



TERMS OF USE FOR THE MEDICARE HEALTH OUTCOMES SURVEY (HOS) AND MEDICARE HEALTH OUTCOMES SURVEY—MODIFIED (HOS-M)

By using the Medicare Health Outcomes Survey and/or Medicare Health Outcomes Survey- Modified, you and your organization agree to the following terms and conditions (the Terms of Use). CMS reserves the right, at its discretion, to change any of these terms in the future. If you do not agree to these Terms of Use, you may not use the Survey.

1. The Centers for Medicare & Medicaid Services (CMS) does not endorse any findings or results from private applications of the Medicare Star Ratings System, which includes but is not limited to CAHPS^{®1}, HEDIS^{®2} and the HOS. No organization may represent independently generated results as “Medicare Star Ratings” or “Star Ratings.” Only Medicare Star Ratings calculated by CMS may be characterized as Medicare Star Ratings and considered methodologically sound and appropriate for comparisons to other Medicare health plans. Data obtained in any other way may not be used for valid plan-to-plan comparisons or to appeal official CMS results. An organization may use Medicare Star Ratings data for internal purposes only.
2. CMS approval to use the HOS does not relieve an organization of its responsibility to protect the rights and welfare of individuals participating in research studies. It is the organization’s responsibility to obtain appropriate institutional and ethics reviews approval, if applicable.
3. A privately administered HOS survey instrument may **not** be labeled or referred to as the “Health Outcomes Survey” or “Medicare Health Outcomes Survey,” nor may it include CMS or NCQA logos.
4. An organization may not represent the private application of a HOS survey instrument as an administration of the Medicare Health Outcomes Survey.
5. An organization may not represent that the private application of the HOS survey instrument constitutes an official score on a HEDIS measure. Such results may be represented as the output of a HEDIS measure only if the results are calculated by NCQA and the survey is administered by a CMS-approved HOS survey vendor following the standard HOS protocol.
6. An organization is strongly discouraged from fielding any HOS-related questions of Medicare beneficiaries four weeks prior to, during, and after the HOS administration (generally, any time from March 1–August 31).
7. An organization that plans to use a HOS instrument or any portion of one **must** provide a sample questionnaire for review. An organization that plans to verbally administer HOS or HOS-M survey items **must** provide a sample survey script. Questionnaires and scripts must meet the following requirements:
 - a. The questionnaire or script must use a different cover that does **not** include the NCQA or CMS logo. The organization may include its own logo on the cover.
 - b. The questionnaire or script must use a **different font** than the official HOS. HOS uses Arial font.
 - c. The OMB statement inside the front cover must be **removed** in its entirety. In addition, the OMB reference number must be removed from each page.
 - d. Use of the term “Health Outcomes Survey” or “Medicare Health Outcomes Survey” is restricted only to the following copyright language, which **must** be included inside the front cover:

¹CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.

²HEDIS is a registered trademark of the National Committee for Quality Assurance.

English

Medicare Health Outcomes Survey

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

The items in this questionnaire were obtained from the Medicare Health Outcomes Survey (HOS) with the express permission of NCQA and the Centers for Medicare & Medicaid Services (CMS). However, this survey is not being used as part of the Medicare HOS program and is not recognized as such by NCQA or CMS.

Permission received [month and year in which letter is dated].”

Medicare Health Outcomes Survey-Modified

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

The items in this questionnaire were obtained from the Medicare Health Outcomes Survey- Modified (HOS-M) with the express permission of NCQA and the Centers for Medicare & Medicaid Services (CMS). However, this survey is not being used as part of the Medicare HOS-M program and is not recognized as such by NCQA or CMS.

Permission received [month and year in which letter is dated].”

Spanish

Encuesta de Medicare Sobre la Salud

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Preguntas 1 a la 9: El contenido de las preguntas de la Encuesta Sobre la Salud para Veteranos VR-12 se desarrolló y modificó a partir de una encuesta sobre la salud de 36 preguntas.

Las preguntas en este cuestionario se obtuvieron de la Encuesta de Medicare Sobre la Salud (HOS, siglas en inglés), con permiso explícito del Comité Nacional de Control de Calidad (NCQA) y los Centros de Servicios de Medicare y Medicaid (CMS, siglas en inglés). Sin embargo, esta encuesta no forma parte del programa de la Encuesta de Medicare Sobre la Salud y no es reconocida como tal por el Comité Nacional de Control de Calidad (NCQA) o los Centros de Servicios de Medicare y Medicaid (CMS.)

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Encuesta Modificada de Medicare Sobre la Salud

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Las preguntas en este cuestionario se obtuvieron de la Encuesta Modificada de Medicare Sobre la Salud (HOS-M, siglas en inglés), con permiso explícito del Comité Nacional de Control de Calidad (NCQA) y los Centros de Servicios de Medicare y Medicaid (CMS, siglas en inglés). Sin embargo, esta encuesta no forma parte del programa de la Encuesta Modificada de Medicare Sobre la Salud (HOS-M) y no es reconocida como tal por el Comité Nacional de Control de Calidad (NCQA) o los Centros de Servicios de Medicare y Medicaid (CMS).

Permiso recibido en [MONTH in which letter is dated] del [YEAR in which letter is dated].”

Chinese

聯邦醫療保險健康狀況問卷調查

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第1-9題：VR-12健康調查問題是由一份36題的健康調查問卷編寫及修改。

本問卷的問題是取自聯邦醫療保險健康狀況問卷調查 (HOS)，並獲得NCQA及Centers for Medicare & Medicaid Services (CMS) 的明確許可。然而，本問卷調查不會作為聯邦醫療保險HOS計劃的一部分，也未受到NCQA或CMS如此認可。

獲得許可日期[month and year in which letter is dated]。」

聯邦醫療保險健康狀況問卷調查修訂版

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I hereby acknowledge that I have read and agree to the Terms of Use for the Medicare Health Outcomes Survey and Medicare Health Outcomes Survey-Modified.

Name

Date

Organization