



MEMORANDUM

TO: Medicare Advantage Organizations
FROM: HOS Project Team
DATE: November 21, 2019
RE: Medicare Health Outcomes Survey 2020 Administration

The Centers for Medicare & Medicaid Services (CMS) has determined that your contract is required to report the HEDIS^{®1} Medicare Health Outcomes Survey (HOS) in 2020. CMS has contracted with the National Committee for Quality Assurance (NCQA) to oversee the administration of the HOS.

This memo contains information about 2020 CMS HOS reporting requirements and actions needed by participating Medicare Advantage Organizations (MAOs). CMS will also post this memo on the [HOS website](http://hosonline.org/) (<http://hosonline.org/>). This memo includes the following sections and attachments:

- 2020 Survey Administration Memo Changes.
- Notifying the HOS Project Team of Survey Vendor Selection.
- Reporting Requirements.
- Institutional Special Needs Plan (I-SNP) Reporting Requirements.
- Contracting with a Survey Vendor.
- Healthcare Organization Questionnaire (HOQ).
- Cohort 23 Baseline and Cohort 21 Follow-Up Survey Administration.
- Oversampling.
- Optional FIDE SNP Reporting.
- HOS Data Dissemination.
- Attachment 1—List of MA Contracts Required to Report HOS.
- Attachment 2—List of FIDE SNPs Voluntarily Reporting.
- Attachment 3—HOS Survey Vendor Contact Information.
- Attachment 4—Sample Language for Member Newsletters.

2020 HOS Survey Administration Changes

MAOs are strongly encouraged to review the entire HOS 2020 Survey Administration memo. Refer to the following sections in this memo to review key updates and changes to 2020 HOS Survey administration:

- [Institutional Special Needs Plan \(I-SNP\) Reporting Requirements.](#)
- [Cohort 23 Baseline and Cohort 21 Follow-Up Survey Administration.](#)

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

- [Oversampling](#).

Notifying the HOS Project Team of Survey Vendor Selection

All MAOs must contract with a CMS-approved HOS survey vendor to field their surveys.

MA contracts must report their survey vendor selection via email (hos@ncqa.org) by Friday, January 10, 2020. The email **must** include the following information:

- CMS contract number.
- CMS contract name.
- HOS contact person at MA contract (include telephone and email).
- Name of HOS survey vendor.²
- Cohort administration (e.g., Cohort 23 Baseline, Cohort 21 Follow-Up, or both).
- Oversampling requests specifying the associated contract number and oversampling percentage.
- Confirmation of voluntary FIDE SNP participation (if applicable): contract number(s), PBP ID(s), and frailty survey(s).

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

Reporting Requirements

The following MAOs and other organization types with Medicare contracts in effect on or before January 1, 2019 **are required** to report the Baseline HOS in 2020, provided that they have a minimum enrollment of 500 members as of February 1, 2020:

- All MAOs, including all coordinated care plans, PFFS contracts, and 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 21 Baseline survey in 2018 are required to administer a Cohort 21 Follow-Up survey in 2020.

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 supported 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 in 2020 will also be required to publicly report results.

² See Appendix 3 for the list of conditionally-approved HOS survey vendors.

Institutional Special Needs Plan (I-SNP) Reporting Requirements

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. CMS will exclude beneficiaries enrolled in I-SNPs at the plan benefit package (PBP) level from the HOS Baseline survey.

All contracts that administered the Cohort 21 Baseline in 2018 **are** required to administer Cohort 21 Follow-Up in 2020.

Contracting with a Survey Vendor

CMS annually trains and approves survey vendors to administer the HOS survey on behalf of MA contracts. The following survey vendors are CMS-conditionally approved to administer the HOS in 2020:

1. Center for the Study of Services (CSS).
2. DataStat, Inc.
3. Symphony Performance Health, Inc. *dba* SPH Analytics.

CMS encourages MAOs to contract with a CMS-approved survey vendor and 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).

Healthcare Organization Questionnaire (HOQ)

In addition to this notification, MAOs must complete the HOQ, a Web-based application that allows plans to give NCQA additional organization, product, and contact information required for data submission. NCQA will post the HOQ on its website (www.ncqa.org) in January 2020 and provide plans with instructions for completing it. Contact hoq@ncqa.org with questions regarding this tool or process.

Cohort 23 Baseline and Cohort 21 Follow-Up Survey Administration

The Cohort 23 Baseline and Cohort 21 Follow-Up surveys are scheduled for administration from the end of March through July 2020. The mail survey and telephone interviewing will be administered in English and Spanish. The mail survey is also available in Chinese and Russian. Telephone interviewing is also available in Chinese. Fielding the mail survey in Russian and/or the Chinese mail or telephone survey is optional. MA contracts must work with their survey vendor to determine which optional languages to field.

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

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

An updated version of the HOS manual, *HEDIS 2020, Volume 6: Specifications for the Medicare Health Outcomes Survey*, will be published in February 2020. This volume can be obtained by calling NCQA's Customer Support line at 888-275-7585 or ordered online by visiting www.ncqa.org.

Oversampling

All MAOs required to report HOS will have the option of surveying a sample of members that is larger than the required sample size of 1,200. Oversampling can only occur at the contract level. Oversampling should be expressed as a percentage of the sample size.

MAOs interested in oversampling must make a formal request to NCQA, along with their survey vendor selection, no later than **Friday, January 10, 2020**. MAOs must specify the contract number associated with the oversampling request and the requested oversampling percentage.

Optional FIDE SNP Reporting

MAOs that expect to sponsor Fully Integrated Dual-Eligible (FIDE) Special Needs Plans (SNP) in 2020 may elect to report HOS at the (PBP) level to determine eligibility for a frailty adjustment payment under the Affordable Care Act. Voluntary reporting at the PBP level is in addition to the standard HOS requirements for quality reporting at the contract level. The minimum enrollment is 50. Surveys are fielded at the PBP level for frailty scoring. For PBPs with enrollment in excess of 1,200 members, sample sizes are approximately 1,200. For PBPs with enrollment between 50 and 1,200, all members are surveyed.

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* in February 2020 which will provide more information about frailty adjustment, including the methodology used to determine whether FIDE SNPs have similar average levels of frailty as PACE (and thus qualify for frailty payments in 2021). MAOs that elect to participate in HOS-M for purposes of measuring frailty are reminded they must contract with DataStat, Inc. to survey their FIDE SNP(s). All plans may contract with the CMS-approved survey vendor of their choice to administer HOS.

