



MEMORANDUM

TO: Medicare Advantage Organizations
FROM: HOS Project Team
DATE: April 10, 2025
RE: Medicare Health Outcomes Survey (HOS) 2025 Administration

The Centers for Medicare & Medicaid Services (CMS) has determined that your contract is required to report the HEDIS^{®1} Medicare HOS in 2025.² 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 2025 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 2025 Survey Administration Changes

MAOs are strongly encouraged to review the entire HOS 2025 Survey Administration memo. Refer to the following sections in this memo to review key updates and changes to HOS 2025 Survey administration:

- NEW: [ATTACHMENT 6](#)

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 25, 2025**.

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 28 Baseline, Cohort 26 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, 2024, **are required** to report the Baseline HOS in 2025, provided they have a minimum enrollment of 500 members in February 2025 as reflected in the March 2025 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 26 Baseline survey in 2023 are required to administer a Cohort 26 Follow-Up survey in 2025.

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 2025 are required to administer the HOS Follow-Up survey in 2027. 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 25, 2025**. 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 CMS-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 2025.

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](#)

The following survey vendors are approved by CMS to administer the HOS in 2025:

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 28 Baseline and Cohort 26 Follow-Up Survey Administration

The Cohort 28 Baseline and Cohort 26 Follow-Up surveys are scheduled for administration from late July through November 2025. 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 25, 2025**.

If an MAO decides it wants to remove its FIDE SNP from consideration for 2025, it must notify NCQA at hos@ncqa.org and the Medicare Plan Payment Group at RiskAdjustmentPolicy@cms.hhs.gov no later than **April 18, 2025**.

See the *Advance Notice of Methodological Changes for Calendar Year (CY) 2026* released on January 10, 2025 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 25, 2025**. **All requests to change or remove oversampling percentages must be submitted to NCQA by April 25, 2025**. 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 2025. 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 2025 at the FIDE SNP level.
3. Attachment 3 contains contact information for CMS-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 2025

Contract ID	Contract Name	Contract ID	Contract Name
H0022	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H0332	KS PLAN ADMINISTRATORS, LLC
H0028	CHA HMO, INC.	H0336	HUMANA HEALTH PLAN, INC.
H0029	COORDINATED CARE OF WASHINGTON, INC.	H0342	CAREPARTNERS OF CONNECTICUT, INC.
H0034	HAMASPIK, INC.	H0351	HEALTH NET OF ARIZONA, INC.
H0074	WELLCARE OF MISSISSIPPI, INC.	H0354	BRAVO HEALTH PENNSYLVANIA, INC.
H0104	BLUE CROSS AND BLUE SHIELD OF ALABAMA	H0423	METROPLUS HEALTH PLAN, INC.
H0107	HEALTH CARE SERVICE CORPORATION	H0432	UNITEDHEALTHCARE OF THE MIDLANDS, INC.
H0111	WELLCARE OF GEORGIA, INC.	H0439	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H0137	COMMONWEALTH CARE ALLIANCE, INC.	H0473	HUMANA INSURANCE COMPANY OF KENTUCKY
H0154	VIVA HEALTH, INC.	H0480	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
H0169	UNITEDHEALTHCARE OF WISCONSIN, 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 ¹	WELLCARE HEALTH INSURANCE COMPANY OF AMERICA	H0544	BLUE CROSS OF CALIFORNIA
H0292	HUMANA HEALTH PLAN OF OHIO, INC.	H0562	HEALTH NET OF CALIFORNIA, INC.
H0294	UNITEDHEALTHCARE INSURANCE COMPANY	H0571	CHINESE COMMUNITY HEALTH PLAN
H0302	MEDISUN, INC.	H0609	UnitedHealthcare Benefits of Texas, Inc.
H0321	ARIZONA PHYSICIANS IPA, INC.	H0624	UnitedHealthcare Benefits of Texas, Inc.

¹ MAO is not required to administer the 2025 HOS Cohort 28 Baseline survey due to enrollment less than 500 as of February 2025. MAO administered the Cohort 26 Baseline survey in 2023 and **is required** to administer the Cohort 26 Follow-Up survey in 2025.

Contract ID	Contract Name	Contract ID	Contract Name
H0628	AETNA HEALTH OF OHIO INC.	H1045	PREFERRED CARE PARTNERS, INC.
H0630	KAISER FOUNDATION HP OF CO	H1099	HEALTH FIRST HEALTH PLANS
H0672	CIGNA HEALTHCARE OF COLORADO, INC.	H1109	AETNA HEALTH INC.(GA)
H0712	WELLCARE OF CONNECTICUT, INC.	H1112	WELLCARE OF GEORGIA, INC.
H0755	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H1170	KAISER FOUNDATION HP OF GA, INC.
H0764	UNITEDHEALTHCARE OF NEW ENGLAND, INC.	H1181	NETWORK HEALTH INSURANCE CORPORATION
H0783	HUMANA BENEFIT PLAN OF TEXAS, INC.	H1189	CHRISTUS HEALTH PLAN
H0885	HEALTHIER NEW JERSEY INSURANCE COMPANY	H1206	COVENTRY HEALTH CARE OF ILLINOIS, INC.
H0907	WELLPOINT IOWA, INC.	H1215	NEBRASKA TOTAL CARE, INC.
H0908	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H1224	LOCAL INITIATIVE HEALTH AUTHORITY FOR LA COUNTY
H0913	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	H1225	HOPKINS HEALTH ADVANTAGE, INC.
H0927	HEALTH CARE SERVICE CORPORATION	H1230	KAISER FOUNDATION HP, INC.
H0976	SCAN HEALTH PLAN	H1248	LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY
H0978	SCAN HEALTH PLAN NEVADA, INC.	H1278	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H0982	SOLIS HEALTH PLANS, INC.	H1290	DEVOTED HEALTH PLAN OF FLORIDA, INC.
H1016	AVMED, INC.	H1302	BLUE CROSS OF IDAHO CARE PLUS, INC.
H1019	CAREPLUS HEALTH PLANS, INC.	H1304	REGENCE BLUESHIELD OF IDAHO, INC.
H1032	Sunshine State Health Plan, Inc.	H1347	PATRIUS HEALTH, INC.
H1035	FLORIDA BLUE MEDICARE, INC.	H1350	BLUE CROSS OF IDAHO CARE PLUS, INC.
H1036	HUMANA MEDICAL PLAN, INC.	H1360	UnitedHealthcare Benefits of Texas, Inc.

