



MEMORANDUM

TO: Medicare Advantage Organizations
FROM: HOS Project Team
DATE: March 23, 2026
RE: Medicare Health Outcomes Survey (HOS) 2026 Administration

The Centers for Medicare & Medicaid Services (CMS) has determined that your contract is required to report the HEDIS^{®1} Medicare HOS in 2026.² 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 2026 reporting requirements and actions participating Medicare Advantage Organizations (MAOs) need to take. CMS will also post this memo on the HOS website at <https://hosonline.org/>.

HOS 2026 Survey Administration Changes

MAOs are strongly encouraged to review the entire HOS 2026 Survey Administration memo. Refer to the following sections in this memo to review key updates and changes to HOS 2026 Survey administration:

- NEW: [Optional FIDE SNP Reporting](#)
- 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 24, 2026**.

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 29 Baseline, Cohort 27 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, 2025, **are required** to report the Baseline HOS in 2026, provided they have a minimum enrollment of 500 members in February 2026 as reflected in the March 2026 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.

In addition, all organizations that reported a Cohort 27 Baseline survey in 2024 are required to administer a Cohort 27 Follow-Up survey in 2026.

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 2026 are required to administer the HOS Follow-Up survey in 2028. All contracts electing to field the HOS survey at the contract-level are required to publicly report results. Contracts that wish to voluntarily report should email their request to NCQA at hos@ncqa.org by **April 24, 2026**. 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 2026.

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 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 2026:

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 29 Baseline and Cohort 27 Follow-Up Survey Administration

The Cohort 29 Baseline and Cohort 27 Follow-Up surveys are scheduled for administration from late July through November 2026. 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 2026 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 24, 2026**. MAOs that choose to voluntarily field HOS at the PBP-level for frailty that are not otherwise eligible for the survey will not have their HOS data included in the Part C and D Star Ratings.

If an MAO decides it wants to remove its FIDE SNP from consideration for 2026, it must notify NCQA at hos@ncqa.org and the Medicare Plan Payment Group at RiskAdjustmentPolicy@cms.hhs.gov no later than **April 17, 2026**.

See the *Advance Notice of Methodological Changes for Calendar Year (CY) 2027* released on January 26, 2026, 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 24, 2026**. **All requests to change or remove oversampling percentages must be submitted to NCQA by April 24, 2026**. 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 2026. 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 2026 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 2026

Contract ID	Contract Name	Contract ID	Contract Name
H0028	CHA HMO, INC.	H0342	CAREPARTNERS OF CONNECTICUT, INC.
H0029	COORDINATED CARE OF WASHINGTON, INC.	H0351	HEALTH NET OF ARIZONA, INC.
H0034	HAMASPIK, INC.	H0354	BRAVO HEALTH PENNSYLVANIA, INC.
H0062	SUPERIOR HEALTHPLAN, INC.	H0421	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H0074	WELLCARE OF MISSISSIPPI, INC.	H0423	METROPLUS HEALTH PLAN, INC.
H0104	BLUE CROSS AND BLUE SHIELD OF ALABAMA	H0432	UNITEDHEALTHCARE OF THE MIDLANDS, INC.
H0107	HEALTH CARE SERVICE CORPORATION	H0439	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H0111	WELLCARE OF GEORGIA, INC.	H0473	HUMANA INSURANCE COMPANY OF KENTUCKY
H0154	VIVA HEALTH, INC.	H0504	CALIFORNIA PHYSICIANS' SERVICE
H0169	UNITEDHEALTHCARE OF WISCONSIN, INC.	H0523	AETNA HEALTH OF CALIFORNIA INC.
H0174	WELLCARE OF TEXAS, INC.	H0524	KAISER FOUNDATION HP, INC.
H0251	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	H0543	UHC OF CALIFORNIA
H0270	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.
H0332	KS PLAN ADMINISTRATORS, LLC	H0628	AETNA HEALTH OF OHIO INC.

¹ MAO is not required to administer the 2026 HOS Cohort 29 Baseline survey due to enrollment less than 500 as of February 2026. MAO administered the Cohort 27 Baseline survey in 2024 and **is required** to administer the Cohort 27 Follow-Up survey in 2026.