HOS Data Dissemination

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

1. ***HOS Baseline Report***. This report is made available to MAOs that participated in the previous year's Baseline administration of the HOS. This quality improvement (QI) tool, which presents an aggregate overview of the Baseline health status of MA enrollees, was developed and extensively tested to ensure that data are useful and actionable.

Baseline reports are available the year after administration of the Baseline cohort. For example, the *2019 Cohort 22 Baseline Report* will be available in 2020. **All report distribution occurs**

electronically through the CMS Health Plan Management System (HPMS). For access to HPMS, contact your CMS Quality Point of Contact.

2. ***HOS Performance Measurement Report and Data.*** After each administration of the Follow-Up HOS, a cohort-specific Performance Measurement report is produced. Survey responses from both the Baseline and two-year Follow-Up for each cohort are merged to create a performance measurement data set. The resulting aggregation of the change scores yields contract-level HOS performance measurement results that describe change in health status over time for beneficiaries in each contract.

Performance Measurement reports and corresponding data are designed to support QI activities. Reports are available in HPMS the year after administration of the Follow-Up survey. HOS Star Ratings Validation and Aggregate Score Analysis tables are also posted in HPMS. Beneficiary-level performance measurement data are made available to MA contracts upon request after distribution of the Performance Measurement reports. For example, the *2017-2019 Cohort 20 Performance Measurement Report* will be available in late summer 2020 and the corresponding Data File will be available in late fall 2020. Report distribution and notification of the availability of performance measurement data occurs electronically through HPMS.

Attachments

1. Attachment 1 is a list of Medicare Advantage contracts required to report HOS in 2020. 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 2020 at the FIDE SNP level.
3. Attachment 3 contains contact information for CMS conditionally-approved HOS survey vendors.
4. Attachment 4 contains sample language that may be used by MAOs in a member newsletter or other communication that encourages members to complete the HOS.

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

ATTACHMENT 1

Medicare Advantage Organizations Required to Administer HOS in 2020

Contract ID	Contract Name	Contract ID	Contract Name
H0022	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H0354	CIGNA HEALTHCARE OF ARIZONA, INC.
H0028	CHA HMO, INC.	H0422 ¹	UCARE HEALTH, INC.
H0062	SUPERIOR HEALTHPLAN COMMUNITY SOLUTIONS, INC.	H0423	METROPLUS HEALTH PLAN, INC.
H0104	BLUE CROSS AND BLUE SHIELD OF ALABAMA	H0432	UNITEDHEALTHCARE OF ALABAMA, INC.
H0107	HEALTH CARE SERVICE CORPORATION	H0439	CIGNA HEALTHCARE OF GEORGIA, INC.
H0111	WELLCARE OF GEORGIA, INC.	H0473	HUMANA INSURANCE COMPANY OF KENTUCKY
H0137	COMMONWEALTH CARE ALLIANCE, INC.	H0480	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
H0148	BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN	H0504	CALIFORNIA PHYSICIANS' SERVICE
H0154	VIVA HEALTH, INC.	H0523	AETNA HEALTH OF CALIFORNIA INC.
H0169	UNITEDHEALTHCARE OF THE MIDWEST, INC.	H0524	KAISER FOUNDATION HP, INC.
H0174	WELLCARE OF TEXAS, INC.	H0543	UHC OF CALIFORNIA
H0192	AMERIHEALTH MICHIGAN, INC.	H0544	BLUE CROSS OF CALIFORNIA
H0251	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	H0545	INTER VALLEY HEALTH PLAN, INC.
H0271	SYMPHONIX HEALTH INSURANCE, INC.	H0562	HEALTH NET OF CALIFORNIA, INC.
H0281	ILLINICARE HEALTH PLAN	H0571	CHINESE COMMUNITY HEALTH PLAN
H0292	HUMANA HEALTH PLAN OF OHIO, INC.	H0602	ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION
H0294	CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY	H0609	PACIFICARE OF COLORADO, INC.
H0302	MEDISUN, INC.	H0624	UNITEDHEALTHCARE INSURANCE COMPANY
H0321	ARIZONA PHYSICIANS IPA, INC.	H0630	KAISER FOUNDATION HP OF CO
H0332	KS PLAN ADMINISTRATORS, LLC	H0657	FRIDAY HEALTH PLANS OF COLORADO, INC.
H0336	HUMANA HEALTH PLAN, INC.	H0710 ²	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
H0351	HEALTH NET OF ARIZONA, INC.	H0712	WELLCARE OF CONNECTICUT, INC.

