



## MEMORANDUM

TO: Medicare Advantage Organizations  
FROM: HOS Project Team  
DATE: March 13, 2023  
RE: Medicare Health Outcomes Survey (HOS) 2023 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> HOS in 2023. CMS has contracted with the National Committee for Quality Assurance (NCQA) to oversee the administration of the HOS.

This memo contains information about CMS HOS 2023 reporting requirements and actions participating Medicare Advantage Organizations (MAOs) need to take. CMS will also post this memo on the HOS website at <http://hosonline.org/>. This memo includes the following sections and attachments:

- HOS 2023 Survey Administration Memo Changes.
- Process for Notifying the HOS Project Team of Survey Vendor Selection.
- Reporting Requirements.
- Institutional Special Needs Plan (I-SNP) Reporting Requirements.
- Contracting with a Survey Vendor.
- Cohort 26 Baseline and Cohort 24 Follow-Up Survey Administration.
- Optional FIDE SNP Reporting.
- Oversampling.
- HOS Data Dissemination.
- Communication with Medicare Advantage (MA) Members about the HOS.
- Attachment 1—MAOs Required to Report HOS in 2023.
- Attachment 2—Fully Integrated Dual-Eligible (FIDE) Special Needs Plans (SNP) Voluntarily Reporting in 2023.
- Attachment 3—Conditionally-Approved Medicare HOS and HOS-M Survey Vendors.
- Attachment 4—Consumer Information About Selecting a Survey Vendor
- Attachment 5—Sample Text for Use in a Member Newsletter Encouraging Members to Complete the HOS.

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

## HOS 2023 Survey Administration Changes

MAOs are strongly encouraged to review the entire HOS 2023 Survey Administration memo. Refer to the following sections in this memo to review key updates and changes to HOS 2023 Survey administration:

- **NEW:** [Attachment 4—Consumer Information About Selecting a Survey Vendor](#).

### Process for Notifying the HOS Project Team of Survey Vendor Selection

All MAOs must contract with a CMS-approved HOS survey vendor to field their surveys. A list of CMS-approved HOS survey vendors is posted on the HOS website at <https://www.hosonline.org>.

MA contracts must report their survey vendor selection using the [HOS survey vendor selection web form](https://www.ncqa.org/hedis/measures/hos/survey-vendor-selection-form/) (<https://www.ncqa.org/hedis/measures/hos/survey-vendor-selection-form/>) **by Friday, April 2023**. The web form must be completed in its entirety and include the following information:

- HOS primary contact person at MA contract (include telephone and email).
- CMS contract number and contract name.
- Cohort administration (e.g., Cohort 26 Baseline, Cohort 24 Follow-Up, or both).
- Oversampling request specifying the associated contract number and oversampling percentage.<sup>2</sup>
- Name of HOS survey vendor.<sup>3</sup>
- Confirmation of voluntary FIDE SNP participation (if applicable), including contract number(s), Plan Benefit Package (PBP) ID(s), frailty survey(s) and FIDE SNP contact person.<sup>4</sup>

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

### Reporting Requirements

The following MAOs and other organization types with Medicare contracts in effect on or before January 1, 2022, **are required** to report the Baseline HOS in 2023, provided that they have a minimum enrollment of 500 members as of February 1, 2023:

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<sup>2</sup> See Oversampling section of the memo for additional details on oversampling.

<sup>3</sup> See Attachment 3 for the list of conditionally-approved HOS and HOS-M survey vendors.

<sup>4</sup> See Optional FIDE SNP Reporting section of the memo for additional details and Attachment 2 for a list of FIDE SNPs voluntarily reporting in 2023.

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

In addition, all organizations that reported a Cohort 24 Baseline survey in 2021 are required to administer a Cohort 24 Follow-Up survey in 2023.

In the event of a consolidation, merger, or novation, the surviving contract must report Follow-Up HOS for all members of all contracts involved. All eligible members of consolidated, merged, or novated contracts will be resurveyed and the results will be reported as one under the surviving contract. In the event of a contract conversion, the contract must report if its new organization type is required to report.

Contracts that elect to voluntarily field the HOS Baseline in 2023 are required to administer the Follow-Up survey in 2025. All contracts electing to field the HOS survey are required to publicly report results.

### **Institutional Special Needs Plan (I-SNP) Reporting Requirements**

Contracts in effect on or before January 1, 2022, and with a minimum of 500 **non-I-SNP** enrollees as of February 1, 2023, **are** required to administer the HOS Baseline survey in 2023 to their non-I-SNP enrollees. CMS will exclude beneficiaries enrolled in I-SNPs at the PBP level from the HOS Baseline survey. All contracts that administered the Cohort 24 Baseline in 2021 **are** required to administer Cohort 24 Follow-Up in 2023.

### **Contracting with a Survey Vendor**

CMS annually trains and approves survey vendors to administer the HOS survey on behalf of MA contracts. A list of CMS-approved HOS survey vendors is posted on the [HOS website](https://www.hosonline.org) at <https://www.hosonline.org>. MAOs are advised to review pertinent information regarding choosing a survey vendor in [Attachment 4 — Consumer Information About Selecting a Survey Vendor](#).

The following survey vendors are conditionally-approved by CMS to administer the HOS in 2023:

1. Center for the Study of Services (CSS)
2. DataStat, Inc.
3. Press Ganey

MAOs are required to contract with a CMS-approved survey vendor. CMS encourages MAOs 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 MAOs 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 MAOs with regular progress reports containing contract-level summary indicators (e.g., interim mail and telephone response rates).

## **Cohort 26 Baseline and Cohort 24 Follow-Up Survey Administration**

The Cohort 26 Baseline and Cohort 24 Follow-Up surveys are scheduled for administration from late July through November 2023. The mail and telephone surveys will be administered in English and Spanish. The mail survey is also available in Chinese and Russian and telephone survey is also available in Chinese. Fielding the mail or telephone survey in Chinese and/or the mail survey in Russian is optional. MAOs must work with their survey vendor to determine which optional languages to field.

CMS provides the HOS in English, Spanish, Chinese, and Russian to facilitate the participation of the broadest pool of plan members and to promote accurate measurement of the experience of all Medicare beneficiaries. Collecting information from beneficiaries who can only respond to the survey in Spanish, Chinese, or Russian increases the usefulness of the HOS for quality improvement initiatives.

MAOs should notify survey vendors of any additional language translations needed for the HOS. CMS will consider these translation requests for implementation in future survey years.

An updated version of the HOS manual, *HEDIS Measurement Year 2022, Volume 6: Specifications for the Medicare Health Outcomes Survey*, will be published in May 2023. This 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).

## **Optional FIDE SNP Reporting**

MAOs that expect to sponsor a FIDE SNP in 2024 may elect to report HOS at the 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. MAOs may elect to report HOS or HOS-M at the PBP level even if the MA contract is not required to report HOS quality reporting due to low enrollment.

MAOs that elect to use the HOS for measuring frailty may contract with the CMS-approved survey vendor of their choice. MAOs that elect to use the HOS-M for measuring frailty may contract with CSS or DataStat.

MAOs electing to report HOS or HOS-M at the PBP level must report their survey vendor selection to NCQA using the [HOS survey vendor selection web form](https://www.ncqa.org/hedis/measures/hos/survey-vendor-selection-form/) (<https://www.ncqa.org/hedis/measures/hos/survey-vendor-selection-form/>) no later than **Friday, April 28, 2023**.

Surveys are fielded at the PBP level for frailty measurement. PBPs must have a minimum of 50 members to participate. 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.

CMS released the *Advance Notice of Methodological Changes for Calendar Year (CY) 2024* on February 3, 2023. This memorandum provides more information about frailty adjustment, including the methodology used to determine if FIDE SNPs have the same level of frailty as Programs of All-Inclusive Care for the Elderly (PACE) and will qualify for frailty payments in 2024.

## Oversampling

All MAOs required to report HOS will have the option of surveying a Baseline sample of members that is larger than the standard sample size of 1,200. Oversampling can only occur at the contract level. Oversampling requests should be expressed as a whole percentage of the standard sample size. Any oversampling request submitted as a decimal will be rounded to the nearest whole number.

