

Medicare Health Outcomes Survey—
Modified (HOS-M)

*Quality Assurance Guidelines
and Technical Specifications
Addendum*

Final

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Medicare Health Outcomes Survey—Modified (HOS-M)

HOS-M Quality Assurance Guidelines and Technical Specifications Addendum

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 RTI International (RTI).

Medicare HOS-M
Quality Assurance Guidelines and Technical Specifications
Addendum

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I. Introduction and Overview

Background

CMS, in collaboration with NCQA, launched the Medicare Health Outcomes Survey (HOS) in 1998 as part of the Effectiveness of Care component of the Healthcare Effectiveness Data and Information Set (HEDIS^{®1}). The Medicare Health Outcomes Survey-Modified (HOS-M) is an abbreviated version of the HOS that is administered to certain vulnerable Medicare beneficiaries who are at greatest risk for poor health outcomes. Initially fielded as the *Programs of All-Inclusive Care for the Elderly Health Survey* in 2002, it was renamed *Medicare Health Outcomes Survey—Modified* when it was first administered to members of specialized Medicare plans other than Programs of All-Inclusive Care for the Elderly (PACE) in 2005.

HOS-M Administration

Similar to the HOS, the HOS-M is administered to a sample of members from each participating plan. The HOS-M is a cross-sectional survey that measures the physical and mental health functioning of members at a single point in time. This differs from the longitudinal nature of HOS, which has a follow-up component.

One of the main goals of the HOS-M is to assess annually the frailty of the population in PACE organizations in order to adjust Medicare payments, using limitations on activities of daily living (ADL) questions. CMS also calculates frailty using the ADL questions for qualifying Fully Integrated Dual Eligible (FIDE) Special Needs Plans (SNP), as reported by a plan's enrollees and collected by the HOS or HOS-M.

The protocols described in this addendum apply to HOS-M administration in PACE organizations. For additional information about HOS-M Administration for FIDE SNPs, see the *Operational Notes* section.

About This Document

Because this document is an addendum to the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5*, the survey vendor should refer to the following sections for additional requirements that apply to the HOS-M in the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5*, which are not covered in this addendum.

- Program Requirements
 - Roles and Responsibilities
 - Survey Management System
 - Member Confidentiality
- Communications and Technical Support

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

- Data Collection Protocol
 - Mail Protocol
 - Mail Materials
 - Prenotification Letters and Survey Cover Letters Requirements
 - Reminder/Thank-you Postcard Requirements
 - Questionnaire Formatting and Printing Guidelines
 - Envelope Guidelines
 - Optional Formatting Guidelines
 - Outgoing Mail Guidelines
 - Address Standardization
 - Data Receipt of Questionnaires Completed by Mail
 - Data Entry/Processing Guidelines
 - Data Storage
 - Quality Control Guidelines
 - Telephone Protocol
 - Electronic Telephone Interviewing System Operations
 - Inbound Telephone Protocol
 - Optional Telephone Interviewing Guidelines
 - Timing of the Telephone Phase of the Data Collection Protocol
 - Obtaining Telephone Numbers
 - Wireless Phone Numbers
 - Internal Corporate Do Not Call Lists
 - Retention and Storage of Data Collected by Telephone
 - Quality Control Guidelines
 - Interviewer Training
 - Telephone Interview Monitoring and Quality Oversight
 - Distressed Respondent Procedures
 - Incentives
 - Member Confidentiality
- Data Coding
 - Decision Rule Guidelines
 - Survey Completion and Coding Guidelines
 - Assigning Bad Address and/or Bad Telephone Number Disposition Codes
 - Assigning the Survey Vendor's Unique Telephone Interviewer ID Variable
 - Quality Control Procedures
- Data Submission
 - Record Storage and Retention
- Quality Oversight
- Discrepancy Reports

II. Sampling

Overview

This section provides information about HOS-M sampling for PACE organizations, including the sampling process, enrollment criteria, and receiving and reviewing the sample file. The HOS-M sampling methodology depends on the PACE program's population size. For additional information about sampling, refer to *HEDIS Measurement Year (MY) 2020 Volume 6: Specifications for the Medicare Health Outcomes Survey*.

PACE Enrollment Criteria

All PACE organizations with Medicare contracts in effect on or before January 1, 2020, and with enrollment of at least 30 members as of February 2021, are required by CMS to administer the HOS-M in 2021.

Sample Selection and Eligibility Criteria

The CMS Office of Information Technology pulls a sample frame of eligible members from the Integrated Data Repository. RTI draws the HOS-M sample from this sample frame. The sample files include a series of specified variables in the HOS-M Sample File Layout. Refer to **Appendix A** for the complete HOS-M Sample File Layout, including a description of each variable, the field positions within the file, and the valid values.

Eligible members must be community-dwelling members who do not have end-stage renal disease (ESRD) and are age 55 or older. RTI removes members who are flagged as long-term institutionalized.

The sample size is 1,200 for plans with at least 1,200 members. For smaller plans, the entire eligible enrollment is included.

Programs with populations of ≥1,200 members

One thousand two-hundred (1,200) eligible program participants are randomly selected for HOS-M. Programs provide a list of members who have become permanent nursing home residents, who will be excluded from the survey process. Programs append telephone numbers for each selected member to a file provided by the survey vendor.

Programs with populations of <1,200 members

All eligible members are included in the sample. Programs create a detailed contact list for all eligible members.

Receiving and QA of the Sample File

The HOS-M Project Team provides the survey vendor, via a secure portal, one sample file for all PACE organizations that submit HOS-M data, which includes both a SAS file and Excel file.

The survey vendor must review the HOS-M sample file to confirm that all contracted PACE organizations are included, perform the following verifications, and report errors to the HOS-M Project Team immediately. If there are questions about a member's eligibility, the survey vendor must contact RTI. Members may be excluded only upon **RTI notification of exclusion**.

- **Foreign addresses:** If a member in the sample has a foreign address, the survey vendor must use standard means, such as the National Change of Address (NCOA) database, to secure an accurate United States address. If a United States mailing address cannot be matched to the member and the survey vendor cannot 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 date of birth corresponds to January 1, 1966 (01011966) or later or seems questionable, the survey vendor must contact RTI for instructions.
Note: Members born after January 1, 1966 (01011966) are ineligible for the HOS-M in 2021. The frailty adjustor is calculated only for members who are 55 years of age and older and is used to check eligibility.
- **Duplication of member:** If there are duplicate members, contact RTI.

The survey vendor loads the sample data into its survey management system (SMS) after reviewing the HOS-M sample files.

Removing Long-Term Nursing Home Residents from the Sample File

RTI uses data provided by CMS to remove long-term nursing home residents from the sample frame after the samples are drawn. If the survey vendor discovers a member is institutionalized, they code the member as "M35/T35 – Nonresponse: Respondent Institutionalized."

Death and Disenrollment Updates to the Sample File

RTI updates death and disenrollment information using the CMS Enrollment Database (EDB) according to the schedule provided by the survey vendor. PACE organizations **do not** need to provide death and disenrollment updates to the survey vendor.

III. Data Collection Protocol

Overview

This section describes the HOS-M data collection protocol and procedures. The data collection protocol allows for the comparability of HOS-M survey data.

2021 Data Collection Schedule

Tables 1 and 2 below summarize the tasks and timing for conducting the 2021 HOS-M administration. The survey vendor adheres 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	2021 Dates	Timeframe
PACE Orientation Webinar (hosted by RTI).	Monday, March 15	-126 Days
Survey vendor develops mailing materials and programs telephone systems.	Beginning Friday, May 28	-52 Days
RTI provides sample file to survey vendor.	Monday, June 28	-21 Days
Survey vendor obtains telephone numbers for members in large PACE organizations ($\geq 1,200$ members) via the supplemental files provided with the sample files. Survey vendor does not send the sample files to PACE organizations.	Beginning Monday, June 28	-21 Days
Survey vendor obtains “second source” telephone numbers for members eligible for electronic telephone interviewing.	Beginning Monday, June 28	-21 Days
Survey vendor tests external functionality of customer support telephone number and email address prior to the prenotification letter mailing.	By Monday, July 19	Day 0

Table 2. Data Collection Tasks

Task	2021 Dates	Timeframe
Mail prenotification letter.	Monday, July 19	Day 0
Open electronic telephone interviewing for inbound member requests to complete survey by telephone.		
Mail first questionnaire.	Monday, July 26	Day 7
Mail first reminder/thank-you postcard.	Monday, August 2	Day 14
Mail second questionnaire.	Monday, August 30	Day 42
Mail second reminder/thank-you postcard.	Tuesday, September 7	Day 50
Conduct outbound electronic telephone interviewing for nonrespondents: <ul style="list-style-type: none"> Call attempts must be scheduled at different times of the day, on different days of the week, and in different weeks. Minimum of 6 attempts, maximum of 12 attempts. 	Monday, September 20 – Monday, November 1	Days 63 – 105

Task	2021 Dates	Timeframe
End data collection: <ul style="list-style-type: none"> End all data entry/scanning of returned mail surveys. End all telephone interviews. Close customer support services (telephone and email). 	Monday, November 1	Day 105
Prepare and submit final data files.	Tuesday, November 2 – Friday, November 12	Days 106 – 116
Final data files due to the HOS-M Project Team.	Friday, November 12	Day 116

Description of the Questionnaire

The HOS-M questionnaire contains 19 questions and 34 individual items, and includes the following components:

- ADL questions to assess the frailty of the PACE population in order to adjust Medicare payments.
- Questions to collect results for the Veteran’s RAND 12-Item Health Survey (VR-12), the core component measuring physical and mental health status.
- Other health questions about memory loss and difficulty controlling urination.
- Questions about who completed the survey (i.e., sampled member, family/friend, or health professional) and the reason the survey was completed by someone other than the sampled member (e.g., physical problems or memory loss).

Response categories vary by question. Most 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.” Some questions are dichotomous questions with “Yes” and “No” responses.

To facilitate comparability, neither the survey vendor nor a PACE organization 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 and in the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5*.

