF R DOES NOT PROVIDE A SPECIFIC NUMBER, PROBE: Your best estimate is fine.}

{ENTER 3-DIGIT WEIGHT. ZERO-FILL IF LESS THAN 100.}

<999> NOT ASCERTAINED

[Q46]</td></tr>
<tr><td colspan="2">Interviewer Note: Key-enter the weight in pounds by entering a 3-digit number.

Probe if the respondent does not provide an appropriate answer. For example, if the respondent says, “I/[He/She] weigh[s] too much,” probe to find out the specific weight in pounds.</td></tr>
</table>

<table>
<tr><th colspan="2">Electronic Telephone Interviewing System Specifications</th></tr>
<tr><th>Member Script</th><th>Proxy Script</th></tr>
<tr><td>>Q46<
How tall are you without shoes on in feet and inches?

{IF R GIVES RESPONSE IN METRIC UNITS, PROBE: You must respond in feet and inches.}

{IF R GIVES HALF INCH RESPONSE, ROUND UP. IF R DOES NOT PROVIDE A SPECIFIC NUMBER, PROBE: Your best estimate is fine.}

{ENTER 3-DIGIT HEIGHT IN FEET AND INCHES. ZERO-FILL INCHES IF LESS THAN 10.}

[FOR FEET, SPECIFY: 1-DIGIT NUMBER FROM 2–7, INCLUSIVE.]

[FOR INCHES, SPECIFY: 2-DIGIT NUMBER FROM 00–11, INCLUSIVE.]

<999> NOT ASCERTAINED

[Q47a]</td><td>>Q46<
How tall is [he/she] without shoes on in feet and inches?

{IF R GIVES RESPONSE IN METRIC UNITS, PROBE: You must respond in feet and inches.}

{IF R GIVES HALF INCH RESPONSE, ROUND UP. IF R DOES NOT PROVIDE A SPECIFIC NUMBER, PROBE: Your best estimate is fine.}

{ENTER 3-DIGIT HEIGHT IN FEET AND INCHES. ZERO-FILL INCHES IF LESS THAN 10.}

[FOR FEET, SPECIFY: 1-DIGIT NUMBER FROM 2–7, INCLUSIVE.]

[FOR INCHES, SPECIFY: 2-DIGIT NUMBER FROM 00–11, INCLUSIVE.]

<999> NOT ASCERTAINED

[Q47a]</td></tr>
<tr><td colspan="2">Interviewer Note: Key-enter (or select from a drop-down menu) the height in two separate fields: a “feet” field and an “inches” field.</td></tr>
<tr><td>>Q47a<
Are you Hispanic, Latino/a, or of Spanish origin?

<0> YES, HISPANIC OR NOT ASCERTAINED [Q47b]
<1> NO, NOT HISPANIC [Q48a]

{IF THE RESPONDENT DOES NOT WANT TO ANSWER QUESTION 47, CODE Q47a–e AS “0”.}</td><td>>Q47a<
Is [MEMBER NAME] Hispanic, Latino/a, or of Spanish origin?

<0> YES, HISPANIC OR NOT ASCERTAINED [Q47b]
<1> NO, NOT HISPANIC [Q48a]

{IF THE RESPONDENT DOES NOT WANT TO ANSWER QUESTION 47, CODE Q47a–e AS “0”.}</td></tr>
<tr><td colspan="2">Programming Note: For telephone interviewing, Question 47 is broken into parts a–e.</td></tr>
</table>