MAOs interested in oversampling must make a formal request to NCQA, along with their survey vendor selection, no later than **Friday, April 28, 2023**. MAOs must specify the contract number associated with the oversampling request and the requested oversampling percentage. All oversampling requests are subject to approval by CMS.

## HOS Data Dissemination

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

1. ***HOS Baseline Report***. This report is made available each fall to MAOs 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.
2. ***HEDIS HOS Effectiveness of Care Report***. This report is made available in the summer to MAOs that participated in the previous year's Baseline and/or Follow-Up administration of the HOS. The HEDIS HOS Effectiveness of Care Report provides MAOs an opportunity to review HEDIS HOS Effectiveness of Care results during the Star Ratings preview periods. The HEDIS HOS Effectiveness of Care Report includes MAO, state, regional, and national HOS Effectiveness of Care results for the following HEDIS HOS Effectiveness of Care measures: Management of Urinary Incontinence in Older Adults (MUI), Physical Activity in Older Adults (PAO), and Fall Risk Management (FRM).
3. ***HOS Performance Measurement Report and Data***. This report is available in the summer to MAOs that participated in administration of the previous year's Follow-Up HOS. Survey data from both the Baseline and the two-year Follow-Up HOS for each cohort are merged to create a performance measurement data set. The resulting aggregation of 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. Beneficiary-level performance measurement data are made available to MAOs upon request following distribution of the Performance Measurement reports.

**All report distribution occurs electronically through the CMS Health Plan Management System (HPMS).** HOS Star Ratings Validation and Aggregate Score Analysis tables are also available in the HOS module on HPMS. Notification of the availability of reports and performance measurement data occurs electronically through HPMS. For access to HPMS, contact your CMS Quality Point of Contact.

### **Communication with MA Members about the HOS**

MAOs are allowed to notify members that they may be asked to participate in the HOS. In an effort to prevent bias in survey results, certain types of communication are not permitted. MAOs may not:

- Attempt to influence or encourage members to answer survey questions in a particular way.
- Imply that positive feedback from members will reward or benefit the MAO or its personnel or indicate the MAO is hoping for a specific response.
- Offer incentives of any kind for participating in the survey.
- Show or provide the HOS questionnaire or cover letters to members prior to survey administration.
- Ask HOS questions of members eight (8) weeks prior to and during HOS administration.

### **Attachments**

1. Attachment 1 is a list of Medicare Advantage contracts required to report HOS in 2023. 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 2023 at the FIDE SNP level.
3. Attachment 3 contains contact information for CMS conditionally-approved HOS and HOS-M survey vendors.
4. Attachment 4 contains consumer information about selecting a survey vendor for HOS.
5. Attachment 5 contains sample language that may be used by MAOs in a member newsletter or other communication that encourages members to complete the HOS.

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

## ATTACHMENT 1

### Medicare Advantage Organizations Required to Administer HOS in 2023

Contract ID	Contract Name	Contract ID	Contract Name
H0022	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H0336	HUMANA HEALTH PLAN, INC.
H0028	CHA HMO, INC.	H0351	HEALTH NET OF ARIZONA, INC.
H0034	HAMASPIK, INC.	H0354	CIGNA HEALTHCARE OF ARIZONA, INC.
H0074	WELLCARE OF MISSISSIPPI, INC.	H0422	UCARE HEALTH, INC.
H0088	WELLCARE HEALTH INSURANCE OF NEW YORK, INC.	H0423	METROPLUS HEALTH PLAN, INC.
H0104	BLUE CROSS AND BLUE SHIELD OF ALABAMA	H0432	UNITEDHEALTHCARE OF THE MIDLANDS, INC.
H0107	HEALTH CARE SERVICE CORPORATION	H0439	CIGNA HEALTHCARE OF GEORGIA, INC.
H0111	WELLCARE OF GEORGIA, INC.	H0473	HUMANA INSURANCE COMPANY OF KENTUCKY
H0137	COMMONWEALTH CARE ALLIANCE, INC.	H0480	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
H0154	VIVA HEALTH, INC.	H0482	CENTENE VENTURE COMPANY MICHIGAN
H0169	UNITEDHEALTHCARE OF THE MIDWEST, INC.	H0504	CALIFORNIA PHYSICIANS' SERVICE
H0174	WELLCARE OF TEXAS, INC.	H0523	AETNA HEALTH OF CALIFORNIA INC.
H0192	AMERIHEALTH MICHIGAN, INC.	H0524	KAISER FOUNDATION HP, INC.
H0251	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	H0543	UHC OF CALIFORNIA
H0270	WELLCARE HEALTH INSURANCE COMPANY OF AMERICA	H0544	BLUE CROSS OF CALIFORNIA
H0271	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H0562	HEALTH NET OF CALIFORNIA, INC.
H0292	HUMANA HEALTH PLAN OF OHIO, INC.	H0571	CHINESE COMMUNITY HEALTH PLAN
H0294	UNITEDHEALTHCARE INSURANCE COMPANY	H0609	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.
H0302	MEDISUN, INC.	H0624	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.
H0321	ARIZONA PHYSICIANS IPA, INC.	H0628	AETNA HEALTH OF OHIO INC.
H0332	KS PLAN ADMINISTRATORS, LLC	H0630	KAISER FOUNDATION HP OF CO

<sup>1</sup> MAO is not required to administer the 2023 HOS Cohort 26 Baseline survey due to enrollment less than 500 as of February 1, 2023. MAO administered the Cohort 24 Baseline survey in 2021 and **is required** to administer the Cohort 24 Follow-Up survey in 2023.

