



## MEMORANDUM

TO: Medicare Advantage Contracts  
FROM: HOS Project Team  
DATE: November 22, 2016  
RE: Medicare Health Outcomes Survey 2017 Administration

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The Centers for Medicare & Medicaid Services (CMS) has determined that your contract is required to report the HEDIS<sup>®1</sup> 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. All Medicare Advantage (MA) contracts must contract with a CMS-approved HOS survey vendor to report their results.

**MA contracts must report their survey vendor choice via e-mail ([hos@ncqa.org](mailto:hos@ncqa.org)) by Friday, January 13, 2017.** The e-mail **must** include the following information:

- CMS contract number.
- CMS contract name.
- HOS contact person at MA contract (include telephone and e-mail).
- Name of HOS survey vendor.<sup>2</sup>
- Cohort administration (e.g., Cohort 20 Baseline, Cohort 18 Follow-Up, or both).

The HOS provides a general indication of how well an MA contract manages the physical and mental health functioning of its beneficiaries. The HOS measures a beneficiary's physical and mental health status at the beginning (Baseline) and the end (Follow-Up) of a two-year period. With consideration for risk adjustment factors, a two-year change score is calculated and a beneficiary's physical and mental health statuses are categorized as better, the same, or worse than expected.

This memo contains information about 2017 CMS HOS reporting requirements and actions needed by participating MA contracts. CMS will also post this memo on the HOS website (<http://hosonline.org/>). This memo includes the following sections and attachments:

- Reporting Requirements.
- Optional FIDE SNP Reporting.
- Contracting With a Survey Vendor and Notifying the HOS Project Team of Survey Vendor Selection.
- Healthcare Organization Questionnaire (HOQ).

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<sup>1</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>2</sup> See Appendix 3 for the list of conditionally-approved HOS survey vendors.

- Cohort 20 Baseline and Cohort 18 Follow-Up Survey Administration.
- HOS Data Dissemination.
- Attachment 1—List of MA Contracts Required to Report HOS.
- Attachment 2—List of FIDE SNPs Voluntarily Reporting.
- Attachment 3—HOS Survey Vendor Contact Information.
- Attachment 4—Sample Language for Member Newsletters.

## Reporting Requirements

The following Medicare Advantage Organizations (MAO) and other organization types with Medicare contracts in effect on or before January 1, 2016 are **required** to report the Baseline HOS in 2017, provided that they have a minimum enrollment of 500 members as of February 1, 2017:

- All MAOs, including all coordinated care plans, PFFS contracts, and MSA contracts.
- Section 1876 Cost contracts even if they are closed for enrollment.
- Employer/union only contracts.
- Medicare Medicaid Plans (MMPs).

In addition, all MAOs and organization types that reported a Cohort 18 Baseline survey in 2015 are required to administer a Cohort 18 Follow-Up survey in 2017.

If the HPMS contract status is listed as a consolidation, a merger, or a novation during the measurement year, the surviving contract must report Follow-Up HOS for all members of all contracts involved. If the contract status is listed as a conversion in the measurement year, the contract must report only if the new organization type is required to report.

## Optional FIDE SNP Reporting

As communicated previously by CMS, MAOs that expect to sponsor Fully Integrated Dual-Eligible (FIDE) Special Needs Plans (SNP) in 2018 may elect to report HOS at the plan benefit package (PBP) level to determine eligibility for a frailty adjustment payment under the Affordable Care Act. Voluntary reporting at the PBP level is in addition to the standard HOS requirements for quality reporting at the contract level. The minimum enrollment is 50 (instead of 500). Surveys are fielded at the PBP level for frailty scoring. For PBPs with enrollment in excess of 1,200 members, sample sizes are approximately 1,200. For PBPs with enrollment between 50 and 1,200, all members are surveyed.

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*, 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 similar average levels 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 are reminded they must contract with DataStat, Inc. to survey their FIDE SNP(s). All plans may contract with the CMS-approved survey vendor of their choice to administer HOS.

## **Contracting With a Survey Vendor and Notifying the HOS Project Team of Survey Vendor Selection**

CMS annually trains and approves survey vendors to administer the HOS survey on behalf of MA contracts. The following survey vendors are CMS-conditionally approved to administer HOS in 2017:

1. Center for the Study of Services (CSS).
2. DataStat, Inc.
3. Decision Support Systems, LP (dba DSS Research).
4. Ipsos.
5. Morpace Inc.
6. SPH Analytics.
7. Thoroughbred Research Group.
8. WBA Research.

CMS encourages MAOs to contract with a high-quality survey vendor and to work with their survey vendor to understand the survey administration and data submission timelines. To ensure the confidentiality of the survey process, survey vendors are prohibited from providing MA contracts with patient-level data or reports during any phase of the data collection period or between Baseline and Follow-Up data collection for any cohort. Survey vendors will provide MA contracts with regular progress reports containing summary-level indicators (e.g., interim mail and telephone response rates).

## **Healthcare Organization Questionnaire (HOQ)**

In addition to this notification, MA contracts must complete the HOQ, a Web-based application that allows plans to give NCQA additional organization, product, and contact information required for data submission. NCQA will post the HOQ on its website ([www.ncqa.org](http://www.ncqa.org)) in January and provide plans with instructions for completing it. Contact [hoq@ncqa.org](mailto:hoq@ncqa.org) with questions regarding this tool or process.

## **Cohort 20 Baseline and Cohort 18 Follow-Up Survey Administration**

The Cohort 20 Baseline and Cohort 18 Follow-Up surveys are scheduled for administration from April through July 2017. The survey will be administered in English, Spanish, and Chinese. Telephone interviewing will be available in English and Spanish.

An updated version of the HOS manual, *HEDIS 2017, Volume 6: Specifications for the Medicare Health Outcomes Survey*, will be published in February 2017. The volume can be obtained by calling NCQA's Customer Support line at 888-275-7585 or ordered online by visiting [www.ncqa.org](http://www.ncqa.org).

