



TO: Medicare Advantage Contracts  
FROM: HOS Project Team  
DATE: November 29, 2017  
RE: Medicare Health Outcomes Survey 2018 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 2018. 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 email ([hos@ncqa.org](mailto:hos@ncqa.org)) by Friday, January 12, 2018.** The email must include the following information:

- CMS contract number.
- CMS contract name.
- HOS contact person at MA contract (include telephone and email).
- Name of HOS survey vendor.<sup>2</sup>
- Cohort administration (e.g., Cohort 21 Baseline, Cohort 19 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 2018 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).
- Cohort 21 Baseline and Cohort 19 Follow-Up Survey Administration.
- HOS Data Dissemination.

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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.

- 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, 2017, **are required** to report the Baseline HOS in 2018, provided that they have a minimum enrollment of 500 members as of February 1, 2018:

- 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 (MMP).

In addition, all MAOs and organization types that reported a Cohort 19 Baseline survey in 2016 are required to administer a Cohort 19 Follow-Up survey in 2018.

If the CMS Health Plan Management System (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.

A subsequent HPMS memo with additional guidance for contracts significantly affected by major disasters will be forthcoming.

### **Optional FIDE SNP Reporting**

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. 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 should have notified CMS of this decision by October 31, 2017. The *Advance Notice of Methodological Changes for Calendar Year (CY) 2019*, to be published by CMS in February 2018, 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 2019). 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 2018:

1. Center for the Study of Services (CSS).
2. DataStat, Inc.
3. Decision Support Systems, LP (dba DSS Research).
4. Morpace Inc.
5. SPH Analytics.
6. 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 21 Baseline and Cohort 19 Follow-Up Survey Administration**

The Cohort 21 Baseline and Cohort 19 Follow-Up surveys are scheduled for administration from April through July 2018. 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 2018, Volume 6: Specifications for the Medicare Health Outcomes Survey*, will be published in February 2018. 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 *2018 Cohort 21 Baseline Report* will be available in 2019. **All report distribution occurs**

**electronically through the CMS 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 *2016-2018 Cohort 19 Performance Measurement Report* will be available in late summer 2019 and the corresponding Data File will be available in late fall 2019. 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 2018. 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 2018 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 2018

Contract ID	Contract Name	Contract ID	Contract Name
H0022	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H4005	TRIPLE S ADVANTAGE, INC.
H0028	CHA HMO, INC.	H4007	HUMANA HEALTH PLANS OF PUERTO RICO, INC.
H0104	BLUE CROSS AND BLUE SHIELD OF ALABAMA	H4036	ANTHEM INSURANCE COMPANIES, INC.
H0107	HEALTH CARE SERVICE CORPORATION	H4141	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.
H0137	COMMONWEALTH CARE ALLIANCE, INC.	H4152	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
H0148	CARE1ST HEALTH PLAN	H4198	COMMUNITYCARE GOVERNMENT PROGRAMS, INC.
H0150	HEALTHSPRING OF ALABAMA, INC.	H4213	USABLE MUTUAL INSURANCE COMPANY
H0154	VIVA HEALTH, INC.	H4227	VISTA HEALTH PLAN, INC.
H0174	TODAY'S OPTIONS OF TEXAS, INC.	H4279	UPMC FOR YOU, INC
H0192	AMERIHEALTH MICHIGAN, INC.	H4346	HMO COLORADO, INC.
H0251	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	H4388	SECURITY HEALTH PLAN OF WISCONSIN, INC.
H0281	ILLINICARE HEALTH PLAN	H4407	HEALTHSPRING OF TENNESSEE, INC.
H0294	CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY	H4454	HEALTHSPRING OF TENNESSEE, INC.
H0302	MEDISUN, INC.	H4461	CARITEN HEALTH PLAN INC.
H0321	ARIZONA PHYSICIANS IPA, INC.	H4497	MEDICAL MUTUAL OF OHIO
H0332	KS PLAN ADMINISTRATORS, LLC	H4506	SELECTCARE OF TEXAS, INC.
H0336	HUMANA HEALTH PLAN, INC.	H4513	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H0351	HEALTH NET OF ARIZONA, INC.	H4514	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC
H0354	CIGNA HEALTHCARE OF ARIZONA, INC.	H4523	AETNA HEALTH INC. (TX)
H0423	METROPLUS HEALTH PLAN, INC.	H4527	PHYSICIANS HEALTH CHOICE OF TEXAS, LLC
H0439	CIGNA HEALTHCARE OF GEORGIA, INC.	H4564	SCOTT AND WHITE HEALTH PLAN
H0480	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.	H4590	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.
H0502	THE CONTRA COSTA HEALTH PLAN	H4604	UNITEDHEALTHCARE OF UTAH, INC.

