



MEMORANDUM

TO: Medicare Advantage Organizations
FROM: HOS Project Team
DATE: March 18, 2024
RE: Medicare Health Outcomes Survey (HOS) 2024 Administration

The Centers for Medicare & Medicaid Services (CMS) has determined that your contract is required to report the HEDIS^{®1} Medicare HOS in 2024.² 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 2024 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/>.

HOS 2024 Survey Administration Changes

MAOs are strongly encouraged to review the entire HOS 2024 Survey Administration memo. Refer to the following sections in this memo to review key updates and changes to HOS 2024 Survey administration:

- NEW: [Reporting Requirements](#)
- NEW: [Contracting with a Survey Vendor](#)
- NEW: [Attachment 3—Conditionally-Approved Medicare Health Outcomes Survey Vendors](#)
- NEW: [Attachment 6—HOS Survey Administration Deadlines](#)

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 **April 26, 2024**.

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

² The HOS provides a general indication of how well an MAO manages the physical and mental health of its beneficiaries.

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 27 Baseline, Cohort 25 Follow-Up, or both).
- Oversampling request specifying the associated contract number and oversampling percentage.³
- Name of HOS survey vendor.⁴
- 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.⁵

Reporting Requirements

The following MAOs and other organization types with Medicare contracts in effect on or before January 1, 2023, **are required** to report the Baseline HOS in 2024, provided they have a minimum enrollment of 500 members in February 2024 as reflected in the March 2024 monthly enrollment file.⁶

- 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 25 Baseline survey in 2022 are required to administer a Cohort 25 Follow-Up survey in 2024.

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 survey in 2024 are required to administer the HOS Follow-Up survey in 2026. All contracts electing to field the HOS survey are required to publicly report results. Contracts that wish to voluntarily report should email their request to NCQA at hos@ncqa.org by **April 26, 2024**. Requests to voluntarily report will not be permitted after this deadline.

CMS excludes beneficiaries enrolled in Institutional-Special Needs Plans (I-SNP) at the PBP level from the HOS Baseline survey. Eligible contracts with a minimum of 500 **non-I-SNP** enrollees are required to administer the HOS Baseline survey to their non-I-SNP enrollees.

³ See Oversampling section of the memo for additional details on oversampling.

⁴ See Attachment 3 for the list of conditionally-approved HOS and HOS-M survey vendors.

⁵ 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.

⁶ See <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDENrolData>.

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 2024:

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

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 27 Baseline and Cohort 25 Follow-Up Survey Administration

The Cohort 27 Baseline and Cohort 25 Follow-Up surveys are scheduled for administration from late July through November 2024. 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. CMS strongly recommends MAOs to use the optional languages if they have enrollees unable to respond to the English or Spanish versions to ensure the survey is capturing information from all Medicare beneficiaries enrolled.

Optional FIDE SNP Reporting

MAOs that expect to sponsor a FIDE SNP in 2025 and elected to report HOS or HOS-M at the PBP level to determine eligibility for frailty adjustment 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 **April 26, 2024**.

If an MAO decides it wants to remove its FIDE SNP from consideration for 2024, it must notify NCQA at hos@ncqa.org and the Medicare Plan Payment Group at RiskAdjustmentPolicy@cms.hhs.gov no later than **April 19, 2024**.

See the *Advance Notice of Methodological Changes for Calendar Year (CY) 2025* released on January 31, 2024, for additional information about frailty adjustment, including the methodology to determine if FIDE SNPs have the same level of frailty as Programs of All-Inclusive Care for the Elderly (PACE).

Oversampling

All MAOs required to report HOS 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 **April 26, 2024**. **All requests to change or remove oversampling percentages must be submitted to NCQA by April 26, 2024**. Changes will not be permitted after the deadline has passed. All oversampling requests are subject to approval by CMS.

HOS Data Dissemination

Participating MAOs will receive the HEDIS HOS Effectiveness of Care Report in the summer following data collection and the HOS Baseline Report in the fall following data collection. HOS Performance Measurement Reports are available in the summer to MAOs that participated in the previous year's Follow-Up and beneficiary-level Performance Measurement data are available, by request, at the same time. Report distribution occurs electronically through the 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 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 all 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 2024. If you believe that there are errors in this list, please contact the HOS Project Team at hos@ncqa.org.
2. Attachment 2 is a list of Medicare contracts that have elected to participate in 2024 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 MAOs can use in a member newsletter or other communication that encourages members to complete the HOS.
6. Attachment 6 contains the HOS survey administration deadlines.

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

ATTACHMENT 1

Medicare Advantage Organizations Required to Administer HOS in 2024

Contract ID	Contract Name	Contract ID	Contract Name
H0022	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H0302	MEDISUN, INC.
H0028	CHA HMO, INC.	H0321	ARIZONA PHYSICIANS IPA, INC.
H0034	HAMASPIK, INC.	H0332	KS PLAN ADMINISTRATORS, LLC
H0074	WELLCARE OF MISSISSIPPI, INC.	H0336	HUMANA HEALTH PLAN, INC.
H0088	WELLCARE HEALTH INSURANCE OF NEW YORK, INC.	H0342	CAREPARTNERS OF CONNECTICUT, INC.
H0104	BLUE CROSS AND BLUE SHIELD OF ALABAMA	H0351	HEALTH NET OF ARIZONA, INC.
H0107	HEALTH CARE SERVICE CORPORATION	H0354	CIGNA HEALTHCARE OF ARIZONA, INC.
H0111	WELLCARE OF GEORGIA, INC.	H0422	UCARE HEALTH, INC.
H0137	COMMONWEALTH CARE ALLIANCE, INC.	H0423	METROPLUS HEALTH PLAN, INC.
H0154	VIVA HEALTH, INC.	H0432	UNITEDHEALTHCARE OF THE MIDLANDS, INC.
H0169	UNITEDHEALTHCARE OF WISCONSIN, INC.	H0439	CIGNA HEALTHCARE OF GEORGIA, INC.
H0174	WELLCARE OF TEXAS, INC.	H0473	HUMANA INSURANCE COMPANY OF KENTUCKY
H0192	AMERIHEALTH MICHIGAN, INC.	H0480	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
H0251	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	H0482	CENTENE VENTURE COMPANY MICHIGAN
H0270	WELLCARE HEALTH INSURANCE COMPANY OF AMERICA	H0504	CALIFORNIA PHYSICIANS' SERVICE
H0271	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H0523	AETNA HEALTH OF CALIFORNIA INC.
H0292	HUMANA HEALTH PLAN OF OHIO, INC.	H0524	KAISER FOUNDATION HP, INC.
H0294	UNITEDHEALTHCARE INSURANCE COMPANY	H0543	UHC OF CALIFORNIA

