



MEMORANDUM

TO: Medicare Advantage Organizations
FROM: HOS Project Team
DATE: November 21, 2019
RE: Exclusion of Small Medicare Advantage Contracts from HOS 2020 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)² Baseline survey in 2020.

To reduce plan burden, Medicare Advantage Organizations (MAOs) and other organization types that have less than 500 enrolled beneficiaries as of February 1, 2020 are not required to report HOS results. This includes 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).

Institutional Special Needs Plans (I-SNPs)

CMS will exclude beneficiaries enrolled in Institutional Special Needs Plans (I-SNPs) at the plan benefit package (PBP) level from the HOS Baseline survey. All contracts that administered Cohort 21 Baseline in 2018 **are** required to administer Cohort 21 Follow-Up in 2020.

The HOS Project Team will notify I-SNPs that are required to report HOS Baseline. Contracts in effect on or before January 1, 2019 and with a minimum of 500 **non-I-SNP** beneficiaries **are** required to administer the HOS Baseline survey in 2020 to their non-I-SNP beneficiaries.

Final Eligibility Status

CMS will review contract enrollment figures again prior to sampling to verify final eligibility status for the 2020 HOS reporting. **If your MA contract's enrollment as of February 1, 2020 increases to at least 500 members, the HOS Project Team will provide you with an update on 2020 HOS eligibility and further instructions on requirements.**

CMS will post this memo on the [HOS website](http://hosonline.org/) (<http://hosonline.org/>).

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

² The HOS provides a general indication of how well a Medicare Advantage Organization (MAO) manages the physical and mental health of its beneficiaries. CMS has contracted with NCQA to oversee HOS administration.

Please note that if your MA contract administered the Cohort 21 Baseline in 2018, the contract **is still** responsible for reporting Cohort 21 Follow-Up in 2020, regardless of enrollment size or I-SNP status. MA contracts that are required to report 2020 Cohort 21 Follow-Up only are marked with a superscript “²” in Attachment 1.

Optional FIDE SNP Reporting

MAOs that expect to sponsor a Fully Integrated Dual-Eligible (FIDE) Special Needs Plan (SNP) may elect to report HOS at the plan benefit package level to determine eligibility for a frailty adjustment payment under the Affordable Care Act, even if the MA contract is not required to report HOS quality reporting due to low enrollment. FIDE SNPs electing to report should have notified CMS of this decision by October 31, 2019. CMS will publish the *Advance Notice of Methodological Changes for Calendar Year (CY) 2021* memorandum in February 2020. 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 2021). MAOs that elect to participate in the Health Outcomes Survey-Modified (HOS-M) for purposes of measuring frailty must contract with DataStat, Inc. MAOs that elect 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 Baseline HOS in 2020. If your MA contract’s enrollment as of February 1, 2020 increases to at least 500 beneficiaries, the HOS Project Team will provide you with an update on 2020 HOS eligibility and further instructions on requirements. 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 Baseline HOS in 2020

Contract ID	Contract Name
H0029	COORDINATED CARE OF WASHINGTON, INC.
H0088	WELLCARE HEALTH INSURANCE OF NEW YORK, INC.
H0270	WELLCARE HEALTH INSURANCE COMPANY OF AMERICA
H0422 ¹	UCARE HEALTH, INC.
H0710 ²	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
H1119	TSG GUARD, INC.
H1142	BRIGHT HEALTH INSURANCE COMPANY OF OHIO, INC.
H1205	INTEGRA MLTC, INC.
H1372	MARQUIS ADVANTAGE, INC.
H1393	BRIGHT HEALTH INSURANCE COMPANY OF TENNESSEE
H1475	ILLINICARE HEALTH PLAN
H1722	HEALTH POINTE OF NEW YORK, LLC
H1777 ²	CATHOLIC SPECIAL NEEDS PLAN, LLC
H1787	GOOD SAMARITAN INSURANCE PLAN OF SOUTH DAKOTA, INC
H2011	BRIGHT HEALTH INSURANCE COMPANY OF TENNESSEE
H2020	DELAWARE LIFE INSURANCE COMPANY
H2134	WESTERN SKY COMMUNITY CARE, INC.
H2185 ²	LIFEWORCS ADVANTAGE, LLC
H2288	BRIGHT HEALTH INSURANCE COMPANY OF NEW YORK
H2292	OXFORD HEALTH INSURANCE, INC.
H2334	EON HEALTH, INC. (SC)
H2392	KANSAS SUPERIOR SELECT, INC.
H2400	SIGNATURE ADVANTAGE, LLC
H2417 ¹	ITASCA MEDICAL CARE
H2446	BLUE CROSS AND BLUE SHIELD OF MINNESOTA
H2591	HEALTH ALLIANCE - MIDWEST, INC.
H2836	ANTHEM HEALTH PLANS, INC.
H2926	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE
H3227	KALOS HEALTH, INC.
H3276	CONNECTICARE INSURANCE COMPANY, INC.
H3291 ²	PRUITTHEALTH PREMIER, INC.
H3572	AHF MCO OF GEORGIA, INC.
H3708	OKLAHOMA SUPERIOR SELECT, INC.
H3930	SPARTAN PLAN NY, INC.
H4091	SIMPRA ADVANTAGE, INC.

