



Medicare Health Outcomes Survey (HOS)

2021 Survey Vendor Participation Form

Medicare HOS 2021 Survey Vendor Participation Form

An organization must meet all of the requirements specified in the *Medicare HOS 2021 Survey Vendor Minimum Business Requirements and Rules of Participation* in order to be considered for approval to administer HOS on behalf of Medicare Advantage (MA) contracts in 2021.

Organizations requesting Centers for Medicare & Medicaid Services (CMS) approval to administer HOS in 2021 on behalf of MA contracts must complete this Participation Form. Final approval for administering HOS in 2021 is contingent on successful completion of HOS 2021 Survey Vendor Training (tentatively scheduled for **June 2021**).

All completed Survey Vendor Participation Forms, curricula vitae, and references are due to the HOS Project Team by **11:59 P.M. Eastern Time on January 15, 2021**. Submit completed forms electronically to the HOS Project Team (hos@ncqa.org).

Participation Status	Date Submitted
<input type="checkbox"/> New Survey Vendor	
<input type="checkbox"/> Returning Survey Vendor	

I. General Information

Please complete this section with general information about your organization.

1. Organization Name	
2. Organization Mailing Address	
3. Telephone Number	
4. Website	
5. Number of Years in Business (Date Company Founded)	
6. Number of Years Conducting Surveys	
7. Primary Contact Person (First Name, Last Name, Title, Degree)	
8. Primary Contact Mailing Address	
9. Primary Contact Telephone Number	
10. Primary Contact Email Address	

II. 2021 HOS Minimum Business Requirements

Organizations must meet all of the following Minimum Business Requirements. Please check “Yes” or “No” for each item below to indicate whether your organization has read and meets the following requirements.

1. Relevant Survey Experience

Number of Years in Business

Requirement	Yes	No
Survey vendor has been in business for a minimum of four years. Subcontractor experience cannot be used to fulfill the Number of Years in Business requirement.	<input type="checkbox"/>	<input type="checkbox"/>

Organizational Survey Experience

Requirement	Yes	No
Survey vendor has a minimum of three years of prior experience administering standardized patient experience and/or functional health status and/or self-reported health surveys for Medicare or other vulnerable/elderly populations as an organization within the most recent five-year period.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has a minimum of three years of prior experience conducting mixed mode (mail and telephone) survey protocols within the most recent five-year period (i.e., mail survey administration followed by survey administration via computer assisted telephone interview (CATI) follow-up of nonrespondents).	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has prior experience submitting survey data electronically to an external third-party organization.	<input type="checkbox"/>	<input type="checkbox"/>

In reviewing applications, CMS will take into consideration the applicant's prior experience on other CMS-sponsored surveys as a survey vendor.

Prior Experience	Yes	No
Survey vendor has been approved as a survey vendor to implement other CMS-sponsored surveys (i.e., other than HOS).	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has demonstrated capability to adhere to the timeline and/or procedures for survey administration on a CMS-sponsored survey.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has demonstrated ability to submit accurate and complete survey data on time on a CMS-sponsored survey.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has demonstrated ability to adhere to Discrepancy Report procedures and corrective actions on a CMS-sponsored survey.	<input type="checkbox"/>	<input type="checkbox"/>

If your organization has been approved as a survey vendor for other CMS-sponsored or large-scale, patient experience and/or functional health status and/or self-reported health surveys for

the vulnerable/elderly populations, please list the five most recent standardized surveys conducted as an organization in the table below:

Survey	Average Sample Size Per Data Collection Period	Data Collection Period Start and End Dates	Number of Contracted Submissions	Mode of Administration Mixed Mode, Mail Only, Telephone Only	Survey Language(s) Administered	Number of Years Administering Survey
1.						
2.						
3.						
4.						
5.						