## **HOS Data Dissemination**

Although beneficiary-level HOS data will not be provided to MA contracts after Baseline data collection, MA contracts will receive the following from CMS.

1. ***HOS Baseline Report***. This report is made available to MA contracts that participated in the previous year's Baseline administration of the HOS. This quality improvement (QI) tool, which

presents an aggregate overview of the Baseline health status of MA enrollees, was developed and extensively tested to ensure that data are useful and actionable.

Baseline reports are available the year after administration of the Baseline cohort. For example, the *2017 Cohort 20 Baseline Report* will be available in 2018. **All report distribution occurs electronically through the CMS Health Plan Management System (HPMS).** For access to HPMS, contact your CMS Quality Point of Contact.

2. ***HOS Performance Measurement Report and Data.*** After each administration of the Follow-Up HOS, a cohort-specific Performance Measurement report is produced. Survey responses from both the Baseline and two-year Follow-Up for each cohort are merged to create a performance measurement data set. The resulting aggregation of the change scores yields contract-level HOS performance measurement results that describe change in health status over time for beneficiaries in each contract.

Performance Measurement reports and corresponding data are designed to support QI activities. Reports are available in HPMS the year after administration of the Follow-Up survey. HOS Star Ratings Validation and Aggregate Score Analysis tables are also posted in HPMS. Beneficiary-level performance measurement data are made available to MA contracts upon request after distribution of the Performance Measurement reports. For example, the *2015-2017 Cohort 18 Performance Measurement Report* will be available in late summer 2018 and the corresponding Data File will be available in late fall 2018. Report distribution and notification of the availability of performance measurement data occurs electronically through HPMS.

## Attachments

1. Attachment 1 is a list of Medicare Advantage contracts required to report HOS in 2017. If you believe that there are errors in this list, please contact the HOS Project Team at [hos@ncqa.org](mailto:hos@ncqa.org).
2. Attachment 2 is a list of Medicare contracts that have elected to participate in 2017 at the FIDE SNP level.
3. Attachment 3 contains contact information for CMS conditionally-approved HOS survey vendors.
4. Attachment 4 contains sample language that may be used by MAOs in a member newsletter or other communication that encourages members to complete HOS.

We look forward to working with your organization on this important endeavor.

## ATTACHMENT 1

### Medicare Advantage Organizations Required to Administer HOS in 2017

Contract ID	Contract Name	Contract ID	Contract Name
H0022	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H4003	MMM HEALTHCARE, LLC
H0028	CHA HMO, INC.	H4004	PMC MEDICARE CHOICE, LLC
H0104	BLUE CROSS AND BLUE SHIELD OF ALABAMA	H4005	TRIPLE S ADVANTAGE, INC.
H0107	HEALTH CARE SERVICE CORPORATION	H4007	HUMANA HEALTH PLANS OF PUERTO RICO, INC.
H0137	COMMONWEALTH CARE ALLIANCE, INC.	H4036	ANTHEM INSURANCE COMPANIES, INC.
H0141 <sup>1</sup>	MCLAREN HEALTH PLAN, INC.	H4141	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.
H0147	HEALTHKEEPERS, INC.	H4145	HUMANA REGIONAL HEALTH PLAN, INC.
H0148	CARE1ST HEALTH PLAN	H4152	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
H0150	HEALTHSPRING OF ALABAMA, INC.	H4198	COMMUNITYCARE GOVERNMENT PROGRAMS, INC.
H0154	VIVA HEALTH, INC.	H4213	USABLE MUTUAL INSURANCE COMPANY
H0192	AMERIHEALTH MICHIGAN, INC.	H4227	VISTA HEALTH PLAN, INC.
H0251	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	H4279	UPMC FOR YOU, INC
H0281	ILLINICARE HEALTH PLAN	H4346	CAREMORE HEALTH PLAN OF NEVADA
H0294	CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY	H4388	SECURITY HEALTH PLAN OF WISCONSIN, INC.
H0302	MEDISUN, INC.	H4407	HEALTHSPRING OF TENNESSEE, INC.
H0321	ARIZONA PHYSICIANS IPA, INC.	H4454	HEALTHSPRING OF TENNESSEE, INC.
H0332	KS PLAN ADMINISTRATORS, LLC	H4461	CARITEN HEALTH PLAN INC.
H0336	HUMANA HEALTH PLAN, INC.	H4497	MEDICAL MUTUAL OF OHIO
H0351	HEALTH NET OF ARIZONA, INC.	H4506	SELECTCARE OF TEXAS, INC.
H0354	CIGNA HEALTHCARE OF ARIZONA, INC.	H4513	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

<sup>1</sup>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.

<sup>2</sup>Medicare Advantage contract is not required to administer 2017 Cohort 20 Baseline survey due to enrollment less than 500, but is **required** to administer the Cohort 18 Follow-up survey because the 2015 Cohort 18 Baseline survey was administered two years ago.