<sup>1</sup> Borderline contract: May be exempt from 2018 HOS reporting if CMS determines contract enrollment is fewer than 500 members as of February 1, 2018. Contracts exempted from reporting will be notified in February 2018.

<sup>2</sup> Medicare Advantage contract is not required to administer 2018 Cohort 21 Baseline survey due to enrollment less than 500, but is **required** to administer the Cohort 19 Follow-Up survey because the 2016 Cohort 19 Baseline survey was administered two years ago.

Contract ID	Contract Name	Contract ID	Contract Name
H0504	CALIFORNIA PHYSICIANS' SERVICE	H4605	REGENCE BLUECROSS BLUESHIELD OF UTAH
H0523	AETNA HEALTH OF CALIFORNIA INC.	H4754	PACIFICSOURCE COMMUNITY HEALTH PLANS
H0524	KAISER FOUNDATION HP, INC.	H4875	PRIORITY HEALTH
H0543	UHC OF CALIFORNIA	H4909	ANTHEM INSURANCE COMPANIES, INC.
H0544	BLUE CROSS OF CALIFORNIA	H4922	AGEWELL NEW YORK, LLC
H0545	INTER VALLEY HEALTH PLAN, INC.	H4931	UNIVERSITY CARE ADVANTAGE, INC.
H0562	HEALTH NET OF CALIFORNIA, INC.	H5008	UNITEDHEALTHCARE INSURANCE COMPANY
H0571	CHINESE COMMUNITY HEALTH PLAN	H5009	REGENCE BLUESHIELD
H0602	ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION	H5010	ASURIS NORTHWEST HEALTH
H0609	PACIFICARE OF COLORADO, INC	H5042	CDPHP UNIVERSAL BENEFITS, INC.
H0624	UNITEDHEALTHCARE INSURANCE COMPANY	H5050	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON
H0630	KAISER FOUNDATION HP OF CO	H5087	EASY CHOICE HEALTH PLAN INC.
H0657	COLORADO CHOICE HEALTH PLANS	H5106	HIGHMARK SENIOR SOLUTIONS COMPANY
H0710	UNITEDHEALTHCARE INSURANCE COMPANY	H5141	CLOVER INSURANCE COMPANY
H0712	WELLCARE OF CONNECTICUT, INC.	H5172	COMMUNITY HEALTH GROUP
H0735	UCARE MINNESOTA	H5190	SUNSHINE STATE HEALTH PLAN, INC.
H0755	OXFORD HEALTH PLANS (CT), INC.	H5209	CARE WISCONSIN HEALTH PLAN, INC.
H0811	GUILDNET, INC.	H5211	SECURITY HEALTH PLAN OF WISCONSIN, INC.
H0838	UNIVERSAL CARE, INC.	H5215	NETWORK HEALTH INSURANCE CORPORATION
H0908	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H5216	HUMANA INSURANCE COMPANY
H0913	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	H5253	UNITEDHEALTHCARE OF WISCONSIN, INC.
H0927	HEALTH CARE SERVICE CORPORATION	H5256	MEDICAL ASSOCIATES CLINIC HEALTH PLAN
H1016	AVMED, INC.	H5262	GUNDERSEN HEALTH PLAN
H1019	CAREPLUS HEALTH PLANS, INC.	H5264	DEAN HEALTH PLAN, INC.
H1026	HEALTH OPTIONS, INC.	H5280	MOLINA HEALTHCARE OF OHIO, INC.
H1032	WELLCARE OF FLORIDA, INC.	H5294	SUPERIOR HEALTH PLAN, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H1035	FLORIDA HEALTH CARE PLAN, INC.	H5322	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H1036	HUMANA MEDICAL PLAN, INC.	H5355	IEHP HEALTH ACCESS
H1045	PREFERRED CARE PARTNERS, INC.	H5386	SHARP HEALTH PLAN
H1099	HEALTH FIRST HEALTH PLANS	H5410	HEALTHSPRING OF FLORIDA
H1109	AETNA HEALTH INC.(GA)	H5420	MEDICA HEALTHCARE PLANS, INC.
H1111	UNITEDHEALTHCARE OF GEORGIA, INC.	H5422	BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA
H1112	WELLCARE OF GEORGIA, INC.	H5425	SCAN HEALTH PLAN
H1170	KAISER FOUNDATION HP OF GA, INC.	H5427	FREEDOM HEALTH, INC.
H1181	NETWORK HEALTH INSURANCE CORPORATION	H5430	ONECARE BY CARE1ST HEALTH PLAN ARIZONA INC.
H1230	KAISER FOUNDATION HP, INC.	H5431	HEALTHSUN HEALTH PLANS, INC.
H1264	WELLCARE OF TEXAS, INC.	H5433	ORANGE COUNTY HEALTH AUTHORITY
H1286	UNITEDHEALTHCARE INSURANCE COMPANY	H5434	BLUE CROSS AND BLUESHIELD OF FLORIDA, INC.
H1302	BLUE CROSS OF IDAHO CARE PLUS, INC.	H5435	UNITEDHEALTHCARE INSURANCE COMPANY
H1304	REGENCE BLUESHIELD OF IDAHO	H5439	HEALTH NET LIFE INSURANCE COMPANY
H1350	BLUE CROSS OF IDAHO CARE PLUS, INC.	H5441	HEALTHFIRST HEALTH PLAN, INC.
H1352	BLUE-ADVANTAGE PLUS OF KANSAS CITY, INC.	H5471	SIMPLY HEALTHCARE PLANS, INC.
H1365	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.	H5475	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
H1415	HEALTHSPRING OF TENNESSEE, INC.	H5521	AETNA LIFE INSURANCE COMPANY
H1416	HARMONY HEALTH PLAN, INC.	H5522	HEALTHASSURANCE PENNSYLVANIA, INC.
H1463	HEALTH ALLIANCE CONNECT, INC.	H5525	HUMANA BENEFIT PLAN OF ILLINOIS, INC.
H1468	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	H5526	HEALTHNOW NEW YORK INC.
H1537	UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK	H5528	GROUP HEALTH INCORPORATED
H1587	ARKANSAS SUPERIOR SELECT, INC.	H5533	UPMC HEALTH NETWORK, INC.
H1607	ANTHEM INSURANCE COMPANIES, INC.	H5549	VNS CHOICE