Contract ID	Contract Name	Contract ID	Contract Name
H0630	KAISER FOUNDATION HP OF CO	H1109	AETNA HEALTH INC.(GA)
H0672	CIGNA HEALTHCARE OF COLORADO, INC.	H1112	WELLCARE OF GEORGIA, INC.
H0712	WELLCARE OF CONNECTICUT, INC.	H1170	KAISER FOUNDATION HP OF GA, INC.
H0738	AmeriHealth Caritas VIP Next, Inc.	H1181	NETWORK HEALTH INSURANCE CORPORATION
H0755	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H1189	CHRISTUS HEALTH PLAN
H0764	UNITEDHEALTHCARE OF NEW ENGLAND, INC.	H1206	COVENTRY HEALTH CARE OF ILLINOIS, INC.
H0783	HUMANA BENEFIT PLAN OF TEXAS, INC.	H1215	NEBRASKA TOTAL CARE, INC.
H0885	HEALTHIER NEW JERSEY INSURANCE COMPANY	H1224	LOCAL INITIATIVE HEALTH AUTHORITY FOR LA COUNTY
H0907	WELLPOINT IOWA, INC.	H1225	HOPKINS HEALTH ADVANTAGE, INC.
H0908	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H1230	KAISER FOUNDATION HP, INC.
H0913	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	H1248	LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY
H0976	SCAN HEALTH PLAN	H1278	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H0978	SCAN HEALTH PLAN NEVADA, INC.	H1280	ETERNALHEALTH, INC.
H0982	SOLIS HEALTH PLANS, INC.	H1285	UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.
H1019	CAREPLUS HEALTH PLANS, INC.	H1290	DEVOTED HEALTH PLAN OF FLORIDA, INC.
H1032	Sunshine State Health Plan, Inc.	H1302	BLUE CROSS OF IDAHO HEALTH SERVICE, INC.
H1035	FLORIDA BLUE MEDICARE, INC.	H1304	REGENCE BLUESHIELD OF IDAHO, INC.
H1036	HUMANA MEDICAL PLAN, INC.	H1339	JOHNS HOPKINS HEALTH PLAN OF VIRGINIA, INC.
H1045	PREFERRED CARE PARTNERS, INC.	H1347	PATRIUS HEALTH, INC.
H1099	HEALTH FIRST HEALTH PLANS	H1350	BLUE CROSS OF IDAHO HEALTH SERVICE, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H1360	UnitedHealthcare Benefits of Texas, Inc.	H1822	SCAN DESERT HEALTH PLAN, INC.
H1365	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.	H1846	MOUNT CARMEL HEALTH INSURANCE COMPANY
H1395	NEBRASKA TOTAL CARE, INC.	H1862	WELLCARE OF IOWA, INC.
H1416	HARMONY HEALTH PLAN, INC.	H1889	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H1423	WELLPOINT HEALTH PLANS, INC.	H1894	WELLPOINT WASHINGTON, INC.
H1468	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	H1914	WELLCARE HEALTH INSURANCE OF CONNECTICUT, INC.
H1526	GOLD KIDNEY OF FLORIDA INC	H1947	COMMUNITY CARE HEALTH PLAN OF LOUISIANA, INC.
H1537	UNITEDHEALTHCARE INSURANCE COMPANY	H1951	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.
H1607	ANTHEM INSURANCE COMPANIES, INC.	H1961	PEOPLES HEALTH, INC.
H1608	COVENTRY HEALTH AND LIFE INSURANCE COMPANY	H1993	ASTIVA HEALTH, INC.
H1609	AETNA HEALTH INC. (FL)	H1994	SELECTHEALTH, INC.
H1610	COVENTRY HEALTH CARE OF VIRGINIA, INC.	H1997 ¹	REGENCE BLUESHIELD
H1619	PARTNERS INSURANCE COMPANY INC	H2001	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
H1651	MEDICAL ASSOCIATES HEALTH PLAN, INC.	H2029 ¹	HUMANA INSURANCE OF PUERTO RICO, INC.
H1659	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H2032	Baylor Scott & White Insurance Company
H1664	HOME STATE HEALTH PLAN, INC.	H2034 ¹	COMMUNITY CARE HEALTH PLAN, INC.
H1666	HCSC INSURANCE SERVICES COMPANY	H2041	DEVOTED HEALTH PLAN OF MISSOURI INC
H1692	COVENTRY HEALTH CARE OF WEST VIRGINIA, INC.	H2056	AETNA BETTER HEALTH OF MICHIGAN INC.
H1722	HEALTHFIRST HEALTH PLAN, INC.	H2108	BRAVO HEALTH MID-ATLANTIC, INC.
H1799	MOLINA HEALTHCARE OF KENTUCKY, INC.	H2117	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H2168	VILLAGE SENIOR SERVICES CORPORATION	H2422	HEALTHPARTNERS, INC.
H2172	KAISER FDTN HLTH PLAN OF THE MID-ATLANTIC STATES	H2425	HMO Minnesota
H2174	TRILLIUM COMMUNITY HEALTH PLAN, INC.	H2441	ANTHEM INSURANCE COMPANIES, INC.
H2224	SENIOR WHOLE HEALTH, LLC	H2445	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.
H2225	COMMONWEALTH CARE ALLIANCE, INC.	H2450	MEDICA INSURANCE COMPANY
H2226	UnitedHealthcare of New England, Inc.	H2458	MEDICA HEALTH PLANS
H2230	BCBS OF MASSACHUSETTS HMO BLUE, INC.	H2461	BCBSM, Inc.
H2235	BAYCARE SELECT HEALTH PLANS, INC.	H2462	HEALTHPARTNERS, INC.
H2237	INDEPENDENT CARE HEALTH PLAN	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.	H2509	UNITEDHEALTHCARE OF FLORIDA, INC.
H2272	UNITEDHEALTHCARE OF NEW ENGLAND, INC.	H2526	DEVOTED HEALTH PLAN OF OHIO INC
H2293	SILVERSCRIPT INSURANCE COMPANY	H2563	SENTARA HEALTH PLANS
H2320	PRIORITY HEALTH	H2593	WELLPOINT TEXAS, INC.
H2322	ALLIANCE HEALTH AND LIFE INSURANCE COMPANY	H2610	ESSENCE HEALTHCARE, INC.
H2354	HEALTH ALLIANCE PLAN OF MICHIGAN	H2624	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA
H2406	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H2663	COVENTRY HEALTH CARE OF MISSOURI, INC.
H2416	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	H2686	DEVOTED HEALTH INSURANCE COMPANY OF HAWAII INC
H2419	SOUTH COUNTRY HEALTH ALLIANCE	H2694	ETERNALHEALTH, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H2697	DEVOTED HEALTH PLAN OF OHIO, INC.	H3124	PARTNERS INSURANCE COMPANY OF NEW JERSEY INC
H2715	MOLINA HEALTHCARE OF ILLINOIS INC	H3138	KAISER PERMANENTE INSURANCE COMPANY
H2737	HEALTH NEW ENGLAND, INC.	H3146	AETNA BETTER HEALTH INC. (GA)
H2775	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY	H3152	AETNA HEALTH INC. (NJ)
H2802	UNITEDHEALTHCARE OF THE MIDLANDS, INC.	H3170	SAPPHIRE EDGE, INC.
H2816	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY	H3186	SANFORD HEALTH PLAN OF MINNESOTA
H2819	CALIFORNIA PHYSICIANS' SERVICE	H3192	AETNA HEALTH OF MICHIGAN INC.
H2836	ANTHEM HEALTH PLANS, INC.	H3204	PRESBYTERIAN HEALTH PLAN
H2875	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	H3219	ALLINA HEALTH AND AETNA INSURANCE COMPANY
H2915	PENNSYLVANIA HEALTH & WELLNESS, INC.	H3239	AETNA BETTER HEALTH, INC. (LA)
H2923	DEVOTED HEALTH PLAN OF OREGON INC	H3240	WELLPOINT NEW JERSEY, INC.
H2926	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	H3251	HEALTH CARE SERVICE CORPORATION
H2942	COX HEALTH SYSTEMS HMO INC	H3256	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H2960	HOMETOWN HEALTH PLAN, INC.	H3259	VOLUNTEER STATE HEALTH PLAN
H2962	ULTIMATE HEALTH PLANS, INC.	H3276	CONNECTICARE INSURANCE COMPANY, INC.
H3038	MOLINA HEALTHCARE OF CALIFORNIA	H3288	AETNA HEALTH AND LIFE INSURANCE COMPANY
H3041	DEVOTED HEALTH PLAN OF SOUTH CAROLINA INC	H3291	PRUITTHEALTH PREMIER, INC.
H3071	CLEAR SPRING HEALTH COMMUNITY CARE, INC.	H3305	MVP HEALTH PLAN, INC.
H3080	DEVOTED HEALTH PLAN OF ALABAMA INC	H3312	AETNA HEALTH INC. (NY)
H3113	OXFORD HEALTH PLANS (NJ), INC.	H3330	HEALTH INSURANCE PLAN OF GREATER NEW YORK