Contract ID	Contract Name	Contract ID	Contract Name
H0672	CIGNA HEALTHCARE OF COLORADO, INC.	H1112	WELLCARE OF GEORGIA, INC.
H0712	WELLCARE OF CONNECTICUT, INC.	H1170	KAISER FOUNDATION HP OF GA, INC.
H0724	BUCKEYE HEALTH PLAN COMMUNITY SOLUTIONS, INC.	H1181	NETWORK HEALTH INSURANCE CORPORATION
H0755	OXFORD HEALTH PLANS (CT), INC.	H1189	CHRISTUS HEALTH PLAN
H0783	HUMANA BENEFIT PLAN OF TEXAS, INC.	H1215	NEBRASKA TOTAL CARE, INC.
H0838	UNIVERSAL CARE, INC.	H1225	HOPKINS HEALTH ADVANTAGE, INC.
H0885	HEALTHIER NEW JERSEY INSURANCE COMPANY	H1230	KAISER FOUNDATION HP, INC.
H0907	AMERIGROUP IOWA, INC.	H1248	LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY
H0908	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H1278	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H0913	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	H1290	DEVOTED HEALTH PLAN OF FLORIDA, INC.
H0927	HEALTH CARE SERVICE CORPORATION	H1302	BLUE CROSS OF IDAHO CARE PLUS, INC.
H0969	WELLCARE HEALTH INSURANCE COMPANY OF NEW HAMPSHIRE	H1304	REGENCE BLUESHIELD OF IDAHO
H0978	SCAN HEALTH PLAN NEVADA, INC.	H1350	BLUE CROSS OF IDAHO CARE PLUS, INC.
H0982	SOLIS HEALTH PLANS, INC.	H1352	BLUE-ADVANTAGE PLUS OF KANSAS CITY, INC.
H1016	AVMED, INC.	H1353	WELLCARE OF WASHINGTON, INC.
H1019	CAREPLUS HEALTH PLANS, INC.	H1360	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.
H1032	SUNSHINE STATE HEALTH PLAN, INC.	H1365	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.
H1035	FLORIDA BLUE MEDICARE, INC.	H1375	UNITEDHEALTHCARE COMMUNITY PLAN OF CALIFORNIA, INC
H1036	HUMANA MEDICAL PLAN, INC.	H1395	NEBRASKA TOTAL CARE, INC.
H1045	PREFERRED CARE PARTNERS, INC.	H1415	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H1099	HEALTH FIRST HEALTH PLANS	H1416	HARMONY HEALTH PLAN, INC.
H1109	AETNA HEALTH INC.(GA)	H1423	AMERIGROUP OHIO, INC.
H1111	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H1426 <sup>1</sup>	CCA HEALTH PLANS OF CALIFORNIA, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H1463	HEALTH ALLIANCE CONNECT, INC.	H1862	WELLCARE HEALTH PLANS OF VERMONT, INC.
H1468	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	H1889	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H1537	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H1894	AMERIGROUP WASHINGTON, INC.
H1587 <sup>1</sup>	ARKANSAS SUPERIOR SELECT, INC.	H1914	WELLCARE HEALTH INSURANCE OF CONNECTICUT, INC.
H1607	ANTHEM INSURANCE COMPANIES, INC.	H1924	LASSO HEALTHCARE INSURANCE COMPANY
H1608	COVENTRY HEALTH AND LIFE INSURANCE COMPANY	H1944	UNITEDHEALTHCARE OF WISCONSIN, INC.
H1609	AETNA HEALTH INC. (FL)	H1947	COMMUNITY CARE HEALTH PLAN OF LOUISIANA, INC.
H1610	COVENTRY HEALTH CARE OF VIRGINIA, INC.	H1951	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.
H1651	MEDICAL ASSOCIATES HEALTH PLAN, INC.	H1961	PEOPLES HEALTH, INC.
H1659	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H1969	REGENCE BLUESHIELD OF IDAHO
H1664	HOME STATE HEALTH PLAN, INC.	H1977	UPPER PENINSULA HEALTH PLAN, LLC
H1666	HCSC INSURANCE SERVICES COMPANY	H1993	ASTIVA HEALTH, INC.
H1692	COVENTRY HEALTH CARE OF WEST VIRGINIA, INC.	H1994	SELECTHEALTH, INC.
H1722	HEALTHFIRST HEALTH PLAN, INC.	H1997	REGENCE BLUESHIELD
H1723	ABSOLUTE TOTAL CARE, INC.	H2001	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
H1732	HEALTHPLUS HP, LLC	H2029	HUMANA INSURANCE OF PUERTO RICO, INC.
H1737	HEALTH ALLIANCE - MIDWEST, INC.	H2032	BAYLOR SCOTT & WHITE INSURANCE COMPANY
H1774	CENTENE VENTURE COMPANY INDIANA, INC.	H2034	COMMUNITY CARE HEALTH PLAN, INC.
H1799	MOLINA HEALTHCARE OF KENTUCKY, INC.	H2056	AETNA BETTER HEALTH OF MICHIGAN INC.
H1821	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H2108	BRAVO HEALTH MID-ATLANTIC, INC.
H1822	SCAN DESERT HEALTH PLAN, INC.	H2117	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
H1846	MOUNT CARMEL HEALTH INSURANCE COMPANY	H2128	CELTIC INSURANCE COMPANY
H1848	WELLCARE OF ALABAMA, INC.	H2134	WESTERN SKY COMMUNITY CARE, INC.

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Medicare Health Outcomes Survey 2023 Administration

March 13, 2023

Page 10 of 28

Contract ID	Contract Name	Contract ID	Contract Name
H2162	WELLCARE OF NEW HAMPSHIRE, INC.	H2425	HMO MINNESOTA
H2168	VILLAGE SENIOR SERVICES CORPORATION	H2450	MEDICA INSURANCE COMPANY
H2171	CARE N' CARE INSURANCE COMPANY, INC.	H2456	UCARE MINNESOTA
H2172	KAISER FDTN HLTH PLAN OF THE MID-ATLANTIC STATES	H2458	MEDICA HEALTH PLANS
H2174	TRILLIUM COMMUNITY HEALTH PLAN, INC.	H2459	UCARE MINNESOTA
H2196	UNITEDHEALTHCARE OF WISCONSIN, INC.	H2461	BCBSM, INC.
H2224	SENIOR WHOLE HEALTH, LLC	H2462	GROUP HEALTH PLAN, INC. (MN)
H2225	COMMONWEALTH CARE ALLIANCE, INC.	H2463	HUMANA HEALTH PLAN OF TEXAS, INC.
H2226	UNITEDHEALTHCARE INSURANCE COMPANY	H2486	HUMANA MEDICAL PLAN OF UTAH, INC.
H2228	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H2491	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
H2230	BCBS OF MASSACHUSETTS HMO BLUE, INC.	H2506	AETNA BETTER HEALTH PREMIER PLAN MMAI INC.
H2235	BAYCARE SELECT HEALTH PLANS, INC.	H2531	UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.
H2237	INDEPENDENT CARE HEALTH PLAN	H2533	MOLINA HEALTHCARE OF SOUTH CAROLINA, INC.
H2247	UNITEDHEALTHCARE COMMUNITY PLAN, INC.	H2563	OPTIMA HEALTH PLAN
H2256	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	H2577	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H2261	BCBS OF MASSACHUSETTS HMO BLUE, INC.	H2582	ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION Inc
H2320	PRIORITY HEALTH	H2591	HEALTH ALLIANCE - MIDWEST, INC.
H2322	ALLIANCE HEALTH AND LIFE INSURANCE COMPANY	H2593	AMERIGROUP TEXAS, INC.
H2354	HEALTH ALLIANCE PLAN OF MICHIGAN	H2610	ESSENCE HEALTHCARE, INC.
H2406	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H2624	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA
H2416	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	H2663	COVENTRY HEALTH CARE OF MISSOURI, INC
H2419	SOUTH COUNTRY HEALTH ALLIANCE	H2697	DEVOTED HEALTH PLAN OF OHIO, INC.
H2422	HEALTHPARTNERS, INC.	H2722	VANTAGE HEALTH PLAN OF ARKANSAS, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H2737	HEALTH NEW ENGLAND, INC.	H3170	SAPPHIRE EDGE, INC.
H2765	SUMMIT HEALTH PLAN, INC.	H3192	AETNA HEALTH OF MICHIGAN INC.
H2775	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY	H3204	PRESBYTERIAN HEALTH PLAN
H2782	WESTERN HEALTH ADVANTAGE	H3206	PRESBYTERIAN INSURANCE COMPANY, INC.
H2793	IMPERIAL INSURANCE COMPANIES INC.	H3219	ALLINA HEALTH AND AETNA INSURANCE COMPANY
H2802	UNITEDHEALTHCARE OF THE MIDLANDS, INC.	H3239	AETNA BETTER HEALTH, INC. (LA)
H2816	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY	H3240	AMERIGROUP NEW JERSEY, INC.
H2825	MARY WASHINGTON HEALTH PLAN	H3251	HEALTH CARE SERVICE CORPORATION
H2836	ANTHEM HEALTH PLANS, INC.	H3256	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H2853	CENTENE VENTURE COMPANY TENNESSEE	H3259	VOLUNTEER STATE HEALTH PLAN
H2879	MOLINA HEALTHCARE OF WISCONSIN, INC.	H3276	CONNECTICARE INSURANCE COMPANY, INC.
H2915	PENNSYLVANIA HEALTH & WELLNESS, INC.	H3288	AETNA HEALTH AND LIFE INSURANCE COMPANY
H2944	HUMANA INSURANCE COMPANY	H3305	MVP HEALTH PLAN, INC.
H2960	HOMETOWN HEALTH PLAN, INC.	H3307	OXFORD HEALTH PLANS (NY), INC.
H2962	ULTIMATE HEALTH PLANS, INC.	H3312	AETNA HEALTH INC. (NY)
H2986	ESSENCE HEALTHCARE OF CALIFORNIA, INC.	H3330	HEALTH INSURANCE PLAN OF GREATER NEW YORK
H3015	SHARED HEALTH MISSISSIPPI, INC.	H3335	EXCELLUS HEALTH PLAN, INC.
H3047	WELLCARE HEALTH INSURANCE COMPANY OF LOUISIANA	H3342 <sup>1</sup>	EMPIRE HEALTHCHOICE ASSURANCE, INC.
H3071	CLEAR SPRING HEALTH COMMUNITY CARE, INC.	H3344	INDEPENDENT HEALTH BENEFITS CORPORATION
H3113	OXFORD HEALTH PLANS (NJ), INC.	H3347	ELDERPLAN, INC.
H3132	AHF MCO OF FLORIDA, INC.	H3351	EXCELLUS HEALTH PLAN, INC.
H3146	AETNA BETTER HEALTH INC. (GA)	H3359	HEALTHFIRST HEALTH PLAN, INC.
H3152	AETNA HEALTH INC. (NJ)	H3362	INDEPENDENT HEALTH ASSOCIATION, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H3379	UNITEDHEALTHCARE OF NEW YORK, INC.	H3660	SUMMACARE INC.
H3384	HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.	H3664	AULTCARE HEALTH INSURING CORPORATION
H3387	UNITEDHEALTHCARE OF NEW YORK, INC.	H3668	MOUNT CARMEL HEALTH PLAN, INC.
H3388	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.	H3672	THE HEALTH PLAN OF WEST VIRGINIA, INC.
H3404	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H3706	GLOBALHEALTH, INC.
H3416	HEALTHPARTNERS UNITYPOINT HEALTH, INC.	H3748	AETNA BETTER HEALTH OF WASHINGTON, INC.
H3418	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H3749	UNITEDHEALTHCARE OF WISCONSIN, INC.
H3442	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H3755	COMMUNITYCARE GOVERNMENT PROGRAMS, INC.
H3443	ALIGNMENT HEALTH PLAN OF ARIZONA, INC.	H3777	EXPERIENCE HEALTH, INC.
H3447	HEALTHKEEPERS, INC.	H3794	UNITEDHEALTHCARE OF WISCONSIN, INC.
H3449	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H3805	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.
H3464	UNITEDHEALTHCARE OF THE MIDLANDS, INC.	H3810	ALLCARE HEALTH PLAN, INC.
H3471	HEALTH ALLIANCE NORTHWEST HEALTH PLAN	H3811	SAMARITAN HEALTH PLANS, INC.
H3499	COORDINATED CARE CORPORATION	H3813	MODA HEALTH PLAN, INC.
H3528	CONNECTICARE, INC.	H3814	ATRIO HEALTH PLANS
H3533	HUMANA HEALTH COMPANY OF NEW YORK, INC.	H3815	ALIGNMENT HEALTH PLAN
H3536	MATTHEW THORNTON HEALTH PLAN, INC.	H3817	REGENCE BLUECROSS BLUESHIELD OF OREGON
H3554	USABLE PPO INSURANCE COMPANY	H3822	HEALTH CARE SERVICE CORPORATION
H3557	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	H3832	HAWAII MEDICAL SERVICE ASSOCIATION
H3561	HEALTH NET COMMUNITY SOLUTIONS, INC.	H3864	PACIFICSOURCE COMMUNITY HEALTH PLANS
H3597	AETNA HEALTH INC. (ME)	H3890	HOPKINS HEALTH ADVANTAGE, INC.
H3653	PARAMOUNT CARE, INC.	H3907	UPMC HEALTH PLAN, INC.
H3655	COMMUNITY INSURANCE COMPANY	H3909	QCC INSURANCE COMPANY