Experience with Multiple Survey Languages

Requirement	Yes	No
Survey vendor has prior experience administering mail and telephone surveys in English and Spanish.	<input type="checkbox"/>	<input type="checkbox"/>
Is your organization planning to administer HOS in Chinese in 2021?	<input type="checkbox"/>	<input type="checkbox"/>
[If administering HOS in Chinese] Survey vendor has prior experience administering mail and telephone surveys in Chinese. <i>Note: Do not check this item if your organization is not planning to administer HOS in Chinese.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is your organization planning to administer HOS in Russian in 2021?	<input type="checkbox"/>	<input type="checkbox"/>
[If administering HOS in Russian] Survey vendor has prior experience administering mail surveys in Russian. <i>Note: Do not check this item if your organization is not planning to administer HOS in Russian.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation

Please explain any “No” responses to the above *Relevant Survey Experience* requirements. Please indicate the requirement(s) to which your explanation applies.

Requirement	Explanation

2. Organizational Survey Capacity

Capacity to Handle Estimated Workload

Requirement	Yes	No
Survey vendor has sufficient physical and personnel resources to administer large-scale outgoing and incoming mail surveys and to perform telephone interviews using an electronic telephone interviewing system. All survey-related activities must be conducted within the continental United States, Hawaii, Alaska, and U.S. Territories. Survey vendors must adhere to requirements specified in the <i>2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5</i> .	<input type="checkbox"/>	<input type="checkbox"/>

Personnel

Requirement	Yes	No
Survey vendor has a designated Project Manager, who is directly employed by the survey vendor (i.e., not a subcontractor), oversees all survey operations, and has at least two years of experience in overseeing all functional aspects of survey operations including mail, telephone, data file preparation, and data security.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has a designated Mail Supervisor, who is directly employed by the survey vendor (i.e., not a subcontractor), with at least one year of previous experience managing large-scale mail survey projects.	<input type="checkbox"/>	<input type="checkbox"/>

Requirement	Yes	No
Survey vendor has a designated Telephone Supervisor, who is directly employed by the survey vendor (i.e., not a subcontractor), has at least one year of previous experience managing large-scale telephone interviewing projects, and either provides oversight of internally-conducted interviews or provides oversight of approved telephone interview subcontractor/external partner.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has a designated Information System staff responsible for data submission (programmer), who is directly employed by the survey vendor (i.e., not a subcontractor), and has previous experience preparing and submitting electronic data files in a specified format to an external third-party organization within the past two years.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has sufficient and experienced organizational back-up staff to manage functions of survey administration in the absence of key staff.	<input type="checkbox"/>	<input type="checkbox"/>

System Resources

Requirement	Yes	No
Survey vendor and its designated subcontractors or external partners (if applicable) will conduct all survey-related work, including mail survey administration activities and telephone interviewing, from the commercial physical plant, which is considered the survey vendor’s or approved subcontractor/external partner’s official business location. Home-based places of work (e.g., residences) and virtual organizations will not be permitted without CMS approval.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has the capacity for production and mailing of questionnaires, cover letters, and postcards in-house or in accordance with requirements outlined in “Approved Use of Subcontractors and Other External Partners” in the Minimum Business Requirements. Incoming paper surveys will be processed (e.g., scanned or key entered) at the survey vendor’s or designated subcontractor/external partner’s official business location.	<input type="checkbox"/>	<input type="checkbox"/>

Requirement	Yes	No
Survey vendor has the capacity for programming electronic telephone interviewing systems in accordance with specifications provided and conducting telephone interviews using an electronic telephone interviewing system in-house or in accordance with requirements outlined in “Approved Use of Subcontractors and Other External Partners” in the Minimum Business Requirements.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has the capacity to record all telephone surveys.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has the capacity to handle concurrent survey projects while maintaining high quality survey data and high response rates.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has the ability to track fielded surveys using an electronic survey management system through each stage of the protocol via the use of a unique de-identified member identification number and interim disposition codes.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will provide a secure work environment for receiving, processing, and storing hardcopy and electronic versions of questionnaires, sample files, and supplemental files that protects the confidentiality of survey data and personally identifying information (PII) and protects the integrity of the survey.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has experience preparing and submitting data via secure methods (Health Insurance Portability and Accountability Act [HIPAA] compliant).	<input type="checkbox"/>	<input type="checkbox"/>