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

Contract ID	Contract Name	Contract ID	Contract Name
H0724	BUCKEYE HEALTH PLAN COMMUNITY SOLUTIONS	H1248	LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY
H0755	OXFORD HEALTH PLANS (CT), INC.	H1278	HARKEN HEALTH INSURANCE COMPANY
H0838	UNIVERSAL CARE, INC.	H1286	UNITEDHEALTHCARE INSURANCE COMPANY
H0908	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H1290	DEVOTED HEALTH PLAN OF FLORIDA, INC.
H0913	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	H1302	BLUE CROSS OF IDAHO CARE PLUS, INC.
H0927	HEALTH CARE SERVICE CORPORATION	H1304	REGENCE BLUESHIELD OF IDAHO
H0982	SOLIS HEALTH PLANS, INC.	H1350	BLUE CROSS OF IDAHO CARE PLUS, INC.
H1016	AVMED, INC.	H1352	BLUE-ADVANTAGE PLUS OF KANSAS CITY, INC.
H1019	CAREPLUS HEALTH PLANS, INC.	H1365	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.
H1032	WELLCARE OF FLORIDA, INC.	H1415	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H1035	FLORIDA BLUE MEDICARE, INC.	H1416	HARMONY HEALTH PLAN, INC.
H1036	HUMANA MEDICAL PLAN, INC.	H1426	VITALITY HEALTH PLAN OF CALIFORNIA, INC.
H1045	PREFERRED CARE PARTNERS, INC.	H1436	ABSOLUTE TOTAL CARE, INC.
H1099	HEALTH FIRST HEALTH PLANS	H1463	HEALTH ALLIANCE CONNECT, INC.
H1100	INNOVATION HEALTH INSURANCE COMPANY	H1468	HUMANA BENEFIT PLAN OF ILLINOIS, INC.
H1109	AETNA HEALTH INC.(GA)	H1537	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO
H1111	UNITEDHEALTHCARE OF GEORGIA, INC.	H1587	ARKANSAS SUPERIOR SELECT, INC.
H1112	WELLCARE OF GEORGIA, INC.	H1607	ANTHEM INSURANCE COMPANIES, INC.
H1170	KAISER FOUNDATION HP OF GA, INC.	H1608	COVENTRY HEALTH AND LIFE INSURANCE COMPANY
H1181	NETWORK HEALTH INSURANCE CORPORATION	H1609	AETNA HEALTH INC. (FL)
H1189	CHRISTUS HEALTH PLAN	H1610	COVENTRY HEALTH CARE OF VIRGINIA
H1225	HOPKINS HEALTH ADVANTAGE, INC.	H1651	MEDICAL ASSOCIATES HEALTH PLAN, INC.
H1230	KAISER FOUNDATION HP, INC.	H1659	PIEDMONT COMMUNITY HEALTHCARE, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H1660	HARVARD PILGRIM HEALTH CARE INC.	H2108	BRAVO HEALTH MID-ATLANTIC, INC.
H1664	HOME STATE HEALTH PLAN, INC.	H2150	KAISER FNDN HP OF THE MID-ATLANTIC STS
H1666	HCSC INSURANCE SERVICES COMPANY	H2161	UPPER PENINSULA HEALTH PLAN, LLC
H1692	COVENTRY HEALTH CARE OF WEST VIRGINIA, INC.	H2168	VILLAGE SENIOR SERVICES CORPORATION
H1723	ABSOLUTE TOTAL CARE, INC.	H2171	CARE N' CARE INSURANCE COMPANY, INC.
H1737	HEALTH ALLIANCE - MIDWEST, INC.	H2172	KAISER FDTN HLTH PLAN OF THE MID-ATLANTIC STATES
H1777 ²	CATHOLIC SPECIAL NEEDS PLAN, LLC	H2174	TRILLIUM COMMUNITY HEALTH PLAN
H1846	MOUNT CARMEL HEALTH INSURANCE COMPANY	H2185 ²	LIFEWORCS ADVANTAGE, LLC
H1894	AMERIGROUP WASHINGTON, INC.	H2224	SENIOR WHOLE HEALTH, LLC
H1924	PORT HOLDINGS, INC.	H2225	COMMONWEALTH CARE ALLIANCE, INC.
H1944	UNITEDHEALTHCARE OF NEW ENGLAND, INC.	H2226	UNITEDHEALTHCARE INSURANCE COMPANY
H1951	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	H2228	UNITEDHEALTHCARE INSURANCE COMPANY
H1961	PEOPLES HEALTH, INC.	H2230	BCBS OF MASSACHUSETTS HMO BLUE, INC.
H1969	REGENCE BLUESHIELD OF IDAHO	H2235	BAYCARE SELECT HEALTH PLANS, INC.
H1977	UPPER PENINSULA HEALTH PLAN, LLC	H2237	INDEPENDENT CARE HEALTH PLAN, INC.
H1994	SELECTHEALTH, INC.	H2241	GOLDEN STATE MEDICARE HEALTH PLAN
H1997	REGENCE BLUESHIELD	H2247	UNITEDHEALTHCARE COMMUNITY PLAN, INC.
H2001	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	H2256	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION
H2029	HUMANA INSURANCE OF PUERTO RICO, INC.	H2261	BCBS OF MASSACHUSETTS HMO BLUE, INC.
H2032	INSURANCE COMPANY OF SCOTT AND WHITE	H2320	PRIORITY HEALTH
H2034	COMMUNITY CARE HEALTH PLAN, INC.	H2322	ALLIANCE HEALTH AND LIFE INSURANCE COMPANY

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Contract ID	Contract Name	Contract ID	Contract Name
H2354	HEALTH ALLIANCE PLAN OF MICHIGAN	H2775	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY
H2406	UNITEDHEALTHCARE INSURANCE COMPANY	H2793	IMPERIAL INSURANCE COMPANY OF TEXAS, INC.
H2416	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	H2802	UNITEDHEALTHCARE OF THE MIDLANDS, INC.
H2417 ¹	ITASCA MEDICAL CARE	H2816	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY
H2419	SOUTH COUNTRY HEALTH ALLIANCE	H2829	INNOVATION HEALTH PLAN, INC.
H2422	HEALTHPARTNERS, INC.	H2879	MOLINA HEALTHCARE OF WISCONSIN, INC.
H2425	BLUE PLUS	H2915	PENNSYLVANIA HEALTH & WELLNESS, INC.
H2450	MEDICA INSURANCE COMPANY	H2944	HUMANA INSURANCE COMPANY
H2456	UCARE MINNESOTA	H2960	HOMETOWN HEALTH PLAN, INC.
H2458	MEDICA HEALTH PLANS	H2962	ULTIMATE HEALTH PLANS, INC.
H2459	UCARE MINNESOTA	H2986	STANFORD HEALTHCARE ADVANTAGE
H2461	BLUE CROSS AND BLUE SHIELD OF MINNESOTA	H3071	COMMUNITY CARE ALLIANCE OF ILLINOIS, NFP
H2462	GROUP HEALTH PLAN, INC. (MN)	H3113	OXFORD HEALTH PLANS (NJ), INC.
H2463	HUMANA HEALTH PLAN OF TEXAS, INC.	H3132	AHF MCO OF FLORIDA, INC.
H2486	HUMANA MEDICAL PLAN OF UTAH, INC.	H3152	AETNA HEALTH INC. (NJ)
H2491	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	H3154	HORIZON INSURANCE COMPANY
H2506	AETNA BETTER HEALTH, INC. (IL)	H3170	SAPPHIRE EDGE, INC.
H2531	UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.	H3204	PRESBYTERIAN HEALTH PLAN
H2533	MOLINA HEALTHCARE OF SOUTH CAROLINA, INC.	H3206	PRESBYTERIAN INSURANCE COMPANY, INC.
H2563	OPTIMA HEALTH PLAN	H3219	ALLINA HEALTH AND AETNA INSURANCE COMPANY
H2593	AMERIGROUP TEXAS, INC.	H3237	HEALTH NET COMMUNITY SOLUTIONS, INC.
H2610	ESSENCE HEALTHCARE, INC.	H3239	AETNA BETTER HEALTH, INC. (LA)
H2663	COVENTRY HEALTH CARE OF MISSOURI, INC	H3240	AMERIGROUP NEW JERSEY, INC.
H2773	QUALITY HEALTH PLANS OF NEW YORK, INC.	H3251	HEALTH CARE SERVICE CORPORATION

