MEMORANDUM

TO: Medicare Advantage Contracts

FROM: HOS Project Team

DATE: November 22, 2016

RE: Exclusion of Small Medicare Advantage Contracts from HOS 2017 Administration

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The Centers for Medicare & Medicaid Services (CMS) has determined your contract is **not** required to report the HEDIS®[1] Medicare Health Outcomes Survey (HOS) in 2017. CMS has contracted with the National Committee for Quality Assurance (NCQA) to oversee the administration of the HOS. The HOS provides a general indication of how well a Medicare Advantage (MA) contract manages the physical and mental health of its beneficiaries.

Requirements for Exclusion

To reduce plan burden, Medicare Advantage Organizations (MAO) and other organization types, including all coordinated care contracts, PFFS contracts, MSA contracts, Section 1876 Cost contracts (including those that are closed for enrollment), employer group/union only contracts, and Medicare Medicaid Plans (MMPs) that have less than 500 enrolled beneficiaries as of February 1, 2017 are **not** required to report HOS results.

If you are receiving this memo, CMS has determined, based on the enrollment numbers currently available, that your contract will **not** be required to report HOS results in 2017. CMS will review contract enrollment figures again prior to sampling to verify final eligibility status for the 2017 HOS reporting. If your contract's enrollment **as of February 1, 2017** increases to at least 500 members, the HOS Project Team will provide you with an update on 2017 HOS eligibility and further instructions on requirements. CMS will also post this memo on the HOS website (http://hosonline.org/).

Please note that if your MA contract reported the HOS during the 2015 Cohort 18 Baseline administration, the contract **is still** responsible for reporting HOS during 2017 Cohort 18 Follow-Up, regardless of enrollment size. Contracts that are required to report 2017 Cohort 18 Follow-Up only are marked with a superscript "[1]" in Attachment 1.

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[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Optional FIDE SNP Reporting

MAOs that expect to sponsor a Fully Integrated Dual-Eligible (FIDE) Special Needs Plan (SNP) may elect to report HOS at the plan benefit package level to determine eligibility for a frailty adjustment payment under the Affordable Care Act, even if the MA contract is not required to report HOS quality reporting due to low enrollment. FIDE SNPs electing to report were to have notified CMS of this decision by October 31, 2016. The *Advance Notice of Methodological Changes for Calendar Year (CY) 2018* memorandum, to be published by CMS in February 2017, will provide more information about frailty adjustment, including the methodology used to determine if FIDE SNPs have the same level of frailty as PACE (and thus qualify for frailty payments in 2018). MAOs that elected to participate in HOS-M for purposes of measuring frailty must contract with DataStat, Inc. MAOs that elected to use HOS plans may contract with the CMS-approved survey vendor of their choice.

Attachment 1 is a list of MA contracts that currently are **not** required to report HOS in 2017. If you have any questions regarding this memo or think that your plan has received it in error, please contact the HOS Project Team at hos@ncqa.org.

Thank you very much for your continued support of the HOS project.

ATTACHMENT 1

Medicare Advantage Organizations NOT Required to Administer HOS in 2017

Contract ID	Contract Name
H0141[2]	MCLAREN HEALTH PLAN, INC.
H0174	TODAY'S OPTIONS OF TEXAS, INC.
H0490[1]	MOLINA HEALTHCARE OF OHIO, INC.
H0502[2]	THE CONTRA COSTA HEALTH PLAN
H1189	CHRISTUS HEALTH PLAN
H1394[2]	HMO COLORADO, INC.
H1493	CARESOURCE KENTUCKY CO.
H1587	ARKANSAS SUPERIOR SELECT, INC.
H1916	THE NEW YORK STATE CATHOLIC HEALTH PLAN, INC.
H2034	COMMUNITY CARE HEALTH PLAN, INC.
H2161[1]	UPPER PENINSULA HEALTH PLAN, LLC
H2171[2]	CARE N' CARE INSURANCE COMPANY, INC.
H2400	SIGNATURE ADVANTAGE, LLC
H2411	FALLON COMMUNITY HEALTH PLAN
H2417[2]	ITASCA MEDICAL CARE
H2470	FALLON HEALTH WEINBERG, INC.
H2591	HEALTH ALLIANCE - MIDWEST, INC.
H2836	ANTHEM HEALTH PLANS, INC.
H2926	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE
H3018	CENTERS PLAN FOR HEALTHY LIVING, LLC
H3129	NORTH SHORE-LIJ HEALTH PLAN, INC.
H3291	PRUITTHEALTH PREMIER, INC.
H3314	HEALTH INSURANCE PLAN OF GREATER NEW YORK
H3503	SANFORD HEART OF AMERICA HEALTH PLAN
H3708	OKLAHOMA SUPERIOR SELECT, INC.
H3794	CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY
H4465	INDEPENDENCE CARE SYSTEM, INC.
H4490	MISSOURI MEDICARE SELECT, LLC
H4876	CONSTELLATION HEALTH, LLC.
H5302[1]	AETNA HEALTH INC. (GA)
H5386	SHARP HEALTH PLAN
H5992	SENIOR WHOLE HEALTH OF NEW YORK, INC.
H6050	KAISER FOUNDATION HP, INC.
H6308	AGEWELL NEW YORK, LLC
H6320	FRESENIUS HEALTH PLANS OF NORTH CAROLINA, INC.

[1] MA contract is not required to administer 2017 Cohort 20 Baseline survey due to enrollment less than 500, but is **required** to administer Cohort 18 Follow-up survey because 2015 Cohort 18 Baseline survey was administered two years ago.

[2] Borderline contract - May be exempt from 2017 HOS reporting if CMS determines contract enrollment is less than 500 members as of February 1, 2017. Contracts exempted from reporting will be notified in February 2017.

Contract ID	Contract Name
H6435	ELDERSERVE HEALTH, INC.
H6786	ANTHEM HEALTH PLANS OF MAINE, INC.
H6951	TRILLIUM COMMUNITY HEALTH PLAN
H7173	PEACH STATE HEALTH PLAN, INC.
H7971	HORIZON INSURANCE COMPANY
H8029	ELDERPLAN, INC.
H8056	AETNA BETTER HEALTH, INC. (NY)
H8067	PROVIDER PARTNERS HEALTH PLAN, INC.
H8170	AMERICA'S 1ST CHOICE OF SOUTH CAROLINA, INC.
H8506	MODA HEALTH PLAN, INC.
H8851	SENIOR WHOLE HEALTH OF NEW YORK, INC.
H9104[1]	SCAN HEALTH PLAN
H9115	METROPLUS HEALTH PLAN, INC.
H9312	FRESENIUS HEALTH PLANS INSURANCE COMPANY
H9345	VILLAGE SENIOR SERVICES CORPORATION
H9576	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND
H9585	BOSTON MEDICAL CENTER HEALTH PLAN, INC.
H9869	PARTNERS HEALTH PLAN, INC.

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