Approved Use of Subcontractors and Other External Partners

Requirement	Yes	No
Survey vendor will supervise and provide quality oversight of all subcontracted tasks and/or those tasks completed by an organization external to the survey vendor.	<input type="checkbox"/>	<input type="checkbox"/>

Mixed Mode Administration

Requirement	Yes	No
Survey vendor will print, assemble, and mail survey materials in accordance with the <i>2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5</i> .	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will program electronic telephone interviewing systems in accordance with the <i>2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5</i> .	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has the ability to collect and accurately process and code survey data through all phases of survey administration.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will use commercial software/resources to ensure that addresses and telephone numbers are updated and correct for all sampled beneficiaries.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will conduct accurate monitoring of interviewers in all languages in which the survey vendor is fielding the survey.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will assign appropriate disposition codes to each sampled beneficiary indicating final survey status.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will adhere to the survey administration timeline.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will comply with all quality oversight requirements described in the <i>2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5</i> , including submitting mailing materials and telephone interviewing screenshots to the HOS Project Team for review prior to survey administration. This includes all subcontractor and external partner materials.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will meet Telephone Consumer Protection Act (TCPA) requirements by the Federal Trade Commission (FTC) and Federal Communications Commission (FCC) for dialing cell phones.	<input type="checkbox"/>	<input type="checkbox"/>

Data Submission

Requirement	Yes	No
Survey vendor will follow all data preparation and submission rules as specified in the <i>2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5</i> .	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has the capability to submit data electronically in the specified format outlined in the <i>2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5</i> .	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will execute business associate agreements with Medicare Advantage (MA) contracts and receive annual authorization from MA contracts to collect data on their behalf and submit to CMS.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will work with the HOS Project Team to resolve data and data file submission issues.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will complete an attestation of data quality.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will submit revised data files as requested by the HOS Project Team within the specified timeframe.	<input type="checkbox"/>	<input type="checkbox"/>

Data Security and Confidentiality

Requirement	Yes	No
Survey vendor has established electronic security procedures related to access levels, passwords, and firewalls as required by HIPAA.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will perform regularly scheduled data back-up and off-site redundancy procedures that adequately safeguard system data.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will develop a disaster recovery plan to support continued business operations or recovery in the event of a natural or human-related disaster.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has established encryption protocols, if applicable, for transmitting data files.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has established procedures for identifying and reporting breaches of confidential data.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will store data files (electronic or paper) securely and confidentially in accordance with the <i>2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5</i> .	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will ensure confidentiality of sampled members' identifying information during each phase of the survey process. Only contract-level data may be shared with MA contracts, as specified in the <i>2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5</i> (i.e., no member-level or member identifying information can be shared with MA contracts).	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will obtain signed confidentiality agreements from staff and subcontractors (i.e., those individuals and organizations with access to PII). Confidentiality agreements will be reviewed and re-signed periodically, at the discretion of the survey vendor, but not to exceed a three-year period.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will ensure the CMS Data Use Agreement (DUA) is kept up to date and that all CMS requirements are followed, including documenting all subcontractors. Survey vendor will update the CMS DUA immediately if any change in subcontractors occurs after the initial DUA submission.	<input type="checkbox"/>	<input type="checkbox"/>

Requirement	Yes	No
Survey vendor will ensure compliance with all applicable HIPAA Security and Privacy Rules in conducting all survey administration and data collection activities.	<input type="checkbox"/>	<input type="checkbox"/>