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Contract ID	Contract Name	Contract ID	Contract Name
H3259	VOLUNTEER STATE HEALTH PLAN	H3464	UNITEDHEALTHCARE OF ARKANSAS, INC.
H3291 ²	PRUITTHEALTH PREMIER, INC.	H3471	HEALTH ALLIANCE NORTHWEST HEALTH PLAN
H3293	MMM OF FLORIDA, INC.	H3499	COORDINATED CARE CORPORATION
H3305	MVP HEALTH PLAN, INC.	H3528	CONNECTICARE, INC.
H3307	OXFORD HEALTH PLANS (NY), INC.	H3533	HUMANA HEALTH COMPANY OF NEW YORK, INC.
H3312	AETNA HEALTH INC. (NY)	H3536	MATTHEW THORNTON HEALTH PLAN, INC.
H3328	THE NEW YORK STATE CATHOLIC HEALTH PLAN, INC.	H3561	HEALTH NET COMMUNITY SOLUTIONS, INC.
H3330	HEALTH INSURANCE PLAN OF GREATER NEW YORK	H3597	AETNA HEALTH INC. (ME)
H3335	EXCELLUS HEALTH PLAN, INC.	H3653	PARAMOUNT CARE, INC.
H3342	EMPIRE HEALTHCHOICE ASSURANCE, INC.	H3655	COMMUNITY INSURANCE COMPANY
H3344	INDEPENDENT HEALTH BENEFITS CORPORATION	H3660	SUMMACARE INC.
H3347	ELDERPLAN, INC.	H3664	AULTCARE HEALTH INSURING CORPORATION
H3351	EXCELLUS HEALTH PLAN, INC.	H3668	MOUNT CARMEL HEALTH PLAN, INC.
H3359	HEALTHFIRST HEALTH PLAN, INC.	H3672	THE HEALTH PLAN OF WEST VIRGINIA, INC.
H3362	INDEPENDENT HEALTH ASSOCIATION, INC.	H3706	GLOBALHEALTH, INC.
H3379	UNITEDHEALTHCARE OF NEW YORK, INC.	H3749	UNITEDHEALTHCARE OF OKLAHOMA, INC.
H3384	HEALTHNOW NEW YORK INC.	H3755	COMMUNITY CARE HMO, INC
H3387	UNITEDHEALTHCARE OF NEW YORK, INC.	H3794	CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY
H3388	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.	H3805	UNITEDHEALTHCARE OF OREGON, INC.
H3404	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H3810	ALLCARE HEALTH PLAN, INC.
H3416	HEALTHPARTNERS UNITYPOINT HEALTH, INC.	H3811	SAMARITAN HEALTH PLANS, INC.
H3447	HEALTHKEEPERS, INC.	H3813	MODA HEALTH PLAN, INC.
H3449	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H3814	ATRIO HEALTH PLANS

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Contract ID	Contract Name	Contract ID	Contract Name
H3815	ALIGNMENT HEALTH PLAN	H4005	TRIPLE S ADVANTAGE, INC.
H3817	REGENCE BLUECROSS BLUESHIELD OF OREGON	H4007	HUMANA HEALTH PLANS OF PUERTO RICO, INC.
H3822	HEALTH CARE SERVICE CORPORATION	H4036	ANTHEM INSURANCE COMPANIES, INC.
H3832	HAWAII MEDICAL SERVICE ASSOCIATION	H4094	OPTIMUM CHOICE, INC.
H3864	PACIFICSOURCE COMMUNITY HEALTH PLANS	H4140	DOCTORS HEALTHCARE PLANS, INC.
H3890	HOPKINS HEALTH ADVANTAGE, INC.	H4141	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.
H3907	UPMC HEALTH PLAN, INC.	H4152	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
H3909	QCC INSURANCE COMPANY	H4198	COMMUNITYCARE GOVERNMENT PROGRAMS, INC.
H3916	HIGHMARK SENIOR HEALTH COMPANY	H4213	USABLE MUTUAL INSURANCE COMPANY
H3923	CAPITAL ADVANTAGE INSURANCE COMPANY	H4227	VISTA HEALTH PLAN, INC.
H3924	GEISINGER INDEMNITY INSURANCE COMPANY	H4279	UPMC FOR YOU, INC
H3928	AETNA HEALTH, INC. (LA)	H4346	HMO COLORADO, INC.
H3931	AETNA HEALTH INC. (PA)	H4388	SECURITY HEALTH PLAN OF WISCONSIN, INC.
H3949	BRAVO HEALTH PENNSYLVANIA, INC.	H4407	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY
H3952	KEYSTONE HEALTH PLAN EAST, INC.	H4461	CARITEN HEALTH PLAN INC.
H3954	GEISINGER HEALTH PLAN	H4497	MEDICAL MUTUAL OF OHIO
H3957	HIGHMARK CHOICE COMPANY	H4506	SELECTCARE OF TEXAS, INC.
H3959	AETNA HEALTH INC. (PA)	H4513	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H3962	KEYSTONE HEALTH PLAN CENTRAL, INC.	H4514	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, L.L.C.
H3979	GHS HEALTH MAINTENANCE ORGANIZATION, INC.	H4523	AETNA HEALTH INC. (TX)
H4003	MMM HEALTHCARE, LLC	H4527	PHYSICIANS HEALTH CHOICE OF TEXAS, LLC
H4004	MMM HEALTHCARE, LLC	H4590	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H4604	UNITEDHEALTHCARE OF UTAH, INC.	H5209	CARE WISCONSIN HEALTH PLAN, INC.
H4605	REGENCE BLUECROSS BLUESHIELD OF UTAH	H5211	SECURITY HEALTH PLAN OF WISCONSIN, INC.
H4623	HUMANA REGIONAL HEALTH PLAN, INC.	H5215	NETWORK HEALTH INSURANCE CORPORATION
H4754	PACIFICSOURCE COMMUNITY HEALTH PLANS	H5216	HUMANA INSURANCE COMPANY
H4847	WELLCARE OF SOUTH CAROLINA, INC.	H5253	UNITEDHEALTHCARE OF WISCONSIN, INC.
H4853	BRIGHT HEALTH COMPANY OF ARIZONA	H5256	MEDICAL ASSOCIATES CLINIC HEALTH PLAN
H4868	WELLCARE OF NEW YORK, INC.	H5262	QUARTZ HEALTH PLAN CORPORATION
H4875	PRIORITY HEALTH	H5264	DEAN HEALTH PLAN, INC.
H4882	HEALTHPARTNERS, INC.	H5280	MOLINA HEALTHCARE OF OHIO, INC.
H4909	ANTHEM INSURANCE COMPANIES, INC.	H5294	SUPERIOR HEALTH PLAN, INC.
H4922	AGEWELL NEW YORK, LLC	H5302 ¹	AETNA HEALTH INC. (GA)
H4931	BANNER - UNIVERSITY CARE ADVANTAGE	H5322	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H5008	UNITEDHEALTHCARE INSURANCE COMPANY	H5325	COVENTRY HEALTH CARE OF KANSAS, INC.
H5009	REGENCE BLUESHIELD	H5355	IEHP HEALTH ACCESS
H5010	ASURIS NORTHWEST HEALTH	H5386	SHARP HEALTH PLAN
H5042	CDPHP UNIVERSAL BENEFITS, INC.	H5410	HEALTHSPRING OF FLORIDA
H5050	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	H5420	MEDICA HEALTHCARE PLANS, INC.
H5087	WELLCARE OF CALIFORNIA, INC.	H5422	BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA
H5106	HIGHMARK SENIOR SOLUTIONS COMPANY	H5425	SCAN HEALTH PLAN
H5141	CLOVER INSURANCE COMPANY	H5427	FREEDOM HEALTH, INC.
H5172	COMMUNITY HEALTH GROUP	H5430	ONECARE BY CARE1ST HEALTH PLAN ARIZONA INC.
H5190	SUNSHINE STATE HEALTH PLAN, INC.	H5431	HEALTHSUN HEALTH PLANS, INC.
H5199	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	H5433	ORANGE COUNTY HEALTH AUTHORITY