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Contract ID	Contract Name	Contract ID	Contract Name
H3916	HIGHMARK SENIOR HEALTH COMPANY	H4213	USABLE MUTUAL INSURANCE COMPANY
H3923	CAPITAL ADVANTAGE INSURANCE COMPANY	H4227	VISTA HEALTH PLAN, INC.
H3924	GEISINGER INDEMNITY INSURANCE COMPANY	H4279	UPMC FOR YOU, INC
H3928	AETNA HEALTH INC. (LA)	H4286	LEON HEALTH, INC.
H3931	AETNA HEALTH INC. (PA)	H4304	UNIVERSITY OF UTAH HEALTH INSURANCE PLANS
H3949	BRAVO HEALTH PENNSYLVANIA, INC.	H4343	CENTENE VENTURE COMPANY ALABAMA HEALTH PLAN, INC.
H3952	KEYSTONE HEALTH PLAN EAST, INC.	H4346	HMO COLORADO, INC.
H3954	GEISINGER HEALTH PLAN	H4407	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H3957	HIGHMARK CHOICE COMPANY	H4461	CARITEN HEALTH PLAN INC.
H3959	AETNA HEALTH INC. (PA)	H4497	MEDICAL MUTUAL OF OHIO
H3962	KEYSTONE HEALTH PLAN CENTRAL, INC.	H4506	SELECTCARE OF TEXAS, INC.
H3975	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC	H4513	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H3979	GHS HEALTH MAINTENANCE ORGANIZATION, INC.	H4514	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, L.L.C.
H4003	MMM HEALTHCARE, LLC	H4523	AETNA HEALTH INC. (TX)
H4004	MMM HEALTHCARE, LLC	H4527	PHYSICIANS HEALTH CHOICE OF TEXAS, LLC
H4005	TRIPLE S ADVANTAGE, INC.	H4544	PEOPLES HEALTH, INC.
H4007	HUMANA HEALTH PLANS OF PUERTO RICO, INC.	H4590	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.
H4036	ANTHEM INSURANCE COMPANIES, INC.	H4604	UNITEDHEALTHCARE OF THE ROCKIES, INC.
H4073	WELLCARE HEALTH INSURANCE OF NORTH CAROLINA, INC.	H4605	REGENCE BLUECROSS BLUESHIELD OF UTAH
H4094	UNITEDHEALTHCARE OF WISCONSIN, INC.	H4623	HUMANA REGIONAL HEALTH PLAN, INC.
H4140	DOCTORS HEALTHCARE PLANS, INC.	H4624	ZING HEALTH OF MICHIGAN, INC.
H4141	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	H4675	HEALTHIER NEW JERSEY INSURANCE COMPANY
H4152	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	H4676	TROY HEALTH, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H4699	WELLCARE HEALTH PLANS OF RHODE ISLAND, INC.	H5117 <sup>1</sup>	LOUISIANA HEALTHCARE CONNECTIONS, INC.
H4711	COVENTRY HEALTH CARE OF NEBRASKA, INC.	H5140	BLUE CROSS AND BLUE SHIELD ARIZONA, INC.
H4754	PACIFICSOURCE COMMUNITY HEALTH PLANS	H5141	CLOVER INSURANCE COMPANY
H4801	GHS INSURANCE COMPANY	H5199	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
H4829	UHC OF CALIFORNIA	H5209	MY CHOICE WISCONSIN HEALTH PLAN, INC.
H4835	AETNA BETTER HEALTH OF OKLAHOMA INC.	H5211	SECURITY HEALTH PLAN OF WISCONSIN, INC.
H4847	WELLCARE OF SOUTH CAROLINA, INC.	H5215	NETWORK HEALTH INSURANCE CORPORATION
H4868	WELLCARE OF NEW YORK, INC.	H5216	HUMANA INSURANCE COMPANY
H4875	PRIORITY HEALTH	H5253	UNITEDHEALTHCARE OF WISCONSIN, INC.
H4882	HEALTHPARTNERS, INC.	H5256	MEDICAL ASSOCIATES CLINIC HEALTH PLAN
H4909	ANTHEM INSURANCE COMPANIES, INC.	H5262	QUARTZ HEALTH PLAN CORPORATION
H4922 <sup>1</sup>	AGEWELL NEW YORK, LLC	H5264	DEAN HEALTH PLAN, INC.
H4931	BANNER - UNIVERSITY CARE ADVANTAGE	H5273	CAREPARTNERS OF CONNECTICUT, INC.
H4937	CALIFORNIA PHYSICIANS' SERVICE	H5280	MOLINA HEALTHCARE OF OHIO, INC.
H4961	ALIGNMENT HEALTH PLAN	H5294	SUPERIOR HEALTHPLAN, INC.
H4982	AETNA BETTER HEALTH OF CALIFORNIA INC.	H5296	ALIGNMENT HEALTH PLAN OF NORTH CAROLINA, INC.
H5008	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H5302	AETNA HEALTH INC. (GA)
H5009	REGENCE BLUESHIELD	H5322	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H5010	ASURIS NORTHWEST HEALTH	H5325	COVENTRY HEALTH CARE OF KANSAS, INC.
H5042	CDPHP UNIVERSAL BENEFITS, INC.	H5377	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.
H5050	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	H5386	SHARP HEALTH PLAN
H5087	WELLCARE OF CALIFORNIA, INC.	H5398	CENTENE VENTURE COMPANY KANSAS
H5106	HIGHMARK SENIOR SOLUTIONS COMPANY	H5410	HEALTHSPRING OF FLORIDA, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H5420	PREFERRED CARE NETWORK, INC.	H5591	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.
H5422	BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA	H5593	AETNA HEALTH OF IOWA INC.
H5425	SCAN HEALTH PLAN	H5594	OPTIMUM HEALTHCARE, INC.
H5427	FREEDOM HEALTH, INC.	H5599	NEW YORK QUALITY HEALTHCARE CORPORATION
H5431	HEALTHSUN HEALTH PLANS, INC.	H5608	DENVER HEALTH MEDICAL PLAN, INC.
H5433	ORANGE COUNTY HEALTH AUTHORITY	H5619	ARCADIAN HEALTH PLAN, INC.
H5434	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	H5628	MOLINA HEALTHCARE OF UTAH, INC.
H5435	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H5649	CENTRAL HEALTH PLAN OF CALIFORNIA, INC.
H5439	HEALTH NET LIFE INSURANCE COMPANY	H5652	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
H5471	SIMPLY HEALTHCARE PLANS, INC.	H5703 <sup>1</sup>	SOUTH COUNTRY HEALTH ALLIANCE
H5475	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.	H5746	AMERIGROUP COMMUNITY CARE OF NEW MEXICO, INC.
H5496	IMPERIAL HEALTH PLAN OF CALIFORNIA, INC.	H5774	TRIPLE S ADVANTAGE, INC.
H5521	AETNA LIFE INSURANCE COMPANY	H5779	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.
H5522	HEALTHASSURANCE PENNSYLVANIA, INC.	H5793	AETNA HEALTH INC. (CT)
H5525	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	H5810	MOLINA HEALTHCARE OF CALIFORNIA
H5526	HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.	H5823	MOLINA HEALTHCARE OF WASHINGTON, INC.
H5533	UPMC HEALTH NETWORK, INC.	H5826	COMMUNITY HEALTH PLAN OF WASHINGTON
H5549	VNS CHOICE	H5828	AMERIGROUP TENNESSEE, INC.
H5576	VANTAGE HEALTH PLAN, INC.	H5843	BANNER HEALTH PLAN, INC.
H5577	MCS ADVANTAGE, INC.	H5852	AIDS HEALTHCARE FOUNDATION
H5580	MERCY CARE	H5854	ANTHEM HEALTH PLANS, INC.
H5587	HEALTH CHOICE ARIZONA, INC.	H5859	HEALTH PLAN OF CAREOREGON, INC.
H5590	BRIDGEWAY HEALTH SOLUTIONS OF ARIZONA, INC.	H5883	BLUE CARE NETWORK OF MICHIGAN