Data Retention

Requirement	Yes	No
Survey vendor has the capacity to retain all data files (electronic or paper) for a minimum of three years, or as otherwise specified by the <i>2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5</i> , onsite at the survey vendor’s facilities.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has the capacity to store returned paper questionnaires in a secure and environmentally safe location until December 31 of the following survey administration year, or as otherwise specified by the <i>2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5</i> , onsite at the survey vendor’s facilities. Survey vendor has the capacity to retain scanned survey images for three years.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has the capacity to record all telephone interviews and retain all telephone survey recordings for three years, or as otherwise specified by the <i>2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5</i> , onsite at the survey vendor’s facilities.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will establish a process for data destruction after three years and complete an attestation of data destruction.	<input type="checkbox"/>	<input type="checkbox"/>

Technical Assistance/Customer Support

Requirement	Yes	No
Survey vendor has the capacity, either in-house or in accordance with requirements outlined in “Approved Use of Subcontractors and Other External Partners” in the Minimum Business Requirements, to establish toll-free customer support telephone lines with live operators Monday through Friday from 9:00 a.m. to 8:00 p.m. (survey vendor local time).	<input type="checkbox"/>	<input type="checkbox"/>

Requirement	Yes	No
Survey vendor has the capacity to establish a customer support email address for members who have questions about the survey or their eligibility.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will forward all emails received through the customer support email address and survey vendor responses to the HOS Project Team via secure transfer network.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor has the capacity to accommodate telephone and email inquiries in all languages in which the vendor is fielding the survey, starting at the beginning of the survey fielding period and continuing through the duration of survey fielding.	<input type="checkbox"/>	<input type="checkbox"/>

Explanation

Please explain any “No” responses to the above *Organizational Survey Capacity* requirements. Please indicate the requirement(s) to which your explanation applies.

Requirement	Explanation

3. Quality Control Procedures

Demonstrated Quality Control Procedures

Requirement	Yes	No
Survey vendor has the capacity to establish and document quality control procedures for all phases of survey implementation and in all languages in which the survey vendor is fielding the survey, as specified in the <i>2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5</i> . This includes internal staff and subcontractor/external partner training; printing, mailing, and recording receipt of surveys; telephone administration of surveys (electronic telephone interviewing system); scanning, coding, and processing of survey data; preparing interim and final data files for submission and resolving any identified errors; and all other functions and processes that affect the administration of the HOS.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor physical business premises on which major operations of survey business are conducted are amenable to site visits by CMS and the HOS Project Team, as specified in the <i>2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5</i> .	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor's subcontractors and other external partners will meet the criteria outlined for the survey administration activities they will be perform.	<input type="checkbox"/>	<input type="checkbox"/>
When a discrepancy occurs, survey vendor will submit a Discrepancy Report and corrective action plan to the HOS Project Team within one business day.	<input type="checkbox"/>	<input type="checkbox"/>
Survey vendor will prepare, accommodate, and plan for announced or unannounced site visits and/or remote quality oversight activities from CMS or the HOS Project Team for quality oversight purposes.	<input type="checkbox"/>	<input type="checkbox"/>

Training Requirements

Requirement	Yes	No
After confirmation of conditionally approved status, the survey vendor will participate in the required HOS Survey Vendor Training, participate in polling questions administered during the training, complete the post-training test, and complete the training evaluation.	<input type="checkbox"/>	<input type="checkbox"/>
After confirmation of conditionally approved status, the organization’s Project Director, Project Manager, Mail Supervisor, and Telephone Supervisor will attend the annual training. Subcontractors and other external partners performing key survey administration responsibilities will also attend the annual training.	<input type="checkbox"/>	<input type="checkbox"/>

Explanation

Please explain any “No” responses to the above *Quality Control Procedures* requirements. Please indicate the requirement(s) to which your explanation applies.

Requirement	Explanation

III. Attestation

Organizations must attest to the following statement regarding fielding off-cycle surveys to Medicare beneficiaries. Please check “Yes” or “No” for the item below to indicate whether your organization has read and agrees to the following acknowledgement.