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q47b< When I read the following list, please select one or more categories that describe your ethnicity. 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. Are you: Mexican, Mexican American, or Chicano/a? <0> NO OR NOT ASCERTAINED <1> YES **[Q47c]**	**>Q47b<** When I read the following list, please select one or more categories that describes [MEMBER NAME]'s ethnicity. 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. Is [he/she]: Mexican, Mexican American, or Chicano/a? <0> NO OR NOT ASCERTAINED <1> YES **[Q47c]**
>Q47c< Are you: Puerto Rican? <0> NO OR NOT ASCERTAINED <1> YES **[Q47d]**	**>Q47c<** Is [he/she]: Puerto Rican? <0> NO OR NOT ASCERTAINED <1> YES **[Q47d]**
>Q47d< Are you: Cuban? <0> NO OR NOT ASCERTAINED <1> YES **[Q47e]**	**>Q47d<** Is [he/she]: Cuban? <0> NO OR NOT ASCERTAINED <1> YES **[Q47e]**
>Q47e< Are you: Another Hispanic, Latino/a, or Spanish origin? <0> NO OR NOT ASCERTAINED <1> YES **[Q48a]**	**>Q47e<** Is [he/she]: Another Hispanic, Latino/a, or Spanish origin? <0> NO OR NOT ASCERTAINED <1> YES **[Q48a]**
Interviewer Note: If the member is male, use "Latino" and "Chicano." If the member is female, use "Latina" and "Chicana."	

<table>
<tr><th colspan="2">Electronic Telephone Interviewing System Specifications</th></tr>
<tr><th>Member Script</th><th>Proxy Script</th></tr>
<tr><td>>Q48a<
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.

Are you White?

<0> NO OR NOT ASCERTAINED
<1> YES

{IF THE RESPONDENT DOES NOT WANT TO ANSWER QUESTION 48, CODE Q48a–n AS “0”.}

[Q48b]</td><td>>Q48a<
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.

Is [he/she] White?

<0> NO OR NOT ASCERTAINED
<1> YES

{IF THE RESPONDENT DOES NOT WANT TO ANSWER QUESTION 49, CODE Q49a–n AS “0”.}

[Q48b]</td></tr>
<tr><td colspan="2">Programming Note: For telephone interviewing, Question 48 is broken into parts a–n.

Interviewer Note: 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 Medicare beneficiaries in this country.”</td></tr>
<tr><td>>Q48b<
Are you Black or African American?

<0> NO OR NOT ASCERTAINED
<1> YES

[Q48c]</td><td>>Q48b<
Is [he/she] Black or African American?

<0> NO OR NOT ASCERTAINED
<1> YES

[Q48c]</td></tr>
<tr><td>>Q48c<
Are you American Indian or Alaska Native?

<0> NO OR NOT ASCERTAINED
<1> YES

[Q48d1]</td><td>>Q48c<
Is [he/she] American Indian or Alaska Native?

<0> NO OR NOT ASCERTAINED
<1> YES

[Q48d1]</td></tr>
</table>

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>**Q48d1**< Are you Asian? IF YES: {READ ALL CATEGORIES IN PARTS Q48d–j.} <0> NO OR NOT ASCERTAINED **[Q48k1]** <1> YES **[Q48d]**	**>Q48d1<** Is [he/she] Asian? IF YES: {READ ALL CATEGORIES IN PARTS Q48d–j.} <0> NO OR NOT ASCERTAINED **[Q48k1]** <1> YES **[Q48d]**
>**Q48d**< {Are you…} Asian Indian? <0> NO OR NOT ASCERTAINED <1> YES **[Q48e]**	**>Q48d<** {Is [he/she]…} Asian Indian? <0> NO OR NOT ASCERTAINED <1> YES **[Q48e]**
>**Q48e**< {Are you…} Chinese? <0> NO OR NOT ASCERTAINED <1> YES **[Q48f]**	**>Q48e<** {Is [he/she]…} Chinese? <0> NO OR NOT ASCERTAINED <1> YES **[Q48f]**
>**Q48f**< {Are you…} Filipino? <0> NO OR NOT ASCERTAINED <1> YES **[Q48g]**	**>Q48f<** {Is [he/she]…} Filipino? <0> NO OR NOT ASCERTAINED <1> YES **[Q48g]**
>**Q48g**< {Are you…} Japanese? <0> NO OR NOT ASCERTAINED <1> YES **[Q48h]**	**>Q48g<** {Is [he/she]…} Japanese? <0> NO OR NOT ASCERTAINED <1> YES **[Q48h]**

