



MEMORANDUM

TO: Medicare Advantage Organizations

FROM: HOS Project Team

DATE: November 27, 2018

RE: Exclusion of Small Medicare Advantage Contracts from HOS 2019 Administration

The Centers for Medicare & Medicaid Services (CMS) has determined your contract is **not** required to report the HEDIS^{®1} Medicare Health Outcomes Survey (HOS) Baseline survey in 2019. CMS has contracted with the National Committee for Quality Assurance (NCQA) to oversee the administration of the HOS. The HOS provides a general indication of how well a Medicare Advantage Organization (MAO) manages the physical and mental health of its beneficiaries.

Requirements for Exclusion

To reduce plan burden, MAOs and other organization types, including all coordinated care contracts, PFFS contracts, MSA contracts, Section 1876 Cost contracts (including those that are closed for enrollment), employer group/union only contracts, and Medicare Medicaid Plans (MMPs) that have less than 500 enrolled beneficiaries as of February 1, 2019 are **not** required to report HOS results.

CMS will review contract enrollment figures again prior to sampling to verify final eligibility status for the 2019 HOS reporting. **If your MA contract's enrollment as of February 1, 2019 increases to at least 500 members, the HOS Project Team will provide you with an update on 2019 HOS eligibility and further instructions on requirements.** CMS will also post this memo on the [HOS website](http://hosonline.org/) (<http://hosonline.org/>).

Please note that if your MA contract reported the HOS during the 2017 Cohort 20 Baseline administration, the contract **is still** responsible for reporting HOS during 2019 Cohort 20 Follow-Up, regardless of enrollment size. MA contracts that are required to report 2019 Cohort 20 Follow-Up only are marked with a superscript “²” in Attachment 1.

Optional FIDE SNP Reporting

MAOs that expect to sponsor a Fully Integrated Dual-Eligible (FIDE) Special Needs Plan (SNP) may elect to report HOS at the plan benefit package level to determine eligibility for a frailty

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

adjustment payment under the Affordable Care Act, even if the MA contract is not required to report HOS quality reporting due to low enrollment. FIDE SNPs electing to report should have notified CMS of this decision by October 31, 2018. CMS will publish the *Advance Notice of Methodological Changes for Calendar Year (CY) 2020* memorandum in February 2019. The memorandum will provide more information about frailty adjustment, including the methodology used to determine if FIDE SNPs have the same level of frailty as PACE (and thus qualify for frailty payments in 2020). MAOs that elected to participate in the Health Outcomes Survey-Modified (HOS-M) for purposes of measuring frailty must contract with DataStat, Inc. MAOs that elected to use the HOS for measuring frailty may contract with the CMS-approved survey vendor of their choice.

Attachment 1 is a list of MA contracts that currently are **not** required to report HOS in 2019. If you have any questions regarding this memo or think that your plan has received it in error, please contact the HOS Project Team at hos@ncqa.org.

Thank you very much for your continued support of the HOS project.

ATTACHMENT 1

Medicare Advantage Contracts NOT Required to Administer HOS in 2019

Contract ID	Contract Name
H0029	COORDINATED CARE OF WASHINGTON, INC.
H0088	WELLCARE HEALTH INSURANCE OF NEW YORK, INC.
H0502 ¹	THE CONTRA COSTA HEALTH PLAN
H1100 ¹	INNOVATION HEALTH INSURANCE COMPANY
H1372 ¹	MARQUIS ADVANTAGE, INC.
H1664 ¹	HOME STATE HEALTH PLAN, INC.
H1787	GOOD SAMARITAN INSURANCE PLAN OF SOUTH DAKOTA, INC
H2034 ¹	COMMUNITY CARE HEALTH PLAN, INC.
H2334	EON HEALTH, INC. (SC)
H2392	KANSAS SUPERIOR SELECT, INC.
H2400	SIGNATURE ADVANTAGE, LLC
H2417 ¹	ITASCA MEDICAL CARE
H2591	HEALTH ALLIANCE - MIDWEST, INC.
H2836	ANTHEM HEALTH PLANS, INC.
H2926	PRIMWEST RURAL MN HEALTH CARE ACCESS INITIATIVE
H3018	CENTERS PLAN FOR HEALTHY LIVING, LLC
H3227	KALOS HEALTH, INC.
H3572	AHF MCO OF GEORGIA, INC.
H3708	OKLAHOMA SUPERIOR SELECT, INC.
H3930	SPARTAN PLAN NY, INC.
H4172	NHC ADVANTAGE, LLC
H4236	SPARTAN PLAN PA, INC.
H4490	MISSOURI MEDICARE SELECT, LLC
H4778	SPARTAN PLAN IL, INC.
H4868 ²	WELLCARE OF NEW YORK, INC.
H5117	LOUISIANA HEALTHCARE CONNECTIONS, INC.
H5199	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
H5302	AETNA HEALTH INC. (GA)
H5496	IMPERIAL HEALTH PLAN OF CALIFORNIA, INC.
H5528	GROUP HEALTH INCORPORATED
H5613	MVP HEALTH PLAN, INC.
H5989 ^{1,2}	CENTERLIGHT HEALTHCARE, INC.
H5992	SENIOR WHOLE HEALTH OF NEW YORK, INC.
H6154	MEDICA HEALTH PLANS
H6348 ¹	COORDINATED CARE CORPORATION
H6435	ELDERSERVE HEALTH, INC.

¹ Borderline contract. May be exempt from HOS 2019 reporting if CMS determines contract enrollment is less than 500 members as of February 1, 2019. Contracts exempted from reporting will be notified in February 2019.

² MAO is not required to administer 2019 Cohort 22 Baseline survey due to enrollment less than 500, but **is required** to administer Cohort 20 Follow-up survey because 2017 Cohort 20 Baseline survey was administered two years ago.

Health Outcomes Survey 2019 Administration – Exclusion of Small Plans

November 27, 2018

Page 4 of 4

Contract ID	Contract Name
H6550	SUNFLOWER STATE HEALTH PLAN, INC.
H6672 ¹	EON HEALTH, INC. (GA)
H6776	ELDERSERVE HEALTH, INC.
H6786	ANTHEM HEALTH PLANS OF MAINE, INC.
H7165	BLUECROSS AND BLUESHIELD OF SOUTH CAROLINA
H7317	HAWAII MEDICAL SERVICE ASSOCIATION (HMSA)
H7445	UNITEDHEALTHCARE OF ILLINOIS, INC.
H7511 ¹	GOOD SAMARITAN INSURANCE PLAN OF NEBRASKA, INC.
H7802	SPARTAN PLAN VA, INC.
H8029 ¹	ELDERPLAN, INC.
H8067	PROVIDER PARTNERS HEALTH PLAN, INC.
H8280	BRIGHT HEALTH INSURANCE COMPANY OF ALABAMA, INC.
H8851	SENIOR WHOLE HEALTH OF NEW YORK, INC.
H8967	GOOD SAMARITAN INSURANCE PLAN OF NORTH DAKOTA, LLC
H9104	SCAN HEALTH PLAN
H9403	EON HEALTH, INC. (SC)
H9412	GEISINGER QUALITY OPTIONS, INC.
H9589	EON HEALTH, INC. (GA)

¹ Borderline contract. May be exempt from HOS 2019 reporting if CMS determines contract enrollment is less than 500 members as of February 1, 2019. Contracts exempted from reporting will be notified in February 2019.

² MAO is not required to administer 2019 Cohort 22 Baseline survey due to enrollment less than 500, but **is required** to administer Cohort 20 Follow-up survey because 2017 Cohort 20 Baseline survey was administered two years ago.