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Contract ID	Contract Name	Contract ID	Contract Name
H1365	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.	H1723	ABSOLUTE TOTAL CARE, INC.
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.
H1463	HEALTH ALLIANCE CONNECT, INC.	H1799	MOLINA HEALTHCARE OF KENTUCKY, INC.
H1468	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	H1822	SCAN DESERT HEALTH PLAN, INC.
H1526	GOLD KIDNEY OF FLORIDA INC	H1846	MOUNT CARMEL HEALTH INSURANCE COMPANY
H1537	UNITEDHEALTHCARE INSURANCE COMPANY	H1862	WELLCARE HEALTH PLANS OF VERMONT, INC.
H1587 ¹	ARKANSAS SUPERIOR SELECT, INC.	H1889	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H1607	ANTHEM INSURANCE COMPANIES, INC.	H1894	WELLPOINT WASHINGTON, INC.
H1608	COVENTRY HEALTH AND LIFE INSURANCE COMPANY	H1914	WELLCARE HEALTH INSURANCE OF CONNECTICUT, 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.
H1619	PARTNERS INSURANCE COMPANY INC	H1961	PEOPLES HEALTH, INC.
H1651	MEDICAL ASSOCIATES HEALTH PLAN, INC.	H1969	REGENCE BLUESHIELD OF IDAHO, INC.
H1659	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H1977	UPPER PENINSULA HEALTH PLAN, LLC
H1664	HOME STATE HEALTH PLAN, INC.	H1993	ASTIVA HEALTH, INC.
H1666	HCSC INSURANCE SERVICES COMPANY	H1994	SELECTHEALTH, INC.
H1692	COVENTRY HEALTH CARE OF WEST VIRGINIA, INC.	H1997	REGENCE BLUESHIELD
H1722	HEALTHFIRST HEALTH PLAN, INC.	H2001	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H2029	HUMANA INSURANCE OF PUERTO RICO, INC.	H2272	UNITEDHEALTHCARE OF NEW ENGLAND, INC.
H2032	Baylor Scott & White Insurance Company	H2293	SILVERSCRIPT INSURANCE COMPANY
H2034 ¹	COMMUNITY CARE HEALTH PLAN, INC.	H2320	PRIORITY HEALTH
H2056	AETNA BETTER HEALTH OF MICHIGAN INC.	H2322	ALLIANCE HEALTH AND LIFE INSURANCE COMPANY
H2108	BRAVO HEALTH MID-ATLANTIC, INC.	H2354	HEALTH ALLIANCE PLAN OF MICHIGAN
H2117	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.	H2406	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H2128	CELTIC INSURANCE COMPANY	H2416	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE
H2168	VILLAGE SENIOR SERVICES CORPORATION	H2419	SOUTH COUNTRY HEALTH ALLIANCE
H2172	KAISER FDTN HLTH PLAN OF THE MID-ATLANTIC STATES	H2422	HEALTHPARTNERS, INC.
H2174	TRILLIUM COMMUNITY HEALTH PLAN, INC.	H2425	HMO Minnesota
H2224	SENIOR WHOLE HEALTH, LLC	H2450	MEDICA INSURANCE COMPANY
H2225	COMMONWEALTH CARE ALLIANCE, INC.	H2456	UCARE MINNESOTA
H2226	UNITEDHEALTHCARE INSURANCE COMPANY	H2458	MEDICA HEALTH PLANS
H2230	BCBS OF MASSACHUSETTS HMO BLUE, INC.	H2459	UCARE MINNESOTA
H2235	BAYCARE SELECT HEALTH PLANS, INC.	H2461	BCBSM, Inc.
H2237	INDEPENDENT CARE HEALTH PLAN	H2462	HEALTHPARTNERS, INC.
H2246	SELECTHEALTH, INC.	H2463	HUMANA HEALTH PLAN OF TEXAS, INC.
H2247	UNITEDHEALTHCARE COMMUNITY PLAN, INC.	H2486	HUMANA MEDICAL PLAN OF UTAH, INC.
H2256	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	H2491	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
H2261	BCBS OF MASSACHUSETTS HMO BLUE, INC.	H2506	AETNA BETTER HEALTH PREMIER PLAN MMAI INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H2509	UNITEDHEALTHCARE OF FLORIDA, INC.	H2836	ANTHEM HEALTH PLANS, INC.
H2526	DEVOTED HEALTH PLAN OF OHIO INC	H2915	PENNSYLVANIA HEALTH & WELLNESS, INC.
H2531	UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.	H2923	DEVOTED HEALTH PLAN OF OREGON INC
H2533	MOLINA HEALTHCARE OF SOUTH CAROLINA, INC.	H2942	COX HEALTH SYSTEMS HMO INC
H2563	SENTARA HEALTH PLANS	H2960	HOMETOWN HEALTH PLAN, INC.
H2582	ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION	H2962	ULTIMATE HEALTH PLANS, INC.
H2591	HEALTH ALLIANCE - MIDWEST, INC.	H3015	SHARED HEALTH MISSISSIPPI, INC.
H2593	WELLPOINT TEXAS, INC.	H3038	MOLINA HEALTHCARE OF CALIFORNIA
H2610	ESSENCE HEALTHCARE, INC.	H3041	DEVOTED HEALTH PLAN OF SOUTH CAROLINA INC
H2624	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA	H3047	WELLCARE HEALTH INSURANCE COMPANY OF LOUISIANA
H2663	COVENTRY HEALTH CARE OF MISSOURI, INC.	H3071	CLEAR SPRING HEALTH COMMUNITY CARE, INC.
H2686	DEVOTED HEALTH INSURANCE COMPANY OF HAWAII INC	H3080	DEVOTED HEALTH PLAN OF ALABAMA INC
H2694	ETERNALHEALTH, INC.	H3113	OXFORD HEALTH PLANS (NJ), INC.
H2697	DEVOTED HEALTH PLAN OF OHIO, INC.	H3138	KAISER PERMANENTE INSURANCE COMPANY
H2722 ¹	Primewell Health Services of Arkansas, Inc.	H3146	AETNA BETTER HEALTH INC. (GA)
H2737	HEALTH NEW ENGLAND, INC.	H3152	AETNA HEALTH INC. (NJ)
H2775	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY	H3170	SAPPHIRE EDGE, INC.
H2802	UNITEDHEALTHCARE OF THE MIDLANDS, INC.	H3186	SANFORD HEALTH PLAN OF MINNESOTA
H2816	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY	H3192	AETNA HEALTH OF MICHIGAN INC.
H2819	CALIFORNIA PHYSICIANS' SERVICE	H3204	PRESBYTERIAN HEALTH PLAN