Contract ID	Contract Name	Contract ID	Contract Name
H0423	METROPLUS HEALTH PLAN, INC.	H4514	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC
H0439	CIGNA HEALTHCARE OF GEORGIA, INC.	H4523	AETNA HEALTH INC. (TX)
H0480	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.	H4527	PHYSICIANS HEALTH CHOICE OF TEXAS LLC
H0490 <sup>2</sup>	MOLINA HEALTHCARE OF OHIO, INC.	H4528	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H0502 <sup>1</sup>	THE CONTRA COSTA HEALTH PLAN	H4564	SCOTT AND WHITE HEALTH PLAN
H0504	CALIFORNIA PHYSICIANS' SERVICE	H4590	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.
H0523	AETNA HEALTH OF CALIFORNIA INC.	H4604	UNITEDHEALTHCARE OF UTAH, INC.
H0524	KAISER FOUNDATION HP, INC.	H4605	REGENCE BLUECROSS BLUESHIELD OF UTAH
H0543	UHC OF CALIFORNIA	H4754	PACIFICSOURCE COMMUNITY HEALTH PLANS
H0544	CAREMORE HEALTH PLAN	H4875	PRIORITY HEALTH
H0545	INTER VALLEY HEALTH PLAN, INC.	H4909	ANTHEM HEALTH PLANS OF VIRGINIA, INC.
H0562	HEALTH NET OF CALIFORNIA, INC.	H4922	AGEWELL NEW YORK, LLC
H0564	BLUE CROSS OF CALIFORNIA	H4931	UNIVERSITY CARE ADVANTAGE, INC.
H0571	CHINESE COMMUNITY HEALTH PLAN	H5008	UNITEDHEALTHCARE INSURANCE COMPANY
H0602	ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION	H5009	REGENCE BLUESHIELD
H0609	PACIFICARE OF COLORADO, INC	H5010	ASURIS NORTHWEST HEALTH
H0624	UNITEDHEALTHCARE INSURANCE COMPANY	H5042	CDPHP UNIVERSAL BENEFITS, INC.
H0630	KAISER FOUNDATION HP OF CO	H5050	GROUP HEALTH COOPERATIVE
H0657	COLORADO CHOICE HEALTH PLANS	H5087	EASY CHOICE HEALTH PLAN INC.
H0710	UNITEDHEALTHCARE INSURANCE COMPANY	H5106	HIGHMARK SENIOR SOLUTIONS COMPANY
H0712	WELLCARE OF CONNECTICUT, INC.	H5141	CLOVER INSURANCE COMPANY

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Contract ID	Contract Name	Contract ID	Contract Name
H0735	UCARE MINNESOTA	H5172	COMMUNITY HEALTH GROUP
H0755	OXFORD HEALTH PLANS (CT), INC.	H5190	SUNSHINE STATE HEALTH PLAN, INC.
H0811	GUILDNET, INC.	H5209	CARE WISCONSIN HEALTH PLAN, INC.
H0838	UNIVERSAL CARE, INC.	H5211	SECURITY HEALTH PLAN OF WISCONSIN, INC.
H0908	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H5215	NETWORK HEALTH INSURANCE CORPORATION
H0913	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	H5216	HUMANA INSURANCE COMPANY
H0927	HEALTH CARE SERVICE CORPORATION	H5253	UNITEDHEALTHCARE OF WISCONSIN, INC.
H1016	AVMED, INC.	H5256	MEDICAL ASSOCIATES CLINIC HEALTH PLAN
H1019	CAREPLUS HEALTH PLANS, INC.	H5262	GUNDERSEN HEALTH PLAN
H1026	HEALTH OPTIONS, INC.	H5264	DEAN HEALTH PLAN, INC.
H1032	WELLCARE OF FLORIDA, INC.	H5280	MOLINA HEALTHCARE OF OHIO, INC.
H1035	FLORIDA HEALTH CARE PLAN, INC.	H5294	SUPERIOR HEALTH PLAN, INC.
H1036	HUMANA MEDICAL PLAN, INC.	H5302 <sup>2</sup>	AETNA HEALTH INC. (GA)
H1045	PREFERRED CARE PARTNERS, INC.	H5322	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H1099	HEALTH FIRST HEALTH PLANS	H5355	IEHP HEALTH ACCESS
H1109	AETNA HEALTH INC.(GA)	H5410	HEALTHSPRING OF FLORIDA
H1111	UNITEDHEALTHCARE OF GEORGIA, INC.	H5415	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.
H1112	WELLCARE OF GEORGIA, INC.	H5420	MEDICA HEALTHCARE PLANS, INC.
H1170	KAISER FOUNDATION HP OF GA, INC.	H5422	BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA
H1181	NETWORK HEALTH INSURANCE CORPORATION	H5425	SCAN HEALTH PLAN
H1230	KAISER FOUNDATION HP, INC.	H5427	FREEDOM HEALTH, INC.
H1264	WELLCARE OF TEXAS, INC.	H5430	ONECARE BY CARE1ST HEALTH PLAN ARIZONA INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H1286	UNITEDHEALTHCARE INSURANCE COMPANY	H5431	HEALTHSUN HEALTH PLANS, INC.
H1302	BLUE CROSS OF IDAHO CARE PLUS, INC.	H5433	ORANGE COUNTY HEALTH AUTHORITY
H1304	REGENCE BLUE SHIELD OF IDAHO	H5434	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
H1350	BLUE CROSS OF IDAHO CARE PLUS, INC.	H5435	UNITEDHEALTHCARE INSURANCE COMPANY
H1352	BLUE-ADVANTAGE PLUS OF KANSAS CITY, INC.	H5439	HEALTH NET LIFE INSURANCE COMPANY
H1365	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.	H5441	HEALTHFIRST HEALTH PLAN, INC.
H1394 <sup>1</sup>	HMO COLORADO, INC.	H5471	SIMPLY HEALTHCARE PLANS, INC.
H1406	HUMANA HEALTH PLAN, INC.	H5475	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
H1415	HEALTHSPRING OF TENNESSEE, INC.	H5520	HEALTH NET LIFE INSURANCE COMPANY
H1416	HARMONY HEALTH PLAN, INC. (IL)	H5521	AETNA LIFE INSURANCE COMPANY
H1463	HEALTH ALLIANCE CONNECT, INC.	H5522	HEALTHASSURANCE PENNSYLVANIA, INC.
H1468	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	H5525	HUMANA BENEFIT PLAN OF ILLINOIS, INC.
H1510	HUMANA INSURANCE COMPANY	H5526	HEALTHNOW NEW YORK INC.
H1517	ANTHEM INSURANCE COMPANIES, INC.	H5528	GROUP HEALTH INCORPORATED
H1537	UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK	H5530	ANTHEM HEALTH PLANS OF KENTUCKY, INC.
H1607	ANTHEM INSURANCE COMPANIES, INC.	H5533	UPMC HEALTH NETWORK, INC.
H1608	COVENTRY HEALTH AND LIFE INSURANCE COMPANY	H5549	VNS CHOICE
H1609	AETNA HEALTH INC. (FL)	H5576	VANTAGE HEALTH PLAN, INC.
H1651	MEDICAL ASSOCIATES HEALTH PLAN, INC.	H5577	MCS ADVANTAGE, INC.
H1659	PIEDMONT COMMUNITY HEALTHCARE, INC.	H5580	SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION

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Contract ID	Contract Name	Contract ID	Contract Name
H1660	HARVARD PILGRIM HEALTH CARE INC.	H5587	HEALTH CHOICE ARIZONA, INC.
H1666	HCSC INSURANCE SERVICES COMPANY	H5590	BRIDGEWAY HEALTH SOLUTIONS
H1692	COVENTRY HEALTH CARE OF WEST VIRGINIA, INC.	H5591	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.
H1716	HUMANA INSURANCE COMPANY	H5594	OPTIMUM HEALTHCARE, INC.
H1723	ABSOLUTE TOTAL CARE, INC.	H5608	DENVER HEALTH MEDICAL PLAN, INC.
H1737	HEALTH ALLIANCE - MIDWEST, INC.	H5609	CALIFORNIA PHYSICIANS' SERVICE
H1777	CATHOLIC SPECIAL NEEDS PLAN, LLC	H5613	MVP HEALTH PLAN, INC.
H1846	MOUNT CARMEL HEALTH INSURANCE COMPANY	H5619	ARCADIAN HEALTH PLAN, INC.
H1849	ANTHEM HEALTH PLANS OF KENTUCKY, INC.	H5628	MOLINA HEALTHCARE OF UTAH, INC.
H1894	AMERIGROUP WASHINGTON, INC.	H5649	CENTRAL HEALTH PLAN OF CALIFORNIA, INC.
H1944	UNITEDHEALTHCARE OF NEW ENGLAND, INC.	H5652	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
H1951	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	H5656	SELECTCARE HEALTH PLANS, INC.
H1961	PEOPLES HEALTH, INC.	H5685	HAP MIDWEST HEALTH PLAN, INC.
H1969	REGENCE BLUE SHIELD OF IDAHO	H5703	SOUTH COUNTRY HEALTH ALLIANCE
H1977	UPPER PENINSULA HEALTH PLAN, LLC	H5746	AMERIGROUP COMMUNITY CARE OF NEW MEXICO, INC.
H1994	SELECTHEALTH, INC.	H5774	TRIPLE S ADVANTAGE, INC.
H1997	REGENCE BLUESHIELD	H5779	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.
H2001	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	H5793	AETNA HEALTH INC. (CT)
H2012	HUMANA HEALTH PLAN, INC.	H5810	MOLINA HEALTHCARE OF CALIFORNIA
H2029	HUMANA INSURANCE OF PUERTO RICO, INC.	H5817	AMERIGROUP TEXAS, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H2108	BRAVO HEALTH MID-ATLANTIC, INC.	H5823	MOLINA HEALTHCARE OF WASHINGTON, INC.
H2150	KAISER FNDN HP OF THE MID-ATLANTIC STS	H5826	COMMUNITY HEALTH PLAN OF WASHINGTON
H2161 <sup>2</sup>	UPPER PENINSULA HEALTH PLAN, LLC	H5852	AIDS HEALTHCARE FOUNDATION
H2165	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	H5854	ANTHEM HEALTH PLANS, INC.
H2171 <sup>1</sup>	CARE N' CARE INSURANCE COMPANY, INC.	H5859	HEALTH PLAN OF CAREOREGON, INC.
H2174	TRILLIUM COMMUNITY HEALTH PLAN	H5883	BLUE CARE NETWORK OF MICHIGAN
H2224	SENIOR WHOLE HEALTH, LLC	H5926	MOLINA HEALTHCARE OF MICHIGAN, INC.
H2225	COMMONWEALTH CARE ALLIANCE, INC.	H5928	CARE1ST HEALTH PLAN
H2226	UNITEDHEALTHCARE INSURANCE COMPANY	H5932	GATEWAY HEALTH PLAN, INC.
H2228	UNITEDHEALTHCARE INSURANCE COMPANY	H5938	CAPITAL HEALTH PLAN
H2230	BCBS OF MASSACHUSETTS HMO BLUE, INC.	H5943	SCAN HEALTH PLAN
H2237	INDEPENDENT CARE HEALTH PLAN, INC.	H5945	PROMINENCE HEALTHFIRST
H2241	GOLDEN STATE MEDICARE HEALTH PLAN	H5969	ALOHACARE
H2256	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	H5970	HUMANA INSURANCE COMPANY OF NEW YORK
H2261	BCBS OF MASSACHUSETTS HMO BLUE, INC.	H5985	PHOENIX HEALTH PLANS, INC.
H2320	PRIORITY HEALTH	H5989	CENTERLIGHT HEALTHCARE, INC.
H2322	ALLIANCE HEALTH AND LIFE INSURANCE COMPANY	H5991	AFFINITY HEALTH PLAN, INC.
H2354	HEALTH ALLIANCE PLAN OF MICHIGAN	H5995	ATRIO HEALTH PLANS
H2406	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	H6052	KAISER FOUNDATION HP, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H2416	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	H6080	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.
H2417 <sup>1</sup>	ITASCA MEDICAL CARE	H6229	BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.
H2419	SOUTH COUNTRY HEALTH ALLIANCE	H6237	REGENCE BLUECROSS BLUESHIELD OF OREGON
H2422	HEALTHPARTNERS, INC.	H6298	HEALTHSPAN INTEGRATED CARE
H2425	BLUE PLUS	H6306	FIRSTCAROLINACARE INSURANCE COMPANY
H2450	MEDICA INSURANCE COMPANY	H6328	CARE N' CARE INSURANCE COMPANY, INC.
H2456	UCARE MINNESOTA	H6453	HMO LOUISIANA, INC.
H2458	MEDICA HEALTH PLANS	H6528	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H2459	UCARE MINNESOTA	H6609	HUMANA INSURANCE COMPANY
H2461	BLUE CROSS AND BLUE SHIELD OF MINNESOTA	H6622	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP
H2462	GROUP HEALTH PLAN, INC. (MN)	H6723	MEDICAL MUTUAL OF OHIO
H2486	HUMANA MEDICAL PLAN OF UTAH, INC.	H6743	ATRIO HEALTH PLANS
H2491	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	H6750	HARVARD PILGRIM HEALTH CARE OF NEW ENGLAND, INC.
H2506	AETNA BETTER HEALTH, INC. (IL)	H6751	HEALTHSPRING OF TENNESSEE, INC.
H2531	UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.	H6801	GHS MANAGED HEALTH CARE PLANS, INC.
H2533	MOLINA HEALTHCARE OF SOUTH CAROLINA, INC.	H6815	HEALTH NET HEALTH PLAN OF OREGON
H2563	OPTIMA HEALTH PLAN	H6859	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.
H2593	CAREMORE HEALTH PLAN OF ARIZONA, INC.	H6864	GUILDNET, INC.
H2610	ESSENCE HEALTHCARE, INC.	H6870	SUPERIOR HEALTH PLAN, INC.
H2649	HUMANA HEALTH PLAN, INC.	H6947	QUALCHOICE ADVANTAGE
H2663	COVENTRY HEALTH CARE OF MISSOURI, INC	H6972	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H2758	BEHEALTHY FLORIDA, INC.	H6988	CENTERS PLAN FOR HEALTHY LIVING, LLC
H2773	QUALITY HEALTH PLANS OF NEW YORK, INC.	H7006	ATRIO HEALTH PLANS
H2775	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY	H7020	CIGNA HEALTHCARE OF SOUTH CAROLINA, INC.
H2802	UNITEDHEALTHCARE OF THE MIDLANDS, INC.	H7115	MEMORIAL HERMANN HEALTH PLAN
H2816	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY	H7149	AETNA HEALTH INC. (PA)
H2879	MOLINA HEALTHCARE OF WISCONSIN	H7172	AETNA BETTER HEALTH, INC. (OH)
H2906	HOMETOWN HEALTH PLAN, INC.	H7200	AMERIGROUP TENNESSEE, INC.
H2931	HEALTH PLAN OF NEVADA, INC.	H7220	INDIANA UNIVERSITY HEALTH PLANS, INC.
H2944	HUMANA INSURANCE COMPANY	H7245	PREMERA BLUE CROSS
H2949	HUMANA HEALTH PLAN, INC.	H7301	COVENTRY HEALTH CARE OF ILLINOIS, INC.
H2960	HOMETOWN HEALTH PLAN, INC.	H7419	TUFTS HEALTH PUBLIC PLANS, INC.
H2962	ULTIMATE HEALTH PLANS, INC.	H7522	MMM HEALTHCARE, LLC
H2968	MEMORIAL HERMANN HEALTH INSURANCE COMPANY	H7678	MOLINA HEALTHCARE OF TEXAS, INC.
H2986	STANFORD HEALTHCARE ADVANTAGE	H7680	PROMINENCE HEALTHFIRST OF TEXAS
H3054	CONSTELLATION HEALTH, LLC.	H7728	ANTHEM HEALTH PLANS OF NEW HAMPSHIRE, INC.
H3067	VIRGINIA PREMIER HEALTH PLAN, INC.	H7787	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H3071	COMMUNITY CARE ALLIANCE OF ILLINOIS, NFP	H7833	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC
H3113	OXFORD HEALTH PLANS (NJ), INC.	H7844	MOLINA HEALTHCARE OF MICHIGAN, INC.
H3132	AHF MCO OF FLORIDA, INC.	H7885	SAN MATEO HEALTH COMMISSION
H3152	AETNA HEALTH INC. (NJ)	H7890	SANTA CLARA COUNTY HEALTH AUTHORITY
H3154	HORIZON INSURANCE COMPANY	H7917	BLUECROSS BLUESHIELD OF TENNESSEE, INC.