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name	Contract ID	Contract Name
H0544	BLUE CROSS OF CALIFORNIA	H0982	SOLIS HEALTH PLANS, INC.
H0562	HEALTH NET OF CALIFORNIA, INC.	H1016	AVMED, INC.
H0571	CHINESE COMMUNITY HEALTH PLAN	H1019	CAREPLUS HEALTH PLANS, INC.
H0609	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.	H1032	SUNSHINE STATE HEALTH PLAN, INC.
H0624	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.	H1035	FLORIDA BLUE MEDICARE, INC.
H0628	AETNA HEALTH OF OHIO INC.	H1036	HUMANA MEDICAL PLAN, INC.
H0630	KAISER FOUNDATION HP OF CO	H1045	PREFERRED CARE PARTNERS, INC.
H0672	CIGNA HEALTHCARE OF COLORADO, INC.	H1099	HEALTH FIRST HEALTH PLANS
H0712	WELLCARE OF CONNECTICUT, INC.	H1109	AETNA HEALTH INC.(GA)
H0755	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H1112	WELLCARE OF GEORGIA, INC.
H0764	UNITEDHEALTHCARE OF NEW ENGLAND, INC.	H1170	KAISER FOUNDATION HP OF GA, INC.
H0783	HUMANA BENEFIT PLAN OF TEXAS, INC.	H1181	NETWORK HEALTH INSURANCE CORPORATION
H0838	UNIVERSAL CARE, INC.	H1189	CHRISTUS HEALTH PLAN
H0885	HEALTHIER NEW JERSEY INSURANCE COMPANY	H1215	NEBRASKA TOTAL CARE, INC.
H0907	WELLPOINT IOWA, INC.	H1224	LOCAL INITIATIVE HEALTH AUTHORITY FOR LA COUNTY
H0908	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H1225	HOPKINS HEALTH ADVANTAGE, INC.
H0913	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	H1230	KAISER FOUNDATION HP, INC.
H0927	HEALTH CARE SERVICE CORPORATION	H1248	LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY
H0969	WELLCARE HEALTH INSURANCE COMPANY OF NEW HAMPSHIRE	H1278	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H0978	SCAN HEALTH PLAN NEVADA, INC.	H1290	DEVOTED HEALTH PLAN OF FLORIDA, INC.

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name	Contract ID	Contract Name
H1302	BLUE CROSS OF IDAHO CARE PLUS, INC.	H1651	MEDICAL ASSOCIATES HEALTH PLAN, INC.
H1304	REGENCE BLUESHIELD OF IDAHO, INC.	H1659	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H1347	PATRIUS HEALTH, INC.	H1664	HOME STATE HEALTH PLAN, INC.
H1350	BLUE CROSS OF IDAHO CARE PLUS, INC.	H1666	HCSC INSURANCE SERVICES COMPANY
H1352	BLUE-ADVANTAGE PLUS OF KANSAS CITY, INC.	H1692	COVENTRY HEALTH CARE OF WEST VIRGINIA, INC.
H1353	WELLCARE OF WASHINGTON, INC.	H1722	HEALTHFIRST HEALTH PLAN, INC.
H1360	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.	H1723	ABSOLUTE TOTAL CARE, INC.
H1365	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.	H1732	HEALTHPLUS HP, LLC
H1395	NEBRASKA TOTAL CARE, INC.	H1737	HEALTH ALLIANCE - MIDWEST, INC.
H1416	HARMONY HEALTH PLAN, INC.	H1748	SONDER HEALTH PLANS, INC.
H1423	WELLPOINT OHIO, INC.	H1774	CENTENE VENTURE COMPANY INDIANA, INC.
H1426	CCA HEALTH PLANS OF CALIFORNIA, INC.	H1799	MOLINA HEALTHCARE OF KENTUCKY, INC.
H1463	HEALTH ALLIANCE CONNECT, INC.	H1822	SCAN DESERT HEALTH PLAN, INC.
H1468	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	H1846	MOUNT CARMEL HEALTH INSURANCE COMPANY
H1537	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H1848	WELLCARE OF ALABAMA, INC.
H1587 ¹	ARKANSAS SUPERIOR SELECT, INC.	H1862	WELLCARE HEALTH PLANS OF VERMONT, INC.
H1607	ANTHEM INSURANCE COMPANIES, INC.	H1889	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H1608	COVENTRY HEALTH AND LIFE INSURANCE COMPANY	H1894	WELLPOINT WASHINGTON, INC.
H1609	AETNA HEALTH INC. (FL)	H1914	WELLCARE HEALTH INSURANCE OF CONNECTICUT, INC.
H1610	COVENTRY HEALTH CARE OF VIRGINIA, INC.	H1944	UNITEDHEALTHCARE OF WISCONSIN, INC.

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name	Contract ID	Contract Name
H1947	COMMUNITY CARE HEALTH PLAN OF LOUISIANA, INC.	H2172	KAISER FDTN HLTH PLAN OF THE MID-ATLANTIC STATES
H1951	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	H2174	TRILLIUM COMMUNITY HEALTH PLAN, INC.
H1961	PEOPLES HEALTH, INC.	H2224	SENIOR WHOLE HEALTH, LLC
H1969	REGENCE BLUESHIELD OF IDAHO, INC.	H2225	COMMONWEALTH CARE ALLIANCE, INC.
H1977	UPPER PENINSULA HEALTH PLAN, LLC	H2226	UNITEDHEALTHCARE INSURANCE COMPANY
H1993	ASTIVA HEALTH, INC.	H2230	BCBS OF MASSACHUSETTS HMO BLUE, INC.
H1994	SELECTHEALTH, INC.	H2235	BAYCARE SELECT HEALTH PLANS, INC.
H1997	REGENCE BLUESHIELD	H2237	INDEPENDENT CARE HEALTH PLAN
H2001	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	H2246	SELECTHEALTH, INC.
H2029	HUMANA INSURANCE OF PUERTO RICO, INC.	H2247	UNITEDHEALTHCARE COMMUNITY PLAN, INC.
H2032	BAYLOR SCOTT & WHITE INSURANCE COMPANY	H2256	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION
H2034	COMMUNITY CARE HEALTH PLAN, INC.	H2261	BCBS OF MASSACHUSETTS HMO BLUE, INC.
H2056	AETNA BETTER HEALTH OF MICHIGAN INC.	H2293	SILVERSCRIPT INSURANCE COMPANY
H2108	BRAVO HEALTH MID-ATLANTIC, INC.	H2320	PRIORITY HEALTH
H2117	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.	H2322	ALLIANCE HEALTH AND LIFE INSURANCE COMPANY
H2128	CELTIC INSURANCE COMPANY	H2354	HEALTH ALLIANCE PLAN OF MICHIGAN
H2134	WESTERN SKY COMMUNITY CARE, INC.	H2406	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H2162	WELLCARE OF NEW HAMPSHIRE, INC.	H2416	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE
H2168	VILLAGE SENIOR SERVICES CORPORATION	H2419	SOUTH COUNTRY HEALTH ALLIANCE
H2171	CARE N' CARE INSURANCE COMPANY, INC.	H2422	HEALTHPARTNERS, INC.