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Contract ID	Contract Name	Contract ID	Contract Name
H1608	COVENTRY HEALTH AND LIFE INSURANCE COMPANY	H5576	VANTAGE HEALTH PLAN, INC.
H1609	AETNA HEALTH INC. (FL)	H5577	MCS ADVANTAGE, INC.
H1651	MEDICAL ASSOCIATES HEALTH PLAN, INC.	H5580	SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION
H1659	PIEDMONT COMMUNITY HEALTHCARE, INC.	H5587	HEALTH CHOICE ARIZONA, INC.
H1660	HARVARD PILGRIM HEALTH CARE INC.	H5590	BRIDGEWAY HEALTH SOLUTIONS
H1666	HCSC INSURANCE SERVICES COMPANY	H5591	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.
H1692	COVENTRY HEALTH CARE OF WEST VIRGINIA, INC.	H5594	OPTIMUM HEALTHCARE, INC.
H1723	ABSOLUTE TOTAL CARE, INC.	H5608	DENVER HEALTH MEDICAL PLAN, INC.
H1737	HEALTH ALLIANCE - MIDWEST, INC.	H5613 <sup>1</sup>	MVP HEALTH PLAN, INC.
H1777	CATHOLIC SPECIAL NEEDS PLAN, LLC	H5619	ARCADIAN HEALTH PLAN, INC.
H1846	MOUNT CARMEL HEALTH INSURANCE COMPANY	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.	H5703	SOUTH COUNTRY HEALTH ALLIANCE
H1969	REGENCE BLUE SHIELD OF IDAHO	H5746	AMERIGROUP COMMUNITY CARE OF NEW MEXICO, INC.
H1977	UPPER PENINSULA HEALTH PLAN, LLC	H5774	TRIPLE S ADVANTAGE, INC.
H1994	SELECTHEALTH, INC.	H5779	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.
H1997	REGENCE BLUESHIELD	H5793	AETNA HEALTH INC. (CT)
H2001	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	H5810	MOLINA HEALTHCARE OF CALIFORNIA
H2029	HUMANA INSURANCE OF PUERTO RICO, INC.	H5817	AMERIGROUP TEXAS, INC.
H2034	COMMUNITY CARE HEALTH PLAN, INC.	H5823	MOLINA HEALTHCARE OF WASHINGTON, INC.
H2108	BRAVO HEALTH MID-ATLANTIC, INC.	H5826	COMMUNITY HEALTH PLAN OF WASHINGTON