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

Contract ID	Contract Name	Contract ID	Contract Name
H5434	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	H5656	SELECTCARE HEALTH PLANS, INC.
H5435	UNITEDHEALTHCARE INSURANCE COMPANY	H5703	SOUTH COUNTRY HEALTH ALLIANCE
H5439	HEALTH NET LIFE INSURANCE COMPANY	H5746	AMERIGROUP COMMUNITY CARE OF NEW MEXICO, INC.
H5471	SIMPLY HEALTHCARE PLANS, INC.	H5774	TRIPLE S ADVANTAGE, INC.
H5475	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.	H5779	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.
H5496	IMPERIAL HEALTH PLAN OF CALIFORNIA, INC.	H5793	AETNA HEALTH INC. (CT)
H5521	AETNA LIFE INSURANCE COMPANY	H5810	MOLINA HEALTHCARE OF CALIFORNIA
H5522	HEALTHASSURANCE PENNSYLVANIA, INC.	H5823	MOLINA HEALTHCARE OF WASHINGTON, INC.
H5525	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	H5826	COMMUNITY HEALTH PLAN OF WASHINGTON
H5526	HEALTHNOW NEW YORK INC.	H5852	AIDS HEALTHCARE FOUNDATION
H5533	UPMC HEALTH NETWORK, INC.	H5854	ANTHEM HEALTH PLANS, INC.
H5549	VNS CHOICE	H5859	HEALTH PLAN OF CAREOREGON, INC.
H5576	VANTAGE HEALTH PLAN, INC.	H5883	BLUE CARE NETWORK OF MICHIGAN
H5577	MCS ADVANTAGE, INC.	H5926	MOLINA HEALTHCARE OF MICHIGAN, INC.
H5580	MERCY CARE	H5928	BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN
H5587	HEALTH CHOICE ARIZONA, INC.	H5932	GATEWAY HEALTH PLAN, INC.
H5590	BRIDGEWAY HEALTH SOLUTIONS	H5937	UCARE MINNESOTA
H5591	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.	H5938	CAPITAL HEALTH PLAN
H5594	OPTIMUM HEALTHCARE, INC.	H5943	SCAN HEALTH PLAN
H5608	DENVER HEALTH MEDICAL PLAN, INC.	H5945	PROMINENCE HEALTHFIRST
H5619	ARCADIAN HEALTH PLAN, INC.	H5959	BLUE CROSS AND BLUE SHIELD OF MINNESOTA
H5628	MOLINA HEALTHCARE OF UTAH, INC.	H5969	ALOHACARE
H5649	CENTRAL HEALTH PLAN OF CALIFORNIA, INC.	H5970	HUMANA INSURANCE COMPANY OF NEW YORK
H5652	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	H5989 ²	CENTERLIGHT HEALTHCARE, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H5991	HEALTH INSURANCE PLAN OF GREATER NEW YORK	H6821	MUTUAL OF OMAHA MEDICARE ADVANTAGE COMPANY
H5995	ATRIO HEALTH PLANS	H6870	SUPERIOR HEALTH PLAN, INC.
H6080	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.	H6988	CENTERS PLAN FOR HEALTHY LIVING, LLC
H6154	MEDICA HEALTH PLANS	H7006	ATRIO HEALTH PLANS
H6229	BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.	H7020	CIGNA HEALTHCARE OF SOUTH CAROLINA, INC.
H6237	REGENCE BLUECROSS BLUESHIELD OF OREGON	H7115	MEMORIAL HERMANN HEALTH PLAN
H6306	FIRSTCAROLINACARE INSURANCE COMPANY	H7149	AETNA HEALTH INC. (PA)
H6328	CARE N' CARE INSURANCE COMPANY, INC.	H7172	AETNA BETTER HEALTH, INC. (OH)
H6348 ¹	COORDINATED CARE CORPORATION	H7173	PEACH STATE HEALTH PLAN, INC.
H6396	CARESOURCE	H7220	INDIANA UNIVERSITY HEALTH PLANS NFP, INC.
H6439	WELLCARE HEALTH PLANS OF ARIZONA, INC.	H7245	PREMERA BLUE CROSS
H6453	HMO LOUISIANA, INC.	H7284	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.
H6502	MISSOURI VALLEY LIFE AND HEALTH INSURANCE COMPANY	H7301	COVENTRY HEALTH CARE OF ILLINOIS, INC.
H6526	UNITEDHEALTHCARE OF NEW MEXICO, INC.	H7326	WELLCARE OF SOUTH CAROLINA, INC.
H6528	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H7404	PACIFICARE LIFE ASSURANCE COMPANY
H6550	SUNFLOWER STATE HEALTH PLAN, INC.	H7419	TUFTS HEALTH PUBLIC PLANS, INC.
H6595	UNITEDHEALTHCARE OF KENTUCKY, LTD.	H7464	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.
H6622	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	H7522	MMM HEALTHCARE, LLC
H6723	MEDICAL MUTUAL OF OHIO	H7621	HUMANA HEALTH PLAN OF CALIFORNIA, INC.
H6743	ATRIO HEALTH PLANS	H7678	MOLINA HEALTHCARE OF TEXAS, INC.
H6750	HARVARD PILGRIM HEALTH CARE OF NEW ENGLAND, INC.	H7680	PROMINENCE HEALTHFIRST OF TEXAS