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H3219	ALLINA HEALTH AND AETNA INSURANCE COMPANY	H3387	UNITEDHEALTHCARE OF NEW YORK, INC.
H3239	AETNA BETTER HEALTH, INC. (LA)	H3388	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.
H3240	WELLPOINT NEW JERSEY, INC.	H3404	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA
H3251	HEALTH CARE SERVICE CORPORATION	H3407	EL PASO FIRST HEALTH PLANS, INC.
H3256	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H3418	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H3259	VOLUNTEER STATE HEALTH PLAN	H3443	ALIGNMENT HEALTH PLAN OF ARIZONA, INC.
H3276	CONNECTICARE INSURANCE COMPANY, INC.	H3447	HEALTHKEEPERS, INC.
H3288	AETNA HEALTH AND LIFE INSURANCE COMPANY	H3449	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA
H3305	MVP HEALTH PLAN, INC.	H3499	COORDINATED CARE CORPORATION
H3307 ¹	OXFORD HEALTH PLANS (NY), INC.	H3528	CONNECTICARE, INC.
H3312	AETNA HEALTH INC. (NY)	H3533	HUMANA HEALTH COMPANY OF NEW YORK, INC.
H3330	HEALTH INSURANCE PLAN OF GREATER NEW YORK	H3536	MATTHEW THORNTON HEALTH PLAN, INC.
H3335	EXCELLUS HEALTH PLAN, INC.	H3551	ETERNALHEALTH OF ARIZONA INC
H3344	INDEPENDENT HEALTH BENEFITS CORPORATION	H3554	USABLE PPO INSURANCE COMPANY
H3347	ELDERPLAN, INC.	H3557	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
H3351	EXCELLUS HEALTH PLAN, INC.	H3561	HEALTH NET COMMUNITY SOLUTIONS, INC.
H3359	HEALTHFIRST HEALTH PLAN, INC.	H3597	AETNA HEALTH INC. (ME)
H3362	INDEPENDENT HEALTH ASSOCIATION, INC.	H3653	PARAMOUNT CARE, INC.
H3379	UNITEDHEALTHCARE OF NEW YORK, INC.	H3655	COMMUNITY INSURANCE COMPANY
H3384	Highmark Western and Northeastern New York Inc.	H3660	SUMMACARE INC.