<sup>1</sup>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.

<sup>2</sup>Medicare Advantage contract is not required to administer 2017 Cohort 20 Baseline survey due to enrollment less than 500, but is **required** to administer the Cohort 18 Follow-up survey because the 2015 Cohort 18 Baseline survey was administered two years ago.

Contract ID	Contract Name	Contract ID	Contract Name
H3204	PRESBYTERIAN HEALTH PLAN	H7960	HARBOR HEALTH PLAN, INC.
H3206	PRESBYTERIAN INSURANCE COMPANY, INC.	H8016	ORANGE COUNTY HEALTH AUTHORITY
H3233	PREMIER HEALTH INSURING CORPORATION	H8026	AETNA BETTER HEALTH OF MICHIGAN INC.
H3237	HEALTH NET COMMUNITY SOLUTIONS, INC.	H8046	MOLINA HEALTHCARE OF ILLINOIS, INC.
H3240	AMERIGROUP NEW JERSEY, INC.	H8064	FIRSTCAROLINACARE INSURANCE COMPANY
H3251	HEALTH CARE SERVICE CORPORATION	H8091	USABLE MUTUAL INSURANCE COMPANY
H3259	VOLUNTEER STATE HEALTH PLAN	H8130	MOLINA HEALTHCARE OF FLORIDA, INC.
H3305	MVP HEALTH PLAN, INC.	H8133	GHS INSURANCE COMPANY
H3307	OXFORD HEALTH PLANS (NY), INC.	H8145	HUMANA INSURANCE COMPANY
H3312	AETNA HEALTH INC. (NY)	H8146	SECURITYCARE OF TENNESSEE, INC.
H3328	THE NEW YORK STATE CATHOLIC HEALTH PLAN, INC.	H8189	MANAGED HEALTH SERVICES, WISCONSIN
H3330	HEALTH INSURANCE PLAN OF GREATER NEW YORK	H8197	MOLINA HEALTHCARE OF TEXAS, INC.
H3335	EXCELLUS HEALTH PLAN, INC.	H8213	SELECT HEALTH OF SOUTH CAROLINA, INC.
H3337	LIBERTY HEALTH ADVANTAGE, INC.	H8237	INSURANCE COMPANY OF SCOTT AND WHITE
H3342	EMPIRE HEALTHCHOICE ASSURANCE, INC.	H8258	LOCAL INITIATIVE HEALTH AUTHORITY FOR L.A. COUNTY
H3344	INDEPENDENT HEALTH BENEFITS CORPORATION	H8266	CONSTELLATION HEALTH, LLC.
H3347	ELDERPLAN, INC.	H8289	BAPTIST HEALTH PLAN, INC.
H3351	EXCELLUS HEALTH PLAN, INC.	H8423	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H3359	HEALTHFIRST HEALTH PLAN, INC.	H8432	ANTHEM HEALTH PLANS OF MAINE, INC.
H3361	WELLCARE OF NEW YORK, INC.	H8452	CARESOURCE
H3362	INDEPENDENT HEALTH ASSOCIATION, INC.	H8490	VNS CHOICE