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Contract ID	Contract Name	Contract ID	Contract Name
H3335	EXCELLUS HEALTH PLAN, INC.	H3557	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
H3344	INDEPENDENT HEALTH BENEFITS CORPORATION	H3561	HEALTH NET COMMUNITY SOLUTIONS, INC.
H3347	ELDERPLAN, INC.	H3597	AETNA HEALTH INC. (ME)
H3351	EXCELLUS HEALTH PLAN, INC.	H3653	PARAMOUNT CARE, INC.
H3359	HEALTHFIRST HEALTH PLAN, INC.	H3655	COMMUNITY INSURANCE COMPANY
H3362	INDEPENDENT HEALTH ASSOCIATION, INC.	H3660	SUMMACARE INC.
H3379	UNITEDHEALTHCARE OF NEW YORK, INC.	H3664	AULTCARE HEALTH INSURING CORPORATION
H3384	Highmark Western and Northeastern New York Inc.	H3668	MOUNT CARMEL HEALTH PLAN, INC.
H3387	UNITEDHEALTHCARE OF NEW YORK, INC.	H3672	THE HEALTH PLAN OF WEST VIRGINIA, INC.
H3388	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.	H3706	GLOBALHEALTH, INC.
H3404	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H3748	AETNA BETTER HEALTH OF WASHINGTON, INC.
H3407	EL PASO FIRST HEALTH PLANS, INC.	H3755	COMMUNITYCARE GOVERNMENT PROGRAMS, INC.
H3418	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H3777	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA
H3443	ALIGNMENT HEALTH PLAN OF ARIZONA, INC.	H3794	UNITEDHEALTHCARE OF WISCONSIN, INC.
H3447	HEALTHKEEPERS, INC.	H3805	UnitedHealthcare Benefits of Texas, Inc.
H3449	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H3810	ALLCARE HEALTH PLAN, INC.
H3499	COORDINATED CARE CORPORATION	H3811	SAMARITAN HEALTH PLANS, INC.
H3528	CONNECTICARE, INC.	H3814	ATRIO HEALTH PLANS
H3533	HUMANA HEALTH COMPANY OF NEW YORK, INC.	H3815	ALIGNMENT HEALTH PLAN
H3551	ETERNALHEALTH OF ARIZONA INC	H3817	REGENCE BLUECROSS BLUESHIELD OF OREGON