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H3664	AULTCARE HEALTH INSURING CORPORATION	H3916	HIGHMARK SENIOR HEALTH COMPANY
H3668	MOUNT CARMEL HEALTH PLAN, INC.	H3923	CAPITAL ADVANTAGE INSURANCE COMPANY
H3672	THE HEALTH PLAN OF WEST VIRGINIA, INC.	H3924	GEISINGER INDEMNITY INSURANCE COMPANY
H3706	GLOBALHEALTH, INC.	H3928	AETNA HEALTH INC. (LA)
H3748	AETNA BETTER HEALTH OF WASHINGTON, INC.	H3931	AETNA HEALTH INC. (PA)
H3755	COMMUNITYCARE GOVERNMENT PROGRAMS, INC.	H3949	BRAVO HEALTH PENNSYLVANIA, INC.
H3777	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H3952	KEYSTONE HEALTH PLAN EAST, INC.
H3794	UNITEDHEALTHCARE OF WISCONSIN, INC.	H3954	GEISINGER HEALTH PLAN
H3805	UnitedHealthcare Benefits of Texas, Inc.	H3957	HIGHMARK CHOICE COMPANY
H3810	ALLCARE HEALTH PLAN, INC.	H3959	AETNA HEALTH INC. (PA)
H3811	SAMARITAN HEALTH PLANS, INC.	H3962	KEYSTONE HEALTH PLAN CENTRAL, INC.
H3814	ATRIO HEALTH PLANS	H3975	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC
H3815	ALIGNMENT HEALTH PLAN	H3979	GHS HEALTH MAINTENANCE ORGANIZATION, INC.
H3817	REGENCE BLUECROSS BLUESHIELD OF OREGON	H4003	MMM HEALTHCARE, LLC
H3822	HEALTH CARE SERVICE CORPORATION	H4004	MMM HEALTHCARE, LLC
H3832	HAWAII MEDICAL SERVICE ASSOCIATION	H4005	TRIPLE S ADVANTAGE, INC.
H3864	PACIFICSOURCE COMMUNITY HEALTH PLANS	H4007	HUMANA HEALTH PLANS OF PUERTO RICO, INC.
H3890	HOPKINS HEALTH ADVANTAGE, INC.	H4036	ANTHEM INSURANCE COMPANIES, INC.
H3907	UPMC HEALTH PLAN, INC.	H4045	SANTA CLARA COUNTY HEALTH AUTHORITY
H3909	QCC INSURANCE COMPANY	H4073	WELLCARE HEALTH INSURANCE OF NORTH CAROLINA, INC.

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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
H4152	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	H4623	HUMANA REGIONAL HEALTH PLAN, INC.
H4161	BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.	H4624	ZING HEALTH OF MICHIGAN, INC.
H4213	USABLE MUTUAL INSURANCE COMPANY	H4661	CELTIC INSURANCE COMPANY
H4227	VISTA HEALTH PLAN, INC.	H4676	TROY HEALTH, INC.
H4279	UPMC FOR YOU, INC	H4704	ANTHEM BLUE CROSS LIFE AND HEALTH INS COMPANY
H4286	LEON HEALTH, INC.	H4711	COVENTRY HEALTH CARE OF NEBRASKA, INC.
H4346	HMO COLORADO, INC.	H4733	COMMUNITY HEALTH GROUP
H4407	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	H4754	PACIFICSOURCE COMMUNITY HEALTH PLANS
H4461	CARITEN HEALTH PLAN INC.	H4801	GHS INSURANCE COMPANY
H4471	BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.	H4808	DEVOTED HEALTH INSURANCE COMPANY OF COLORADO INC
H4497	MEDICAL MUTUAL OF OHIO	H4835	AETNA BETTER HEALTH OF OKLAHOMA INC.
H4506	SELECTCARE OF TEXAS, INC.	H4847	WELLCARE OF SOUTH CAROLINA, INC.
H4513	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	H4868	NEW YORK QUALITY HEALTHCARE CORPORATION
H4514	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, L.L.C.	H4869	GOLD KIDNEY OF ARIZONA
H4523	AETNA HEALTH INC. (TX)	H4875	PRIORITY HEALTH
H4527	PHYSICIANS HEALTH CHOICE OF TEXAS, LLC	H4882	HEALTHPARTNERS, INC.
H4537	WELLCARE HEALTH INSURANCE COMPANY OF OKLAHOMA, INC.	H4909	ANTHEM INSURANCE COMPANIES, INC.
H4544	PEOPLES HEALTH, INC.	H4931	BANNER - UNIVERSITY CARE ADVANTAGE