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Medicare Health Outcomes Survey 2024 Administration

March 18, 2024

Page 9 of 31

Contract ID	Contract Name	Contract ID	Contract Name
H2425	HMO MINNESOTA	H2610	ESSENCE HEALTHCARE, INC.
H2450	MEDICA INSURANCE COMPANY	H2624	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA
H2456	UCARE MINNESOTA	H2663	COVENTRY HEALTH CARE OF MISSOURI, INC
H2458	MEDICA HEALTH PLANS	H2686	DEVOTED HEALTH INSURANCE COMPANY OF HAWAII INC
H2459	UCARE MINNESOTA	H2694	ETERNALHEALTH, INC.
H2461	BCBSM, Inc.	H2697	DEVOTED HEALTH PLAN OF OHIO, INC.
H2462	HEALTHPARTNERS, INC.	H2722	VANTAGE HEALTH PLAN OF ARKANSAS, INC.
H2463	HUMANA HEALTH PLAN OF TEXAS, INC.	H2737	HEALTH NEW ENGLAND, INC.
H2486	HUMANA MEDICAL PLAN OF UTAH, INC.	H2765	SUMMIT HEALTH PLAN, INC.
H2491	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	H2775	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY
H2506	AETNA BETTER HEALTH PREMIER PLAN MMAI INC.	H2782	WESTERN HEALTH ADVANTAGE
H2509	UNITEDHEALTHCARE OF FLORIDA, INC.	H2802	UNITEDHEALTHCARE OF THE MIDLANDS, INC.
H2526	DEVOTED HEALTH PLAN OF OHIO INC	H2816	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY
H2531	UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.	H2836	ANTHEM HEALTH PLANS, INC.
H2533	MOLINA HEALTHCARE OF SOUTH CAROLINA, INC.	H2879	MOLINA HEALTHCARE OF WISCONSIN, INC.
H2563	OPTIMA HEALTH PLAN	H2915	PENNSYLVANIA HEALTH & WELLNESS, INC.
H2577	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H2923	DEVOTED HEALTH PLAN OF OREGON INC
H2582	ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION INC	H2942	COX HEALTH SYSTEMS HMO INC
H2591	HEALTH ALLIANCE - MIDWEST, INC.	H2944	HUMANA INSURANCE COMPANY
H2593	WELLPOINT TEXAS, INC.	H2960	HOMETOWN HEALTH PLAN, INC.

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name	Contract ID	Contract Name
H2962	ULTIMATE HEALTH PLANS, INC.	H3276	CONNECTICARE INSURANCE COMPANY, INC.
H3015	SHARED HEALTH MISSISSIPPI, INC.	H3288	AETNA HEALTH AND LIFE INSURANCE COMPANY
H3041	DEVOTED HEALTH PLAN OF SOUTH CAROLINA INC	H3305	MVP HEALTH PLAN, INC.
H3047	WELLCARE HEALTH INSURANCE COMPANY OF LOUISIANA	H3307	OXFORD HEALTH PLANS (NY), INC.
H3071	CLEAR SPRING HEALTH COMMUNITY CARE, INC.	H3312	AETNA HEALTH INC. (NY)
H3080	DEVOTED HEALTH PLAN OF ALABAMA INC	H3330	HEALTH INSURANCE PLAN OF GREATER NEW YORK
H3113	OXFORD HEALTH PLANS (NJ), INC.	H3335	EXCELLUS HEALTH PLAN, INC.
H3146	AETNA BETTER HEALTH INC. (GA)	H3342 ¹	EMPIRE HEALTHCHOICE ASSURANCE, INC.
H3152	AETNA HEALTH INC. (NJ)	H3344	INDEPENDENT HEALTH BENEFITS CORPORATION
H3170	SAPPHIRE EDGE, INC.	H3347	ELDERPLAN, INC.
H3186	SANFORD HEALTH PLAN OF MINNESOTA	H3351	EXCELLUS HEALTH PLAN, INC.
H3192	AETNA HEALTH OF MICHIGAN INC.	H3359	HEALTHFIRST HEALTH PLAN, INC.
H3204	PRESBYTERIAN HEALTH PLAN	H3362	INDEPENDENT HEALTH ASSOCIATION, INC.
H3206	PRESBYTERIAN INSURANCE COMPANY, INC.	H3379	UNITEDHEALTHCARE OF NEW YORK, INC.
H3219	ALLINA HEALTH AND AETNA INSURANCE COMPANY	H3384	HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.
H3239	AETNA BETTER HEALTH, INC. (LA)	H3387	UNITEDHEALTHCARE OF NEW YORK, INC.
H3240	WELLPOINT NEW JERSEY, INC.	H3388	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.
H3251	HEALTH CARE SERVICE CORPORATION	H3404	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA
H3256	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H3416	HEALTHPARTNERS UNITYPOINT HEALTH, INC.
H3259	VOLUNTEER STATE HEALTH PLAN	H3418	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name	Contract ID	Contract Name
H3443	ALIGNMENT HEALTH PLAN OF ARIZONA, INC.	H3749	UNITEDHEALTHCARE OF WISCONSIN, INC.
H3447	HEALTHKEEPERS, INC.	H3755	COMMUNITYCARE GOVERNMENT PROGRAMS, INC.
H3449	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H3777	EXPERIENCE HEALTH, INC.
H3471	HEALTH ALLIANCE NORTHWEST HEALTH PLAN	H3794	UNITEDHEALTHCARE OF WISCONSIN, INC.
H3499	COORDINATED CARE CORPORATION	H3805	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.
H3528	CONNECTICARE, INC.	H3810	ALLCARE HEALTH PLAN, INC.
H3533	HUMANA HEALTH COMPANY OF NEW YORK, INC.	H3811	SAMARITAN HEALTH PLANS, INC.
H3536	MATTHEW THORNTON HEALTH PLAN, INC.	H3813	MODA HEALTH PLAN, INC.
H3554	USABLE PPO INSURANCE COMPANY	H3814	ATRIO HEALTH PLANS
H3557	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	H3815	ALIGNMENT HEALTH PLAN
H3561	HEALTH NET COMMUNITY SOLUTIONS, INC.	H3817	REGENCE BLUECROSS BLUESHIELD OF OREGON
H3597	AETNA HEALTH INC. (ME)	H3822	HEALTH CARE SERVICE CORPORATION
H3653	PARAMOUNT CARE, INC.	H3832	HAWAII MEDICAL SERVICE ASSOCIATION
H3655	COMMUNITY INSURANCE COMPANY	H3864	PACIFICSOURCE COMMUNITY HEALTH PLANS
H3660	SUMMACARE INC.	H3890	HOPKINS HEALTH ADVANTAGE, INC.
H3664	AULTCARE HEALTH INSURING CORPORATION	H3907	UPMC HEALTH PLAN, INC.
H3668	MOUNT CARMEL HEALTH PLAN, INC.	H3909	QCC INSURANCE COMPANY
H3672	THE HEALTH PLAN OF WEST VIRGINIA, INC.	H3916	HIGHMARK SENIOR HEALTH COMPANY
H3706	GLOBALHEALTH, INC.	H3923	CAPITAL ADVANTAGE INSURANCE COMPANY
H3748	AETNA BETTER HEALTH OF WASHINGTON, INC.	H3924	GEISINGER INDEMNITY INSURANCE COMPANY