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Contract ID	Contract Name	Contract ID	Contract Name
H5900	WELLMARK ADVANTAGE HEALTH PLAN, INC.	H6306	FIRSTCAROLINACARE INSURANCE COMPANY
H5926	MOLINA HEALTHCARE OF MICHIGAN, INC.	H6322	MCLAREN HEALTH PLAN, INC.
H5928	CALIFORNIA PHYSICIANS' SERVICE	H6328	CARE N' CARE INSURANCE COMPANY, INC.
H5932	GATEWAY HEALTH PLAN, INC.	H6348	COORDINATED CARE CORPORATION
H5937	UCARE MINNESOTA	H6396	CARESOURCE OHIO, INC.
H5938	CAPITAL HEALTH PLAN	H6399	AETNA BETTER HEALTH INC. (NJ)
H5943	SCAN HEALTH PLAN	H6446	SILVERSUMMIT HEALTHPLAN, INC.
H5945	PROMINENCE HEALTHFIRST	H6453	HMO LOUISIANA, INC.
H5959	BCBSM, INC.	H6502	MISSOURI VALLEY LIFE AND HEALTH INSURANCE COMPANY
H5965	WELLCARE HEALTH INSURANCE COMPANY OF WASHINGTON	H6526	UNITEDHEALTHCARE OF NEW MEXICO, INC.
H5969	ALOHACARE	H6528	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H5970	HUMANA INSURANCE COMPANY OF NEW YORK	H6529	SOUTHEASTERN INDIANA HEALTH ORGANIZATION, INC.
H5989	HEALTHFIRST HEALTH PLAN, INC.	H6550	SUNFLOWER STATE HEALTH PLAN, INC.
H5991	HEALTH INSURANCE PLAN OF GREATER NEW YORK	H6594	WELLCARE HEALTH PLANS OF VERMONT, INC.
H5995	ATRIO HEALTH PLANS	H6595	UNITEDHEALTHCARE OF WISCONSIN, INC.
H6067	CAREFIRST ADVANTAGE, INC.	H6605	WELLCARE HEALTH INSURANCE OF HAWAII, INC.
H6078	GROUP RETIREE HEALTH SOLUTIONS, INC.	H6622	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP
H6080	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.	H6678	CENTENE VENTURE INSURANCE COMPANY TEXAS
H6154	MEDICA HEALTH PLANS	H6713	WELLCARE OF ILLINOIS, INC.
H6158	USABLE HMO, INC.	H6723	MEDICAL MUTUAL OF OHIO
H6193	WELLCARE HEALTH PLANS OF MASSACHUSETTS, INC.	H6743	ATRIO HEALTH PLANS
H6202	NEXTBLUE OF NORTH DAKOTA INSURANCE COMPANY	H6750	HARVARD PILGRIM HEALTH CARE OF NEW ENGLAND, INC.
H6237	REGENCE BLUECROSS BLUESHIELD OF OREGON	H6815	HEALTH NET HEALTH PLAN OF OREGON, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H6830	CENTENE VENTURE COMPANY KANSAS	H7301	COVENTRY HEALTH CARE OF ILLINOIS, INC.
H6851	BOSTON MEDICAL CENTER HEALTH PLAN, INC.	H7323	WELLCARE NATIONAL HEALTH INSURANCE COMPANY
H6870	SUPERIOR HEALTHPLAN, INC.	H7326	WELLCARE OF SOUTH CAROLINA, INC.
H6874	ASPIRUS HEALTH PLAN, INC.	H7330	ZING HEALTH, INC.
H6898	VERMONT BLUE ADVANTAGE, INC.	H7360	HEALTH NET OF CALIFORNIA, INC.
H6910	MOUNT CARMEL HEALTH PLAN OF IDAHO, INC.	H7379	CAREFIRST ADVANTAGE PPO, INC.
H6936	BLUE CROSS & BLUE SHIELD OF ARIZONA, INC.	H7389	CIGNA HEALTH AND LIFE INSURANCE COMPANY
H6975	WELLCARE OF ALABAMA, INC.	H7399	CENTENE VENTURE COMPANY ILLINOIS
H6988	CENTERS PLAN FOR HEALTHY LIVING, LLC	H7404	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H7006	ATRIO HEALTH PLANS	H7419	TUFTS HEALTH PUBLIC PLANS, INC.
H7020	CIGNA HEALTHCARE OF SOUTH CAROLINA, INC.	H7445	UNITEDHEALTHCARE OF WISCONSIN, INC.
H7063	BLUECROSS BLUESHIELD KANSAS SOLUTIONS, INC.	H7464	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.
H7093	COMMUNITY INSURANCE COMPANY	H7512	CENTENE VENTURE COMPANY MICHIGAN
H7115	MEMORIAL HERMANN HEALTH PLAN	H7518	WELLCARE OF MISSOURI HEALTH INSURANCE COMPANY, INC
H7123	UPMC HEALTH COVERAGE, INC.	H7522	MMM HEALTHCARE, LLC
H7149	AETNA HEALTH INC. (PA)	H7559	MOLINA HEALTHCARE OF VIRGINIA, LLC
H7151	DEVOTED HEALTH PLAN OF ILLINOIS, INC.	H7607	CLEVER CARE OF GOLDEN STATE, INC.
H7169	BUCKEYE HEALTH PLAN COMMUNITY SOLUTIONS, INC.	H7617	EMPHEYSYS INSURANCE COMPANY
H7172	AETNA BETTER HEALTH INC. (OH)	H7621	HUMANA HEALTH PLAN OF CALIFORNIA, INC.
H7175	WELLCARE HEALTH INSURANCE OF NORTH CAROLINA, INC.	H7646	PHP MEDICARE
H7220	INDIANA UNIVERSITY HEALTH PLANS NFP, INC.	H7670	CENTRAL MASS HEALTH, LLC
H7245	PREMERA BLUE CROSS	H7678	MOLINA HEALTHCARE OF TEXAS, INC.
H7284	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	H7680	PROMINENCE HEALTHFIRST OF TEXAS