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>**Q48h**< {Are you…} Korean? <0> NO OR NOT ASCERTAINED <1> YES **[Q48i]**	**>Q48h<** {Is [he/she]…} Korean? <0> NO OR NOT ASCERTAINED <1> YES **[Q48i]**
>**Q48i**< {Are you…} Vietnamese? <0> NO OR NOT ASCERTAINED <1> YES **[Q48j]**	**>Q48i<** {Is [he/she]…} Vietnamese? <0> NO OR NOT ASCERTAINED <1> YES **[Q48j]**
>**Q48j**< {Are you…} Other Asian? <0> NO OR NOT ASCERTAINED <1> YES **[Q48k1]**	**>Q48j<** Is [MEMBER NAME] Other Asian? <0> NO OR NOT ASCERTAINED <1> YES **[Q48k1]**
>**Q48k1**< {Are you…} Native Hawaiian or Other Pacific Islander? IF YES: {READ ALL CATEGORIES IN PARTS Q48k–n.} <0> NO OR NOT ASCERTAINED **[Q49a]** <1> YES **[Q48k]**	**>Q48k1<** {Is [he/she]…} Native Hawaiian or Other Pacific Islander? IF YES: {READ ALL CATEGORIES IN PARTS Q48k–n.} <0> NO OR NOT ASCERTAINED **[Q49a]** <1> YES **[Q48k]**
>**Q48k**< {Are you…} Native Hawaiian? <0> NO OR NOT ASCERTAINED <1> YES **[Q48l]**	**>Q48k<** {Is [he/she]…} Native Hawaiian? <0> NO OR NOT ASCERTAINED <1> YES **[Q48l]**

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>**Q48l**< {Are you…} Guamanian or Chamorro? <0> NO OR NOT ASCERTAINED <1> YES **[Q48m]**	**>Q48l<** {Is [he/she]…} Guamanian or Chamorro? <0> NO OR NOT ASCERTAINED <1> YES **[Q48m]**
>**Q48m**< {Are you…} Samoan? <0> NO OR NOT ASCERTAINED <1> YES **[Q48n]**	**>Q48m<** {Is [he/she]…} Samoan? <0> NO OR NOT ASCERTAINED <1> YES **[Q48n]**
>**Q48n**< Are you Other Pacific Islander? <0> NO OR NOT ASCERTAINED <1> YES **[Q49a]**	**>Q48n<** Is [MEMBER NAME] Other Pacific Islander? <0> NO OR NOT ASCERTAINED <1> YES **[Q49a]**
>**Q49a**< What language do you **mainly** speak at home? <1> English, **[Q50]** <2> Spanish, **[Q50]** <3> Chinese, **[Q50]** <4> Russian, or **[Q50]** <7> Some other language? **[Q49b]** <9> NOT ASCERTAINED **[Q50]**	**>Q49a<** What language does [MEMBER NAME] **mainly** speak at home? <1> English, **[Q50]** <2> Spanish, **[Q50]** <3> Chinese, **[Q50]** <4> Russian, or **[Q50]** <7> Some other language? **[Q49b]** <9> NOT ASCERTAINED **[Q50]**
Interviewer Note: Interviewers must read all response options for this question.	
>**Q49b**< {IF SOME OTHER LANGUAGE, SAY: Please specify the language.} {ENTER LANGUAGE} [SPECIFY] **[Q50]**	**>Q49b<** {IF SOME OTHER LANGUAGE, SAY: Please specify the language.} {ENTER LANGUAGE} [SPECIFY] **[Q50]**

<table>
<tr><th colspan="2">Electronic Telephone Interviewing System Specifications</th></tr>
<tr><th>Member Script</th><th>Proxy Script</th></tr>
<tr><td>>Q50<
What is your current marital status? Are you:

<1> Married,
<2> Divorced,
<3> Separated,
<4> Widowed, or
<5> Never married?

<9> NOT ASCERTAINED

[Q51]</td><td>>Q50<
What is [MEMBER NAME]’s current marital status? Is [he/she]:

<1> Married,
<2> Divorced,
<3> Separated,
<4> Widowed, or
<5> Never married?