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Contract ID	Contract Name	Contract ID	Contract Name
H3370	EMPIRE HEALTHCHOICE HMO, INC.	H8552	ANTHEM BLUE CROSS LIFE AND HEALTH INS COMPANY
H3379	UNITEDHEALTHCARE OF NEW YORK, INC.	H8554	ALLEGIAN HEALTH PLANS, INC.
H3384	HEALTHNOW NEW YORK INC.	H8578	HEALTH NEW ENGLAND, INC.
H3387	UNITEDHEALTHCARE OF NEW YORK, INC.	H8604	THP INSURANCE COMPANY
H3388	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.	H8634	HEALTH CARE SERVICE CORPORATION
H3404	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H8649	AETNA HEALTH OF UTAH, INC
H3447	HEALTHKEEPERS, INC.	H8677	MOLINA HEALTHCARE OF CALIFORNIA
H3449	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H8748	UNITEDHEALTHCARE INSURANCE COMPANY
H3471	HEALTH ALLIANCE NORTHWEST HEALTH PLAN, INC.	H8764	ASPIRE HEALTH PLAN
H3480	HUMANA HEALTH PLAN, INC.	H8786	AMERIGROUP TEXAS, INC.
H3528	CONNECTICARE, INC.	H8854	UNIVERSITY OF MARYLAND HEALTH ADVANTAGE, INC.
H3533	HUMANA HEALTH COMPANY OF NEW YORK, INC.	H8908	HUMANA MEDICAL PLAN OF MICHIGAN, INC.
H3536	MATTHEW THORNTON HEALTH PLAN, INC.	H9001	FALLON COMMUNITY HEALTH PLAN
H3561	HEALTH NET COMMUNITY SOLUTIONS, INC.	H9003	KAISER FOUNDATION HP OF THE N W
H3597	AETNA HEALTH INC. (ME)	H9047	PROVIDENCE HEALTH ASSURANCE
H3653	PARAMOUNT CARE, INC.	H9082	MOLINA HEALTHCARE OF NEW MEXICO, INC.
H3655	COMMUNITY INSURANCE COMPANY	H9096	DEAN HEALTH PLAN, INC.
H3660	SUMMACARE INC.	H9104 <sup>2</sup>	SCAN HEALTH PLAN
H3664	AULTCARE HEALTH INSURING CORPORATION	H9162	CARESOURCE INDIANA, INC.
H3668	MOUNT CARMEL HEALTH PLAN, INC.	H9190	GATEWAY HEALTH PLAN OF OHIO, INC.
H3672	HEALTH PLAN OF THE UPPER OHIO VALLEY	H9207	HEALTH PARTNERS PLANS, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H3706	GLOBALHEALTH, INC.	H9208	RIVERLINK HEALTH
H3749	UNITEDHEALTHCARE OF OKLAHOMA, INC.	H9302	SOUNDPATH HEALTH
H3755	COMMUNITY CARE HMO, INC	H9412	GEISINGER QUALITY OPTIONS, INC.
H3765	HEARTLANDPLAINS HEALTH	H9460	CIGNA HEALTHCARE OF ST LOUIS, INC.
H3805	UNITEDHEALTHCARE OF OREGON, INC.	H9487	FIDELIS SECURECARE OF MICHIGAN
H3810	ALLCARE HEALTH PLAN, INC.	H9525	COMPCARE HEALTH SERVICES INSURANCE CORPORATION
H3811	SAMARITAN HEALTH PLANS, INC.	H9572	BCBS OF MICHIGAN MUTUAL INSURANCE COMPANY
H3813	MODA HEALTH PLAN, INC.	H9615	MVP HEALTH PLAN, INC.
H3814	ATRIO HEALTH PLANS	H9699	HMO PARTNERS, INC.
H3815	ALIGNMENT HEALTH PLAN	H9712	HAP MIDWEST HEALTH PLAN, INC.
H3817	REGENCE BLUECROSS BLUESHIELD OF OREGON	H9725	CIGNA HEALTHCARE OF NORTH CAROLINA, INC.
H3818	FAMILYCARE HEALTH PLANS, INC.	H9730	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC
H3822	HEALTH CARE SERVICE CORPORATION	H9808	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA
H3832	HAWAII MEDICAL SERVICE ASSOCIATION	H9834	GUNDERSEN HEALTH PLAN OF MINNESOTA
H3864	PACIFICSOURCE COMMUNITY HEALTH PLANS	H9870	UNIVERSITY HEALTH CARE, INC.
H3890	HOPKINS HEALTH ADVANTAGE, INC.	H9886	HMO MISSOURI, INC.
H3907	UPMC HEALTH PLAN, INC.	H9915	MEDSTAR FAMILY CHOICE, INC.
H3909	QCC INSURANCE COMPANY	H9947	BLUE CROSS AND BLUE SHIELD OF GEORGIA, INC.
H3916	HIGHMARK SENIOR HEALTH COMPANY	H9954	ANTHEM INSURANCE COMPANIES, INC.
H3923	CAPITAL ADVANTAGE INSURANCE COMPANY	R3175	UNITEDHEALTHCARE INSURANCE COMPANY
H3924	GEISINGER INDEMNITY INSURANCE COMPANY	R3332	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.