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Contract ID	Contract Name	Contract ID	Contract Name
H2150	KAISER FNDN HP OF THE MID-ATLANTIC STS	H5852	AIDS HEALTHCARE FOUNDATION
H2171	CARE N' CARE INSURANCE COMPANY, INC.	H5854	ANTHEM HEALTH PLANS, INC.
H2174	TRILLIUM COMMUNITY HEALTH PLAN	H5859	HEALTH PLAN OF CAREOREGON, INC.
H2185	LIFEWORCS ADVANTAGE, LLC	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	H5937	UCARE MINNESOTA
H2230	BCBS OF MASSACHUSETTS HMO BLUE, INC.	H5938	CAPITAL HEALTH PLAN
H2237	INDEPENDENT CARE HEALTH PLAN, INC.	H5943	SCAN HEALTH PLAN
H2241	GOLDEN STATE MEDICARE HEALTH PLAN	H5945	PROMINENCE HEALTHFIRST
H2256	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	H5969	ALOHACARE
H2261	BCBS OF MASSACHUSETTS HMO BLUE, INC.	H5970	HUMANA INSURANCE COMPANY OF NEW YORK
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.
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.	H6306	FIRSTCAROLINACARE INSURANCE COMPANY
H2425	BLUE PLUS	H6328	CARE N' CARE INSURANCE COMPANY, INC.
H2450	MEDICA INSURANCE COMPANY	H6396	CARESOURCE
H2456	UCARE MINNESOTA	H6453	HMO LOUISIANA, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H2458	MEDICA HEALTH PLANS	H6528	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H2459	UCARE MINNESOTA	H6622	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP
H2461	BLUE CROSS AND BLUE SHIELD OF MINNESOTA	H6672 <sup>1</sup>	EON HEALTH, INC. (GA)
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)	H6815	HEALTH NET HEALTH PLAN OF OREGON
H2531	UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.	H6864	GUILDNET, INC.
H2533	MOLINA HEALTHCARE OF SOUTH CAROLINA, INC.	H6870	SUPERIOR HEALTH PLAN, INC.
H2563	OPTIMA HEALTH PLAN	H6947	QUALCHOICE ADVANTAGE
H2593	CAREMORE HEALTH PLAN OF ARIZONA, INC.	H6988	CENTERS PLAN FOR HEALTHY LIVING, LLC
H2610	ESSENCE HEALTHCARE, INC.	H7006	ATRIO HEALTH PLANS
H2649	HUMANA HEALTH PLAN, INC.	H7020	CIGNA HEALTHCARE OF SOUTH CAROLINA, INC.
H2663	COVENTRY HEALTH CARE OF MISSOURI, INC	H7115	MEMORIAL HERMANN HEALTH PLAN
H2758	BEHEALTHY FLORIDA, INC.	H7149	AETNA HEALTH INC. (PA)
H2773	QUALITY HEALTH PLANS OF NEW YORK, INC.	H7172	AETNA BETTER HEALTH, INC. (OH)
H2775	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY	H7173 <sup>1</sup>	PEACH STATE HEALTH PLAN, INC.
H2802	UNITEDHEALTHCARE OF THE MIDLANDS, INC.	H7200	AMERIGROUP TENNESSEE, INC.
H2816	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY	H7220	INDIANA UNIVERSITY HEALTH PLANS, INC.