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name	Contract ID	Contract Name
H3928	AETNA HEALTH INC. (LA)	H4152	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
H3931	AETNA HEALTH INC. (PA)	H4161	BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN
H3949	BRAVO HEALTH PENNSYLVANIA, INC.	H4213	USABLE MUTUAL INSURANCE COMPANY
H3952	KEYSTONE HEALTH PLAN EAST, INC.	H4227	VISTA HEALTH PLAN, INC.
H3954	GEISINGER HEALTH PLAN	H4279	UPMC FOR YOU, INC
H3957	HIGHMARK CHOICE COMPANY	H4286	LEON HEALTH, INC.
H3959	AETNA HEALTH INC. (PA)	H4343	CENTENE VENTURE COMPANY ALABAMA HEALTH PLAN, INC.
H3962	KEYSTONE HEALTH PLAN CENTRAL, INC.	H4346	HMO COLORADO, INC.
H3975	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC	H4407	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H3979	GHS HEALTH MAINTENANCE ORGANIZATION, INC.	H4461	CARITEN HEALTH PLAN INC.
H4003	MMM HEALTHCARE, LLC	H4497	MEDICAL MUTUAL OF OHIO
H4004	MMM HEALTHCARE, LLC	H4506	SELECTCARE OF TEXAS, INC.
H4005	TRIPLE S ADVANTAGE, INC.	H4513	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H4007	HUMANA HEALTH PLANS OF PUERTO RICO, INC.	H4514	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, L.L.C.
H4036	ANTHEM INSURANCE COMPANIES, INC.	H4523	AETNA HEALTH INC. (TX)
H4045	SANTA CLARA COUNTY HEALTH AUTHORITY	H4527	PHYSICIANS HEALTH CHOICE OF TEXAS, LLC
H4073	WELLCARE HEALTH INSURANCE OF NORTH CAROLINA, INC.	H4537	WELLCARE HEALTH INSURANCE COMPANY OF OKLAHOMA, INC.
H4094 ¹	UNITEDHEALTHCARE OF WISCONSIN, INC.	H4544	PEOPLES HEALTH, INC.
H4140	DOCTORS HEALTHCARE PLANS, INC.	H4604	UNITEDHEALTHCARE OF THE ROCKIES, INC.
H4141	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	H4605	REGENCE BLUECROSS BLUESHIELD OF UTAH

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name	Contract ID	Contract Name
H4623	HUMANA REGIONAL HEALTH PLAN, INC.	H4982	AETNA BETTER HEALTH OF CALIFORNIA INC.
H4624	ZING HEALTH OF MICHIGAN, INC.	H5008	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H4676	TROY HEALTH, INC.	H5009	REGENCE BLUESHIELD
H4699	WELLCARE HEALTH PLANS OF RHODE ISLAND, INC.	H5010	ASURIS NORTHWEST HEALTH
H4711	COVENTRY HEALTH CARE OF NEBRASKA, INC.	H5042	CDPHP UNIVERSAL BENEFITS, INC.
H4733	COMMUNITY HEALTH GROUP	H5050	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON
H4754	PACIFICSOURCE COMMUNITY HEALTH PLANS	H5087	WELLCARE OF CALIFORNIA, INC.
H4801	GHS INSURANCE COMPANY	H5106	HIGHMARK SENIOR SOLUTIONS COMPANY
H4808	DEVOTED HEALTH INSURANCE COMPANY OF COLORADO INC	H5140	BLUE CROSS AND BLUE SHIELD ARIZONA, INC.
H4835	AETNA BETTER HEALTH OF OKLAHOMA INC.	H5141	CLOVER INSURANCE COMPANY
H4847	WELLCARE OF SOUTH CAROLINA, INC.	H5199	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
H4863	TRH HEALTH INSURANCE COMPANY	H5209	MOLINA HEALTHCARE OF WISCONSIN, INC.
H4868	NEW YORK QUALITY HEALTHCARE CORPORATION	H5211	SECURITY HEALTH PLAN OF WISCONSIN, INC.
H4869	GOLD KIDNEY OF ARIZONA	H5215	NETWORK HEALTH INSURANCE CORPORATION
H4875	PRIORITY HEALTH	H5216	HUMANA INSURANCE COMPANY
H4882	HEALTHPARTNERS, INC.	H5253	UNITEDHEALTHCARE OF WISCONSIN, INC.
H4909	ANTHEM INSURANCE COMPANIES, INC.	H5256	MEDICAL ASSOCIATES CLINIC HEALTH PLAN
H4931	BANNER - UNIVERSITY CARE ADVANTAGE	H5262	QUARTZ HEALTH PLAN CORPORATION
H4937	CALIFORNIA PHYSICIANS' SERVICE	H5264	DEAN HEALTH PLAN, INC.
H4961	ALIGNMENT HEALTH PLAN	H5273	CAREPARTNERS OF CONNECTICUT, INC.