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<sup>2</sup>Medicare Advantage contract is not required to administer 2017 Cohort 20 Baseline survey due to enrollment less than 500, but is **required** to administer the Cohort 18 Follow-up survey because the 2015 Cohort 18 Baseline survey was administered two years ago.

Contract ID	Contract Name	Contract ID	Contract Name
H3928	AETNA HEALTH INC. (LA)	R3444	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H3931	AETNA HEALTH INC. (PA)	R5342	UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK
H3945	CIGNA HEALTH AND LIFE INSURANCE COMPANY	R5826	HUMANA INSURANCE COMPANY
H3949	BRAVO HEALTH PENNSYLVANIA, INC.	R5941	ANTHEM INSURANCE COMPANIES, INC.
H3952	KEYSTONE HEALTH PLAN EAST, INC.	R6694	AETNA LIFE INSURANCE COMPANY
H3954	GEISINGER HEALTH PLAN	R6801	CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY
H3957	HIGHMARK CHOICE COMPANY	R7444	UNITEDHEALTHCARE INSURANCE COMPANY
H3959	AETNA HEALTH INC. (PA)		
H3962	KEYSTONE HEALTH PLAN CENTRAL, INC.		
H3979	GHS HEALTH MAINTENANCE ORGANIZATION, INC.		

<sup>1</sup>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.

<sup>2</sup>Medicare Advantage contract is not required to administer 2017 Cohort 20 Baseline survey due to enrollment less than 500, but is **required** to administer the Cohort 18 Follow-up survey because the 2015 Cohort 18 Baseline survey was administered two years ago.



## ATTACHMENT 2

### FIDE SNPs Voluntarily Reporting in 2017

Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H0251	002	UnitedHealthcare Dual Complete (HMO SNP)	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	Sample at contract level for quality and frailty; 1 PBP only
H0321	004	UnitedHealthcare Dual Complete ONE (HMO SNP)	ARIZONA PHYSICIANS IPA, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1350	009	True Blue Special Needs Plan (HMO SNP)	BLUE CROSS OF IDAHO CARE PLUS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2034	001	Community Care's Partnership Program (HMO SNP)	COMMUNITY CARE HEALTH PLAN, INC.	Sample at contract level for frailty only; no quality reporting
H2034	002	Community Care's Partnership Program Disabled (HMO SNP)	COMMUNITY CARE HEALTH PLAN, INC.	Sample at contract level for frailty only; no quality reporting
H2224	003	Senior Whole Health NHC (HMO SNP)	SENIOR WHOLE HEALTH, LLC	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2225	001	Senior Care Options Program (HMO SNP)	COMMONWEALTH CARE ALLIANCE, INC.	Sample at contract level, first for quality, then for frailty; 1 PBP only (HOS-M)
H2226	001	UnitedHealthcare Senior Care Options (HMO SNP)	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for quality and frailty; 1 PBP only
H2228	043	UnitedHealthcare Dual Complete (PPO SNP)	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2228	043	UnitedHealthcare Dual Complete (PPO SNP)	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2237	007	iCare Family Care Partnership (HMO SNP)	INDEPENDENT CARE HEALTH PLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2256	029	Tufts Health Plan Senior Care Options (HMO SNP)	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2416	001	PrimeWest Senior Health Complete (HMO SNP)	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	Sample at contract level for quality and frailty; 1 PBP only

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H2417	001	IMCare Classic (HMO SNP)	ITASCA MEDICAL CARE	Sample at contract level for frailty only; no quality reporting
H2419	001	SeniorCare Complete (HMO SNP)	SOUTH COUNTRY HEALTH ALLIANCE	Sample at contract level for quality and frailty; 1 PBP only
H2425	001	SecureBlue (HMO SNP)	BLUE PLUS	Sample at contract level for quality and frailty; 1 PBP only
H2456	002	UCare's Minnesota Senior Health Options (HMO SNP)	UCARE MINNESOTA	Sample at contract level, first for quality, then for frailty; 1 PBP only (HOS-M)
H2458	002	Medica DUAL Solution (HMO SNP)	MEDICA HEALTH PLANS	Sample at contract level for quality and frailty; 1 PBP only
H2926	001	Prime Health Complete (HMO SNP)	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	Sample at contract level for frailty only; no quality reporting
H3113	005	UnitedHealthcare Dual Complete ONE (HMO SNP)	OXFORD HEALTH PLANS (NJ), INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3113	012	UnitedHealthcare Dual Complete ONE (HMO SNP)	OXFORD HEALTH PLANS (NJ), INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3240	013	Amerivantage Dual Coordination (HMO SNP)	AMERIGROUP NEW JERSEY, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3240	016	Amerivantage Dual Coordination (HMO SNP)	AMERIGROUP NEW JERSEY, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3328	016	Fidelis Medicaid Advantage Plus (HMO SNP)	THE NEW YORK STATE CATHOLIC HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3347	007	Elderplan Plus Long Term Care (HMO SNP)	ELDERPLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3359	034	Healthfirst CompleteCare (HMO SNP)	HEALTHFIRST HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4279	001	UPMC for Life Dual (HMO SNP)	UPMC FOR YOU, INC	Sample at contract level for quality and frailty; 1 PBP only
H4514	001	UnitedHealthcare Dual Complete (HMO SNP)	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4527	003	UnitedHealthcare Dual Complete Focus (HMO SNP)	PHYSICIANS HEALTH CHOICE OF TEXAS LLC	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H4527	004	UnitedHealthcare Dual Complete Focus (HMO SNP)	PHYSICIANS HEALTH CHOICE OF TEXAS LLC	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4590	033	UnitedHealthcare Dual Complete (HMO SNP)	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5209	002	Partnership (HMO SNP)	CARE WISCONSIN HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5425	010	SCAN Connections (HMO SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5425	029	SCAN Connections at Home (HMO SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5425	030	SCAN Connections at Home (HMO SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5425	031	SCAN Connections at Home (HMO SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5425	057	SCAN Connections (HMO SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5433	001	OneCare (HMO SNP)	ORANGE COUNTY HEALTH AUTHORITY	Sample at contract level for quality and frailty; 1 PBP only
H5549	003	VNSNY CHOICE Total (HMO SNP)	VNS CHOICE	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5580	004	Mercy Care Advantage (HMO SNP)	SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5590	002	Bridgeway Health Solutions Advantage (HMO SNP)	BRIDGEWAY HEALTH SOLUTIONS	Sample at contract level for quality and frailty; 1 PBP only
H5703	001	AbilityCare (HMO SNP)	SOUTH COUNTRY HEALTH ALLIANCE	Sample at contract level for quality and frailty; 1 PBP only
H6864	001	GuildNet Gold (HMO SNP)	GUILDNET, INC.	Sample at contract level for quality and frailty; 1 PBP only
H9001	019	NaviCare (HMO SNP)	FALLON COMMUNITY HEALTH PLAN	Sample at contract level for quality, then at PBP level for frailty (HOS-M)