H2836	ANTHEM HEALTH PLANS, INC.	H7245	PREMERA BLUE CROSS
H2879	MOLINA HEALTHCARE OF WISCONSIN	H7301	COVENTRY HEALTH CARE OF ILLINOIS, INC.
H2906	HOMETOWN HEALTH PLAN, INC.	H7419	TUFTS HEALTH PUBLIC PLANS, INC.
H2931	HEALTH PLAN OF NEVADA, INC.	H7522	MMM HEALTHCARE, LLC
H2944	HUMANA INSURANCE COMPANY	H7678	MOLINA HEALTHCARE OF TEXAS, INC.
H2960	HOMETOWN HEALTH PLAN, INC.	H7680	PROMINENCE HEALTHFIRST OF TEXAS
H2962	ULTIMATE HEALTH PLANS, INC.	H7728	ANTHEM HEALTH PLANS OF NEW HAMPSHIRE, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H2968	MEMORIAL HERMANN HEALTH INSURANCE COMPANY	H7787	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H2986	STANFORD HEALTHCARE ADVANTAGE	H7833	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC
H3054	CONSTELLATION HEALTH, LLC.	H7844	MOLINA HEALTHCARE OF MICHIGAN, INC.
H3071	COMMUNITY CARE ALLIANCE OF ILLINOIS, NFP	H7885	SAN MATEO HEALTH COMMISSION
H3113	OXFORD HEALTH PLANS (NJ), INC.	H7890	SANTA CLARA COUNTY HEALTH AUTHORITY
H3132	AHF MCO OF FLORIDA, INC.	H7917	BLUECROSS BLUESHIELD OF TENNESSEE, INC.
H3152	AETNA HEALTH INC. (NJ)	H7971	HORIZON INSURANCE COMPANY
H3154	HORIZON INSURANCE COMPANY	H8016	ORANGE COUNTY HEALTH AUTHORITY
H3170	SAPPHIRE EDGE, INC.	H8026	AETNA BETTER HEALTH OF MICHIGAN INC.
H3204	PRESBYTERIAN HEALTH PLAN	H8046	MOLINA HEALTHCARE OF ILLINOIS, INC.
H3206	PRESBYTERIAN INSURANCE COMPANY, INC.	H8064	FIRSTCAROLINACARE INSURANCE COMPANY
H3233	PREMIER HEALTH INSURING CORPORATION	H8130	MOLINA HEALTHCARE OF FLORIDA, INC.
H3237	HEALTH NET COMMUNITY SOLUTIONS, INC.	H8133	GHS INSURANCE COMPANY
H3240	AMERIGROUP NEW JERSEY, INC.	H8145	HUMANA INSURANCE COMPANY
H3251	HEALTH CARE SERVICE CORPORATION	H8170	AMERICA'S 1ST CHOICE OF SOUTH CAROLINA, INC.
H3259	VOLUNTEER STATE HEALTH PLAN	H8189	MANAGED HEALTH SERVICES, WISCONSIN
H3305	MVP HEALTH PLAN, INC.	H8197	MOLINA HEALTHCARE OF TEXAS, INC.
H3307	OXFORD HEALTH PLANS (NY), INC.	H8213	SELECT HEALTH OF SOUTH CAROLINA, INC.
H3312	AETNA HEALTH INC. (NY)	H8237	INSURANCE COMPANY OF SCOTT AND WHITE
H3328	THE NEW YORK STATE CATHOLIC HEALTH PLAN, INC.	H8258	LOCAL INITIATIVE HEALTH AUTHORITY FOR L.A. COUNTY
H3330	HEALTH INSURANCE PLAN OF GREATER NEW YORK	H8266	CONSTELLATION HEALTH, LLC.
H3335	EXCELLUS HEALTH PLAN, INC.	H8298	HORIZON HEALTHCARE OF NEW JERSEY, INC.
H3342	EMPIRE HEALTHCHOICE ASSURANCE, INC.	H8423	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