Protocol Paths

HOS-M sampled members fall in one of four protocols (or *protocol paths*) listed in this section based on survey language. In the HOS-M sample file, RTI designates CMS Language Preference and the CMS Language Code from the CMS EDB. For small plans (less than 1,200 members), RTI also designates the Participant Primary Language from the contact list that PACE organizations provide. No additional language information is available for large plans (1,200 or more members). Language variables identify which protocol path a member follows and which mailing materials a member receives during survey administration.

The four protocol paths and instructions on assigning them are discussed below.

Assigning the Protocol Path

The survey vendor assigns each member one of the *Protocol Identifier Flags* in Table 3 below.

Table 3. HOS-M Protocol Identifier Flags

Protocol Path	Protocol Identifier Flag
English	E
Spanish	S
Chinese	C
Russian	R

Members with a CMS Language Code or CMS Language Preference designated in the sample file receive the corresponding Protocol Identifier Flag. If no CMS Language Code or CMS Language Preference is assigned, the protocol path is determined by the Participant Primary Language (*BeneLanguage*) variable.

The HOS-M is available in Russian by mail only. Use of the Russian questionnaire is optional and done at the request of the PACE organization. There is **no** telephone interviewing conducted in Russian.

Mailing Material Tracking Numbers

Letters and postcards used for the protocol paths are assigned a tracking number, as shown in Table 4 below.

Table 4. Mailing Material Tracking Numbers

Tracking Number	Mailing Material	Language
1	Prenotification Letter	English
2	First Questionnaire Mailing	English
3	<ul style="list-style-type: none"> First Reminder/Thank-You Postcard Second Reminder/Thank-You Postcard 	English
4	Second Questionnaire Mailing	English
S1	Prenotification Letter	Spanish
S2 + 2	First Questionnaire Mailing	Spanish
S3	<ul style="list-style-type: none"> First Reminder/Thank-You Postcard Second Reminder/Thank-You Postcard 	Spanish
S4	Second Questionnaire Mailing	Spanish
C1	Prenotification Letter	Chinese
C2 + 2	First Questionnaire Mailing	Chinese
C3	<ul style="list-style-type: none"> First Reminder/Thank-You Postcard Second Reminder/Thank-You Postcard 	Chinese
C4	Second Questionnaire Mailing	Chinese
R1	Prenotification Letter	Russian
R2 + 2	First Questionnaire Mailing	Russian
R3	<ul style="list-style-type: none"> First Reminder/Thank-You Postcard Second Reminder/Thank-You Postcard 	Russian
R4	Second Questionnaire Mailing	Russian

English Protocol

Members with a Protocol Identifier Flag of *E* are part of the English protocol. The survey vendor sends the sampled member mailing materials in English. If a non-English speaking member calls to request a version of the questionnaire in another language, the survey vendor has the following options:

- *For a request for Spanish, Chinese, or Russian materials:* Send the appropriate language materials or include the member in the Spanish, Chinese, or Russian protocol paths. Note the language change in the “Survey Language” field of the variables table and establish a protocol to flag members who want survey materials or electronic telephone interviewing in another language.
- *For a request for materials in a language other than English, Spanish, Chinese, or Russian:* Attempt to have the member complete the survey in English, Spanish, or Chinese in the telephone protocol. If the member cannot understand any of the languages, code the member as “Ineligible: language barrier.” There is no telephone interviewing conducted in Russian.

Note: Members generally seek help from either a family member or their health plan for translation assistance.

For the telephone protocol, the interviewer calls the sampled member. If the sampled member is unavailable (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 will be unavailable for the duration of the study or is physically/mentally unable to complete a telephone interview, the interviewer must attempt to interview a proxy.

Spanish and Chinese Protocols

Members with a Protocol Identifier Flag of *S* and *C* are part of the Spanish and Chinese protocols, respectively. The survey vendor sends the sampled member mailing materials in Spanish or Chinese. The letter for the first questionnaire mailing must contain English on the back and the reminder/thank-you postcard must remain in the designated protocol language.

For the telephone protocol, the interviewer calls the sampled member. If the sampled member is unavailable (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 will be unavailable for the duration of the study or is physically/mentally unable to complete a telephone interview, the interviewer must attempt to interview a proxy. The proxy interview may be completed in English, Spanish, or Chinese.

Russian Protocol

The survey vendor works with the PACE organizations to determine if the sampled members should receive the survey in Russian. Members with a Protocol Identifier Flag of *R* are part of the Russian protocol. CMS provides the survey vendor with translations of HOS questionnaires and supporting mailing materials in Russian. The survey vendor sends the sampled member mailing materials in Russian. The letter for the first questionnaire mailing must contain English

on the back and the reminder/thank-you postcard must remain in Russian. There is no telephone interviewing conducted in Russian.

Appropriate Contact of Proxies

Members are encouraged to complete the survey on their own or seek the assistance of a proxy (e.g., a family member or friend, or if neither is available, their health care provider) if they are unable to complete the survey on their own. If there is a gatekeeper (representative of the institution) refusal or if the member is physically or mentally incapacitated or will be unavailable for the duration of the study, the use of a proxy to complete the interview is highly encouraged.

The HOS-M sample file may contain contact information for up to two proxies. Attempts to contact the member must be made before proxies are contacted, unless the sample file indicates that the member does not receive his/her own mail (*Receives Own Mail* = No), in which case mailing materials should be addressed to the member in care of the proxy.

PACE organization staff may fill out the survey questionnaire or complete the telephone interview *at the request of the member, family member, or other caregiver*. No PACE staff should independently contact the survey vendor to provide answers to the HOS-M survey on behalf of any beneficiary. If CMS finds that plans do not follow these protocols, then the HOS-M data will be considered invalid. Staff are not required to fill out the survey, even if requested to by the member, family, or caregiver, if they consider it too burdensome.

PACE organization or subcontractor staff members should not be listed as a proxy contact in the contact information file. PACE organizations may not list the PACE facility address as a member or proxy address in the contact information file unless the PACE facility is the member's primary residence.

Proxies may not be contacted if a member gives written or verbal refusal to participate in the survey.

The survey vendor assigns priority for contacting proxies as displayed in Table 5 below.

Table 5. Priority for Contacting Proxies

Priority	Person to Survey
First Priority	Member or first proxy if member does not receive his/her own mail.
Second Priority	Proxy recommended by the member.
Third Priority	Proxy contained in sample frames in the order listed.
Last Priority	Proxy recommended by another proxy.

Members in a Common Facility

The survey vendor identifies common facilities where members reside and works with the survey vendor to make additional calls to gatekeepers. For example, if a convent is also a care facility and is the residence for elderly nuns enrolled in a PACE organization, the survey vendor contacts the Mother Superior (who would usually receive the questionnaire) to discuss completing the questionnaire for the members/nuns under her care.

Mail Protocol

This section provides information about the mail component of the HOS-M mixed mode data collection protocol. The survey vendor administers the mail protocol as described below and in *HEDIS MY 2020 Volume 6: Specifications for the Medicare Health Outcomes Survey*. The survey vendor must also refer to the Mail Protocol section of the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5* for information not covered in this HOS-M addendum (see *About this Document* in *Section I. Introduction and Overview*).

Production of Survey Mailing Materials

The HOS-M Project Team provides electronic versions of all survey mailing materials to the survey vendor, who must produce sufficient quantities of the following materials in English, Spanish, Chinese, and Russian for mailing to sampled members:

- Prenotification letters.
- Survey cover letters.
- Reminder/thank-you postcards.
- Questionnaires.

Refer to the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5* for information about producing survey mailing materials.

Mailing Materials Guideline Specific to the HOS-M

The HOS-M questionnaire is formatted in one column; the HOS questionnaire is formatted in two columns. The survey vendor **may not** reformat the HOS-M questionnaire in two columns.

Optional HOS-M Guideline for Mailing Materials

The survey vendor may include the PACE organization logo on outgoing envelopes.

Processing and Coding Mail Surveys

Survey Processing: The survey vendor labels questionnaires with a confidential tracking identification number to ensure that the second mailing is sent only to nonrespondents. The survey vendor uses a master file that links the confidential tracking number to each member in the survey sample, along with identifying information (e.g., name, address, telephone number). The survey vendor uses the file to generate all mailing materials, such as cover letters and address labels, and is updated to indicate the current response status of each sampled member.

The master file must not contain actual survey responses. The survey vendor develops discrete data files that are linked by a confidential tracking number to the master file.

Returned surveys must be tracked by date of receipt. The survey vendor may key enter or optically scan questionnaires. If using key entry, questionnaire answers are keyed by two data entry specialists. The survey vendor compares results to identify data entry errors. Within **three business**

days of receipt of a returned survey, the survey data must be captured in the survey vendor's survey management database.

Processing duplicate surveys returned by the same member:

- If a member completes both surveys and returns both surveys, use the survey that is the most complete.
- If two surveys are returned for one member, but one survey was completed by a proxy, use the survey completed by the member.
- If two surveys are returned for one member and a proxy completed one survey, but the member's survey 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.

Decision Rules for Coding Mail Survey Data: The survey vendor uses the decision rules outlined in the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5* to govern appropriate resolution of common ambiguous situations and contacts the HOS-M Project Team if a situation is not addressed by the decision rules.

Telephone Protocol

This section provides detailed information about the telephone component of the HOS-M mixed mode data collection protocol. Survey vendors administer the HOS-M telephone protocol as described below and in *HEDIS MY 2020 Volume 6: Specifications for the Medicare Health Outcomes Survey*. The survey vendor must also refer to the following Telephone Protocol section of the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5* for information not covered in this HOS-M addendum (see *About this Document* in *Section I. Introduction and Overview*).

This protocol requires the use of an electronic telephone interviewing system to follow up with nonrespondents to the mail survey.

Electronic Telephone Interviewing System Specifications

The telephone component of the protocol uses a standardized, electronic telephone interviewing script and design specifications provided to the survey vendor by the HOS-M Project Team. The survey vendor is responsible for programming the script and specifications into existing electronic telephone interviewing software.