<9> NOT ASCERTAINED

[Q51]</td></tr>
<tr><td colspan="2">Interviewer Note: If respondent selects an option before all the options are read, code that option and move to the next question.</td></tr>
<tr><td>>Q51<
What is the highest grade or level of school that you have completed? Did you complete:

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

<9> NOT ASCERTAINED

[Q52a]</td><td>>Q51<
What is the highest grade or level of school that [MEMBER NAME] has completed? Did [he/she] complete:

<1> 8th grade or less,
<2> Some high school, but [he/she] did not graduate,
<3> High school graduate or GED,
<4> Some college or 2-year degree,
<5> 4-year college graduate, or
<6> More than a 4-year college degree?

<9> NOT ASCERTAINED

[Q52a]</td></tr>
<tr><td colspan="2">Interviewer Note: Academic training beyond a high school diploma that does not lead to a bachelor’s degree should be coded as <4> 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.</td></tr>
<tr><td>>Q52a<
Do you live alone?

<0> NO OR NOT ASCERTAINED [Q52b]
<1> YES [Q53]</td><td>>Q52a<
Does [he/she] live alone?

<0> NO OR NOT ASCERTAINED [Q52b]
<1> YES [Q53]</td></tr>
<tr><td colspan="2">Programming Note: For telephone interviewing, Question 52 is broken into parts a–e.</td></tr>
</table>

Electronic Telephone Interviewing System Specifications	
Member Script	**Proxy Script**
>Q52b< When I read the following list, please select one or more categories that describe who you live with or who lives with you: Do you live with your spouse or significant other? <0> NO OR NOT ASCERTAINED <1> YES **[Q52c]**	**>Q52b<** 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]: Does [he/she] live with [his/her] spouse or significant other? <0> NO OR NOT ASCERTAINED <1> YES **[Q52c]**
>Q52c< Do you live with your children or other relatives? <0> NO OR NOT ASCERTAINED <1> YES **[Q52d]**	**>Q52c<** Does [he/she] live with [his/her] children or other relatives? <0> NO OR NOT ASCERTAINED <1> YES **[Q52d]**
>Q52d< Do you live with non-relatives? <0> NO OR NOT ASCERTAINED <1> YES **[Q52e]**	**>Q52d<** Does [he/she] live with non-relatives? <0> NO OR NOT ASCERTAINED <1> YES **[Q52e]**
>Q52e< Do you live with a paid caregiver? <0> NO OR NOT ASCERTAINED <1> YES **[Q53]**	**>Q52e<** Does [he/she] live with a paid caregiver? <0> NO OR NOT ASCERTAINED <1> YES **[Q53]**

<table>
<tr><th colspan="2">Electronic Telephone Interviewing System Specifications</th></tr>
<tr><th>Member Script</th><th>Proxy Script</th></tr>
<tr><td>>Q53<
When I read the following list, please select the category that describes where you live:

<1> In a house, apartment, condominium, or mobile home; [Q54]
<2> In an assisted living or board and care home; [Q54]
<3> In a nursing home; or [TERM]
<4> Somewhere else? [TERM]

<9> NOT ASCERTAINED [TERM]</td><td>>Q53<
When I read the following list, please select the category that describes where [MEMBER NAME] lives:

<1> In a house, apartment, condominium, or mobile home; [Q54]
<2> In an assisted living or board and care home; [Q54]
<3> In a nursing home; or [TERM]
<4> Somewhere else? [TERM]

<9> NOT ASCERTAINED [TERM]</td></tr>
<tr><td colspan="2">Interviewer Note: If the respondent selects an option before all the options are read, code that option and move to the next question.</td></tr>
<tr><td>>Q54<
Is the house or apartment you currently live in:

<1> Owned or being bought by you,
<2> Owned or being bought by someone in your family other than you,
<3> Rented for money,
<4> Not owned and one in which you live without payment of rent, or
<5> None of these?

<9> NOT ASCERTAINED

[TERM]</td><td>>Q54<
Is the house or apartment [he/she] currently lives in:

<1> Owned or being bought by [him/her],
<2> Owned or being bought by someone in [his/her] family other than [him/her],
<3> Rented for money,
<4> Not owned and one in which [he/she] lives without payment of rent, or
<5> None of these?