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Contract ID	Contract Name	Contract ID	Contract Name
H7728	ANTHEM HEALTH PLANS OF NEW HAMPSHIRE, INC.	H8176	MOLINA HEALTHCARE OF SOUTH CAROLINA, INC
H7787	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	H8181	SAPPHIRE EDGE, INC.
H7833	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, L.L.C.	H8189	MANAGED HEALTH SERVICES INSURANCE CORP.
H7844	MOLINA HEALTHCARE OF MICHIGAN, INC.	H8197	MOLINA HEALTHCARE OF TEXAS, INC.
H7849	CIGNA HEALTH AND LIFE INSURANCE COMPANY	H8211	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H7917	BLUECROSS BLUESHIELD OF TENNESSEE, INC.	H8213	SELECT HEALTH OF SOUTH CAROLINA, INC.
H7925	CENTENE VENTURE COMPANY INDIANA, INC.	H8225	CENTENE VENTURE COMPANY FLORIDA
H7993	DEVOTED HEALTH PLAN OF TEXAS, INC.	H8298	HORIZON HEALTHCARE OF NEW JERSEY, INC.
H8003	BLUECROSS AND BLUESHIELD OF SOUTH CAROLINA	H8330	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION
H8010	CLOVER HMO OF NEW JERSEY, INC.	H8332	AETNA BETTER HEALTH OF KANSAS, INC.
H8019	SSM HEALTH PLAN	H8343	AMERIGROUP INSURANCE COMPANY
H8026	AETNA BETTER HEALTH OF MICHIGAN INC.	H8379	PRIORITY HEALTH CHOICE, INC.
H8046	MOLINA HEALTHCARE OF ILLINOIS, INC.	H8385	SANFORD HEALTH PLAN
H8064 <sup>1</sup>	FIRSTCAROLINACARE INSURANCE COMPANY	H8432	EMPIRE HEALTHCHOICE HMO, INC.
H8087	HUMANADENTAL INSURANCE COMPANY	H8452	CARESOURCE OHIO, INC.
H8095	WELLMARK ADVANTAGE HEALTH PLAN, INC.	H8458	SILVERSUMMIT HEALTHPLAN, INC.
H8121	CENTENE VENTURE COMPANY TENNESSEE	H8547	ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY
H8130	MOLINA HEALTHCARE OF FLORIDA, INC.	H8552	ANTHEM BLUE CROSS LIFE AND HEALTH INS COMPANY
H8133	GHS INSURANCE COMPANY	H8553	WELLCARE HEALTH INSURANCE OF THE SOUTHWEST, INC.
H8142	SCOTT AND WHITE HEALTH PLAN	H8554	GHS INSURANCE COMPANY
H8145	HUMANA INSURANCE COMPANY	H8578	HEALTH NEW ENGLAND, INC.
H8166	HIGHMARK BCBSD, INC.	H8597	AETNA BETTER HEALTH OF TEXAS INC.
H8173	DEVOTED HEALTH PLAN OF ARIZONA, INC.	H8604	THP INSURANCE COMPANY

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Contract ID	Contract Name	Contract ID	Contract Name
H8634	HEALTH CARE SERVICE CORPORATION	H9219	AMH HEALTH PLANS OF MAINE, INC.
H8649	AETNA HEALTH OF UTAH INC	H9239	UNITEDHEALTHCARE INSURANCE COMPANY
H8748	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H9302	PREMERA BLUE CROSS
H8764	ASPIRE HEALTH PLAN	H9306	ALTERWOOD ADVANTAGE, INC.
H8768	UNITEDHEALTHCARE INSURANCE CO. OF THE RIVER VALLEY	H9335	WELLCARE HEALTH PLANS OF MISSOURI, INC.
H8783	UCARE HEALTH, INC.	H9357	CENTENE VENTURE INSURANCE COMPANY TEXAS
H8786	AMERIGROUP TEXAS, INC.	H9364	WELLCARE OF MAINE, INC.
H8849	AMERIGROUP INSURANCE COMPANY	H9387	SUNFLOWER STATE HEALTH PLAN, INC.
H8854	CAREFIRST ADVANTAGE DSNP, INC.	H9414	COMMONWEALTH CARE ALLIANCE MASSACHUSETTS, LLC.
H8889	MEDICA HEALTH PLANS	H9428	WELLCARE HEALTH INSURANCE OF TENNESSEE, INC.
H8908	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	H9431	FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY
H8928	FALLON COMMUNITY HEALTH PLAN	H9455	HEALTH CHOICE UTAH, INC.
H8961	OSCAR MANAGED CARE OF SOUTH FLORIDA, INC	H9460	CIGNA HEALTHCARE OF ST LOUIS, INC.
H9001	FALLON COMMUNITY HEALTH PLAN	H9489	VERMONT BLUE ADVANTAGE, INC.
H9003	KAISER FOUNDATION HP OF THE N W	H9525	COMPCARE HEALTH SERVICES INSURANCE CORPORATION
H9042	SOUTHEASTERN INDIANA HEALTH ORGANIZATION, INC.	H9572	BCBS OF MICHIGAN MUTUAL INSURANCE COMPANY
H9047	PROVIDENCE HEALTH ASSURANCE	H9576	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND
H9065	AMH HEALTH, LLC	H9585	BOSTON MEDICAL CENTER HEALTH PLAN, INC.
H9070	COMPBENEFITS INSURANCE COMPANY	H9615	MVP HEALTH PLAN, INC.
H9082	MOLINA HEALTHCARE OF NEW MEXICO, INC.	H9630	ARKANSAS HEALTH AND WELLNESS HEALTH PLAN, INC
H9096	DEAN HEALTH PLAN, INC.	H9686	ALIGNMENT HEALTH PLAN OF NEVADA, INC.
H9147	BLUE CROSS AND BLUE SHIELD OF NC SENIOR HEALTH	H9699	HMO PARTNERS, INC.
H9207	HEALTH PARTNERS PLANS, INC.	H9706	HCSC INSURANCE SERVICES COMPANY