Obtaining Telephone Numbers

- *Programs with 1,200 members or more:* The sample file does not contain member telephone numbers; the survey vendor obtains telephone numbers from PACE organizations. The survey vendor forwards a supplemental file to PACE organizations. The PACE organizations append telephone numbers for each member in the file. The supplemental file is a "padded," abbreviated version of the sample file, and contains sampled members and non-sampled members (to hide the identity of sampled members). The PACE organization adds telephone numbers and mailing addresses (addresses are optional) for each member record. The PACE organization returns the supplemental file

to the survey vendor, who uses the updated phone and mailing address information to contact members during HOS-M administration.

- *Programs with less than 1,200 members:* PACE organizations provide a telephone contact list for **all members**. The survey vendor may not approach PACE organizations for individual telephone numbers; this would be a breach of member confidentiality.

Internal Corporate Do Not Call Lists

Refer to the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5* for instructions on Internal Corporate Do Not Call (DNC) Lists.

Telephone Attempts

The telephone phase consists of **12 telephone attempts**; the first 6 are made to the member. If a member does not receive his/her own mail, the first 6 attempts are made to the first proxy. If the member or first proxy cannot be contacted after six telephone attempts, the survey vendor contacts the proxies identified in the contact information file, in the order of their appearance in the file. The survey vendor also uses the proxy information in the contact file if a member is too sick to respond or cannot speak English, Spanish, or Chinese. Up to six telephone attempts may be made to proxies.

If the member is reached and refuses to participate, the survey vendor may not contact proxies. If a proxy refuses to participate in the survey, the survey vendor is encouraged to contact other proxies.

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

- The interviewer reaches an answering machine or voicemail system. 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 or proxy is (temporarily) not available to come to the telephone. The interviewer must attempt to schedule a callback date/time.
- The interviewer reaches the sampled member or the sampled member's proxy and is asked to call back at a more convenient time. The interviewer must attempt to schedule a callback date/time.
- The interviewer obtains a busy signal.

Note: When telephone interviewing systems permit, CMS recommends (but does not require) that the survey vendor attempts to re-contact members up to three times at 20-minute intervals. Three attempts in one day that all result in a busy signal constitute *one telephone attempt* (the protocol requires each attempt to be made on different days).

- An attempt made to contact a proxy counts as one attempt. For example, if a sampled member has two proxies, contacting each proxy counts as two attempts of contact.

Note: The survey vendor **may not** leave messages on members' answering machines or voicemail systems.

IV. Data Coding

Overview

This section details the standardized protocols for HOS-M data file specifications and data coding of HOS-M data. It contains information about survey completion guidelines, assignment of disposition codes, and quality control procedures. Refer to the *2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5* for information on decision rules (i.e., interpreting ambiguous or missing data elements) for coding mail questionnaires.

The survey vendor submits data files that contain data for every PACE organization. For assistance with preparing data files for submission, contact the [HOS-M Project Team](mailto:hos@ncqa.org) (hos@ncqa.org).

Text File Specifications

The survey vendor must submit a record for all sampled members included in the original sample file. Survey data files are submitted in a text file format (.txt) that allows submission of each sampled member record in one file. Refer to **Appendix A** for the complete Sample File Layout and Survey File Record Layout.

Survey data files have two sections:

- **Sample File Layout:** Contains names, contact information, and CMS administrative and survey fielding variables for each sampled member.
- **Survey File Record Layout:** Contains responses for all survey variables (even if the member did not complete the survey) and survey vendor-generated variables for each sampled member.

Survey Completion and Coding Guidelines

This section provides specific survey coding and completion guidelines for the HOS-M survey.

The unique ID is used to assign a disposition code to each respondent. A prefix of “M” represents mail disposition codes; a prefix of “T” represents telephone disposition codes. The disposition code is used to track and report whether a respondent has returned a questionnaire or needs a repeat mailing or telephone follow-up. Disposition codes are either interim (indicate the respondent’s status during data collection) or final (document the outcome at the end of data collection). Maintaining up-to-date disposition codes lets the survey vendor calculate and report the response rate and project the number of completed questionnaires at any time during the data collection period.

Assigning Final Disposition Codes

The survey vendor assigns a final disposition code to each member of the sample, as shown in Table 6 below.

Note: The survey vendor must return each record that was included in the sample file and assign each a corresponding survey disposition code.

Table 6. HOS-M Survey Disposition Codes

Final Disposition	Disposition Code	Disposition Group	Definition/Explanation
Complete Survey (ADL Items Answered)	M10	Complete	Respondent returns mail survey with all ADL items (Q4a-f) answered.
	T10	Complete	Assigned in one of the following situations: <ul style="list-style-type: none"> Respondent completes all ADL items (Q4a-f) during a telephone interview. Respondent returned a mail survey where one or more ADL items were unanswered. During the telephone protocol, the survey vendor contacted the respondent by phone and all ADL items were answered. All questions must be asked during telephone recontact.
Partial Complete Survey	M11/T11	Nonresponse	A survey with one or more ADL items (Q4a–f) 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). The member is in a mail-only protocol (Russian).
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.
Refusal by Member	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. The survey vendor may not contact proxies.
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 mental or physical disabilities. The survey vendor is unable to obtain a proxy to complete the survey.

Final Disposition	Disposition Code	Disposition Group	Definition/Explanation
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.
Nonresponse After Maximum Attempts	M36	Nonresponse	Assigned in the following situations: <ul style="list-style-type: none"> 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 because the member is on the survey vendor's internal corporate DNC list.
Nonresponse After Maximum Attempts	T36	Nonresponse	Assigned in the following situations: <ul style="list-style-type: none"> 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 six telephone attempts to the member and six attempts to the proxy, but is unable to contact the member or a proxy. 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 six telephone attempts but is unable to contact the member or a proxy. There are two sampled members at the same address. The same sampled member fills out both surveys, but not as a proxy for the other beneficiary.
Refusal by Proxy	M37/T37	Nonresponse	Refusal. All proxies verbally refuse to complete the survey. If only one proxy is provided, the proxy returns the questionnaire with a note stating he/she does not want to participate. The survey vendor may attempt to contact additional proxies.
Refusal by Gatekeeper	M38/T38	Nonresponse	Refusal. A representative of the institution (gatekeeper) refuses to allow an interview with the member, does not want to complete the survey on behalf of the member, or returns the survey unanswered. The survey vendor may attempt to contact proxies.

Final Disposition	Disposition Code	Disposition Group	Definition/Explanation
Respondent Removed from Sample by RTI	M25/T25	Ineligible	This code refers to RTI's periodic checks against the EDB to identify people who have died or disenrolled since the sample was drawn. RTI provides a list to the survey vendor at several points in the protocol (e.g., before first mailing, before beginning telephone interviews). Code is assigned only when RTI notifies the survey vendor to remove the member from the sample frame.

Assigning the Survey Round Variable

Refer to the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5* for the definition of survey rounds.

Table 7 summarizes the rules for assigning the survey round variable. The assigned survey round variable should be associated with the mailed questionnaire or call attempt in which data were collected.

Table 7. Rules for Assigning the Survey Round Variable

Disposition Code	Survey Round
M10, M11	M1, M2
T10, T11	T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, MT, TN
M20, T20, M23, T23, M24, T24, M25, T25, M32, T32, M33, T33, M34, T34, M35, T35, M36, T36, M37, T37, M38, T38	NC

Calculating Percentage Answered

The HOS-M instrument contains 34 potential response items. To simplify the calculation of percentage answered, three items that are part of a skip pattern are excluded from the calculation: **17, 18, and 19**. Thirty-four minus three leaves a base denominator of 31 items included in the calculation of percent answered.

To calculate percentage answered, count the total answered items (excluding items **17, 18, and 19**). Divide the number by 31, round to the ten thousandths place, and multiply by 100. If percent complete is less than 100.00, then zero-fill. For example, for a survey with 34.25 percent of items answered (.3425), Percentage Answered would be coded as 034.25.

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

A completed survey should not have less than 019.35 percent of items answered.

Table 8 summarizes the rules for assigning the Percentage Answered variable. For surveys without a final disposition of M10/T10 or M11/T11, assign a percentage answered value of 000.00 (represented as a five-digit number [six field positions]).

Table 8. Rules for Assigning the Percentage Answered Variable

Disposition Code	Percentage Answered
M10, T10, M11, T11	NNN.NN
M20, T20, M23, T23, M24, T24, M25, T25, M32, T32, M33, T33, M34, T34, M35, T35, M36, T36, M37, T37, M38, T38	000.00

Assigning the Survey Language Variable

Each member of the sample is assigned a Survey Language variable that will be reported to the HOS-M Project Team. The survey vendor examines the final disposition code to determine a complete survey or nonresponse: partial complete survey and assigns the Survey Language variable as follows:

- E = English—the member completed or partially completed the survey in English.
- S = Spanish—the member completed or partially completed the survey in Spanish.
- C = Chinese—the member completed or partially completed the survey in Chinese.
- R = Russian—the member completed or partially completed the survey in Russian.

Surveys with a final disposition code other than complete survey (M10/T10) or nonresponse: partial complete survey (M11/T11) are assigned a Survey Language variable value of “9 = Not applicable.”

Table 9 summarizes the rules for assigning the Survey Language variable.

Table 9. Rules for Assigning the Survey Language Variable

Disposition Code	Survey Language
M10, M11	E = English S = Spanish C = Chinese R = Russian
T10, T11	E = English S = Spanish C = Chinese
M20, T20, M23, T23, M24, T24, M25, T25, M32, T32, M33, T33, M34, T34, M35, T35, M36, T36, M37, T37, M38, T38	9 = Not applicable

Assigning the Survey Language Detail Variable

The survey vendor assigns a Survey Language Detail of 99.

Assigning the Survey Date Variable

Refer to the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5* for instructions on assigning the Survey Date variable.

Table 10 summarizes the rules for assigning the Survey Date variable.