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Contract ID	Contract Name	Contract ID	Contract Name
H4937	CALIFORNIA PHYSICIANS' SERVICE	H5264	DEAN HEALTH PLAN, INC.
H4961	ALIGNMENT HEALTH PLAN	H5273	CAREPARTNERS OF CONNECTICUT, INC.
H4982	AETNA BETTER HEALTH OF CALIFORNIA INC.	H5280	MOLINA HEALTHCARE OF OHIO, INC.
H5008	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H5294	SUPERIOR HEALTHPLAN, INC.
H5009	REGENCE BLUESHIELD	H5296	ALIGNMENT HEALTH PLAN OF NORTH CAROLINA, INC.
H5010 ¹	ASURIS NORTHWEST HEALTH	H5299	DEVOTED HEALTH PLAN OF NORTH CAROLINA INC
H5042	CDPHP UNIVERSAL BENEFITS, INC.	H5302	AETNA HEALTH INC. (GA)
H5050	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	H5309	AETNA HEALTH OF CALIFORNIA INC.
H5087	WELLCARE OF CALIFORNIA, INC.	H5322	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H5106	HIGHMARK SENIOR SOLUTIONS COMPANY	H5325	COVENTRY HEALTH CARE OF KANSAS, INC.
H5141	CLOVER INSURANCE COMPANY	H5361	AMERIHEALTH INSURANCE COMPANY OF NEW JERSEY
H5163	VERDA HEALTH PLAN OF TEXAS INC	H5377	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.
H5209	Molina Healthcare of Wisconsin, Inc.	H5386	SHARP HEALTH PLAN
H5211	SECURITY HEALTH PLAN OF WISCONSIN, INC.	H5398 ¹	CENTENE VENTURE COMPANY KANSAS
H5215	NETWORK HEALTH INSURANCE CORPORATION	H5410	HEALTHSPRING OF FLORIDA, INC.
H5216	HUMANA INSURANCE COMPANY	H5420	Preferred Care Network, Inc.
H5232	PARAMOUNT INSURANCE COMPANY	H5422	BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA
H5253	UNITEDHEALTHCARE OF WISCONSIN, INC.	H5425	SCAN HEALTH PLAN
H5256	MEDICAL ASSOCIATES CLINIC HEALTH PLAN	H5427	FREEDOM HEALTH, INC.
H5262	QUARTZ HEALTH PLAN CORPORATION	H5431	HEALTHSUN HEALTH PLANS, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H5433	ORANGE COUNTY HEALTH AUTHORITY	H5593	AETNA HEALTH OF IOWA INC.
H5434	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	H5594	OPTIMUM HEALTHCARE, INC.
H5435	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H5599	NEW YORK QUALITY HEALTHCARE CORPORATION
H5439	HEALTH NET LIFE INSURANCE COMPANY	H5608	DENVER HEALTH MEDICAL PLAN, INC.
H5454	CLEAR SPRING HEALTH OF ILLINOIS, INC.	H5619	ARCADIAN HEALTH PLAN, INC.
H5471	SIMPLY HEALTHCARE PLANS, INC.	H5628	MOLINA HEALTHCARE OF UTAH, INC.
H5472	ALIGNMENT HEALTH INSURANCE COMPANY OF ARIZONA INC	H5649	CENTRAL HEALTH PLAN OF CALIFORNIA, INC.
H5475	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.	H5652	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
H5496	IMPERIAL HEALTH PLAN OF CALIFORNIA, INC.	H5703	SOUTH COUNTRY HEALTH ALLIANCE
H5521	AETNA LIFE INSURANCE COMPANY	H5774	TRIPLE S ADVANTAGE, INC.
H5522	AETNA LIFE INSURANCE COMPANY	H5779	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.
H5525	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	H5793	AETNA HEALTH INC. (CT)
H5526	Highmark Western and Northeastern New York Inc.	H5810	MOLINA HEALTHCARE OF CALIFORNIA
H5533	UPMC HEALTH NETWORK, INC.	H5823	MOLINA HEALTHCARE OF WASHINGTON, INC.
H5549	VNS CHOICE	H5826	COMMUNITY HEALTH PLAN OF WASHINGTON
H5577	MCS ADVANTAGE, INC.	H5828	WELLPOINT TENNESSEE, INC.
H5580	MERCY CARE	H5843	BANNER HEALTH PLAN, INC.
H5587	HEALTH CHOICE ARIZONA, INC.	H5852	AIDS HEALTHCARE FOUNDATION
H5590	Bridgeway Health Solutions of Arizona, Inc.	H5854	ANTHEM HEALTH PLANS, INC.
H5591	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.	H5859	HEALTH PLAN OF CAREOREGON, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
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	H6200	ESSENCE HEALTHCARE PPO, INC.
H5932	GATEWAY HEALTH PLAN, INC.	H6202	NEXTBLUE OF NORTH DAKOTA INSURANCE COMPANY
H5937	UCARE MINNESOTA	H6237	REGENCE BLUECROSS BLUESHIELD OF OREGON
H5938	CAPITAL HEALTH PLAN	H6306	FIRSTCAROLINACARE INSURANCE COMPANY
H5943	SCAN HEALTH PLAN	H6316	MISSOURI CARE, INCORPORATED
H5945	PROMINENCE HEALTHFIRST	H6322	MCLAREN HEALTH PLAN, INC.
H5959	BCBSM, Inc.	H6348	COORDINATED CARE CORPORATION
H5965	WELLCARE HEALTH INSURANCE COMPANY OF WASHINGTON	H6351	LIBERTY ADVANTAGE, LLC
H5969	ALOHACARE	H6379	CLEAR SPRING HEALTH (CO), INC.
H5970	HUMANA INSURANCE COMPANY OF NEW YORK	H6396	CARESOURCE OHIO, INC.
H5989	HEALTHFIRST HEALTH PLAN, INC.	H6399	AETNA BETTER HEALTH INC. (NJ)
H5991	HEALTH INSURANCE PLAN OF GREATER NEW YORK	H6453	HMO LOUISIANA, INC.
H5992	SENIOR WHOLE HEALTH OF NEW YORK, INC.	H6529	SOUTHEASTERN INDIANA HEALTH ORGANIZATION, INC.
H5995 ¹	ATRIO HEALTH PLANS	H6545	Devoted Health Insurance of Illinois, Inc.
H6018	DEVOTED HEALTH INSURANCE COMPANY OF PENNSYLVANIA INC	H6550	SUNFLOWER STATE HEALTH PLAN, INC.
H6019	SAN MATEO HEALTH COMMISSION	H6586	DEVOTED HEALTH INSURANCE COMPANY OF ARIZONA, INC.
H6078	Group Retiree Health Solutions, Inc.	H6595	UNITEDHEALTHCARE OF WISCONSIN, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H6622	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	H7063	BLUECROSS BLUESHIELD KANSAS SOLUTIONS, INC.
H6672	CLEAR SPRING HEALTH (GA), INC.	H7093	COMMUNITY INSURANCE COMPANY
H6713	WELLCARE OF ILLINOIS, INC.	H7115	MEMORIAL HERMANN HEALTH PLAN
H6723	MEDICAL MUTUAL OF OHIO	H7123	UPMC HEALTH COVERAGE, INC.
H6743	ATRIO HEALTH PLANS	H7147	DEVOTED HEALTH PLAN OF COLORADO INC
H6813	DEVOTED HEALTH INSURANCE COMPANY OF TEXAS INC	H7149	AETNA HEALTH INC. (PA)
H6815	HEALTH NET HEALTH PLAN OF OREGON, INC.	H7151	DEVOTED HEALTH PLAN OF ILLINOIS, INC.
H6830 ¹	CENTENE VENTURE COMPANY KANSAS	H7169	BUCKEYE HEALTH PLAN COMMUNITY SOLUTIONS, INC.
H6847	Mass General Brigham Health Plan, Inc.	H7172	AETNA BETTER HEALTH INC. (OH)
H6851	BOSTON MEDICAL CENTER HEALTH PLAN, INC.	H7199	DEVOTED HEALTH PLAN OF OREGON
H6852	DEVOTED HEALTH PLAN OF PENNSYLVANIA INC	H7220	HealthKeepers, Inc.
H6870	SUPERIOR HEALTHPLAN, INC.	H7284	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.
H6874	ASPIRUS HEALTH PLAN, INC.	H7301	COVENTRY HEALTH CARE OF ILLINOIS, INC.
H6876	ZING HEALTH OF MICHIGAN, INC.	H7323	WELLCARE NATIONAL HEALTH INSURANCE COMPANY
H6898	VERMONT BLUE ADVANTAGE, INC.	H7326	WELLCARE OF SOUTH CAROLINA, INC.
H6910	MOUNT CARMEL HEALTH PLAN OF IDAHO, INC.	H7330	ZING HEALTH, INC.
H6988	CENTERS PLAN FOR HEALTHY LIVING, LLC	H7379	CAREFIRST ADVANTAGE PPO, INC.
H7006	ATRIO HEALTH PLANS	H7389	HealthSpring Life & Health Insurance Company, Inc.
H7020	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	H7419	TUFTS HEALTH PUBLIC PLANS, INC.
H7028	DEVOTED HEALTH INSURANCE COMPANY OF SOUTH CAROLINA	H7464	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H7518	WELLCARE OF MISSOURI HEALTH INSURANCE COMPANY, INC	H8019 ¹	MEDICA CENTRAL HEALTH PLAN
H7522	MMM HEALTHCARE, LLC	H8026	AETNA BETTER HEALTH OF MICHIGAN INC.
H7524	EXCELLUS HEALTH PLAN COMMUNITY CARE LLC	H8046	MOLINA HEALTHCARE OF ILLINOIS, INC.
H7559	Molina Healthcare of Virginia, LLC	H8070	UCARE MINNESOTA
H7605	DEVOTED HEALTH PLAN OF TENNESSEE INC	H8095	WELLMARK ADVANTAGE HEALTH PLAN, INC.
H7607	CLEVER CARE OF GOLDEN STATE, INC.	H8133	GHS INSURANCE COMPANY
H7617	EMPHEYSYS INSURANCE COMPANY	H8142	SCOTT AND WHITE HEALTH PLAN
H7646	UNIVERSITY OF MICHIGAN HEALTH MEDICARE	H8145	HUMANA INSURANCE COMPANY
H7670	CENTRAL MASS HEALTH, LLC	H8166	HIGHMARK BCBSD INC.
H7678	MOLINA HEALTHCARE OF TEXAS, INC.	H8173	DEVOTED HEALTH PLAN OF ARIZONA, INC.
H7680	PROMINENCE HEALTHFIRST OF TEXAS	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	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	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.	H8298	HORIZON HEALTHCARE OF NEW JERSEY, INC.
H7993	DEVOTED HEALTH PLAN OF TEXAS, INC.	H8330	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION
H8003	BLUECROSS AND BLUESHIELD OF SOUTH CAROLINA	H8332 ¹	AETNA BETTER HEALTH OF KANSAS INC.
H8010	CLOVER HMO OF NEW JERSEY INC.	H8379	PRIORITY HEALTH CHOICE, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H8385	SANFORD HEALTH PLAN	H8894	Inland Empire Health Plan
H8432	ANTHEM HEALTHCHOICE HMO, INC.	H8908	HUMANA MEDICAL PLAN OF MICHIGAN, INC.
H8452	CARESOURCE OHIO, INC.	H8928	FALLON COMMUNITY HEALTH PLAN
H8547	ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	H8947	PEAK HEALTH INSURANCE CORPORATION
H8552	ANTHEM BLUE CROSS LIFE AND HEALTH INS COMPANY	H9001	FALLON COMMUNITY HEALTH PLAN
H8553	WELLCARE HEALTH INSURANCE OF THE SOUTHWEST, INC.	H9003	KAISER FOUNDATION HP OF THE N W
H8554	GHS INSURANCE COMPANY	H9042	SOUTHEASTERN INDIANA HEALTH ORGANIZATION, INC.
H8578	HEALTH NEW ENGLAND, INC.	H9047	PROVIDENCE HEALTH ASSURANCE
H8597	AETNA BETTER HEALTH OF TEXAS INC.	H9065	AMH HEALTH, LLC
H8604	THP INSURANCE COMPANY	H9096	DEAN HEALTH PLAN, INC.
H8634	HEALTH CARE SERVICE CORPORATION	H9147	BLUE CROSS AND BLUE SHIELD OF NC SENIOR HEALTH
H8649	AETNA HEALTH OF UTAH INC.	H9179	TRINITY HEALTH PLAN OF MICHIGAN INC
H8764	ASPIRE HEALTH PLAN	H9207	HEALTH PARTNERS PLANS, INC.
H8768	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H9219	AMH HEALTH PLANS OF MAINE, INC.
H8783	UCARE HEALTH, INC.	H9231	DEVOTED HEALTH INSURANCE COMPANY OF TENNESSEE INC
H8794	KAISER FOUNDATION HP, INC.	H9239	UNITEDHEALTHCARE INSURANCE COMPANY
H8845	MOLINA HEALTHCARE OF ARIZONA, INC.	H9306	ALTERWOOD ADVANTAGE, INC.
H8849	WELLPOINT INSURANCE COMPANY	H9364	WELLCARE OF MAINE, INC.
H8854	CAREFIRST ADVANTAGE DSNP, INC.	H9387	SUNFLOWER STATE HEALTH PLAN, INC.
H8889	MEDICA HEALTH PLANS	H9431	FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