H6815	HEALTH NET HEALTH PLAN OF OREGON	H7728	ANTHEM HEALTH PLANS OF NEW HAMPSHIRE, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H7787	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	H8213	SELECT HEALTH OF SOUTH CAROLINA, INC.
H7833	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, L.L.C.	H8258	LOCAL INITIATIVE HEALTH AUTHORITY FOR L.A. COUNTY
H7844	MOLINA HEALTHCARE OF MICHIGAN, INC.	H8298	HORIZON HEALTHCARE OF NEW JERSEY, INC.
H7853	BRIGHT HEALTH INSURANCE COMPANY	H8423	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H7885	SAN MATEO HEALTH COMMISSION	H8432	EMPIRE HEALTHCHOICE HMO, INC.
H7890	SANTA CLARA COUNTY HEALTH AUTHORITY	H8452	CARESOURCE
H7917	BLUECROSS BLUESHIELD OF TENNESSEE, INC.	H8552	ANTHEM BLUE CROSS LIFE AND HEALTH INS COMPANY
H7971	HORIZON INSURANCE COMPANY	H8554	GHS INSURANCE COMPANY
H8003	BLUECROSS AND BLUESHIELD OF SOUTH CAROLINA	H8578	HEALTH NEW ENGLAND, INC.
H8010	CLOVER HMO OF NEW JERSEY, INC.	H8604	THP INSURANCE COMPANY
H8016	ORANGE COUNTY HEALTH AUTHORITY	H8634	HEALTH CARE SERVICE CORPORATION
H8026	AETNA BETTER HEALTH OF MICHIGAN INC.	H8649	AETNA HEALTH OF UTAH, INC
H8046	MOLINA HEALTHCARE OF ILLINOIS, INC.	H8677	MOLINA HEALTHCARE OF CALIFORNIA
H8064	FIRSTCAROLINACARE INSURANCE COMPANY	H8748	UNITEDHEALTHCARE INSURANCE COMPANY
H8087	HUMANADENTAL INSURANCE COMPANY	H8764	ASPIRE HEALTH PLAN
H8130	MOLINA HEALTHCARE OF FLORIDA, INC.	H8768	UNITEDHEALTHCARE INSURANCE CO OF THE RIVER VALLEY
H8133	GHS INSURANCE COMPANY	H8783	UCARE HEALTH, INC.
H8142	SCOTT AND WHITE HEALTH PLAN	H8786	AMERIGROUP TEXAS, INC.
H8145	HUMANA INSURANCE COMPANY	H8854	UNIVERSITY OF MARYLAND HEALTH ADVANTAGE, INC.
H8170	AMERICA'S 1ST CHOICE OF SOUTH CAROLINA, INC.	H8889	MEDICA HEALTH PLANS
H8189	MANAGED HEALTH SERVICES, WISCONSIN	H8908	HUMANA MEDICAL PLAN OF MICHIGAN, INC.
H8197	MOLINA HEALTHCARE OF TEXAS, INC.	H9001	FALLON COMMUNITY HEALTH PLAN
H8211	MAMSI LIFE AND HEALTH INSURANCE COMPANY	H9003	KAISER FOUNDATION HP OF THE N W

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Contract ID	Contract Name	Contract ID	Contract Name
H9047	PROVIDENCE HEALTH ASSURANCE	H9730	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC
H9070	COMPBENEFITS INSURANCE COMPANY	H9808	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA
H9082	MOLINA HEALTHCARE OF NEW MEXICO, INC.	H9811	MAGNOLIA HEALTH PLAN, INC.
H9096	DEAN HEALTH PLAN, INC.	H9834	QUARTZ HEALTH PLAN MN CORPORATION
H9153 ²	WEST VIRGINIA SENIOR ADVANTAGE, INC.	H9869	PARTNERS HEALTH PLAN, INC.
H9207	HEALTH PARTNERS PLANS, INC.	H9870	UNIVERSITY HEALTH CARE, INC.
H9276	SUNSHINE HEALTH COMMUNITY SOLUTIONS, INC.	H9877	VIRGINIA PREMIER HEALTH PLAN, INC.
H9287	HEALTH NET COMMUNITY SOLUTIONS OF ARIZONA, INC.	H9952	MEDICA HEALTH PLANS
H9302	PREMERA BLUE CROSS	R0110	HUMANA INSURANCE COMPANY
H9364	WELLCARE OF MAINE, INC.	R0802	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.
H9408	VIBRA HEALTH PLAN, INC.	R0865	HUMANA INSURANCE COMPANY
H9431	FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY	R0923	HUMANA INSURANCE COMPANY
H9460	CIGNA HEALTHCARE OF ST LOUIS, INC.	R1390	HUMANA INSURANCE COMPANY
H9487	MICHIGAN COMPLETE HEALTH, INC.	R1532	HUMANA INSURANCE COMPANY
H9525	COMPCARE HEALTH SERVICES INSURANCE CORPORATION	R1548	UNITEDHEALTHCARE INSURANCE CO OF THE RIVER VALLEY
H9572	BCBS OF MICHIGAN MUTUAL INSURANCE COMPANY	R3175	UNITEDHEALTHCARE INSURANCE COMPANY
H9576	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND	R3332	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
H9585	BOSTON MEDICAL CENTER HEALTH PLAN, INC.	R3392	HUMANA INSURANCE COMPANY
H9615	MVP HEALTH PLAN, INC.	R3444	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H9630	ARKANSAS HEALTH AND WELLNESS HEALTH PLAN, INC	R3887	HUMANA INSURANCE COMPANY
H9699	HMO PARTNERS, INC.	R4182	HUMANA INSURANCE COMPANY
H9712	HAP MIDWEST HEALTH PLAN, INC.	R4487	ANTHEM INSURANCE COMPANIES, INC.
H9725	CIGNA HEALTHCARE OF NORTH CAROLINA, INC.	R4845	HUMANA INSURANCE COMPANY