<9> NOT ASCERTAINED

[TERM]</td></tr>
<tr><td colspan="2">Interviewer Note: If the respondent selects an option before all the options are read, code that option and move to the end of the survey.</td></tr>
<tr><td colspan="2">>TERM<
Those are all the questions I have. Thank you for taking part in this important interview.</td></tr>
</table>

Appendix G: Discrepancy Report Form

Instructions: Submit the Discrepancy Report Form to the HOS Project Team (hos@ncqa.org). Initial discrepancy reports must be submitted within **one business day** of discovering the discrepancy occurred, regardless of whether the organization is still determining all relevant information. Complete as many fields in this report as possible. Information not known at the time of completing the initial report should be recorded as "Pending." Any information reported as "Pending" must be included in an updated Discrepancy Report Form due within one week of submitting the original report. More than one updated report may be required. Do **not** include any PHI/PII in the Discrepancy Report Form or in any emails to the HOS Project Team.

I. General Information		Select one: ☐ Initial Report ☐ Updated Report	
		Report Submission Date	*MM/DD/YYYY*
Name:		Organization:	
Title:		Address:	
Email:		Telephone:	

II. Description of Discrepancy			
Describe the discrepancy and include any additional information that may help the HOS Project Team understand what occurred. Provide as much detail as possible, including the discrepancy time frame (when the issue occurred during survey administration), how you identified the discrepancy, and causes of the discrepancy.			
Date Discrepancy Discovered:		Discrepancy Time Frame:	
Detailed Description of Discrepancy and How the Discrepancy Was Discovered:			

III. Impact of Discrepancy Provide a breakdown of affected surveys and impacted members by CMS Contract. Insert one row for each contract impacted. If the issue impacts your entire sample, write in “All” under each category.		
Survey Languages Impacted:	☐ English ☐ Spanish ☐ Chinese ☐ Russian	
CMS Contract Number	Number of Affected Surveys	Number of Sampled Members Impacted
H#### or All		

IV. Corrective Action Plan (CAP) Provide a description of the corrective action your organization proposes to take to address the discrepancy along with a proposed timeline.
Detailed Description of CAP:
Estimated Time of CAP Implementation:

Appendix H: HOS 2026 Master Calendar

Task Type	Task	Dates
Training	HOS Survey Vendor Update Training.	Wednesday, March 11
Pre-Data Collection	Survey vendors develop mailing materials and program telephone systems.	Beginning Wednesday, March 11
Pre-Data Collection	MAOs and FIDE SNPs notify the HOS Project Team of survey vendor selections.	By Friday, April 24
Quality Oversight	Survey vendors submit printed materials to HOS Project Team to obtain written approval prior to volume printing.	Monday, June 8
Quality Oversight	Survey vendors submit telephone scripts (screenshots or live links) to the HOS Project Team to obtain written approval prior to telephone protocol.	Thursday, June 18
Pre-Data Collection	HOS Project Team provides sample files to survey vendors.	Monday, June 22
Pre-Data Collection	Survey vendors obtain telephone numbers from MAOs for all members. **Survey vendors must not send the sample files to MAOs.** Obtaining addresses and language preference flags is optional.	Beginning no later than Monday, June 22
Pre-Data Collection	Survey vendors obtain telephone numbers using additional sources (e.g., telephone number look-up services, directory websites, or applications).	Beginning no later than Monday, June 22
Quality Oversight	HOS Project Team provides responses to survey vendors after review of printed materials.	Tuesday, June 23
Quality Oversight	Survey vendor project report #1 (QAP) due.	Friday, June 26
Quality Oversight	HOS Project Team responds to survey vendors after reviewing telephone scripts (screenshots or live links).	Tuesday, June 30
Quality Oversight	Survey vendors finalize all mail materials (any revisions made after approval must be submitted to the HOS Project Team).	Wednesday, July 1
Quality Oversight	Survey vendors finalize all telephone scripts (any revisions made after must be submitted to the HOS Project Team).	Friday, July 10
Pre-Data Collection	Survey vendors test external functionality of customer support telephone numbers and email addresses prior to the prenotification letter mailing.	By Monday, July 13
Data Collection	Mail prenotification letter.	Monday, July 13
Data Collection	Open customer support services (telephone and email).	Monday, July 13
Data Collection	Open electronic telephone interviewing for inbound member requests to complete survey by telephone.	Monday, July 13
Quality Oversight	Survey vendor QAP conference calls.	Monday, July 13–Friday, July 24