¹ Borderline contract. May be exempt from HOS 2020 reporting if CMS determines contract enrollment is less than 500 members as of February 1, 2020. Contracts exempted from reporting will be notified by February 2020.

² MAO is not required to administer 2020 Cohort 23 Baseline survey due to enrollment less than 500, but **is required** to administer Cohort 21 Follow-Up survey because 2018 Cohort 21 Baseline survey was administered two years ago.

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Contract ID	Contract Name
H4093	PROVIDER PARTNERS HEALTH PLAN OF PENNSYLVANIA, INC
H4172	NHC ADVANTAGE, LLC
H4236	SPARTAN PLAN PA, INC.
H4490	MISSOURI MEDICARE SELECT, LLC
H4778	SPARTAN PLAN IL, INC.
H5117	LOUISIANA HEALTHCARE CONNECTIONS, INC.
H5273	CAREPARTNERS OF CONNECTICUT, INC.
H5302 ¹	AETNA HEALTH INC. (GA)
H5337	AETNA BETTER HEALTH, INC. (OH)
H5377	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.
H5454	CLEAR SPRING HEALTH OF ILLINOIS, INC.
H5528	GROUP HEALTH INCORPORATED
H5613	MVP HEALTH PLAN, INC.
H5644	NETWORK HEALTH INSURANCE CORPORATION
H5742	SHA, LLC
H5989 ²	CENTERLIGHT HEALTHCARE, INC.
H5992	SENIOR WHOLE HEALTH OF NEW YORK, INC.
H6345	PRUITTHEALTH PREMIER NORTH CAROLINA, LLC
H6348 ¹	COORDINATED CARE CORPORATION
H6351	LIBERTY ADVANTAGE, LLC
H6672	EON HEALTH, INC. (GA)
H6776	ELDERSERVE HEALTH, INC.
H6786	ANTHEM HEALTH PLANS OF MAINE, INC.
H6975	WELLCARE OF ALABAMA, INC.
H7165	BLUECROSS AND BLUESHIELD OF SOUTH CAROLINA
H7119	PROVIDER PARTNERS HEALTH PLAN OF OHIO
H7317	HAWAII MEDICAL SERVICE ASSOCIATION (HMSA)
H7445	UNITEDHEALTHCARE OF ILLINOIS, INC.
H7511	GOOD SAMARITAN INSURANCE PLAN OF NEBRASKA, INC.
H7779	AMERICAN HEALTH PLAN, INC.
H7802	SPARTAN PLAN VA, INC.
H8067	PROVIDER PARTNERS HEALTH PLAN, INC.
H8280	BRIGHT HEALTH INSURANCE COMPANY OF ALABAMA, INC.
H8457	LONGEVITY HEALTH PLAN OF NEW YORK, INC.
H8597	AETNA BETTER HEALTH OF TEXAS INC.
H8967	GOOD SAMARITAN INSURANCE PLAN OF NORTH DAKOTA, LLC
H9066	VISITING NURSE ASSOCIATION OF CENTRAL NEW YORK
H9104	SCAN HEALTH PLAN
H9153 ²	WEST VIRGINIA SENIOR ADVANTAGE, INC.

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H9403	EON HEALTH, INC. (SC)
H9412	GEISINGER QUALITY OPTIONS, INC.
H9455	HEALTH CHOICE UTAH, INC.
H9516	BRIGHT HEALTH INSURANCE COMPANY OF NEW YORK
H9589	EON HEALTH, INC. (GA)
H9590	LONGEVITY HEALTH PLAN OF ILLINOIS, INC.
H9878	BRIGHT HEALTH INSURANCE COMPANY OF OHIO, INC.
R0759 ²	UNITEDHEALTHCARE INSURANCE COMPANY
R2604 ²	UNITEDHEALTHCARE INSURANCE COMPANY

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