Table 10. Rules for Assigning the Survey Date Variable

Disposition Code	Date the Survey Was Completed
M10, T10, M11, T11	MMDDYYYY 07192021 – 11012021 (July 19, 2021 – November 1, 2021)
M20, T20, M23, T23, M24, T24, M25, T25, M32, T32, M33, T33, M34, T34, M35, T35, M36, T36, M37, T37, M38, T38	99999999

Total Survey Response Rates

The survey vendor reports a Total Survey Response Rate to the HOS-M Project Team for each organization:

$$\frac{\text{Completed Surveys \& Interviews}}{\text{Total Eligible Members}} \times 100$$

Total Eligible Members includes the entire sample minus the following ineligible members:

- Respondents who are reported deceased.
- Respondents who are not enrolled in the organization.
- Respondents who have a language barrier.
- Respondents who have a bad address *and* a nonworking/unlisted phone number or are unknown at the dialed phone number.
- Respondents who have a bad address *and* are in a mail-only protocol (Russian).
- Respondents who were removed from the sample by RTI.

V. Data Submission

Overview

This section includes information about preparing and submitting HOS-M data files to the HOS-M Project Team. The survey vendor must submit HOS-M final data files by the date indicated in the 2021 Data Collection Schedule. Contact the [HOS-M Project Team](mailto:hos@ncqa.org) (hos@ncqa.org) if any problems occur.

Preparation for Data Submission

The survey vendor must review and assess the integrity of collected data prior to the data submission deadline. The survey vendor's Quality Assurance Plan (QAP) must detail the vendor's quality assurance processes that are completed to ensure that all members' response data are captured in strict adherence to file specifications and data validation procedures.

Regardless of data entry method, the survey vendor must audit a random sample of data by comparing printed forms with data entry results to catch systematic errors.

Data Submission Process

The survey vendor must submit final data files to the HOS-M Project Team by **11:59 p.m. on Friday, November 12**. The survey vendor is responsible for reviewing and correcting data errors that result from programming errors in advance of submitting final data files.

Refer to the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5* for more information.

VI. Operational Notes

Overview

This section contains operational notes for administration of the HOS-M survey in 2021. It also provides guidance for HOS-M FIDE SNP fielding, where protocols differ from HOS-M administration to PACE organizations.

Communication Protocol

- The following describes the roles and responsibilities of each organization involved with the HOS-M administration, specifically: CMS, the HOS-M Project Team (RTI and NCQA), and the CMS approved HOS-M survey vendor. CMS provides policy directions.
- RTI coordinates survey administration details with the survey vendor.
- NCQA coordinates the distribution of CMS policy directions to HOS-M project staff and creates a standardized distribution list for all HOS-M communications.

HOS-M FIDE SNP Operational Notes

Some MA contracts may voluntarily report the HOS-M survey for FIDE SNP plan benefit packages (PBP) for frailty purposes. The following are operational notes related to enrollment, sampling, data collection, and data submission.

Plans electing to field the HOS-M for frailty adjustment consideration should have notified CMS of this decision in February 2021.

Eligibility Requirements

The requirements for participating in FIDE SNP frailty measurement are as follows:

- Plans must have a contract effective date on or before January 1, 2020.
- Plans that will be FIDE SNPs in 2022 must have an effective date on or before January 1, 2021.
- Plans surveyed in 2021 do not have to meet FIDE SNP requirements to be surveyed but must be Dual Eligible SNPs in 2021.
- Plans must have a minimum enrollment size of 50 members.

Sampling

FIDE SNP sampling occurs after selecting the HOS quality reporting sample. For additional information about FIDE SNP sampling, refer to *HEDIS MY 2020 Volume 6: Specifications for the Medicare Health Outcomes Survey*.

The HOS-M Project Team generates a separate file containing all HOS-M FIDE SNP PBPs. NCQA provides this file to the survey vendor. Refer to **Appendix A** for the HOS-M Sample File Layout for FIDE SNP.

Supplemental File

For FIDE SNP PBPs that request to use HOS-M, the survey vendor follows the HOS-M protocol for **large** PACE organizations for obtaining telephone numbers. The survey vendor receives a supplemental file to obtain telephone numbers but does not receive contact files for the FIDE SNPs.

Differences Between PACE and FIDE SNP HOS-M Protocols

There are two important differences in the protocol for MA contracts using the HOS-M to measure FIDE SNP frailty:

1. CMS does not provide enhanced contact information, including proxy information, for FIDE SNPs or any other MA contracts using the HOS-M.
2. MA contracts that choose to participate in the HOS-M for purposes of measuring frailty will not receive the HOS-M report or corresponding beneficiary-level data that is disseminated to participating PACE organizations.

Similar to PACE, proxy response is under the control of the beneficiary for FIDE SNPs. No FIDE SNP staff should independently contact the survey vendor to provide answers to the HOS-M survey on behalf of any beneficiary. Plan staff may complete a survey questionnaire or telephone interview only at the request of the beneficiary, a family member, or other caregiver. If CMS finds that plans do not follow these protocols, the HOS-M data will be considered invalid.

Telephone Attempts

For the FIDE SNP HOS-M administration the survey vendor must follow the HOS telephone attempt protocol (maximum of nine attempts). See the Telephone Protocol section of the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5*.

Data Submission

The survey vendor creates and submits separate files for PACE and FIDE SNP.

VII. Quality Oversight

Overview

The HOS-M Project Team conducts quality oversight of survey vendor activities to monitor compliance with HOS-M protocols. This section describes the HOS-M quality oversight activities. All materials and procedures relevant to survey administration are subject to review.

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

Quality Oversight Activities

HOS-M Project Team oversight activities include review of mailing materials, telephone scripts, member correspondence, data records, survey vendor progress reports, and the QAP. The team also conducts telephone monitoring and site visits. Refer to the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5* for more information on the details of each quality oversight activity.

Table 11 below displays pertinent dates for quality oversight activities for 2021 HOS-M administration.

Table 11. Quality Oversight Schedule

Quality Oversight Activities	2021 Dates
HOS-M Survey Vendor Training.	Friday, May 28
Survey vendor submits printed materials to HOS-M Project Team to obtain written approval prior to volume printing.	Friday, June 11
HOS-M Project Team provides response to survey vendor after review of printed materials.	Friday, June 25
Survey vendor submits electronic telephone interviewing screenshots to the HOS-M Project Team to obtain written approval prior to telephone protocol.	Friday, June 25
Survey vendor project report #1 (QAP) due.	Friday, July 2
Survey vendor finalizes all mail materials (any revisions made after must be submitted to the HOS-M Project Team).	Tuesday, July 6
HOS-M Project Team responds to survey vendor after reviewing telephone screenshots.	Friday, July 9
Survey vendor finalizes all telephone screenshots (any revisions made after must be submitted to the HOS-M Project Team).	Monday, July 19
Survey vendor QAP conference call.	Monday, July 19 – Friday, July 30
Survey vendor project report #2 due.	Friday, July 30
Survey vendor project report #3 due.	Friday, August 13
Survey vendor project report #4 due.	Friday, August 27
Survey vendor project report #5 due.	Friday, September 10
Survey vendor project report #6 due.	Friday, September 24
Survey vendor project report #7 due.	Friday, October 8

Quality Oversight Activities	2021 Dates
Survey vendor project report #8 due.	Friday, October 22
Survey vendor project report #9 due.	Friday, November 5
Survey vendor project report #10 (Final Report) due.	Friday, November 19
Report of HOS-M Records Stored and Facility Standards for Records Storage Facilities Inspection Checklist.	Friday, December 3

Review of Mailing Materials

Before fielding the survey, the HOS-M Project Team reviews all English, Spanish, Chinese, and Russian mailing materials (i.e., prenotification letters, survey cover letters, reminder postcards, envelopes, and questionnaires). The survey vendor must submit to the HOS-M Project Team electronic copies of all mailing materials. The HOS-M Project Team notifies the survey vendor when materials have been approved or if they require revisions. All final print-ready electronic mailing materials must be submitted to [HOS-M Project Team](mailto:hos@ncqa.org) (hos@ncqa.org) in a Portable Document Format (PDF). Use the following naming convention when submitting mailing materials:

- Survey Vendor Name_Tracking #_MM-DD-YY.pdf.

The survey vendor may **not** change materials that have been approved by the HOS-M Project Team unless the revised materials are resubmitted for approval.

Telephone Script Review

Before fielding the survey, the survey vendor submits the proxy and non-proxy English, Spanish, and Chinese telephone screenshots to [HOS-M Project Team](mailto:hos@ncqa.org) (hos@ncqa.org) for review.

Member Correspondence

The survey vendor forwards member correspondence to the HOS-M Project Team as indicated in Table 12 below. The survey vendor must submit the name and address of each member associated with each piece of white mail. Additionally, the survey vendor must submit an English summary of any piece of white mail in Spanish, Chinese, or Russian.

Survey Vendor QAP

The HOS-M QAP is a comprehensive working document that the survey vendor develops to document the current administration of the survey and compliance with HOS-M protocols. The QAP must follow the format of the Model QAP and address the content areas. The Model QAP is provided in **Appendix B** of the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5*.

Customer Support Review

Throughout survey administration, the HOS-M Project Team will conduct at least one customer support review and continuously review the survey vendor's email responses to respondent questions and comments. The survey vendor may be asked to send member contact information and/or English translations of emails to CMS, if requested.

Data Record Review

The HOS-M Project Team conducts a data record review session of the previous year's data with the survey vendor remotely or during a site visit.

Telephone Monitoring

The HOS-M Project Team conducts silent telephone monitoring sessions with the survey vendor remotely. The team may conduct a monitoring session during survey administration.

Site Visit

The HOS-M Project Team may conduct a site visit during the survey administration period to review compliance with HOS-M requirements.

Project Reporting

During the data collection period, the survey vendor submits 10 progress reports to the [HOS-M Project Team](mailto:hos@ncqa.org) (hos@ncqa.org). These reports provide updates on data collection activities and interim statistics on responses rates and survey dispositions. Use the following naming convention when submitting progress reports:

- Begin files with the survey vendor name, followed by subject of file and date submitted; for example:
 - Progress Reports (narrative report):
 - Survey Vendor Name_Report #_MM-DD-YY.doc.
 - Summary Status Reports:
 - Survey Vendor Name_HOS-M_SSR_PACE_MM-DD-YY.xls.
 - Survey Vendor Name_HOS-M_SSR_FIDESNP_MM-DD-YY.xls.