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<sup>2</sup>Medicare Advantage contract is not required to administer 2017 Cohort 20 Baseline survey due to enrollment less than 500, but is **required** to administer the Cohort 18 Follow-up survey because the 2015 Cohort 18 Baseline survey was administered two years ago.

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
R3175	003	UnitedHealthcare Dual Complete RP (Regional PPO SNP)	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
R7444	013	UnitedHealthcare	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty

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<sup>2</sup>Medicare Advantage contract is not required to administer 2017 Cohort 20 Baseline survey due to enrollment less than 500, but is **required** to administer the Cohort 18 Follow-up survey because the 2015 Cohort 18 Baseline survey was administered two years ago.

### ATTACHMENT 3

#### Conditionally-Approved Medicare Health Outcomes Survey Vendors\*

Survey Vendor Contact Information	
<p><b>Center for the Study of Services (CSS)</b>            Alok Shrestha            1625 K Street, NW, 8th Floor            Washington, DC 20006            Tel: (202) 454-3030  <a href="mailto:ashrestha@cssresearch.org">ashrestha@cssresearch.org</a>  <a href="http://www.cssresearch.org">www.cssresearch.org</a></p>	<p><b>DataStat, Inc.</b>            Ellen Johnson            3975 Research Park Dr.            Ann Arbor, MI 48108            Tel: (734) 994-0540, ext.158  <a href="mailto:ejohnson@datastat.com">ejohnson@datastat.com</a>  <a href="http://www.datastat.com">www.datastat.com</a></p>
<p><b>Decision Support Systems, LP dba DSS Research</b>            Tammy Austin            4150 International Plaza, Suite 900            Fort Worth, TX 76109            Tel: (800) 989-5150  <a href="mailto:tammy.austin@dssresearch.com">tammy.austin@dssresearch.com</a>  <a href="http://www.dssresearch.com">www.dssresearch.com</a></p>	<p><b>Ipsos Public Affairs, LLC</b>            Jennifer Berg            222 S. Riverside Plz, Suite 500            Chicago, IL 60606            Tel: (312) 526-4224  <a href="mailto:Jennifer.berg@ipsos.com">Jennifer.berg@ipsos.com</a>  <a href="http://www.ipsos.com">www.ipsos.com</a></p>
<p><b>Morpace Inc.</b>            Allison Zapor            31700 Middlebelt Road, Suite 200            Farmington Hills, MI 48334            Tel: (248) 539-5263  <a href="mailto:azapor@morpace.com">azapor@morpace.com</a>  <a href="http://www.morpace.com">www.morpace.com</a></p>	<p><b>Symphony Performance Health, Inc. dba SPH Analytics</b>            Nancy President            1965 Evergreen Blvd, Suite 100            Duluth, GA 30096            Tel: (770) 978-3173, ext. 1447  <a href="mailto:Nancy.president@sphanalytics.com">Nancy.president@sphanalytics.com</a>  <a href="http://www.sphanalytics.com">www.sphanalytics.com</a></p>
<p><b>Thoroughbred Research Group</b>            Dynelua Hudson            1941 Bishop Lane, Suite 1017            Louisville, KY 40218            Tel: (331) 251-6914  <a href="mailto:Dynelua.hudson@torinc.net">Dynelua.hudson@torinc.net</a>  <a href="http://www.torinc.net">www.torinc.net</a></p>	<p><b>WBA Research</b>            Allison Booker            2191 Defense Highway, Suite 401            Crofton, MD 21114            Tel: (410) 721-0500  <a href="mailto:ABooker@wbaresearch.com">ABooker@wbaresearch.com</a>  <a href="http://www.wbaresearch.com">www.wbaresearch.com</a></p>

\*Contingent on survey vendors successfully completing HOS survey vendor training in February 2017.

**ATTACHMENT 4**  
**Sample Text for Use in a Member Newsletter**  
**Encouraging Members to Complete the HOS**

The Medicare Health Outcomes Survey (HOS) was created by the Centers for Medicare & Medicaid Services (CMS), the federal agency that runs Medicare, to monitor and improve the quality of care provided to Medicare beneficiaries. Health plan members are randomly sampled and you may receive this survey in the mail.

The HOS monitors the quality of care provided to our members by asking questions about their health status over a specific period of time.

If you receive this survey in the mail, please complete it! Your responses will help CMS make sure that you receive high-quality care.