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Contract ID	Contract Name	Contract ID	Contract Name
H9712	HAP EMPOWERED HEALTH PLAN, INC.	R2604	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H9725	CIGNA HEALTHCARE OF NORTH CAROLINA, INC.	R3175	UNITEDHEALTHCARE INSURANCE COMPANY
H9730	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC	R3332	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
H9761	WELLCARE HEALTH PLANS OF MASSACHUSETTS, INC.	R3392	HUMANA INSURANCE COMPANY
H9763	OCHSNER HEALTH PLAN, INC.	R3444	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H9808	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA	R3887	HUMANA INSURANCE COMPANY
H9811	MAGNOLIA HEALTH PLAN, INC.	R4182	HUMANA INSURANCE COMPANY
H9834	QUARTZ HEALTH PLAN MN CORPORATION	R4487	ANTHEM INSURANCE COMPANIES, INC.
H9861	CCA HEALTH MICHIGAN, INC.	R4845	HUMANA INSURANCE COMPANY
H9869	PARTNERS HEALTH PLAN, INC.	R5329	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H9877	VIRGINIA PREMIER HEALTH PLAN, INC.	R5342	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H9884	DEVOTED HEALTH INSURANCE COMPANY	R5361	HUMANA INSURANCE COMPANY
H9900	WELLCARE OF OKLAHOMA, INC.	R5495	HUMANA INSURANCE COMPANY
H9904	CENTRAL MASS HEALTH, LLC	R5826	HUMANA INSURANCE COMPANY
H9952	MEDICA HEALTH PLANS	R5941	ANTHEM INSURANCE COMPANIES, INC.
H9955	MOLINA HEALTHCARE OF OHIO, INC.	R6694	AETNA LIFE INSURANCE COMPANY
H9976	WESTERN SKY COMMUNITY CARE, INC.	R6801	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
R0110	HUMANA INSURANCE COMPANY	R7220	HUMANA INSURANCE COMPANY
R0759	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	R7315	HUMANA INSURANCE COMPANY
R0865	HUMANA INSURANCE COMPANY	R7444	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
R0923	HUMANA INSURANCE COMPANY		
R1390	HUMANA INSURANCE COMPANY		
R1532	HUMANA INSURANCE COMPANY		

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## ATTACHMENT 2 FIDE SNPs Voluntarily Reporting in 2023

Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
H0034	002	Hamaspik Medicare Choice (HMO D-SNP)	HAMASPIK, INC.	Sample at contract level for quality, then combined PBP level for frailty
H0251	004	UnitedHealthcare Dual Complete ONE (HMO-POS D-SNP)	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	Sample at contract level for quality, then combined PBP level for frailty
H0321	004	UnitedHealthcare Dual Complete ONE (HMO-POS D-SNP)	ARIZONA PHYSICIANS IPA, INC.	Sample at contract level for quality, then combined PBP level for frailty
H0913	013	Wellcare Dual Liberty (HMO D-SNP)	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1032	175	Wellcare Dual Liberty (HMO D-SNP)	Sunshine State Health Plan, Inc.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1032	176	Wellcare Dual Liberty (HMO D-SNP)	Sunshine State Health Plan, Inc.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1230	008	Senior Advantage Medicare Medicaid (HMO D-SNP)	KAISER FOUNDATION HP, INC.	Sample at contract level for quality, then combined PBP level for frailty
H1350	009	True Blue Special Needs Plan (HMO D-SNP)	BLUE CROSS OF IDAHO CARE PLUS, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1350	025	True Blue Special Needs Plan (HMO D-SNP)	BLUE CROSS OF IDAHO CARE PLUS, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1610	001	Aetna Better Health of Virginia (HMO D-SNP)	COVENTRY HEALTH CARE OF VIRGINIA, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1732	001	Empire MediBlue HealthPlus Dual Plus (HMO D-SNP)	HEALTHPLUS HP, LLC	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2034	001	Community Care's Partnership Program (HMO D-SNP)	COMMUNITY CARE HEALTH PLAN, INC.	Sample at contract level for quality and frailty
H2168	002	VillageCareMAX Medicare Total Advantage (HMO D-SNP)	VILLAGE SENIOR SERVICES CORPORATION	Sample at contract level for quality, then combined PBP level for frailty

Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
H2224	001	Senior Whole Health (HMO D-SNP)	SENIOR WHOLE HEALTH, LLC	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2224	003	Senior Whole Health NHC (HMO D-SNP)	SENIOR WHOLE HEALTH, LLC	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2225	001	CCA Senior Care Options (HMO D-SNP)	COMMONWEALTH CARE ALLIANCE, INC.	Sample at contract level for quality and frailty (HOS-M)
H2226	001	UnitedHealthcare Senior Care Options (HMO D-SNP)	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for quality, then combined PBP level for frailty
H2226	003	UnitedHealthcare Senior Care Options NHC (HMO D-SNP)	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for quality, then combined PBP level for frailty
H2237	007	iCare Family Care Partnership (HMO D-SNP)	INDEPENDENT CARE HEALTH PLAN	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2416	001	PrimeWest Senior Health Complete (HMO D-SNP)	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	Sample at contract level for quality and frailty
H2417	001	IMCare Classic (HMO D-SNP)	ITASCA MEDICAL CARE	Sample at contract level for frailty only; no quality reporting
H2419	001	SeniorCare Complete (HMO D-SNP)	SOUTH COUNTRY HEALTH ALLIANCE	Sample at contract level for quality and frailty
H2422	002	HealthPartners Minnesota Senior Health Options (HMO D-SNP)	HEALTHPARTNERS, INC.	Sample at contract level for quality and frailty
H2425	001	SecureBlue (HMO D-SNP)	HMO Minnesota	Sample at contract level for quality and frailty (HOS-M)
H2456	002	UCare's Minnesota Senior Health Options (HMO D-SNP)	UCARE MINNESOTA	Sample at contract level for quality and frailty (HOS-M)
H2458	002	Medica DUAL Solution (HMO D-SNP)	MEDICA HEALTH PLANS	Sample at contract level for quality and frailty (HOS-M)
H2491	004	Wellcare 'Ohana Dual Liberty (HMO D-SNP)	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2563	004	Optima Community Complete (HMO D-SNP)	OPTIMA HEALTH PLAN	Sample at contract level for quality, then combined PBP level for frailty

Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
H2915	002	Wellcare Dual Access (HMO D-SNP)	PENNSYLVANIA HEALTH & WELLNESS, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2915	007	Wellcare Dual Access (HMO D-SNP)	PENNSYLVANIA HEALTH & WELLNESS, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3113	005	UnitedHealthcare Dual Complete ONE (HMO D-SNP)	OXFORD HEALTH PLANS (NJ), INC.	Sample at contract level for quality, then combined PBP level for frailty
H3240	024	Amerivantage Dual Secure (HMO-POS D-SNP)	AMERIGROUP NEW JERSEY, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3259	002	BlueCare Plus Choice (HMO D-SNP)	VOLUNTEER STATE HEALTH PLAN	Sample at contract level for quality, then combined PBP level for frailty
H3359	034	Healthfirst CompleteCare (HMO D-SNP)	HEALTHFIRST HEALTH PLAN, INC.	Sample at contract level for quality, then combined PBP level for frailty
H3499	005	Wellcare Dual Access (HMO D-SNP)	COORDINATED CARE CORPORATION	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H4922	010	AgeWell New York Advantage Plus (HMO D-SNP)	AGEWELL NEW YORK, LLC	Select Follow-Up only eligible members for quality at contract level, then sample at PBP level for frailty (HOS-M)
H4931	015	Banner Medicare Advantage Dual (HMO D-SNP)	BANNER - UNIVERSITY CARE ADVANTAGE	Sample at contract level for quality, then combined PBP level for frailty
H5209	002	My Choice Wisconsin Partnership Plan (HMO D-SNP)	My Choice Wisconsin Health Plan, Inc.	Sample at contract level for quality, then combined PBP level for frailty
H5425	010	SCAN Connections (HMO D-SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then combined PBP level for frailty
H5425	030	SCAN Connections at Home (HMO D-SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then combined PBP level for frailty
H5549	003	VNS Health Total (HMO D-SNP)	VNS CHOICE	Sample at contract level for quality, then combined PBP level for frailty
H5549	011	VNS Health EasyCare Plus (HMO D-SNP)	VNS CHOICE	Sample at contract level for quality, then combined PBP level for frailty