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name	Contract ID	Contract Name
H5280	MOLINA HEALTHCARE OF OHIO, INC.	H5471	SIMPLY HEALTHCARE PLANS, INC.
H5294	SUPERIOR HEALTHPLAN, INC.	H5472	ALIGNMENT HEALTH INSURANCE COMPANY OF ARIZONA INC
H5296	ALIGNMENT HEALTH PLAN OF NORTH CAROLINA, INC.	H5475	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
H5299	DEVOTED HEALTH PLAN OF NORTH CAROLINA INC	H5496	IMPERIAL HEALTH PLAN OF CALIFORNIA, INC.
H5302	AETNA HEALTH INC. (GA)	H5521	AETNA LIFE INSURANCE COMPANY
H5322	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H5522	AETNA LIFE INSURANCE COMPANY
H5325	COVENTRY HEALTH CARE OF KANSAS, INC.	H5525	HUMANA BENEFIT PLAN OF ILLINOIS, INC.
H5377	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	H5526	HIGHMARK WESTERN AND NORTHEASTERN NEW YORK INC.
H5386	SHARP HEALTH PLAN	H5533	UPMC HEALTH NETWORK, INC.
H5398	CENTENE VENTURE COMPANY KANSAS	H5549	VNS CHOICE
H5410	HEALTHSPRING OF FLORIDA, INC.	H5577	MCS ADVANTAGE, INC.
H5420	PREFERRED CARE NETWORK, INC.	H5580	MERCY CARE
H5422	BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA	H5587	HEALTH CHOICE ARIZONA, INC.
H5425	SCAN HEALTH PLAN	H5590	BRIDGEWAY HEALTH SOLUTIONS OF ARIZONA, INC.
H5427	FREEDOM HEALTH, INC.	H5591	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.
H5431	HEALTHSUN HEALTH PLANS, INC.	H5593	AETNA HEALTH OF IOWA INC.
H5433	ORANGE COUNTY HEALTH AUTHORITY	H5594	OPTIMUM HEALTHCARE, INC.
H5434	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	H5599	NEW YORK QUALITY HEALTHCARE CORPORATION
H5435	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H5608	DENVER HEALTH MEDICAL PLAN, INC.
H5439	HEALTH NET LIFE INSURANCE COMPANY	H5619	ARCADIAN HEALTH PLAN, INC.

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name	Contract ID	Contract Name
H5628	MOLINA HEALTHCARE OF UTAH, INC.	H5937	UCARE MINNESOTA
H5649	CENTRAL HEALTH PLAN OF CALIFORNIA, INC.	H5938	CAPITAL HEALTH PLAN
H5652	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	H5943	SCAN HEALTH PLAN
H5703 ¹	SOUTH COUNTRY HEALTH ALLIANCE	H5945	PROMINENCE HEALTHFIRST
H5774	TRIPLE S ADVANTAGE, INC.	H5959	BCBSM, INC.
H5779	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.	H5965	WELLCARE HEALTH INSURANCE COMPANY OF WASHINGTON
H5793	AETNA HEALTH INC. (CT)	H5969	ALOHACARE
H5810	MOLINA HEALTHCARE OF CALIFORNIA	H5970	HUMANA INSURANCE COMPANY OF NEW YORK
H5823	MOLINA HEALTHCARE OF WASHINGTON, INC.	H5989	HEALTHFIRST HEALTH PLAN, INC.
H5826	COMMUNITY HEALTH PLAN OF WASHINGTON	H5991	HEALTH INSURANCE PLAN OF GREATER NEW YORK
H5828	WELLPOINT TENNESSEE, INC.	H5995	ATRIO HEALTH PLANS
H5843	BANNER HEALTH PLAN, INC.	H6018	DEVOTED HEALTH INSURANCE COMPANY OF PENNSYLVANIA INC
H5852	AIDS HEALTHCARE FOUNDATION	H6019	SAN MATEO HEALTH COMMISSION
H5854	ANTHEM HEALTH PLANS, INC.	H6067	CAREFIRST ADVANTAGE, INC.
H5859	HEALTH PLAN OF CAREOREGON, INC.	H6078	GROUP RETIREE HEALTH SOLUTIONS, INC.
H5883	BLUE CARE NETWORK OF MICHIGAN	H6080	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.
H5900	WELLMARK ADVANTAGE HEALTH PLAN, INC.	H6154	MEDICA HEALTH PLANS
H5926	MOLINA HEALTHCARE OF MICHIGAN, INC.	H6158	USABLE HMO, INC.
H5928	CALIFORNIA PHYSICIANS' SERVICE	H6193	WELLCARE HEALTH PLANS OF MASSACHUSETTS, INC.
H5932	GATEWAY HEALTH PLAN, INC.	H6200	ESSENCE HEALTHCARE PPO, INC.

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name	Contract ID	Contract Name
H6202	NEXTBLUE OF NORTH DAKOTA INSURANCE COMPANY	H6622	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP
H6237	REGENCE BLUECROSS BLUESHIELD OF OREGON	H6672	CLEAR SPRING HEALTH (GA), INC.
H6306	FIRSTCAROLINACARE INSURANCE COMPANY	H6678	CENTENE VENTURE INSURANCE COMPANY TEXAS
H6322	MCLAREN HEALTH PLAN, INC.	H6713	WELLCARE OF ILLINOIS, INC.
H6328	CARE N' CARE INSURANCE COMPANY, INC.	H6723	MEDICAL MUTUAL OF OHIO
H6348	COORDINATED CARE CORPORATION	H6743	ATRIO HEALTH PLANS
H6379	CLEAR SPRING HEALTH (CO), INC.	H6750	HARVARD PILGRIM HEALTH CARE OF NEW ENGLAND, INC.
H6396	CARESOURCE OHIO, INC.	H6813	DEVOTED HEALTH INSURANCE COMPANY OF TEXAS INC
H6399	AETNA BETTER HEALTH INC. (NJ)	H6815	HEALTH NET HEALTH PLAN OF OREGON, INC.
H6446	SILVERSUMMIT HEALTHPLAN, INC.	H6830 ¹	CENTENE VENTURE COMPANY KANSAS
H6453	HMO LOUISIANA, INC.	H6847	MASS GENERAL BRIGHAM HEALTH PLAN, INC.
H6502	MISSOURI VALLEY LIFE AND HEALTH INSURANCE COMPANY	H6851	BOSTON MEDICAL CENTER HEALTH PLAN, INC.
H6526	UNITEDHEALTHCARE OF NEW MEXICO, INC.	H6852	DEVOTED HEALTH PLAN OF PENNSYLVANIA INC
H6529	SOUTHEASTERN INDIANA HEALTH ORGANIZATION, INC.	H6870	SUPERIOR HEALTHPLAN, INC.
H6545	DEVOTED HEALTH INSURANCE OF ILLINOIS, INC.	H6874	ASPIRUS HEALTH PLAN, INC.
H6550	SUNFLOWER STATE HEALTH PLAN, INC.	H6898	VERMONT BLUE ADVANTAGE, INC.
H6586	DEVOTED HEALTH INSURANCE COMPANY OF ARIZONA, INC.	H6910	MOUNT CARMEL HEALTH PLAN OF IDAHO, INC.
H6594	WELLCARE HEALTH PLANS OF VERMONT, INC.	H6975	WELLCARE OF ALABAMA, INC.
H6595	UNITEDHEALTHCARE OF WISCONSIN, INC.	H6988	CENTERS PLAN FOR HEALTHY LIVING, LLC
H6605	WELLCARE HEALTH INSURANCE OF HAWAII, INC.	H7006	ATRIO HEALTH PLANS