Table 12 provides the reporting requirements and due dates for each survey vendor progress report.

Table 12. Reporting Requirements for Survey Vendor Progress Reports

Reporting Requirements	2021 Due Dates
REPORT #1 Survey Vendor QAP: The survey vendor submits a QAP to the HOS-M Project Team that addresses all required elements as described in this addendum, throughout the 2021 <i>Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5</i> and in the Model QAP.	Friday, July 2

Reporting Requirements	2021 Due Dates
REPORT #2 Narrative Report: <ul style="list-style-type: none"> • Overview of prenotification letter and first questionnaire printing, fulfillment, and mailing processes. • Verification of mail out dates of 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 Deliverable: Member correspondence (white mail), if applicable.	Friday, July 30
REPORT #3 Summary Status Report (template provided by the HOS-M Project Team) Narrative Report: <ul style="list-style-type: none"> • Overview of reminder/thank-you postcard mailing. • Verification of mail out date of reminder/thank-you postcard mailing (e.g., USPS generated report). • Outstanding issues or concerns. Other Deliverable: Member correspondence (white mail), if applicable.	Friday, August 13
REPORT #4 Summary Status Report Narrative Report: <ul style="list-style-type: none"> • 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 27
REPORT #5 Summary Status Report Narrative Report: <ul style="list-style-type: none"> • Overview of second questionnaire mailing and second reminder/thank-you postcard mailing. • Verification of mail out dates of second questionnaire mailing and second reminder/thank-you postcard 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 Frequently Asked Questions) and number of requests for Spanish, Chinese, and Russian versions of the instrument. Specify number of calls and/or emails requesting information regarding an internet version of the survey. • Outstanding issues or concerns. Other Deliverable: Member correspondence (white mail), if applicable.	Friday, September 10

Reporting Requirements	2021 Due Dates
REPORT #6 Summary Status Report Narrative Report: <ul style="list-style-type: none"> • Overview of progress with protocol to date. • Detail problems or issues to date. • Describe process of converting partially completed surveys to complete, and progress. • Describe telephone protocol and training. • Report on progress with electronic telephone interviewing implementation. Other Deliverable: Member correspondence (white mail), if applicable.	Friday, September 24
REPORT #7 Summary Status Report Narrative Report <ul style="list-style-type: none"> • Outstanding issues or concerns. • Detail problems or issues to date. • Report on progress of electronic telephone interviewing implementation. Other Deliverable: Member correspondence (white mail), if applicable.	Friday, October 8
REPORT #8 Summary Status Report Narrative Report <ul style="list-style-type: none"> • Overview of progress with protocol to date. • Detail problems or issues to date. • Report on progress of electronic telephone interviewing implementation. Other Deliverable: Member correspondence (white mail), if applicable.	Friday, October 22
REPORT #9 Summary Status Report Other Deliverable: Member correspondence (white mail), if applicable.	Friday, November 5
REPORT #10 Final Detailed Status Report <ul style="list-style-type: none"> • See guidelines below. Other Deliverable: Member correspondence (white mail), if applicable.	Friday, November 19
Report of HOS-M Records Stored <ul style="list-style-type: none"> • Number of HOS-M records stored onsite and offsite. • The HOS-M Project Team provides the report template prior to the due date. 	Friday, December 3

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-M 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. The survey vendor should consider the discussion component as a vehicle for addressing issues related to HOS-M administration and for proposing changes to future survey administration.

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

1. Data Synthesis **(required)**
 - a. Final plan list with contact information.
 - b. Summary Status Report.
 - c. Completed survey administration timeline 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 PACE organizations.
 - List any additional survey modes requested by PACE organizations and/or respondents (e.g., internet, text) and number of requests.
 - c. Mailing of letters, postcards, and survey packets.
 - d. Continual updating of sample information with RTI.
 - e. Validating addresses and obtaining phone numbers.
 - f. Survey receipt and data entry.
 - g. Electronic telephone interviewing operations.
 - h. Survey vendor toll-free customer support operations.
 - Including call statistics.
 - i. Data submission.
 - j. The HOS-M 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 (*HOS-M Quality Assurance Guidelines and Technical Specifications addendum*, 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5*, and *HEDIS MY 2020 Volume 6: Specifications for the Medicare Health Outcomes Survey*.)
3. Recommendations for HOS-M 2022 Administration

Analysis of Submitted Data

The HOS-M Project Team reviews all survey data that the survey vendor submits. This review includes, but is not limited to, statistical and comparative analyses and other activities as required by CMS. If the HOS-M Project Team discovers any data anomalies, they will follow up with the survey vendor.

The HOS-M Project Team and CMS review and analyze HOS-M survey data to ensure the integrity of the data. The survey vendor adheres to all submission requirements as specified in

this HOS-M addendum and the 2021 *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5*, and any other updates communicated by the HOS-M Project Team.

Ad Hoc Activities

The HOS-M 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-M data.

Noncompliance and Sanctions

Survey vendor noncompliance with HOS-M 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-M.
- Increased quality oversight activities.
- Additional sanctions deemed appropriate by CMS.

Appendix A: HOS-M 2021 Sample File Layout and Survey File Record Layout

This document contains file layout information that the survey vendor uses to generate the HOS-M member-level data file for submission to the HOS-M Project Team. The survey vendor generates **separate** files for HOS-M PACE and HOS-M FIDE SNP.

Table A-1: Sample File Layout—PACE provides the layout for the HOS-M PACE member-level data file, which includes these data elements and additional proxy contact information.

The proxy contact information is not submitted with the member-level data file. Fields that are only in the sample file are indicated by *italics*. The survey vendor-generated HOS-M member-level data file must contain identical values to the sample file.

Table A-2: Sample File Layout—FIDE SNP provides the layout for the HOS-M FIDE SNP member-level data file.

Table A-3: Supplemental File Layout—PACE and FIDE SNP provides the layout for the HOS-M PACE (for large organizations) and HOS-M FIDE SNP supplemental files for the survey vendor to send to PACE organizations and MA contracts to obtain telephone numbers.

Table A-4: Survey File Record Layout—PACE and FIDE SNP provides the layout and data elements for the survey variables of the HOS-M member-level data file.

Sample File Layout—PACE

Table A-1: Sample File Layout—PACE

Variable	Field Description	Field Length
PLANNAME	Plan Name	60
PLANTYPE	Plan Type	8
PLANID	Plan ID	5
PBP	PBP Number	3
BLK	CMS Beneficiary Link Key	13
MBI	Medicare Beneficiary Identifier	11
GVNNAME	Member First Name	30
MDLNAME	Member Middle Initial	1
SRNAME1	Member Last Name	35
ADDR1	Address 1	25
ADDR2	Address 2	25
ADDR3	Address 3	25
ADDR4	Address 4	25
ADDR5	Address 5	25
ADDR6	Address 6	25
BIRTH	CMS Date of Birth	10
SEX	CMS Gender	1
RACE	CMS Race	1
LANGCD	CMS Language Code	1
LANGPREF	CMS Language Preference Code	1

Variable	Field Description	Field Length
BUILDING	Participant Building	55
Address	Participant Street Number	65
City	Participant City	25
State	Participant State	20
Zip	Participant Zip Code	20
Phone	Participant Phone Number	40
BeneLanguage	Participant Primary Language	35
RcvOwnMail	Participant Receives Own Mail	35
PACECenter	PACE Center, Care System, or Center Attended	55
C1FirstName	Contact 1 First Name	40
C1MiddleInit	Contact 1 Middle Initial	40
C1LastName	Contact 1 Last Name	40
C1Building	Contact 1 Building Number	40
C1Street	Contact 1 Address	65
C1City	Contact 1 City	25
C1State	Contact 1 State	25
C1Zip	Contact 1 Zip Code	20
C1HomePhone	Contact 1 Home Phone	40
C1Relation	Contact 1 Relationship to Member	45
C1Language	Contact 1 Primary Language	25
C2FirstName	Contact 2 First Name	45
C2MiddleInit	Contact 2 Middle Initial	40
C2LastName	Contact 2 Last Name	45
C2Building	Contact 2 Building Number	40
C2Street	Contact 2 Address	65
C2City	Contact 2 City	25
C2State	Contact 2 State	20
C2Zip	Contact 2 Zip Code	20
C2HomePhone	Contact 2 Home Phone	40
C2Relation	Contact 2 Relationship to Member	45
C2Language	Contact 2 Primary Language	25
Notes	Notes	100

Sample File Layout—FIDE SNP

Table A-2: Sample File Layout—FIDE SNP

Variable	Field Description	Field Length
PLANNAME	Plan Name	60
PLANTYPE	Plan Type	8
PLANID	Plan ID	5
PBP	PBP Number	3
BLK	CMS Beneficiary Link Key	13
MBI	Medicare Beneficiary Identifier	11
GVNNAME	Member First Name	30
MDLNAME	Member Middle Initial	1
SRNAME1	Member Last Name	35
ADDR1	Address 1	25
ADDR2	Address 2	25

Variable	Field Description	Field Length
ADDR3	Address 3	25
ADDR4	Address 4	25
ADDR5	Address 5	25
ADDR6	Address 6	25
BIRTH	CMS Date of Birth	10
SEX	CMS Gender	1
RACE	CMS Race	1
LANGCD	CMS Language Code	1
LANGPREF	CMS Language Preference Code	1

Supplemental File Layout—PACE and FIDE SNP

Table A-3: Supplemental File Layout—PACE and FIDE SNP

Variable	Field Description	Field Length
BLK	CMS Beneficiary Link Key	13
MBI	Medicare Beneficiary Identifier	11
PLANID	Plan ID	5
PBP	PBP Number	3
GVNNAME	Member First Name	30
MDLNAME	Member Middle Initial	1
SRNAME	Member Last Name	35
BIRTH	CMS Date of Birth	10

