



TO: Medicare Advantage Contracts
FROM: HOS Project Team
DATE: November 29, 2017
RE: Exclusion of Small Medicare Advantage Contracts from HOS 2018 Administration

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 2018. 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 (MMP) that have fewer than 500 enrolled beneficiaries as of February 1, 2018, **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 Baseline in 2018. CMS will review contract enrollment figures again prior to sampling to verify final eligibility status for the 2018 HOS reporting. If your contract's enrollment **as of February 1, 2018**, increases to at least 500 members, the HOS Project Team will provide you with an update on 2018 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 19 Baseline administration, the contract **is still responsible** for reporting HOS during 2018 Cohort 19 Follow-Up, regardless of enrollment size. Contracts that are required to report 2018 Cohort 19 Follow-Up only are marked with a superscript “²” in Attachment 1.

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, 2017. The *Advance Notice of Methodological*

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

Changes for Calendar Year (CY) 2019 memorandum, 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 the same level 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 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 2018. 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

MAOs *Not Required* to Administer HOS in 2018

Contract ID	Contract Name
H0502 ¹	THE CONTRA COSTA HEALTH PLAN
H0062	SUPERIOR HEALTHPLAN COMMUNITY SOLUTIONS, INC.
H1189	CHRISTUS HEALTH PLAN
H0490	MOLINA HEALTHCARE OF OHIO, INC.
H1343	FRESENIUS HEALTH PLANS OF TEXAS, INC.
H1372	MARQUIS ADVANTAGE, INC.
H2161	UPPER PENINSULA HEALTH PLAN, LLC
H2168	VILLAGE SENIOR SERVICES CORPORATION
H2334	EON HEALTH, INC. (SC)
H2400	SIGNATURE ADVANTAGE, LLC
H2417 ¹	ITASCA MEDICAL CARE
H2591	HEALTH ALLIANCE - MIDWEST, INC.
H2926	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE
H3018	CENTERS PLAN FOR HEALTHY LIVING, LLC
H3262	FRESENIUS HEALTH PLANS OF NEW YORK, INC.
H3291	PRUITTHEALTH PREMIER, INC.
H3314	HEALTH INSURANCE PLAN OF GREATER NEW YORK
H3416	HEALTHPARTNERS UNITYPOINT HEALTH, INC.
H3503	SANFORD HEART OF AMERICA HEALTH PLAN
H3708	OKLAHOMA SUPERIOR SELECT, INC.
H4093	PROVIDER PARTNERS HEALTH PLAN OF PENNSYLVANIA, INC
H4172	NHC ADVANTAGE, LLC
H4262	BCBS OF MICHIGAN MUTUAL INSURANCE COMPANY
H4490	MISSOURI MEDICARE SELECT, LLC
H4876	CONSTELLATION HEALTH, LLC.
H5302	AETNA HEALTH INC. (GA)
H5528 ²	GROUP HEALTH INCORPORATED
H5613 ¹	MVP HEALTH PLAN, INC.
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 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.

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

Health Outcomes Survey (HOS) 2018 Administration—Exclusion of Small Plans

November 29, 2017

Page 4 of 4

Contract ID	Contract Name
H6435	ELDERSERVE HEALTH, INC.
H6672 ¹	EON HEALTH, INC. (GA)
H6776	ELDERSERVE HEALTH, INC.
H6786	ANTHEM HEALTH PLANS OF MAINE, INC.
H7173 ¹	PEACH STATE HEALTH PLAN, INC.
H8029	ELDERPLAN, INC.
H8067	PROVIDER PARTNERS HEALTH PLAN, INC.
H8851	SENIOR WHOLE HEALTH OF NEW YORK, INC.
H9104	SCAN HEALTH PLAN
H9115	METROPLUS HEALTH PLAN, INC.
H9276	SUNSHINE HEALTH COMMUNITY SOLUTIONS, INC.
H9312	FRESENIUS HEALTH PLANS INSURANCE COMPANY
H9345	VILLAGE SENIOR SERVICES CORPORATION
H9403	EON HEALTH, INC. (SC)
H9585	BOSTON MEDICAL CENTER HEALTH PLAN, INC.
H9589	EON HEALTH, INC. (GA)
H9811	MAGNOLIA HEALTH PLAN, INC.
H9877	VIRGINIA PREMIER HEALTH PLAN, INC.

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