<sup>1</sup> Borderline contract: May be exempt from 2018 HOS reporting if CMS determines contract enrollment is fewer than 500 members as of February 1, 2018. Contracts exempted from reporting will be notified in February 2018.

<sup>2</sup> Medicare Advantage contract is not required to administer 2018 Cohort 21 Baseline survey due to enrollment less than 500, but is **required** to administer the Cohort 19 Follow-Up survey because the 2016 Cohort 19 Baseline survey was administered two years ago.

Contract ID	Contract Name	Contract ID	Contract Name
H3344	INDEPENDENT HEALTH BENEFITS CORPORATION	H8432	EMPIRE HEALTHCHOICE HMO, INC.
H3347	ELDERPLAN, INC.	H8452	CARESOURCE
H3351	EXCELLUS HEALTH PLAN, INC.	H8490	VNS CHOICE
H3359	HEALTHFIRST HEALTH PLAN, INC.	H8506	MODA HEALTH PLAN, INC.
H3361	WELLCARE OF NEW YORK, INC.	H8552	ANTHEM BLUE CROSS LIFE AND HEALTH INS COMPANY
H3362	INDEPENDENT HEALTH ASSOCIATION, INC.	H8554	GHS INSURANCE COMPANY
H3379	UNITEDHEALTHCARE OF NEW YORK, INC.	H8578	HEALTH NEW ENGLAND, INC.
H3384	HEALTHNOW NEW YORK INC.	H8604	THP INSURANCE COMPANY
H3387	UNITEDHEALTHCARE OF NEW YORK, INC.	H8634	HEALTH CARE SERVICE CORPORATION
H3388	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.	H8649	AETNA HEALTH OF UTAH, INC
H3404	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H8677	MOLINA HEALTHCARE OF CALIFORNIA
H3447	HEALTHKEEPERS, INC.	H8748	UNITEDHEALTHCARE INSURANCE COMPANY
H3449	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H8764	ASPIRE HEALTH PLAN
H3471	HEALTH ALLIANCE NORTHWEST HEALTH PLAN	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.	H9153	WEST VIRGINIA SENIOR ADVANTAGE, INC.
H3664	AULTCARE HEALTH INSURING CORPORATION	H9190	GATEWAY HEALTH PLAN OF OHIO, INC.
H3668	MOUNT CARMEL HEALTH PLAN, INC.	H9207	HEALTH PARTNERS PLANS, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H3672	HEALTH PLAN OF THE UPPER OHIO VALLEY	H9208	RIVERLINK HEALTH
H3706	GLOBALHEALTH, INC.	H9287	HEALTH NET COMMUNITY SOLUTIONS OF ARIZONA, INC.
H3749	UNITEDHEALTHCARE OF OKLAHOMA, INC.	H9302	SOUNDPATH HEALTH
H3755	COMMUNITY CARE HMO, INC	H9408	VIBRA HEALTH PLAN, INC.
H3765	HEARTLANDPLAINS HEALTH	H9412	GEISINGER QUALITY OPTIONS, INC.
H3794	CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY	H9460	CIGNA HEALTHCARE OF ST LOUIS, INC.
H3805	UNITEDHEALTHCARE OF OREGON, INC.	H9487	MICHIGAN COMPLETE HEALTH, INC.
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.	H9576	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND
H3814	ATRIO HEALTH PLANS	H9595	MOLINA HEALTHCARE OF VIRGINIA, INC.
H3815	ALIGNMENT HEALTH PLAN	H9615	MVP HEALTH PLAN, INC.
H3817	REGENCE BLUECROSS BLUESHIELD OF OREGON	H9699	HMO PARTNERS, INC.
H3818	FAMILYCARE HEALTH PLANS, INC.	H9712	HAP MIDWEST HEALTH PLAN, INC.
H3822	HEALTH CARE SERVICE CORPORATION	H9725	CIGNA HEALTHCARE OF NORTH CAROLINA, INC.
H3832	HAWAII MEDICAL SERVICE ASSOCIATION	H9730	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC
H3864	PACIFICSOURCE COMMUNITY HEALTH PLANS	H9808	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA
H3890	HOPKINS HEALTH ADVANTAGE, INC.	H9834	GUNDERSEN HEALTH PLAN OF MINNESOTA
H3907	UPMC HEALTH PLAN, INC.	H9869	PARTNERS HEALTH PLAN, INC.
H3909	QCC INSURANCE COMPANY	H9870	UNIVERSITY HEALTH CARE, INC.
H3916	HIGHMARK SENIOR HEALTH COMPANY	H9886	HMO MISSOURI, INC.
H3923	CAPITAL ADVANTAGE INSURANCE COMPANY	H9915	MEDSTAR FAMILY CHOICE, INC.
H3924	GEISINGER INDEMNITY INSURANCE COMPANY	H9954	ANTHEM INSURANCE COMPANIES, INC.
H3928	AETNA HEALTH INC. (LA)	R3175	UNITEDHEALTHCARE INSURANCE COMPANY