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name	Contract ID	Contract Name
H7020	CIGNA HEALTHCARE OF SOUTH CAROLINA, INC.	H7330	ZING HEALTH, INC.
H7028	DEVOTED HEALTH INSURANCE COMPANY OF SOUTH CAROLINA INC	H7360	HEALTH NET OF CALIFORNIA, INC.
H7063	BLUECROSS BLUESHIELD KANSAS SOLUTIONS, INC.	H7379	CAREFIRST ADVANTAGE PPO, INC.
H7093	COMMUNITY INSURANCE COMPANY	H7389	CIGNA HEALTH AND LIFE INSURANCE COMPANY
H7115	MEMORIAL HERMANN HEALTH PLAN	H7399	CENTENE VENTURE COMPANY ILLINOIS
H7123	UPMC HEALTH COVERAGE, INC.	H7404	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H7147	DEVOTED HEALTH PLAN OF COLORADO INC	H7419	TUFTS HEALTH PUBLIC PLANS, INC.
H7149	AETNA HEALTH INC. (PA)	H7464	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.
H7151	DEVOTED HEALTH PLAN OF ILLINOIS, INC.	H7518	WELLCARE OF MISSOURI HEALTH INSURANCE COMPANY, INC
H7163 ¹	VANTAGE HEALTH PLAN OF MISSISSIPPI, INC.	H7522	MMM HEALTHCARE, LLC
H7169	BUCKEYE HEALTH PLAN COMMUNITY SOLUTIONS, INC.	H7559	MOLINA HEALTHCARE OF VIRGINIA, LLC
H7172	AETNA BETTER HEALTH INC. (OH)	H7605	DEVOTED HEALTH PLAN OF TENNESSEE INC
H7175	WELLCARE HEALTH INSURANCE OF NORTH CAROLINA, INC.	H7607	CLEVER CARE OF GOLDEN STATE, INC.
H7199	DEVOTED HEALTH PLAN OF OREGON	H7617	EMPHEYSYS INSURANCE COMPANY
H7220	INDIANA UNIVERSITY HEALTH PLANS NFP, INC.	H7621	HUMANA HEALTH PLAN OF CALIFORNIA, INC.
H7245	PREMERA BLUE CROSS	H7646	PHP MEDICARE
H7284	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	H7670	CENTRAL MASS HEALTH, LLC
H7301	COVENTRY HEALTH CARE OF ILLINOIS, INC.	H7678	MOLINA HEALTHCARE OF TEXAS, INC.
H7323	WELLCARE NATIONAL HEALTH INSURANCE COMPANY	H7680	PROMINENCE HEALTHFIRST OF TEXAS
H7326	WELLCARE OF SOUTH CAROLINA, INC.	H7787	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name	Contract ID	Contract Name
H7833	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, L.L.C.	H8181	SAPPHIRE EDGE, INC.
H7844	MOLINA HEALTHCARE OF MICHIGAN, INC.	H8189	MANAGED HEALTH SERVICES INSURANCE CORP.
H7849	CIGNA HEALTH AND LIFE INSURANCE COMPANY	H8197	MOLINA HEALTHCARE OF TEXAS, INC.
H7917	BLUECROSS BLUESHIELD OF TENNESSEE, INC.	H8211	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H7925	CENTENE VENTURE COMPANY INDIANA, INC.	H8213	SELECT HEALTH OF SOUTH CAROLINA, INC.
H7993	DEVOTED HEALTH PLAN OF TEXAS, INC.	H8225	CENTENE VENTURE COMPANY FLORIDA
H8003	BLUECROSS AND BLUESHIELD OF SOUTH CAROLINA	H8293	CLEAR SPRING HEALTH (VA), INC.
H8010	CLOVER HMO OF NEW JERSEY INC.	H8298	HORIZON HEALTHCARE OF NEW JERSEY, INC.
H8019 ¹	MEDICA CENTRAL HEALTH PLAN	H8330	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION
H8026	AETNA BETTER HEALTH OF MICHIGAN INC.	H8332	AETNA BETTER HEALTH OF KANSAS, INC.
H8046	MOLINA HEALTHCARE OF ILLINOIS, INC.	H8379	PRIORITY HEALTH CHOICE, INC.
H8064 ¹	FIRSTCAROLINACARE INSURANCE COMPANY	H8385	SANFORD HEALTH PLAN
H8070	UCARE MINNESOTA	H8432	EMPIRE HEALTHCHOICE HMO, INC.
H8095	WELLMARK ADVANTAGE HEALTH PLAN, INC.	H8452	CARESOURCE OHIO, INC.
H8133	GHS INSURANCE COMPANY	H8547	ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY
H8142	SCOTT AND WHITE HEALTH PLAN	H8552	ANTHEM BLUE CROSS LIFE AND HEALTH INS COMPANY
H8145	HUMANA INSURANCE COMPANY	H8553	WELLCARE HEALTH INSURANCE OF THE SOUTHWEST, INC.
H8166	HIGHMARK BCBSD, INC.	H8554	GHS INSURANCE COMPANY
H8173	DEVOTED HEALTH PLAN OF ARIZONA, INC.	H8578	HEALTH NEW ENGLAND, INC.
H8176	MOLINA HEALTHCARE OF SOUTH CAROLINA, INC	H8597	AETNA BETTER HEALTH OF TEXAS INC.