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Contract ID	Contract Name	Contract ID	Contract Name
H9460	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	H9826	COMMUNITY HEALTH CHOICE TEXAS, INC.
H9469	WELLPOINT LIFE AND HEALTH INSURANCE COMPANY	H9827	MOUNT CARMEL HEALTH PLAN OF NEW YORK, INC.
H9485	Mass General Brigham Health Plan, Inc.	H9834	QUARTZ HEALTH PLAN MN CORPORATION
H9489	VERMONT BLUE ADVANTAGE, INC.	H9869	PARTNERS HEALTH PLAN, INC.
H9525	COMPCARE HEALTH SERVICES INSURANCE CORPORATION	H9884	DEVOTED HEALTH INSURANCE COMPANY
H9572	BCBS OF MICHIGAN MUTUAL INSURANCE COMPANY	H9888	DEVOTED HEALTH INSURANCE COMPANY OF ALABAMA INC
H9576	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND	H9900	WELLCARE OF OKLAHOMA, INC.
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 & WELLNESS HEALTH PLAN, INC.	H9946	SHARED HEALTH MISSISSIPPI, INC.
H9656	BLUE CROSS OF IDAHO CARE PLUS, INC.	H9952	MEDICA HEALTH PLANS
H9678	HEALTHFIRST INSURANCE COMPANY, INC.	H9955	MOLINA HEALTHCARE OF OHIO, INC.
H9686	ALIGNMENT HEALTH PLAN OF NEVADA, INC.	R0110	HUMANA INSURANCE COMPANY
H9699	USABLE HMO, INC.	R0759	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H9706	HCSC INSURANCE SERVICES COMPANY	R1532	HUMANA INSURANCE COMPANY
H9712	HAP CareSource	R2604	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H9725	BRAVO HEALTH PENNSYLVANIA, INC.	R3444	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H9730	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC	R4182	HUMANA INSURANCE COMPANY
H9763	OCHSNER HEALTH PLAN, INC.	R4487	ANTHEM INSURANCE COMPANIES, INC.
H9808	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA	R5342	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.