Survey File Record Layout—PACE and FIDE SNP

Table A-4: Survey File Record Layout—PACE and FIDE SNP

Variable	Field Description	Field Length	Valid Values
HEALTH	Question 1	1	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 9 = Missing
DIFF_LIF	Question 2	1	1 = No difficulty at all 2 = A little difficulty 3 = Some difficulty
DIFF_WAL	Question 3	1	4 = A lot of difficulty 5 = Not able to do it 9 = Missing
DIFF_BAT	Question 4a	1	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity 9 = Missing
DIFF_DRE	Question 4b	1	
DIFF_EAT	Question 4c	1	
DIFF_GET	Question 4d	1	
DIFF_WLK	Question 4e	1	
DIFF_TOI	Question 4f	1	1 = Yes, I receive help 2 = No, I do not receive help
HELP_BAT	Question 5a	1	
HELP_DRE	Question 5b	1	

Variable	Field Description	Field Length	Valid Values
HELP_EAT	Question 5c	1	3 = I do not do this activity 9 = Missing
HELP_GET	Question 5d	1	
HELP_WLK	Question 5e	1	
HELP_TOI	Question 5f	1	
LIMIT_MO	Question 6a	1	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all 9 = Missing
LIMIT_SE	Question 6b	1	
PHYS_ACC	Question 7a	1	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time 9 = Missing
PHYS_LIM	Question 7b	1	
EMOT_ACC	Question 8a	1	
EMOT_NOT	Question 8b	1	
PAIN	Question 9	1	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely 9 = Missing
FEEL_CAL	Question 10a	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
ENERGY	Question 10b	1	
BLUE	Question 10c	1	
SOCIAL	Question 11	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
PHYS_COM	Question 12	1	1 = Much better 2 = Slightly better 3 = About the same 4 = Slight worse 5 = Much worse 9 = Missing
EMOT_COM	Question 13	1	
MEMORY_1	Question 14	1	1 = Yes 2 = No 9 = Missing

Variable	Field Description	Field Length	Valid Values
INCONTIN	Question 15	1	1 = Never 2 = Less than once a week 3 = Once a week or more often 4 = Daily 5 = Catheter 9 = Missing
COMP	Question 16	1	1 = Medicare Participant 2 = Family member, relative, or friend of Medicare Participant 3 = Nurse or other health professional 9 = Missing
REASON	Question 17a	1	0 = Respondent did not check “Physical problems” 1 = Respondent checked “Physical problems” 7 = Appropriately skipped 9 = Missing
REASON	Question 17b	1	0 = Respondent did not check “Memory loss or mental problems” 1 = Respondent checked “Memory loss or mental problems” 7 = Appropriately skipped 9 = Missing
	Question 17c	1	0 = Respondent did not check “Unable to speak or read English” 1 = Respondent checked “Unable to speak or read English” 7 = Appropriately skipped 9 = Missing
	Question 17d	1	0 = Respondent did not check “Person not available” 1 = Respondent checked “Person not available” 7 = Appropriately skipped 9 = Missing
	Question 17e	1	0 = Respondent did not check “Other” 1 = Respondent checked “Other” 7 = Appropriately skipped 9 = Missing
HELP	Question 18a	1	0 = Respondent did not check “Read the questions to the person” 1 = Respondent checked “Read the questions to the person” 7 = Appropriately skipped 9 = Missing
	Question 18b	1	0 = Respondent did not check “Wrote down the person’s answers” 1 = Respondent checked “Wrote down the person’s answers” 7 = Appropriately skipped 9 = Missing

Variable	Field Description	Field Length	Valid Values
	Question 18c	1	0 = Respondent did not check “Answered the questions based on my experience with the person” 1 = Respondent checked “Answered the questions based on my experience with the person” 7 = Appropriately skipped 9 = Missing
HELP	Question 18d	1	0 = Respondent did not check “Used medical records to fill out the survey” 1 = Respondent checked “Used medical records to fill out the survey” 7 = Appropriately skipped 9 = Missing
	Question 18e	1	0 = Respondent did not check “Translated the survey questions” 1 = Respondent checked “Translated the survey questions” 7 = Appropriately skipped 9 = Missing
	Question 18f	1	0 = Respondent did not check “Other” 1 = Respondent checked “Other” 7 = Appropriately skipped 9 = Missing
PROF	Question 19	1	1 = Home Health Aide, Personal Care Attendant, or Certified Nursing Assistant 2 = Nurse (RN, LPN, or NP) 3 = Social Worker or Case Manager 4 = Adult Foster Care/Day Care, Assisted Living/Residential Care Staff 5 = Interpreter 6 = Other 7 = Appropriately skipped 9 = Missing

Variable	Field Description	Field Length	Valid Values
SRVDSP	Survey Disposition	3	M10/T10 = Complete survey (Q4a-f answered) M11/T11 = Non-response: partial complete survey (One or more of Q4a-f missing) M20/T20 = Ineligible: deceased M23/T23 = Ineligible: language barrier M24 = Ineligible: bad address AND mail-only protocol (<i>Russian only</i>) T24 = Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M25/T25 = Ineligible: respondent removed from sample by RTI M32/T32 = Nonresponse: refusal by member M33/T33 = Nonresponse: respondent unavailable M34/T34 = Nonresponse: respondent physically or mentally incapacitated M35/T35 = Nonresponse: respondent institutionalized M36/T36 = Nonresponse: after maximum attempts M37/T37 = Nonresponse: refusal by proxy M38/T38 = Nonresponse: gatekeeper refusal
RNDNUM	Survey Round	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 T10 = 10th telephone T11 = 11th telephone T12 = 12th telephone MT = Partially completed by mail and converted to complete by telephone TN = Inbound telephone NC = Not completed
PCTANS	Percentage Answered	6	NNN.NN
SVLANG	Survey Language	1	E = English S = Spanish C = Chinese R = Russian 9 = Not applicable
SVLANGD	Survey Language Detail	2	99 = Not applicable or not complete <i>The default value is 99.</i>

Variable	Field Description	Field Length	Valid Values
SVDATE	Date the survey was completed (the date the mail survey was received by the vendor or the date the telephone interview was conducted).	8	MMDDYYYY 07192021 - 11012021 July 19, 2021 – November 1, 2021 99999999 = Survey round is NC
VUCATI	Survey vendor's Unique Telephone Interviewer ID (a unique ID assigned by the survey vendor that indicates which telephone interviewer conducted the interview).	8	NNNNNNNN = DataStat, Inc. 99999999 = Not applicable <i>Backfill with zeros if survey vendor uses Telephone Interviewer IDs less than 8 digits.</i>

Appendix B: HOS-M 2021 Questionnaire and Mailing Materials

Medicare Health Outcomes Survey— Modified (HOS-M) Questionnaire (English) 2021

Medicare Health Outcomes Survey – Modified Instructions

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

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

Are you male or female?

1 ☒ Male

2 ☐ Female

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

IF YOU ARE FILLING OUT THIS SURVEY FOR SOMEONE ELSE

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

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

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

OMB 0938-0701 Version 02-1 (Expires: 08/31/2021)

If this date has passed, the control number has not expired. Issuance of the revised expiration date is currently pending at OMB. We will revise the current date once it becomes available.

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

Medicare Health Outcomes Survey—Modified

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

Excellent☐
1**Very good**☐
2**Good**☐
3**Fair**☐
4**Poor**☐
5

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

**No difficulty
at all**☐
1**A little difficulty**☐
2**Some
difficulty**☐
3**A lot of difficulty**☐
4**Not able to
do it**☐
5

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

**No difficulty
at all**☐
1**A little difficulty**☐
2**Some
difficulty**☐
3**A lot of difficulty**☐
4**Not able to
do it**☐
5

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

**No, I do not
have difficulty****Yes, I have
difficulty****I am unable to
do this activity**

a. Bathing

☐
1☐
2☐
3

b. Dressing

☐
1☐
2☐
3

c. Eating

☐
1☐
2☐
3

d. Getting in or out of chairs.....

☐
1☐
2☐
3

e. Walking.....

☐
1☐
2☐
3

f. Using the toilet.....

☐
1☐
2☐
3

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

**Yes, I receive
help****No, I do not
receive help****I do not do this
activity**

a. Bathing

☐
1☐
2☐
3

b. Dressing

☐
1☐
2☐
3

c. Eating

☐
1☐
2☐
3

d. Getting in or out of chairs.....

☐
1☐
2☐
3

e. Walking.....

☐
1☐
2☐
3

f. Using the toilet.....

☐
1☐
2☐
3

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

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

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

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

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

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

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

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

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

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

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

11. **During the past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

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

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

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

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

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

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

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

1 ☐ Yes
2 ☐ No

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

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

16. Who completed this survey form?

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

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

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

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

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

FOR PROFESSIONAL STAFF (CAREGIVERS) ONLY

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

- 1 ☐ Home Health Aide, Personal Care Attendant, or Certified Nursing Assistant
- 2 ☐ Nurse (RN, LPN, or NP)
- 3 ☐ Social Worker or Case Manager
- 4 ☐ Adult Foster Care/Adult Day Care/Assisted Living/Residential Care Staff
- 5 ☐ Interpreter
- 6 ☐ Other

YOU HAVE COMPLETED THE SURVEY. THANK YOU.

Please use the enclosed prepaid envelope to mail your completed survey to:

Insert Survey Vendor Contact Information Here

HOS-M Prenotification Letter

[CMS Letterhead]

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

This is your chance to help improve Medicare.

In a few days, you'll get the “**Medicare Health Outcomes Survey—Modified**” in the mail. Your responses will help Medicare improve the care it offers to you and others with Medicare.

Your voice is important! **We'd greatly appreciate a few minutes of your time to help with this important project.** The survey takes about 15 minutes. Your participation is voluntary, and your information is kept private by law.

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

Thank you in advance for your help.

Sincerely,

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

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].