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Contract ID	Contract Name	Contract ID	Contract Name
R5329	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	R6801	CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY
R5342	UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK	R7220	HUMANA INSURANCE COMPANY
R5361	HUMANA INSURANCE COMPANY	R7315	HUMANA INSURANCE COMPANY
R5495	HUMANA INSURANCE COMPANY	R7444	UNITEDHEALTHCARE INSURANCE COMPANY
R5826	HUMANA INSURANCE COMPANY	R0759 ²	UNITEDHEALTHCARE INSURANCE COMPANY
R5941	ANTHEM INSURANCE COMPANIES, INC.	R2604 ²	UNITEDHEALTHCARE INSURANCE COMPANY
R6694	AETNA LIFE INSURANCE COMPANY		

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ATTACHMENT 2

FIDE SNPs Voluntarily Reporting in 2020

Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H0251	004	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	UnitedHealthcare Dual Complete ONE (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0321	004	ARIZONA PHYSICIANS IPA, INC.	UnitedHealthcare Dual Complete ONE (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0913	013	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	WellCare Liberty (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1032	175	WELLCARE OF FLORIDA, INC.	WellCare Liberty (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1032	176	WELLCARE OF FLORIDA, INC.	WellCare Liberty (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1036	077	HUMANA MEDICAL PLAN, INC.	Humana Gold Plus SNP-DE H1036-077A (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	102	HUMANA MEDICAL PLAN, INC.	Humana Gold Plus SNP-DE H1036-102 (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	103	HUMANA MEDICAL PLAN, INC.	Humana Gold Plus SNP-DE H1036-103A (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	104	HUMANA MEDICAL PLAN, INC.	Humana Gold Plus SNP-DE H1036-104A (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	209	HUMANA MEDICAL PLAN, INC.	Humana Gold Plus SNP-DE H1036-209 (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	210	HUMANA MEDICAL PLAN, INC.	Humana Gold Plus SNP-DE H1036-210 (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	213	HUMANA MEDICAL PLAN, INC.	Humana Gold Plus SNP-DE H1036-213 (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H1036	214	HUMANA MEDICAL PLAN, INC.	Humana Gold Plus SNP-DE H1036-214 (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	226	HUMANA MEDICAL PLAN, INC.	Humana Gold Plus SNP-DE H1036-226 (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	231	HUMANA MEDICAL PLAN, INC.	Humana Gold Plus SNP-DE H1036-231 (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	261	HUMANA MEDICAL PLAN, INC.	Humana Gold Plus SNP-DE H1036-261 (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	280	HUMANA MEDICAL PLAN, INC.	Humana Fully Integrated H1036-280 (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	281	HUMANA MEDICAL PLAN, INC.	Humana Fully Integrated H1036-281 (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	282	HUMANA MEDICAL PLAN, INC.	Humana Fully Integrated H1036-282 (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	283	HUMANA MEDICAL PLAN, INC.	Humana Fully Integrated H1036-283 (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	285	HUMANA MEDICAL PLAN, INC.	Humana Gold Plus SNP-DE H1036-285 (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1350	009	BLUE CROSS OF IDAHO CARE PLUS, INC.	True Blue Special Needs Plan (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1610	001	COVENTRY HEALTH CARE OF VIRGINIA	Aetna Better Health, Inc. (HMO D-SNP)	Sample at contract level for quality and frailty
H2034	001	COMMUNITY CARE HEALTH PLAN, INC.	Community Care's Partnership Program (HMO D-SNP)	Sample at contract level for quality and frailty
H2168	001	VILLAGE SENIOR SERVICES CORPORATION	VillageCareMAX Medicare Health Advantage (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H2168	002	VILLAGE SENIOR SERVICES CORPORATION	VillageCareMAX Medicare Total Advantage (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2224	003	SENIOR WHOLE HEALTH, LLC	Senior Whole Health NHC (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2225	001	COMMONWEALTH CARE ALLIANCE, INC.	Senior Care Options Program (HMO D-SNP)	Sample at contract level for quality and frailty (HOS-M)
H2226	001	UNITEDHEALTHCARE INSURANCE COMPANY	UnitedHealthcare Senior Care Options (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2226	003	UNITEDHEALTHCARE INSURANCE COMPANY	UnitedHealthcare Senior Care Options NHC (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2237	007	INDEPENDENT CARE HEALTH PLAN, INC.	iCare Family Care Partnership (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2256	029	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	Tufts Health Plan Senior Care Options (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2416	001	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	PrimeWest Senior Health Complete (HMO D-SNP)	Sample at contract level for quality and frailty
H2417	001	ITASCA MEDICAL CARE	IMCare Classic (HMO D-SNP)	Sample at contract level for frailty only; no quality reporting
H2419	001	SOUTH COUNTRY HEALTH ALLIANCE	SeniorCare Complete (HMO D-SNP)	Sample at contract level for quality and frailty
H2425	001	BLUE PLUS	SecureBlue (HMO D-SNP)	Sample at contract level for quality and frailty (HOS-M)
H2456	002	UCARE MINNESOTA	UCare's Minnesota Senior Health Options (HMO D-SNP)	Sample at contract level for quality and frailty (HOS-M)
H2458	002	MEDICA HEALTH PLANS	Medica DUAL Solution (HMO D-SNP)	Sample at contract level for quality and frailty (HOS-M)
H2563	004	OPTIMA HEALTH PLAN	Optima Community Complete (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H2593	021	AMERIGROUP TEXAS, INC.	Amerivantage Dual Coordination (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2915	001	PENNSYLVANIA HEALTH & WELLNESS, INC.	Allwell Dual Medicare (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2915	002	PENNSYLVANIA HEALTH & WELLNESS, INC.	Allwell Dual Medicare (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2915	007	PENNSYLVANIA HEALTH & WELLNESS, INC.	Allwell Dual Medicare (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2915	009	PENNSYLVANIA HEALTH & WELLNESS, INC.	Allwell Dual Medicare (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3113	005	OXFORD HEALTH PLANS (NJ), INC.	UnitedHealthcare Dual Complete ONE (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3240	013	AMERIGROUP NEW JERSEY, INC.	Amerivantage Dual Coordination (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3240	016	AMERIGROUP NEW JERSEY, INC.	Amerivantage Dual Coordination (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3240	024	AMERIGROUP NEW JERSEY, INC.	Amerivantage Dual Secure (HMO-POS D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3259	002	VOLUNTEER STATE HEALTH PLAN	BlueCare Plus Choice (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3328	002	THE NEW YORK STATE CATHOLIC HEALTH PLAN, INC.	Fidelis Dual Advantage (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3328	016	THE NEW YORK STATE CATHOLIC HEALTH PLAN, INC.	Fidelis Dual Advantage (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3328	017	THE NEW YORK STATE CATHOLIC HEALTH PLAN, INC.	Fidelis Dual Advantage Flex (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3347	007	ELDERPLAN, INC.	Elderplan Plus Long Term Care (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H3359	034	HEALTHFIRST HEALTH PLAN, INC.	Healthfirst CompleteCare (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4922	010	AGEWELL NEW YORK, LLC	AgeWell New York Advantage Plus (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H4931	014	BANNER - UNIVERSITY CARE ADVANTAGE	Banner - University Care Advantage (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4931	015	BANNER - UNIVERSITY CARE ADVANTAGE	Banner - University Care Advantage (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4931	016	BANNER - UNIVERSITY CARE ADVANTAGE	Banner - University Care Advantage (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4931	013	BANNER - UNIVERSITY CARE ADVANTAGE	Banner - University Care Advantage (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5190	001	SUNSHINE STATE HEALTH PLAN, INC.	Allwell Dual Medicare (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5190	002	SUNSHINE STATE HEALTH PLAN, INC.	Allwell Dual Medicare (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5190	003	SUNSHINE STATE HEALTH PLAN, INC.	Allwell Dual Medicare (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5190	004	SUNSHINE STATE HEALTH PLAN, INC.	Allwell Dual Medicare (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5209	002	CARE WISCONSIN HEALTH PLAN, INC.	Care Wisconsin Partnership Plan (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5294	002	SUPERIOR HEALTH PLAN, INC.	Allwell Dual Medicare (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5294	006	SUPERIOR HEALTH PLAN, INC.	Allwell Dual Medicare (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5294	007	SUPERIOR HEALTH PLAN, INC.	Allwell Dual Medicare (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H5294	008	SUPERIOR HEALTH PLAN, INC.	Allwell Dual Medicare (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5425	010	SCAN HEALTH PLAN	SCAN Connections (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5425	029	SCAN HEALTH PLAN	SCAN Connections at Home (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5425	030	SCAN HEALTH PLAN	SCAN Connections at Home (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5425	031	SCAN HEALTH PLAN	SCAN Connections at Home (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5433	001	ORANGE COUNTY HEALTH AUTHORITY	OneCare (HMO D-SNP)	Sample at contract level for quality and frailty
H5549	003	VNS CHOICE	VNSNY CHOICE Total (HMO D-SNP)	Sample at contract level for quality and frailty
H5580	004	MERCY CARE	Mercy Care Advantage (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5628	008	MOLINA HEALTHCARE OF UTAH, INC.	Molina Medicare Complete Care (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5703	001	SOUTH COUNTRY HEALTH ALLIANCE	AbilityCare (HMO D-SNP)	Sample at contract level for quality and frailty
H5969	002	ALOHACARE	AlohaCare Advantage Plus (HMO D-SNP)	Sample at contract level for quality and frailty (HOS-M)
H5992	007	SENIOR WHOLE HEALTH OF NEW YORK, INC.	Senior Whole Health of New York NHC (HMO D-SNP)	Sample at contract level for frailty only; no quality reporting
H6776	002	ELDERSERVE HEALTH, INC.	Riverspring Health	Sample at contract level for frailty only; no quality reporting
H7284	003	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	HumanaChoice SNP-DE H7284-003 (PPO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H8298	001	HORIZON HEALTHCARE OF NEW JERSEY, INC.	Horizon NJ TotalCare (HMO D-SNP)	Sample at contract level for quality and frailty