Requirement	Yes	No
CMS strongly recommends that survey vendors refrain from fielding non-CMS surveys to Medicare beneficiaries during HOS survey administration. Survey vendors acknowledge that fielding non-CMS surveys using HOS questions on behalf of Medicare Advantage Organizations could have a negative effect on the official HOS survey response rates and measure scores.	<input type="checkbox"/>	<input type="checkbox"/>

IV. List of Key Project Staff

Name	Role	Number of Years with Organization	Email	Telephone
1.				
2.				
3.				
4.				
5.				

V. Disclosures

Organizations must disclose business relationships with sponsors of MA contracts that pose potential conflicts of interest.

Requirement	Yes	No
Survey vendor will not administer the HOS to meet CMS requirements for an MA contract client that controls, is controlled by, or is under common control with the survey vendor.	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any “No” responses to the above requirements and list any business relationships with MA contract clients that apply.

Explanation

VI. Subcontractors and Other External Partners

All survey functions performed externally (i.e., not using your organization’s physical resources and/or in-house staff) must be listed below. This includes, but is not limited to, organizations with which you have subcontractor or purchased services agreements. If there are any changes to subcontractors, survey vendors must send an updated list of subcontractors to the HOS Project Team. Survey vendors are required to include all subcontractors on their DUA. Survey vendors must update their DUA to include any new subcontractors that are added after the completion of the DUA process.”

Subcontractors and Other External Partners	Response
Check here if you do not plan to use subcontractors or other external partners for the 2021 HOS administration	<input type="checkbox"/>

Subcontractor and External Partner Name(s), Role(s), and Experience

Please complete the following section for each subcontractor or other external partner your organization will use during 2021 HOS administration. All subcontractors and other external partners are subject to CMS approval and all key subcontractor personnel must attend HOS 2021 Survey Vendor Training.

Subcontractor/External Partner 1		
1. Subcontractor/External Partner Name		
2. Mailing Address		
3. Telephone Number		
4. Number of Years in Business		
5. Number of Years Subcontractor/External Partner Has Worked with Your Organization		
6. Survey Administration Role(s)		
7. Experience Related to Survey Administration Role(s), including names of projects on which subcontractor/external partner has contributed		
8. Access to PII?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Subcontractor/External Partner 2	
1. Subcontractor/External Partner Name	
2. Mailing Address	
3. Telephone Number	
4. Number of Years in Business	
5. Number of Years Subcontractor/External Partner Has Worked with Your Organization	
6. Survey Administration Role(s)	
7. Experience Related to Survey Administration Role(s), including names of projects on which subcontractor/external partner has contributed	
8. Access to PII?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Subcontractor/External Partner 3	
1. Subcontractor/External Partner Name	
2. Mailing Address	
3. Telephone Number	
4. Number of Years in Business	
5. Number of Years Subcontractor/External Partner Has Worked with Your Organization	
6. Survey Administration Role(s)	
7. Experience Related to Survey Administration Role(s), including names of projects on which subcontractor/external partner has contributed	

Subcontractor/External Partner 3	
8. Access to PII?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Subcontractor/External Partner 4	
1. Subcontractor/External Partner Name	
2. Mailing Address	
3. Telephone Number	
4. Number of Years in Business	
5. Number of Years Subcontractor/External Partner Has Worked with Your Organization	
6. Survey Administration Role(s)	
7. Experience Related to Survey Administration Role(s), including names of projects on which subcontractor/external partner has contributed	
8. Access to PII?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Subcontractor/External Partner 5	
1. Subcontractor/External Partner Name	
2. Mailing Address	
3. Telephone Number	
4. Number of Years in Business	
5. Number of Years Subcontractor/External Partner Has Worked with Your Organization	
6. Survey Administration Role(s)	

Subcontractor/External Partner 5	
7. Experience Related to Survey Administration Role(s), including names of projects on which subcontractor/external partner has contributed	
8. Access to PII?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VII. Curricula Vitae (CV) and References

Please submit a CV for all identified key project staff at both the survey vendor and subcontractor/external partner organization(s) along with no more than three references via email to the HOS Project Team (hos@ncqa.org).