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Contract ID	Contract Name	Contract ID	Contract Name
H3931	AETNA HEALTH INC. (PA)	R3332	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
H3949	BRAVO HEALTH PENNSYLVANIA, INC.	R3444	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H3952	KEYSTONE HEALTH PLAN EAST, INC.	R5329	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
H3954	GEISINGER HEALTH PLAN	R5342	UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK
H3957	HIGHMARK CHOICE COMPANY	R5826	HUMANA INSURANCE COMPANY
H3959	AETNA HEALTH INC. (PA)	R5941	ANTHEM INSURANCE COMPANIES, INC.
H3962	KEYSTONE HEALTH PLAN CENTRAL, INC.	R6694	AETNA LIFE INSURANCE COMPANY
H3979	GHS HEALTH MAINTENANCE ORGANIZATION, INC.	R6801	CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY
H4003	MMM HEALTHCARE, LLC	R7444	UNITEDHEALTHCARE INSURANCE COMPANY
H4004	MMM HEALTHCARE, LLC		

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## ATTACHMENT 2

### FIDE SNPs Voluntarily Reporting in 2018

Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes for the Memo
H0562	055	Health Net Seniority Plus Amber I (HMO SNP)	HEALTH NET OF CALIFORNIA, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H0562	111	Health Net Seniority Plus Sapphire (HMO)	HEALTH NET OF CALIFORNIA, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H0562	112	Health Net Ruby Select (HMO)	HEALTH NET OF CALIFORNIA, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H0562	113	Health Net Ruby Select (HMO)	HEALTH NET OF CALIFORNIA, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H0913	013	WellCare Liberty (HMO SNP)	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1961	003	Peoples Health Secure Health (HMO SNP)	PEOPLES HEALTH, 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 quality, then combined FIDE SNP PBP level for frailty
H2034	002	Community Care's Partnership Program Disabled (HMO SNP)	COMMUNITY CARE HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2168	001	VillageCareMAX Medicare Health Advantage (HMO SNP)	VILLAGE SENIOR SERVICES CORPORATION	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2168	002	VillageCareMAX Medicare Total Advantage (HMO SNP)	VILLAGE SENIOR SERVICES CORPORATION	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2224	001	Senior Whole Health (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)
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	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 2018 Cohort 21 Baseline survey due to enrollment less than 500, but is **required** to administer the Cohort 19 Follow-Up survey because the 2016 Cohort 19 Baseline survey was administered two years ago.