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name	Contract ID	Contract Name
H8604	THP INSURANCE COMPANY	H9147	BLUE CROSS AND BLUE SHIELD OF NC SENIOR HEALTH
H8634	HEALTH CARE SERVICE CORPORATION	H9207	HEALTH PARTNERS PLANS, INC.
H8649	AETNA HEALTH OF UTAH INC	H9219	AMH HEALTH PLANS OF MAINE, INC.
H8711 ¹	WELLCARE HEALTH INSURANCE COMPANY OF NEW JERSEY	H9231	DEVOTED HEALTH INSURANCE COMPANY OF TENNESSEE INC
H8764	ASPIRE HEALTH PLAN	H9239	UNITEDHEALTHCARE INSURANCE COMPANY
H8768	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H9306	ALTERWOOD ADVANTAGE, INC.
H8783	UCARE HEALTH, INC.	H9335	WELLCARE HEALTH PLANS OF MISSOURI, INC.
H8786	WELLPOINT TEXAS, INC.	H9357	CENTENE VENTURE INSURANCE COMPANY TEXAS
H8849	WELLPOINT INSURANCE COMPANY	H9364	WELLCARE OF MAINE, INC.
H8854	CAREFIRST ADVANTAGE DSNP, INC.	H9387	SUNFLOWER STATE HEALTH PLAN, INC.
H8889	MEDICA HEALTH PLANS	H9414	COMMONWEALTH CARE ALLIANCE MASSACHUSETTS, LLC.
H8894	INLAND EMPIRE HEALTH PLAN	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	H9460	CIGNA HEALTHCARE OF ST LOUIS, INC.
H9001	FALLON COMMUNITY HEALTH PLAN	H9469	WELLPOINT LIFE AND HEALTH INSURANCE COMPANY
H9003	KAISER FOUNDATION HP OF THE N W	H9485	MASS GENERAL BRIGHAM HEALTH PLAN, INC.
H9042	SOUTHEASTERN INDIANA HEALTH ORGANIZATION, INC.	H9489	VERMONT BLUE ADVANTAGE, INC.
H9047	PROVIDENCE HEALTH ASSURANCE	H9525	COMPCARE HEALTH SERVICES INSURANCE CORPORATION
H9065	AMH HEALTH, LLC	H9572	BCBS OF MICHIGAN MUTUAL INSURANCE COMPANY
H9096	DEAN HEALTH PLAN, INC.	H9576	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name	Contract ID	Contract Name
H9585	BOSTON MEDICAL CENTER HEALTH PLAN, INC.	H9904	CENTRAL MASS HEALTH, LLC
H9615	MVP HEALTH PLAN, INC.	H9907	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION
H9630	ARKANSAS HEALTH AND WELLNESS HEALTH PLAN, INC	H9952	MEDICA HEALTH PLANS
H9678	HEALTHFIRST INSURANCE COMPANY, INC.	H9955	MOLINA HEALTHCARE OF OHIO, INC.
H9686	ALIGNMENT HEALTH PLAN OF NEVADA, INC.	H9976	WESTERN SKY COMMUNITY CARE, INC.
H9699	USABLE HMO, INC.	R0110	HUMANA INSURANCE COMPANY
H9706	HCSC INSURANCE SERVICES COMPANY	R0759	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H9712	HAP EMPOWERED HEALTH PLAN, INC.	R0865	HUMANA INSURANCE COMPANY
H9725	CIGNA HEALTHCARE OF NORTH CAROLINA, INC.	R0923	HUMANA INSURANCE COMPANY
H9730	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC	R1390	HUMANA INSURANCE COMPANY
H9761	WELLCARE HEALTH PLANS OF MASSACHUSETTS, INC.	R1532	HUMANA INSURANCE COMPANY
H9763	OCHSNER HEALTH PLAN, INC.	R2604	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H9808	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA	R3175 ¹	UNITEDHEALTHCARE INSURANCE COMPANY
H9834	QUARTZ HEALTH PLAN MN CORPORATION	R3332	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
H9861	CCA HEALTH MICHIGAN, INC.	R3392	HUMANA INSURANCE COMPANY
H9869	PARTNERS HEALTH PLAN, INC.	R3444	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H9876	COMMONWEALTH CARE ALLIANCE RHODE ISLAND, LLC	R3887	HUMANA INSURANCE COMPANY
H9884	DEVOTED HEALTH INSURANCE COMPANY	R4182	HUMANA INSURANCE COMPANY
H9888	DEVOTED HEALTH INSURANCE COMPANY OF ALABAMA INC	R4487	ANTHEM INSURANCE COMPANIES, INC.
H9900	WELLCARE OF OKLAHOMA, INC.	R4845	HUMANA INSURANCE COMPANY

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

Contract ID	Contract Name
R5329	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
R5342	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
R5361	HUMANA INSURANCE COMPANY
R5495	HUMANA INSURANCE COMPANY
R5826	HUMANA INSURANCE COMPANY
R5941	ANTHEM INSURANCE COMPANIES, INC.
R6694	AETNA LIFE INSURANCE COMPANY
R6801	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
R7220	HUMANA INSURANCE COMPANY
R7315	HUMANA INSURANCE COMPANY
R7444	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.

¹ MAO is not required to administer the 2024 HOS Cohort 27 Baseline survey due to enrollment less of less than 500 as of February 2024. MAO administered the Cohort 25 Baseline survey in 2022 and **is required** to administer the Cohort 25 Follow-Up survey in 2024.

ATTACHMENT 2

FIDE SNPs Voluntarily Reporting in 2024

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	UHC Dual Complete TN-Y001 (HMO-POS D-SNP)	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	Sample at contract level for quality, then combined PBP level for frailty
H0271	063	UHC Dual Complete IN-S001 (PPO D-SNP)	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	Sample at contract level for quality, then combined PBP level for frailty
H0321	004	UHC Dual Complete AZ-Y001 (HMO-POS D-SNP)	ARIZONA PHYSICIANS IPA, INC.	Sample at contract level for quality, then combined PBP level for frailty
H0423	007	MetroPlus UltraCare (HMO D-SNP)	METROPLUS HEALTH PLAN, 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)
H0976	001	SCAN Connections (HMO D-SNP)	SCAN HEALTH PLAN	Sample at contract level for frailty only; no quality reporting
H0976	002	SCAN Connections at Home (HMO D-SNP)	SCAN HEALTH PLAN	Sample at contract level for frailty only; no quality reporting
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)
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	Anthem HealthPlus Full Dual Advantage LTSS (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

Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
H2168	001	VillageCareMAX Medicare Health Advantage Plan (HMO D-SNP)	VILLAGE SENIOR SERVICES CORPORATION	Sample at contract level for quality, then combined PBP level for frailty
H2168	002	VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP)	VILLAGE SENIOR SERVICES CORPORATION	Sample at contract level for quality, then combined PBP level for frailty
H2168	003	VillageCareMAX Medicare Health Advantage FLEX Plan (HMO D-SNP)	VILLAGE SENIOR SERVICES CORPORATION	Sample at contract level for quality, then combined PBP level for frailty
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	UHC Senior Care Options MA-Y001 (HMO D-SNP)	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for quality, then combined PBP level for frailty
H2226	003	UHC Senior Care Options NHC MA-Y002 (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)

Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
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 Align (HMO D-SNP)	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2509	001	UHC Dual Complete FL-Y001 (HMO-POS D-SNP)	UNITEDHEALTHCARE OF FLORIDA, INC.	Sample at contract level for quality, then combined PBP level for frailty
H2563	004	Sentara Community Complete (HMO D-SNP)	OPTIMA HEALTH PLAN	Sample at contract level for quality, then combined PBP level for frailty
H2563	020	Sentara Community Complete Select (HMO D-SNP)	OPTIMA HEALTH PLAN	Sample at contract level for quality, then combined PBP level for frailty
H3113	005	UHC Dual Complete NJ-Y001 (HMO D-SNP)	OXFORD HEALTH PLANS (NJ), INC.	Sample at contract level for quality, then combined PBP level for frailty
H3240	013	Wellpoint Full Dual Advantage (HMO D-SNP)	WELLPOINT NEW JERSEY, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3240	024	Wellpoint Full Dual Advantage Secure (HMO-POS D-SNP)	WELLPOINT 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
H3347	002	Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)	ELDERPLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3347	007	Elderplan Plus Long Term Care (HMO-POS D-SNP)	ELDERPLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3359	034	Healthfirst CompleteCare (HMO D-SNP)	HEALTHFIRST HEALTH PLAN, INC.	Sample at contract level for quality, then combined PBP level for frailty
H3832	011	HMSA Akamai Advantage Dual Care (PPO D-SNP)	HAWAII MEDICAL SERVICE ASSOCIATION	Sample at contract level for quality, then at PBP level for frailty (HOS-M)

Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
H4931	007	Banner Medicare Advantage Dual (HMO D-SNP)	BANNER - UNIVERSITY CARE ADVANTAGE	Sample at contract level for quality, then combined PBP level for frailty.
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)	MOLINA HEALTHCARE OF WISCONSIN, INC.	Sample at contract level for quality, then combined PBP level for frailty
H5294	010	Wellcare Dual Liberty Nurture (HMO D-SNP)	SUPERIOR HEALTHPLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5294	015	Wellcare Dual Access Harmony (HMO D-SNP)	SUPERIOR HEALTHPLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
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
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 Integrated SNP-DE H5619-054 (HMO-POS D-SNP)	ARCADIAN HEALTH PLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5628	001	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)
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)
H5628	012	Molina Medicare Complete Care Select (HMO D-SNP)	MOLINA HEALTHCARE OF UTAH, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)

Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
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	Wellpoint Full Dual Advantage Support (HMO D-SNP)	WELLPOINT TENNESSEE, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5969	002	AlohaCare Advantage Plus (HMO D-SNP)	ALOHACARE	Sample at contract level for quality, then combined PBP level for frailty
H5969	003	AlohaCare Advantage (HMO D-SNP)	ALOHACARE	Sample at contract level for quality, then combined PBP level for frailty
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)
H6550	004	Wellcare Dual Access (HMO D-SNP)	SUNFLOWER STATE HEALTH PLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H6776	002	RiverSpring MAP (HMO D-SNP)	ELDERSERVE HEALTH, INC.	Sample at contract level for frailty only; no quality reporting
H6988	002	Centers Plan for Dual Coverage Care (HMO D-SNP)	CENTERS PLAN FOR HEALTHY LIVING, LLC	Sample at contract level for quality, then combined PBP level for frailty
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	UHC Dual Complete VA-Y001 (HMO-POS D-SNP)	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	Sample at contract level for quality, then combined PBP level for frailty
H7464	007	UHC Dual Complete VA-Y002 (HMO-POS D-SNP)	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	Sample at contract level for quality, then combined PBP level for frailty
H7464	010	UHC Dual Choice DC-Y001 (HMO D-SNP)	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	Sample at contract level for quality, then combined PBP level for frailty
H8298	001	Horizon NJ TotalCare (HMO D-SNP)	HORIZON HEALTHCARE OF NEW JERSEY, INC.	Sample at contract level for quality and frailty

Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
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)
H8845	001	Molina Medicare Complete Care (HMO D-SNP)	MOLINA HEALTHCARE OF ARIZONA, INC.	Sample at contract level for frailty only; no quality reporting
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
H9656	001	True Blue Special Needs Plan (HMO D-SNP)	BLUE CROSS OF IDAHO CARE PLUS, INC.	Sample at contract level for frailty only; no quality reporting
H9656	002	True Blue Special Needs Plan (HMO D-SNP)	BLUE CROSS OF IDAHO CARE PLUS, INC.	Sample at contract level for frailty only; no quality reporting
H9869	001	Partners Health Plan (DEMO)	PARTNERS HEALTH PLAN, INC.	Sample at contract level for quality and frailty (HOS-M)

ATTACHMENT 3

Conditionally-Approved Medicare Health Outcomes Survey Vendors*

Survey Vendor Contact Information	
<p>Center for the Study of Services (CSS) Alok Shrestha 1625 K St., NW, 8th Floor Washington, DC 20006 Tel: (202) 454-3055 ashrestha@cssresearch.org www.cssresearch.org</p>	<p>DataStat, Inc. Steven Weindorf 3975 Research Park Dr. Ann Arbor, MI 48108 Tel: (734) 994-0540, ext. 193 sweindorf@datastat.com www.datastat.com</p>
<p>Press Ganey Abigail Foster 1173 Ignition Drive South Bend, IN 46601 Tel: (800) 232-8032 afoster@pressganey.com www.pressganey.com</p>	<p>Qualtrics Allison Zapor 333 W River Park Dr. Provo, UT 84604 Tel: (248) 344-7572 azapor@qualtrics.com www.qualtrics.com</p>

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

Survey Vendor Contact Information	
<p>Center for the Study of Services (CSS) Alok Shrestha 1625 K St., NW, 8th Floor Washington, DC 20006 Tel: (202) 454 3055 ashrestha@cssresearch.org www.cssresearch.org</p>	<p>DataStat, Inc. Steven Weindorf 3975 Research Park Dr. Ann Arbor, MI 48108 Tel: (734) 994-0540, ext. 193 sweindorf@datastat.com www.datastat.com</p>

*Contingent on successful completion of HOS and HOS-M survey vendor trainings in Spring 2024.

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 (see [Process for Notifying the HOS Project Team of Survey Vendor Selection](#) section earlier in this memo).

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 in 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 HPMS memo "Medicare CAHPS®⁷ 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>.

⁷ CAHPS is a registered trademark of the Agency for Healthcare Quality and Research.

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 need help with the survey, a relative, friend, or caregiver who knows about your health can fill it out for you.

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.

ATTACHMENT 6 HOS Survey Administration Deadlines

The table below displays the deadlines for 2024 HOS Administration.

Activity	Deadline	Contact Method
Notify NCQA and MPPG of FIDE SNP withdrawal	Friday, April 19, 2024	hos@ncqa.org and riskadjustmentpolicy@cms.hhs.gov
Submit survey vendor selection to NCQA	Friday, April 26, 2024	Survey vendor selection web form
Submit requests for oversampling	Friday, April 26, 2024	Survey vendor selection web form
Submit requests to add, remove, or change oversampling percentage	Friday, April 26, 2024	hos@ncqa.org
Request voluntarily HOS Baseline reporting	Friday, April 26, 2024	hos@ncqa.org