VIII. 2021 Rules of Participation

Any survey vendor participating in 2021 HOS administration must adhere to the following Rules of Participation. To be eligible, the organization must:

1. Meet the HOS Minimum Business Requirements.
2. Participate in teleconference call(s) with the HOS Project Team to discuss relevant survey experience, organizational survey capability and capacity, quality control and assurance procedures, and the role of subcontractors and other external partners, if applicable.
3. Participate in the HOS Survey Vendor Training, participate in polling questions administered during the training, complete the post-training test, and complete the training evaluation. At a minimum, the organization’s Project Director, Project Manager, Mail Supervisor, and Telephone Supervisor must attend the annual training as representatives of the organization. Subcontractors and other external partners performing major functions with key survey administration responsibilities must attend training.
4. Complete and maintain a DUA for access to data from CMS for use in collection of additional beneficiary-level information on persons with Medicare. Survey vendors are required to include all subcontractors on the DUA. Survey vendors must update their DUA to include any new subcontractors that are added after the completion of the DUA process.
5. Comply with all rules and regulations pertaining to PII and protected health information (PHI) per HIPAA.
6. Review and follow the *2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5* and all policy updates.

7. Develop and submit an HOS Quality Assurance Plan (QAP) by the specified deadline, including plans to provide quality oversight of subcontractors and external partners. In addition, submit materials relevant to the survey administration (as determined by CMS), including mailing materials (e.g., cover letters and questionnaires) and screenshots of telephone interviewing systems.
8. Store paper HOS surveys onsite until December 31 of the following survey administration year and retain electronic images for three years.
9. Record all telephone interviews and retain all telephone survey recordings for three years.
10. Destroy data after three years and complete an attestation of data destruction.
11. Participate and cooperate (including subcontractors and other external partners) in all oversight activities conducted by the HOS Project Team, including but not limited to, survey material review, site visits, telephone interview monitoring, telephone interview recording, remote data review, data audits, and other oversight activities as determined by CMS.
12. Submit interim and final HOS data files on time, as specified by the deadline determined by CMS, via the HOS Data Submission System.
13. Through agreement with these Rules of Participation, attest to the accuracy of your organization's HOS data collection, following the guidelines set forth in the most current version of the *2021 Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications V2.5*.
14. Notify the HOS Project Team of any discrepancies or variations from the standard HOS protocol that occur as the discrepancy is identified. Survey vendor must complete and submit a Discrepancy Report Form within one business day of becoming aware of a discrepancy.
15. Acknowledge that the use of virtual telephone interviewers is prohibited unless approved by CMS.
16. Disclose business relationships with sponsors of MA contracts for potential conflicts of interest annually. Survey vendor may not administer the HOS survey to meet CMS requirements for an MA contract client that controls, is controlled by, or is under common control with the survey vendor.
17. Acknowledge that CMS may, at its sole discretion, terminate, discontinue, or not renew the "approved" status of a survey vendor.
18. Acknowledge that the survey vendor must contract with and administer the HOS on behalf of at least one MA contract within two years of initial approval status to remain eligible for reapproval.

19. Acknowledge that fielding non-CMS surveys using HOS questions to Medicare beneficiaries could have a negative effect on the official HOS survey response rates and measure scores.

IX. Applicant Organization Qualification and Acceptance

	Authorized Representative:
<p>I certify that:</p> <ul style="list-style-type: none"> • I have reviewed and agree to meet the Rules of Participation for participating in the 2021 HOS. • The statements herein are true, complete, and accurate to the best of my knowledge, and I accept the obligation to comply with the <i>Medicare HOS 2021 Survey Vendor Minimum Business Requirements and Rules of Participation</i>. 	<p>Name:</p> <p>Title:</p> <p>Organization:</p> <p>Date:</p>

For assistance, please email the HOS Project Team (hos@ncqa.org).