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H9001	019	FALLON COMMUNITY HEALTH PLAN	NaviCare (HMO D-SNP)	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H9585	001	BOSTON MEDICAL CENTER HEALTH PLAN, INC.	BMC HealthNet Plan Senior Care Options (HMO D-SNP)	Sample at contract level for quality and frailty
H9877	001	VIRGINIA PREMIER HEALTH PLAN, INC.	Virginia Premier Advantage Elite (HMO D-SNP)	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty

ATTACHMENT 3

Conditionally-Approved Medicare Health Outcomes Survey Vendors*

Survey Vendor Contact Information	
Center for the Study of Services (CSS) Alok Shrestha 1625 K Street, NW, 8th Floor Washington, DC 20006 Tel: (202) 454-3055 ashrestha@cssresearch.org www.cssresearch.org	DataStat, Inc. Ellen Johnson 3975 Research Park Dr. Ann Arbor, MI 48108 Tel: (734) 994-0540, ext.158 ejohnson@datastat.com www.datastat.com
Symphony Performance Health, Inc. dba SPH Analytics Allison Zapor 1965 Evergreen Blvd, Suite 100 Duluth, GA 30096 Tel: (248) 539-5263 allison.zapor@SPHAnalytics.com www.sphanalytics.com	

*Contingent on successful completion of HOS survey vendor training in February 2020.

ATTACHMENT 4
Sample Text for Use in a Member Newsletter
Encouraging Members to Complete the HOS

The Medicare Health Outcomes Survey (HOS) was created by the Centers for Medicare & Medicaid Services (CMS), the federal agency that runs Medicare, to monitor and improve the quality of care you receive. Members of every health plan are randomly sampled and you may receive this survey in the mail.

The HOS monitors the quality of care we provide to our members by asking questions about your health status over a specific period of time.

If you receive this survey in the mail, please complete it! Your responses will help CMS make sure that you receive high-quality care.