如果您需要中文版的問卷，請致電或電郵， 他們的免費電話是 [PHONE NUMBER]，郵件地址是 [EMAIL ADDRESS]。

Если Вы хотели бы попросить этот опросник на русском языке, обращайтесь в по бесплатному номеру телефона [PHONE NUMBER] или по адресу электронной почты [EMAIL ADDRESS].

HOS-M Letter for First Questionnaire Mailing

[CMS Letterhead]

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

This is your chance to help improve Medicare.

The Centers for Medicare & Medicaid Services (CMS) is conducting a survey of people in Medicare health plans. We'd greatly appreciate your time to help us by completing and returning this survey. **Your answers will help improve the care in Medicare's health plans.**

Please take a few minutes to complete the "Medicare Health Outcomes Survey—Modified." The survey takes about 15 minutes. Your participation is voluntary, and your information is kept private by law.

Your voice is important! We appreciate hearing back from you.

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

Thank you for your help with this important project.

Sincerely,

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

P.S. If you need help with the survey, ask a relative, friend, or caregiver who knows about your health to fill it out for you.

HOS-M Reminder/Thank-You Postcard**Medicare Health Outcomes Survey—Modified**

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

About a week ago, you should have received the “Medicare Health Outcomes Survey—Modified” in the mail. If you already returned the survey, thank you, and you don’t need to do anything else.

If not, this is a friendly reminder that we’re very interested in hearing from you. Your answers will help improve the care in Medicare’s health plans.

If you did not receive the survey or misplaced it, please call toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

Thank you again for your help with this important project.

Sincerely,
The Centers for Medicare & Medicaid Services

HOS-M Letter for Second Questionnaire Mailing

[CMS Letterhead]

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

We recently mailed you the “Medicare Health Outcomes Survey—Modified.” If you already returned this survey, thank you, and 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 things easy. Your answers will help improve the care in Medicare’s health plans.

Your voice is important! **Please take a few minutes to complete the “Medicare Health Outcomes Survey—Modified.”** The survey takes about 15 minutes. Your participation is voluntary, and your information is kept private by law.

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

Again, we greatly appreciate your help with this important project.

Sincerely,

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

P.S. If you need help with the survey, ask a relative, friend, or caregiver who knows about your health to fill it out for you.

Appendix C: HOS-M 2021 Telephone Script

Introduction

This document contains the 2021 Medicare Health Outcomes Survey—Modified (HOS-M) Electronic Telephone Interviewing System Specifications.

HOS-M Electronic Telephone Interviewing System Specifications

The telephone component of the protocol uses a standardized electronic telephone interviewing script and design specifications provided by the HOS-M Project Team. Below you will find information that the HOS-M survey vendor must use to program the HOS-M 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-M Project Team.

Electronic Telephone Interviewing System Specification Conventions and Programming for Proxy Interviews

Refer to **Appendix F** of the *2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5* for electronic telephone interviewing system specification conventions and instructions on programming proxy interviews.

Programming of Survey Questions

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, Questions 16, 17, 18 (when applicable), and 19 (when applicable) are asked at the beginning of the telephone interview.**

Electronic Telephone Interviewing System Specifications

>INTRO<

Hello, I'm calling on behalf of Medicare. [SURVEY VENDORS THAT NEED TO INCLUDE THIS DISCLAIMER, INSERT HERE:] This call may be monitored or recorded for quality assurance purposes. May I please speak to [MEMBER NAME]?

{THE INTERVIEWER SHOULD ASSESS WHO THEY ARE SPEAKING TO AND PROCEED ACCORDINGLY. A PROXY CAN BE A FAMILY MEMBER, HOME HEALTH AIDE, INSTITUTION STAFF WORKER, ETC.}

<1> SPEAKING TO MEMBER [RESPONDENT]

<2> SPEAKING TO PROXY [PROXY]

>RESPONDENT<

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 [VENDOR NAME]. Medicare has asked our organization to help conduct this study.}

<1> MEMBER READY TO START [Q16]

<2> NEED PROXY [PROXY]

Programming Note: 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.

*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.*

Electronic Telephone Interviewing System Specifications

>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] 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?}

<1> PROXY READY TO START [Q16]

<2> NO PROXY AVAILABLE [TERM]

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. Note that the proxy does not need to be a spouse or other family member. The only requirement is that he/she is able to answer questions about the sampled member's health. If a 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.

>Q16<

What is your relationship to [MEMBER NAME]? Are you a:

{IF INTERVIEWING MEMBER, DO NOT ASK THIS QUESTION, SELECT <1> MEDICARE PARTICIPANT AND PROCEED TO NEXT SCREEN}

<1> MEDICARE PARTICIPANT [Q1]

<2> Family member, relative, or friend of the Medicare Participant, or [Q17a]

<3> A nurse or other health professional? [Q17a]

<9> NOT ASCERTAINED [Q17a]

Interviewer Note: If interviewer is speaking with an institution, code as <3> A nurse or other health professional.

Electronic Telephone Interviewing System Specifications

>Q17a<

The following questions ask about the reasons [MEMBER NAME] is unable to complete the survey. Please tell me if the question describes why you are answering questions for [MEMBER NAME].

Are you responding to the survey for [MEMBER NAME] because [he/she] has physical problems?

<0> NO OR NOT ASCERTAINED

<1> YES

[Q17b]

Programming Note: For telephone interviewing, Question 17 is broken into parts a-e.

>Q17b<

Are you responding to the survey for [MEMBER NAME] because [he/she] has memory loss or mental problems?

<0> NO OR NOT ASCERTAINED

<1> YES

[Q17c]

>Q17c<

Because [he/she] is unable to speak or read English?

<0> NO OR NOT ASCERTAINED

<1> YES

[Q17d]

>Q17d<

Because [he/she] is not available?

<0> NO OR NOT ASCERTAINED

<1> YES

[Q17e]

>Q17e<

Is there another reason you are completing the survey for [him/her]?

<0> NO OR NOT ASCERTAINED

<1> YES

[Q18a]

Electronic Telephone Interviewing System Specifications	
>Q18a<	Now I'd like to know how you are able to complete this survey on [MEMBER NAME]'s behalf.
	NOT A CHOICE FOR TELEPHONE INTERVIEWING
[Q18c]	
<i>Programming Note: For telephone interviewing, Question 18 is broken into parts a-f.</i>	
>Q18b<	
	NOT A CHOICE FOR TELEPHONE INTERVIEWING
>Q18c<	Are you answering the questions based on your experience with [MEMBER NAME]?
<0>	NO OR NOT ASCERTAINED
<1>	YES
[Q18d]	
>Q18d<	Are you using medical records to answer the questions?
<0>	NO OR NOT ASCERTAINED
<1>	YES
[IF Q16 = 1 OR 2, GO TO Q1; IF Q16 = 3, GO TO Q19]	
>Q18e<	
	NOT A CHOICE FOR TELEPHONE INTERVIEWING
>Q18f<	
	NOT A CHOICE FOR TELEPHONE INTERVIEWING

Electronic Telephone Interviewing System Specifications

>Q19<

Which of the following **best describes** your position? Are you a:

- <1> Home health aide, personal care attendant, or certified nursing assistant;
- <2> A nurse (a registered nurse, a licensed practical nurse, or a nurse practitioner);
- <3> A social worker or case manager;
- <4> A staff member at an adult foster care, adult day care, assisted living, or residential care facility;
- <5> An interpreter; or
- <6> Do you have some other position?

- <9> NOT ASCERTAINED

[Q1]

>Q1<

In general, would you say your health is:

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

- <9> NOT ASCERTAINED

[Q2]

>Q2<

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

- <1> No difficulty at all,
- <2> A little difficulty,
- <3> Some difficulty,
- <4> A lot of difficulty, or
- <5> Are you not able to do it?

- <9> NOT ASCERTAINED

[Q3]

Electronic Telephone Interviewing System Specifications

>Q3<

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

- <1> No difficulty at all,
- <2> A little difficulty,
- <3> Some difficulty,
- <4> A lot of difficulty, or
- <5> Are you not able to do it?

<9> NOT ASCERTAINED

[Q4a]

>Q4a<

Now I am going to read you a list of activities that you might do in a typical day. Please tell me if you have any difficulty in doing these activities **without special equipment or help from another person** because of health or physical problems.

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?}

[Q4b]

Electronic Telephone Interviewing System Specifications

>Q4b<

{Because of a health or physical problem...}

Do you have 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

[Q4c]

Interviewer Note: For Questions 4b-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.

>Q4c<

{Because of a health or physical problem...}

Do you have 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

[Q4d]

Interviewer Note: Difficulty with eating can have several causes, such as digestive problems or arthritis that makes handling utensils difficult. The respondent should consider any health or physical problems that may cause this difficulty.

Electronic Telephone Interviewing System Specifications

>Q4d<

{Because of a health or physical problem...}

Do you have difficulty getting in and 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

[Q4e]

>Q4e<

{Because of a health or physical problem...}

Do you have 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

[Q4f]

Electronic Telephone Interviewing System Specifications

>Q4f<

{Because of a health or physical problem...}

Do you have 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

[Q5a]

>Q5a<

Now I want to know if you have help from another person doing any of the activities I just asked if you had difficulty doing.

Do you receive **help from another person** when bathing?

{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE R DOES THIS ACTIVITY}

<1> YES

<2> NO

<3> RESPONDENT DOES NOT DO THIS ACTIVITY

<9> NOT ASCERTAINED

[Q5b]

>Q5b<

Do you receive **help from another person** when dressing?

{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE R DOES THIS ACTIVITY}

<1> YES

<2> NO

<3> RESPONDENT DOES NOT DO THIS ACTIVITY

<9> NOT ASCERTAINED

[Q5c]

Electronic Telephone Interviewing System Specifications

>Q5c<

Do you receive **help from another person** when eating?

{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE R DOES THIS ACTIVITY}

<1> YES

<2> NO

<3> RESPONDENT DOES NOT DO THIS ACTIVITY

<9> NOT ASCERTAINED

[Q5d]

>Q5d<

Do you receive **help from another person** when getting in or out of chairs?