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Contract ID	Contract Name
R5361	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

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ATTACHMENT 2

FIDE SNPs Voluntarily Reporting in 2025

Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
H0022	001	Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan)	BUCKEYE COMMUNITY HEALTH PLAN, INC.	Sample at contract level for quality and frailty (HOS-M)
H0034	002	Hamaspik Medicare Choice (HMO D-SNP)	HAMASPIK, INC.	Sample at contract level for quality, then combined PBP level for frailty
H0137	001	CCA One Care (Medicare-Medicaid Plan)	COMMONWEALTH CARE ALLIANCE, INC.	Sample at contract level for quality and frailty (HOS-M)
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
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
H0336	001	Humana Gold Plus Integrated H0336-001 (Medicare-Medicaid Plan)	HUMANA HEALTH PLAN, INC.	Sample at contract level for quality and frailty (HOS-M)
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)
H0927	001	Blue Medicare Advantage (Medicare-Medicaid Plan)	HEALTH CARE SERVICE CORPORATION	Sample at contract level for quality and frailty
H0976	001	SCAN Connections (HMO D-SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then combined PBP level for frailty
H0976	002	SCAN Connections at Home (HMO D-SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then combined PBP level for frailty
H1230	008	Kaiser Permanente Dual Complete (HMO D-SNP)	KAISER FOUNDATION HP, INC.	Sample at contract level for quality, then combined PBP level for frailty
H1610	001	Aetna Medicare Better Health (HMO D-SNP)	COVENTRY HEALTH CARE OF VIRGINIA, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2001	067	UHC Dual Complete IN-S3 (PPO D-SNP)	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	Sample at contract level for quality, then combined PBP level for frailty

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
H2034	001	Community Care's Partnership Program (HMO D-SNP)	COMMUNITY CARE HEALTH PLAN, INC.	For HOS PBP: Select Follow-Up only eligible members for quality at contract level, combined PBP level for frailty
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

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
H2425	001	SecureBlue (HMO D-SNP)	HMO Minnesota	Sample at contract level for quality and frailty (HOS-M)
H2445	001	UHC Dual Complete VA-Y001 (HMO-POS D-SNP)	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	Sample at contract level for frailty only; no quality reporting
H2445	003	UHC Dual Complete VA-Y002 (HMO-POS D-SNP)	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	Sample at contract level for frailty only; no quality reporting
H2445	005	UHC Dual Complete VA-Y3 (HMO-POS D-SNP)	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	Sample at contract level for frailty only; no quality reporting
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-POS D-SNP)	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2506	001	Aetna Better Health Premier Plan MMAI (Medicare-Medicaid Plan)	AETNA BETTER HEALTH PREMIER PLAN MMAI INC.	Sample at contract level for quality and 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
H2531	001	UnitedHealthcare Connected for MyCareOhio (Medicare-Medicaid Plan)	UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.	Sample at contract level for quality and 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

Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
H3305	034	MVP DualAccess Complete (HMO D-SNP)	MVP HEALTH PLAN, INC.	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
H3447	048	Anthem Full Dual Advantage Aligned (HMO D-SNP)	HEALTHKEEPERS, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3447	055	Anthem Full Dual Advantage Aligned NFLOC (HMO D-SNP)	HEALTHKEEPERS, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3832	011	HMSA Akamai Advantage Dual Care (PPO D-SNP)	HAWAII MEDICAL SERVICE ASSOCIATION	Sample at contract level for quality, then combined PBP level for frailty
H4499	001	Sentara Community Complete (HMO D-SNP)	SENTARA HEALTH PLANS	Sample at contract level for frailty only; no quality reporting
H4694	001	Anthem Full Dual Advantage 2 (HMO D-SNP)	HEALTHKEEPERS, INC.	Sample at contract level for frailty only; no quality reporting
H4694	003	Anthem Full Dual Advantage Support (HMO D-SNP)	HEALTHKEEPERS, INC.	Sample at contract level for frailty only; no quality reporting
H4694	004	Anthem Full Dual Advantage (HMO D-SNP)	HEALTHKEEPERS, INC.	Sample at contract level for frailty only; no quality reporting
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 at PBP level for frailty (HOS-M)
H5280	001	Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan)	MOLINA HEALTHCARE OF OHIO, INC.	Sample at contract level for quality and frailty (HOS-M)

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
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)
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	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	Sample at contract level for frailty only; no quality reporting
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)
H5992	007	Senior Whole Health of New York NHC (HMO D-SNP)	SENIOR WHOLE HEALTH OF NEW YORK, INC.	Sample at contract level for quality, then combined PBP level for frailty
H6080	001	Meridian Medicare-Medicaid Plan (MMP) (Medicare-Medicaid Plan)	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.	Sample at contract level for quality and frailty (HOS-M)
H6399	001	Aetna Assure Premier Plus (HMO D-SNP)	AETNA BETTER HEALTH INC. (NJ)	Sample at contract level for quality and frailty (HOS-M)
H6622	015	Humana Gold Plus SNP-DE H6622-015 (HMO D-SNP)	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H6622	087	Humana Gold Plus SNP-DE H6622-087 (HMO D-SNP)	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	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

Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
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
H7172	001	Aetna Better Health of Ohio, MyCare Ohio (Medicare-Medicaid Plan)	AETNA BETTER HEALTH INC. (OH)	Sample at contract level for quality and frailty (HOS-M)
H7419	001	Tufts Health One Care (Medicare-Medicaid Plan)	TUFTS HEALTH PUBLIC PLANS, INC.	Sample at contract level for quality and frailty (HOS-M)
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
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)
H7833	001	UnitedHealthcare Connected (Medicare-Medicaid Plan)	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, L.L.C.	Sample at contract level for quality and frailty
H8046	001	Molina Dual Options (Medicare-Medicaid Plan)	MOLINA HEALTHCARE OF ILLINOIS, INC.	Sample at contract level for quality and frailty (HOS-M)
H8197	002	Molina Dual Options (Medicare-Medicaid Plan)	MOLINA HEALTHCARE OF TEXAS, INC.	Sample at contract level for quality and 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)
H8432	041	Anthem HealthPlus Full Dual Advantage LTSS (HMO D-SNP)	ANTHEM HEALTHCHOICE HMO, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H8452	001	CareSource MyCare Ohio (Medicare-Medicaid Plan)	CARESOURCE OHIO, INC.	Sample at contract level for quality and frailty
H8928	001	NaviCare (HMO D-SNP)	FALLON COMMUNITY HEALTH PLAN	Sample at contract level for quality and frailty (HOS-M)

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
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
H9239	001	UnitedHealthcare Connected« for One Care (Medicare-Medicaid Plan)	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for quality and frailty
H9576	001	Neighborhood INTEGRITY (Medicare-Medicaid Plan)	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND	Sample at contract level for quality and frailty
H9986	004	Florida Complete Care-Duals VIP (HMO-POS D-SNP)	HPMP OF FLORIDA, INC.	Sample at contract level for frailty only; no quality reporting

ATTACHMENT 3 CMS-Approved Medicare Health Outcomes Survey Vendors

Survey Vendor Contact Information	
<p>Center for the Study of Services (CSS) Alok Shrestha 1625 K St., NW, Suite 1100 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>

CMS-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, Suite 1100 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>

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 2025 HOS Administration.

Activity	Deadline	Contact Method
Notify NCQA and CMS of FIDE SNP withdrawal	Friday, April 18, 2025	hos@ncqa.org and riskadjustmentpolicy@cms.hhs.gov
Submit survey vendor selection to NCQA	Friday, April 25, 2025	Survey vendor selection web form
Submit requests for oversampling	Friday, April 25, 2025	Survey vendor selection web form
Submit requests to add, remove, or change oversampling percentage	Friday, April 25, 2025	hos@ncqa.org
Request voluntarily HOS Baseline reporting	Friday, April 25, 2025	hos@ncqa.org