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes for the Memo
			MAINTENANCE ORGANIZATION	
H2458	002	Medica DUAL Solution (HMO SNP)	MEDICA HEALTH PLANS	Sample at contract level for quality and frailty
H2416	001	PrimeWest Senior Health Complete (HMO SNP)	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	Sample at contract level for quality and frailty
H2419	001	SeniorCare Complete (HMO SNP)	SOUTH COUNTRY HEALTH ALLIANCE	Sample at contract level for quality and frailty
H2425	001	SecureBlue (HMO SNP)	BLUE PLUS	Sample at contract level, first for quality, then for frailty; 1 PBP only (HOS-M)
H2456	002	UCare's Minnesota Senior Health Options (HMO SNP)	UCARE MINNESOTA	Sample at contract level, first for quality, then for frailty (HOS-M)
H2926	001	Prime Health Complete (HMO SNP)	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	Sample at contract level for frailty only; no quality reporting
H3054	002	Genesis - Constellation Health (HMO SNP)	CONSTELLATION HEALTH, LLC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3054	003	Genesis Prime - Constellation Health (HMO SNP)	CONSTELLATION HEALTH, LLC.	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
H3347	007	Elderplan Plus Long Term Care (HMO SNP)	ELDERPLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3359	034	Healthfirst CompleteCare (HMO SNP)	HEALTHFIRST HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3561	001	Health Net Seniority Plus Amber II Premier (HMO SNP)	HEALTH NET COMMUNITY SOLUTIONS, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H4279	001	UPMC for Life Dual (HMO SNP)	UPMC FOR YOU, INC	Sample at contract level for quality and frailty
H4931	013	University Care Advantage	UNIVERSITY CARE ADVANTAGE, INC.	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
H4931	014	University Care Advantage	UNIVERSITY CARE ADVANTAGE, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4931	015	University Care Advantage	UNIVERSITY CARE ADVANTAGE, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4931	016	University Care Advantage	UNIVERSITY CARE ADVANTAGE, 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
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 Medicare Advantage (HMO SNP)	BRIDGEWAY HEALTH SOLUTIONS	Sample at contract level for quality and frailty
H5628	008	Molina Healthcare of Utah	MOLINA HEALTHCARE OF UTAH, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5703	001	AbilityCare (HMO SNP)	SOUTH COUNTRY HEALTH ALLIANCE	Sample at contract level for quality and frailty
H5992	007	Senior Whole Health of New York NHC (HMO SNP)	SENIOR WHOLE HEALTH OF NEW YORK, INC.	Sample at contract level for frailty only; no quality reporting
H6864	001	GuildNet Gold (HMO SNP)	GUILDNET, INC.	Sample at contract level for quality and frailty

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<sup>2</sup> Medicare Advantage contract is not required to administer 2018 Cohort 21 Baseline survey due to enrollment less than 500, but is **required** to administer the Cohort 19 Follow-Up survey because the 2016 Cohort 19 Baseline survey was administered two years ago.

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes for the Memo
H8298	001	Horizon NJ TotalCare (HMO SNP)	HORIZON HEALTHCARE OF NEW JERSEY, INC.	Sample at contract level for quality and frailty
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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**ATTACHMENT 3**  
**Conditionally Approved Medicare Health Outcomes Survey Vendors\***  
**Survey Vendor Contact Information**

<p><b>Center for the Study of Services (CSS)</b>          Jackie Pearce Garrett          1625 K Street, NW, 8th Floor          Washington, DC 20006          Tel: (202) 454-3055  <a href="mailto:jgarrett@cssresearch.org">jgarrett@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, ext. 4142  <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>Morpace Inc.</b>          Cheryl Cusmano          31700 Middlebelt Road, Suite 200          Farmington Hills, MI 48334          Tel: (248) 539-5263  <a href="mailto:ccusmano@morpace.com">ccusmano@morpace.com</a>  <a href="http://www.morpace.com">www.morpace.com</a></p>
<p><b>Symphony Performance Health, Inc. dba SPH Analytics</b>          Mansoor Siddiqui          1965 Evergreen Blvd, Suite 100          Duluth, GA 30096          Tel: (770) 978-3173, ext. 1354  <a href="mailto:mansoor.siddiqui@sphanalytics.com">mansoor.siddiqui@sphanalytics.com</a>  <a href="http://www.sphanalytics.com">www.sphanalytics.com</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 2018.

**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.