{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE R DOES THIS ACTIVITY}

<1> YES

<2> NO

<3> RESPONDENT DOES NOT DO THIS ACTIVITY

<9> NOT ASCERTAINED

[Q5e]

>Q5e<

Do you receive **help from another person** when walking?

{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE R DOES THIS ACTIVITY}

<1> YES

<2> NO

<3> RESPONDENT DOES NOT DO THIS ACTIVITY

<9> NOT ASCERTAINED

[Q5f]

Electronic Telephone Interviewing System Specifications

>Q5f<

Do you receive **help from another person** when using the toilet?

{IF R IS HAVING DIFFICULTY ANSWERING, PROBE IF THE R DOES THIS ACTIVITY}

<1> YES

<2> NO

<3> RESPONDENT DOES NOT DO THIS ACTIVITY

<9> NOT ASCERTAINED

[Q6a]

>Q6a<

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

[Q6b]

Interviewer Note: Questions 6a and 6b ask about the member's limitations with certain activities. The member may be limited in doing an activity if he or she is unable to do it, or if the activity is not done because a physician has advised the member not to do it.

If the member indicates that a question is not applicable because he or she 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.

Electronic Telephone Interviewing System Specifications

>Q6b<

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

[Q7a]

>Q7a<

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**?

{IF PROXY IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”; IF MEMBER HAS STATED THEY ARE UNABLE TO DO WORK OR REGULAR DAILY ACTIVITIES SELECT <5> ALL OF THE TIME}

<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

[Q7b]

Interviewer Note: Question 7a is the first question that references a four-week time frame. For this question, and all subsequent questions using the four-week time frame, if the member indicates that the past 4 weeks were not typical (for example, the member was sick with the flu), it does not matter. The member should respond for the most recent four-week period, and any special circumstances should be considered when answering.

Electronic Telephone Interviewing System Specifications

>Q7b<

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**?

{IF PROXY IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”; IF MEMBER HAS STATED THEY ARE UNABLE TO DO WORK OR REGULAR DAILY ACTIVITIES SELECT <5> ALL OF THE TIME}

<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

[Q8a]

>Q8a<

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?

{IF PROXY IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”; IF MEMBER HAS STATED THEY ARE UNABLE TO DO WORK OR REGULAR DAILY ACTIVITIES SELECT <5> ALL OF THE TIME}

<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

[Q8b]

Interviewer Note: Some respondents may resist answering questions about their mental health. You can help reassure them by maintaining a neutral tone of voice and reminding them that their answers will be kept confidential.

Electronic Telephone Interviewing System Specifications

>Q8b<

During the **past 4 weeks**, have you not done work or other activities as **carefully** as usual **as a result of any emotional problems?**

{IF PROXY IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”; IF MEMBER HAS STATED THEY ARE UNABLE TO DO WORK OR REGULAR DAILY ACTIVITIES SELECT <5> ALL OF THE TIME}

<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

[Q9]

>Q9<

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:

{IF PROXY IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”}

<1> Not at all,

<2> A little bit,

<3> Moderately,

<4> Quite a bit, or

<5> Extremely?

<9> NOT ASCERTAINED

[Q10a]

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...”

Electronic Telephone Interviewing System Specifications

>Q10a<

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:

{IF PROXY IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”}

- <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

[Q10b]

*Interviewer Note: For Questions 10a-c: Read through **all** of the response choices for 10a and 10b. If you sense the respondent has caught onto the response categories, do not read them for 10c. 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 reading answer categories 1 through 5. Category 6 does not need to be read in this case.

Electronic Telephone Interviewing System Specifications

>Q10b<

How much of the time during the **past 4 weeks** did you have a lot of energy? Would you say:

{IF PROXY IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge.”}

- <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

[Q10c]

>Q10c<

How much of the time during the **past 4 weeks** have you felt downhearted and blue? {Would you say:}

{IF PROXY IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge.”}

- <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

[Q11]

Electronic Telephone Interviewing System Specifications

>Q11<

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:

{IF PROXY IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge.”}

- <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

[Q12]

>Q12<

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:

{IF PROXY IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge.”}

- <1> Much better,
- <2> Slightly better,
- <3> About the same,
- <4> Slightly worse, or
- <5> Much worse?

<9> NOT ASCERTAINED

[Q13]

Electronic Telephone Interviewing System Specifications

>Q13<

Compared to one year ago, how would you rate your **emotional problems** such as feeling anxious, depressed, or irritable in general **now**? Are they:

{IF PROXY IS HAVING DIFFICULTY ANSWERING, PROBE WITH “To the best of your knowledge”}

- <1> Much better,
- <2> Slightly better,
- <3> About the same,
- <4> Slightly worse, or
- <5> Much worse?

- <9> NOT ASCERTAINED

[Q14]

>Q14<

Do you experience memory loss that interferes with daily activities?

- <1> YES
- <2> NO

- <9> NOT ASCERTAINED

[Q15]

>Q15<

How often, if ever, do you have difficulty controlling urination or have bladder accidents. Would you say:

{IF R HAS DIFFICULTY ANSWERING, PROBE: Do you have a catheter?}

- <1> Never,
- <2> Less than once a week,
- <3> Once a week or more, or
- <4> Daily?
- <5> RESPONDENT HAS A CATHETER

- <9> NOT ASCERTAINED

[TERM]

>TERM<

Those are all the questions I have. Thank you for taking part in this important interview.

Appendix D: HOS-M 2021 Master Calendar

Task Type	Task	Dates
Pre-Data Collection	PACE Orientation Webinar (hosted by RTI).	Monday, March 15
Training	HOS-M Survey Vendor Training.	Friday, May 28
Pre-Data Collection	Survey vendor develops mailing materials and programs telephone systems.	Beginning Friday, May 28
Quality Oversight	Survey vendor submits printed materials to HOS-M Project Team to obtain written approval prior to volume printing.	Friday, June 11
Quality Oversight	HOS-M Project Team provides response to survey vendor after review of printed materials.	Friday, June 25
Quality Oversight	Survey vendor submits electronic telephone interviewing screenshots to the HOS-M Project Team to obtain written approval prior to telephone protocol.	Friday, June 25
Pre-Data Collection	RTI provides sample file to survey vendor.	Monday, June 28
Pre-Data Collection	Survey vendor obtains telephone numbers from large PACE organizations via the SUPPLEMENTAL files provided with the sample files. Survey vendor does not send the sample files to PACE organizations.	Beginning Monday, June 28
Pre-Data Collection	Survey vendor obtains "second source" telephone numbers for members eligible for electronic telephone interviewing.	Beginning Monday, June 28
Quality Oversight	Survey vendor project report #1 (QAP) due.	Friday, July 2
Quality Oversight	Survey vendor finalizes all mail materials (any revisions made after must be submitted to the HOS-M Project Team).	Tuesday, July 6
Quality Oversight	HOS-M Project Team responds to survey vendor after reviewing telephone screenshots.	Friday, July 9
Quality Oversight	Survey vendor finalizes all telephone screenshots (any revisions made after must be submitted to the HOS-M Project Team).	Monday, July 19
Pre-Data Collection	Survey vendor tests external functionality of customer support telephone number and email address prior to the prenotification letter mailing.	By Monday, July 19
Data Collection	Mail prenotification letter.	Monday, July 19
Data Collection	Open electronic telephone interviewing for inbound member requests to complete survey by telephone.	Monday, July 19
Quality Oversight	Survey vendor QAP conference call.	Monday, July 19 – Friday, July 30
Data Collection	Mail first questionnaire.	Monday, July 26
Quality Oversight	Survey vendor project report #2 due.	Friday, July 30
Data Collection	Mail first reminder/thank-you postcard.	Monday, August 2

Task Type	Task	Dates
Quality Oversight	Survey vendor project report #3 due.	Friday, August 13
Quality Oversight	Survey vendor project report #4 due.	Friday, August 27
Data Collection	Mail second questionnaire.	Monday, August 30
Data Collection	Mail second reminder/thank-you postcard.	Tuesday, September 7
Quality Oversight	Survey vendor project report #5 due.	Friday, September 10
Data Collection	Conduct outbound electronic telephone interviewing for nonrespondents.	Monday, September 20 – Monday, November 1
Quality Oversight	Survey vendor project report #6 due.	Friday, September 24
Quality Oversight	Survey vendor project report #7 due.	Friday, October 8
Quality Oversight	Survey vendor project report #8 due.	Friday, October 22
Data Collection	End data collection.	Monday, November 1
Data Collection	Prepare and submit final data files.	Tuesday, November 2 – Friday, November 12
Quality Oversight	Survey vendor project report #9 due.	Friday, November 5
Data Collection	Final data files due to the HOS-M Project Team.	Friday, November 12
Quality Oversight	Survey vendor project report #10 (Final Report) due.	Friday, November 19
Quality Oversight	Report of HOS-M Records Stored and Facility Standards for Records Storage Facilities Inspection Checklist.	Friday, December 3

Appendix E: Acronyms and Abbreviations

Acronym/Abbreviation	Term
ADL	Activities of Daily Living
CMS	Centers for Medicare & Medicaid Services
DNC	Do Not Call
EDB	Enrollment Database
ESRD	End-Stage Renal Disease
FAQ	Frequently Asked Questions
FIDE	Fully Integrated Dual Eligible
HEDIS	Healthcare Effectiveness Data and Information Set
HIPAA	Health Insurance Portability and Accountability Act
HOS	Health Outcomes Survey
HOS-M	Health Outcomes Survey—Modified
ID	Identifier
IDR	Integrated Data Repository
MA	Medicare Advantage
MBI	Medicare Beneficiary Identifier
MY	Measurement Year
NCOA	National Change of Address
NCQA	National Committee for Quality Assurance
OMB	Office of Management and Budget
PACE	Programs of All-Inclusive Care for the Elderly
PBP	Plan Benefit Package
PDF	Portable Document Format
QAP	Quality Assurance Plan
RTI	RTI International
SMS	Survey Management System
SNP	Special Needs Plan
USPS	United States Postal Service
VR-12	Veteran’s RAND 12-Item Health Survey