Task Type	Task	Dates
Data Collection	Mail first questionnaire.	Monday, July 20
Quality Oversight	Survey vendor project report #2 due.	Friday, July 24
Quality Oversight	Survey vendor project report #3 due.	Friday, August 7
Quality Oversight	Survey vendor project report #4 due.	Friday, August 21
Data Collection	Mail second questionnaire.	Monday, August 24
Data Collection	HOS Project Team delivers decedent file to survey vendors.	Friday, August 28
Quality Oversight	Survey vendor project report #5 due.	Friday, September 4
Data Collection	Conduct outbound electronic telephone interviewing call attempts for nonrespondents.	Monday, September 14–Monday, November 2
Quality Oversight	Survey vendor project report #6 due.	Friday, September 18
Data Collection	Submit interim data files to the HOS Project Team.	Tuesday, September 29–Thursday, October 1
Quality Oversight	Survey vendor project report #7 due.	Friday, October 2
Quality Oversight	Survey vendor project report #8 due.	Friday, October 16
Quality Oversight	Survey vendor project report #9 due.	Friday, October 30
Data Collection	End data collection.	Monday, November 2
Data Collection	Prepare and submit final data files.	Monday, November 2–Monday, November 16
Data Collection	Submit final data files to the HOS Project Team.	Monday, November 16
Quality Oversight	Survey vendor project report #10 (Final Report) due.	Friday, November 20
Quality Oversight	HOS Annual Records Storage Report due.	Monday, November 30

Appendix I: Acronyms and Abbreviations

Acronym/Abbreviation	Term
ADL	Activities of Daily Living
BMI	Body Mass Index
CAP	Corrective Action Plan
CATI	Computer Assisted Telephone Interview
CMS	Centers for Medicare & Medicaid Services
COPD	Chronic Obstructive Pulmonary Disease
DNC	Do Not Call
DNS	Do Not Survey
DUA	Data Use Agreement
EPPE	Enterprise Privacy Policy Engine
ESRD	End-Stage Renal Disease
FAQ	Frequently Asked Question
FCC	Federal Communications Commission
FIDE	Fully Integrated Dual Eligible
FIPS	Federal Information Processing Standard
FRM	Fall Risk Management
FTC	Federal Trade Commission
FTP	File Transfer Protocol
HEDIS	Healthcare Effectiveness Data and Information Set
HIDE	Highly Integrated Dual Eligible
HIPAA	Health Insurance Portability and Accountability Act
HOS	Health Outcomes Survey
HPMS	Health Plan Management System
HSAG	Health Services Advisory Group
ID	Identifier
IDR	Integrated Data Repository
MA	Medicare Advantage
MAO	Medicare Advantage Organization
MBR	Minimum Business Requirements
MCS	Mental Component Summary
MMR	Membership Monthly Report
MSA	Medical Savings Account
MUI	Management of Urinary Incontinence in Older Adults
MY	Measurement Year
NCOA	National Change of Address
NCQA	National Committee for Quality Assurance
OCR/ICT	Optical Character Recognition/Image Capture Technology
OMB	Office of Management and Budget
PAO	Physical Activity in Older Adults
PBP	Plan Benefit Package

Acronym/Abbreviation	Term
PCS	Physical Component Summary
PDF	Portable Document Format
PFADL	Physical Functioning Activities of Daily Living
PFFS	Private Fee-for-Service
PHI	Protected Health Information
PHQ	Patient Health Questionnaire
PII	Personally Identifiable Information
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
RTI	RTI International
SMS	Survey Management System
SNP	Special Needs Plan
TCPA	Telephone Consumer Protection Act
TIFF	Tag Image File Format
USPS	United States Postal Service
VR-12	Veterans RAND 12-Item Health Survey
WORM	Write Once, Read Many