Medicare Health Outcomes Survey 2023 Administration

March 13, 2023

Page 24 of 28

Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
H5580	004	Mercy Care Advantage (HMO D-SNP)	MERCY CARE	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5599	003	Wellcare Fidelis Dual Plus (HMO D-SNP)	NEW YORK QUALITY HEALTHCARE CORPORATION	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5599	008	Wellcare Fidelis Dual Plus (HMO D-SNP)	NEW YORK QUALITY HEALTHCARE CORPORATION	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5619	054	Humana Gold Plus SNP-DE H5619-054 (HMO D-SNP)	ARCADIAN HEALTH PLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5619	076	Humana Gold Plus SNP-DE H5619-076 (HMO D-SNP)	ARCADIAN HEALTH PLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5628	008	Molina Medicare Complete Care (HMO D-SNP)	MOLINA HEALTHCARE OF UTAH, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5703	001	AbilityCare (HMO D-SNP)	SOUTH COUNTRY HEALTH ALLIANCE	Select Follow-Up only eligible members for quality at contract level, combined PBP level for frailty
H5828	001	Amerivantage Full Dual Coordination (HMO D-SNP)	AMERIGROUP TENNESSEE, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5937	001	UCare Connect + Medicare (HMO D-SNP)	UCARE MINNESOTA	Sample at contract level for quality and frailty
H5969	002	AlohaCare Advantage Plus (HMO D-SNP)	ALOHACARE	Sample at contract level for quality and frailty (HOS-M)
H5992	007	Senior Whole Health of New York NHC (HMO D-SNP)	SENIOR WHOLE HEALTH OF NEW YORK, INC.	Sample at contract level for frailty only; no quality reporting
H6399	001	Aetna Assure Premier Plus (HMO D-SNP)	AETNA BETTER HEALTH INC. (NJ)	Sample at contract level for quality and frailty (HOS-M)
H6776	002	RiverSpring MAP (HMO D-SNP)	ELDERSERVE HEALTH, INC.	Sample at contract level for frailty only; no quality reporting
H6988	004	Centers Plan for Medicaid Advantage Plus (HMO D-SNP)	CENTERS PLAN FOR HEALTHY LIVING, LLC	Sample at contract level for quality, then combined PBP level for frailty
H7464	005	UnitedHealthcare Dual Complete ONE (HMO-POS D-SNP)	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	Sample at contract level for quality, then combined PBP level for frailty



Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
H7464	007	UnitedHealthcare Dual Complete ONE Plus (HMO-POS D-SNP)	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	Sample at contract level for quality, then combined PBP level for frailty
H7464	010	UnitedHealthcare Dual Choice One (HMO D-SNP)	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	Sample at contract level for quality, then combined PBP level for frailty
H7559	001	Molina Medicare Complete Care (HMO D-SNP)	Molina Healthcare of Virginia, LLC	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H8298	001	Horizon NJ TotalCare (HMO D-SNP)	HORIZON HEALTHCARE OF NEW JERSEY, INC.	Sample at contract level for quality and frailty
H8330	001	Tufts Health Plan Senior Care Options (HMO D-SNP)	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H8330	002	Tufts Health Plan Senior Care Options CW (HMO D-SNP)	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H8928	001	NaviCare (HMO D-SNP)	FALLON COMMUNITY HEALTH PLAN	Sample at contract level for quality and frailty (HOS-M)
H9066	003	Nascentia Dual Advantage (HMO D-SNP)	VISITING NURSE ASSOCIATION OF CENTRAL NEW YORK	Sample at contract level for frailty only; no quality reporting
H9585	001	WellSense Senior Care Options (HMO D-SNP)	BOSTON MEDICAL CENTER HEALTH PLAN, INC.	Sample at contract level for quality and frailty
H9869	001	PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan)	PARTNERS HEALTH PLAN, INC.	Sample at contract level for quality and frailty (HOS-M)
H9877	001	Virginia Premier Advantage Elite (HMO D-SNP)	VIRGINIA PREMIER HEALTH PLAN, INC.	Sample at contract level for quality and frailty

### 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 St., NW, 8<sup>th</sup> floor                      Washington, DC 20006                      Tel: (202) 454-3054  <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>                      Steven Weindorf                      3975 Research Park Dr.                      Ann Arbor, MI 48108                      Tel: (734) 994-0540, ext. 193  <a href="mailto:sweindorf@datastat.com">sweindorf@datastat.com</a>  <a href="http://www.datastat.com">www.datastat.com</a></p>
<p><b>Press Ganey (formerly SPH Analytics)</b>                      Abigail Foster                      1173 Ignition Drive                      South Bend, IN 46601                      Tel: (800) 232-8032  <a href="mailto:AFoster@pressganey.com">AFoster@pressganey.com</a>  <a href="http://www.pressganey.com">www.pressganey.com</a></p>	

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

Survey Vendor Contact Information	
<p><b>Center for the Study of Services (CSS)</b>                      Alok Shrestha                      1625 K St., NW, 8<sup>th</sup> floor                      Washington, DC 20006                      Tel: (202) 454-3054  <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>                      Steven Weindorf                      3975 Research Park Dr.                      Ann Arbor, MI 48108                      Tel: (734) 994-0540, ext. 193  <a href="mailto:sweindorf@datastat.com">sweindorf@datastat.com</a>  <a href="http://www.datastat.com">www.datastat.com</a></p>

\*Contingent on successful completion of HOS survey vendor training in May 2023.

## ATTACHMENT 4

### Consumer Information About Selecting a Survey Vendor

MAOs are required to contract with a CMS-approved survey vendor and report their vendor selection using the [HOS survey vendor selection web form](https://www.ncqa.org/hedis/measures/hos/survey-vendor-selection-form/) (https://www.ncqa.org/hedis/measures/hos/survey-vendor-selection-form/) by **Friday, April 28, 2023**. A list of approved vendors can be found on the HOS website at <https://www.hosonline.org/en/program-overview/survey-vendors/>.

All HOS survey vendors must meet a set of minimum business requirements in the *Medicare Health Outcomes Survey Quality Assurance Guidelines and Technical Specifications* (HOS QAG), available at <https://www.hosonline.org/en/program-overview/survey-administration/>. Some vendors have additional experience that may be of interest to your organization. When choosing a survey vendor, you may wish to ask questions such as these:

#### *Previous Experience*

- How much experience have you had conducting the HOS or similar surveys?
- Do you have subcontractors that would be involved in data collection for my contract?
  - If so, how long have you worked with your subcontractors?
  - How do you ensure they adhere to the HOS QAG and FIDE SNP Addendum?

#### *Response Rates*

- What range of response rates did you achieve on recent surveys for your HOS clients?
- Do you update enrollee contact information (i.e., address, phone number) prior to mailing?
- What do you do if a mail survey is returned as undeliverable?
  - Do you use a National Change of Address (NCOA) service to update addresses?
  - What do you do to obtain enrollee phone numbers when CMS is unable to provide a phone number or the number provided by CMS is no longer the correct number?
  - What information can my contract provide to help with locating sampled enrollees?

#### *Survey Languages*

- Which CMS-approved procedures for administration of Spanish-language surveys do you recommend for my organization?
- Do you have the capacity to conduct the HOS in Chinese?
  - Which CMS-approved procedures for Chinese-language surveys do you recommend?
  - Do you have interviewers that speak Cantonese and Mandarin?
- Do you have the capacity to conduct the HOS in Russian?

#### *Data Security*

- In addition to the minimum data security requirements, what procedures do you follow to keep my contract's sample file and data secure and confidential?

#### *Cost and Additional Services*

- What will it cost to oversample [NUMBER] cases?
- What additional services and reports do you provide?

Additional information on being an informed consumer when selecting a survey vendor can be found in the attachment to the October 27, 2022 HPMS memo "2023 Medicare CAHPS® Survey" available on the CMS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/HPMS-Memos-Archive-Weekly>.

**ATTACHMENT 5**  
**Sample Text for Use in a Member Newsletter**  
**Encouraging Members to Complete the HOS**

You may soon receive the Medicare Health Outcomes Survey (HOS) in the mail. This important survey was created by the Centers for Medicare & Medicaid Services (CMS), the federal agency that runs Medicare, to improve quality of care for people with Medicare. Members of every health plan are randomly selected to receive the survey.

Your voice is important! The survey monitors the quality of care we provide to our members by asking questions about your health status over a specific period of time.

If you receive the Medicare HOS in the mail, please complete it! It takes a few minutes to complete. Participation is voluntary and your information is kept private by law. Your answers will help Medicare make sure that you receive high-quality care.