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H3822	HEALTH CARE SERVICE CORPORATION	H4003	MMM HEALTHCARE, LLC
H3828	MOUNT CARMEL HEALTH PLAN OF IDAHO, INC.	H4004	MMM HEALTHCARE, LLC
H3832	HAWAII MEDICAL SERVICE ASSOCIATION	H4005	TRIPLE S ADVANTAGE, INC.
H3864	PACIFICSOURCE COMMUNITY HEALTH PLANS	H4036	ANTHEM INSURANCE COMPANIES, INC.
H3890	HOPKINS HEALTH ADVANTAGE, INC.	H4045	SANTA CLARA COUNTY HEALTH AUTHORITY
H3907	UPMC HEALTH PLAN, INC.	H4073	WELLCARE HEALTH INSURANCE OF NORTH CAROLINA, INC.
H3909	QCC INSURANCE COMPANY	H4091	SIMPRA ADVANTAGE, INC.
H3916	HIGHMARK SENIOR HEALTH COMPANY	H4140	DOCTORS HEALTHCARE PLANS, INC.
H3923	CAPITAL ADVANTAGE INSURANCE COMPANY	H4141	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.
H3924	GEISINGER INDEMNITY INSURANCE COMPANY	H4152	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
H3928	AETNA HEALTH INC. (LA)	H4161	BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.
H3931	AETNA HEALTH INC. (PA)	H4213	USABLE MUTUAL INSURANCE COMPANY
H3949	BRAVO HEALTH PENNSYLVANIA, INC.	H4227	VISTA HEALTH PLAN, INC.
H3952	KEYSTONE HEALTH PLAN EAST, INC.	H4279	UPMC FOR YOU, INC
H3954	GEISINGER HEALTH PLAN	H4286	LEON HEALTH, INC.
H3957	HIGHMARK CHOICE COMPANY	H4346	HMO COLORADO, INC.
H3959	AETNA HEALTH INC. (PA)	H4407	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H3962	KEYSTONE HEALTH PLAN CENTRAL, INC.	H4461	CARITEN HEALTH PLAN INC.
H3975	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC	H4471	BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.
H3979	GHS HEALTH MAINTENANCE ORGANIZATION, INC.	H4497	MEDICAL MUTUAL OF OHIO

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Contract ID	Contract Name	Contract ID	Contract Name
H4499	SENTARA HEALTH PLANS	H4754	PACIFICSOURCE COMMUNITY HEALTH PLANS
H4506	SELECTCARE OF TEXAS, INC.	H4808	DEVOTED HEALTH INSURANCE COMPANY OF COLORADO INC
H4513	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	H4835	AETNA BETTER HEALTH OF OKLAHOMA INC.
H4514	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, L.L.C.	H4847	WELLCARE OF SOUTH CAROLINA, INC.
H4523	AETNA HEALTH INC. (TX)	H4868	NEW YORK QUALITY HEALTHCARE CORPORATION
H4527	PHYSICIANS HEALTH CHOICE OF TEXAS, LLC	H4869	GOLD KIDNEY OF ARIZONA
H4537	WELLCARE HEALTH INSURANCE COMPANY OF OKLAHOMA, INC.	H4875	PRIORITY HEALTH
H4544	PEOPLES HEALTH, INC.	H4882	HEALTHPARTNERS, INC.
H4604	UNITEDHEALTHCARE OF THE ROCKIES, INC.	H4909	ANTHEM INSURANCE COMPANIES, INC.
H4605	REGENCE BLUECROSS BLUESHIELD OF UTAH	H4931	BANNER - UNIVERSITY CARE ADVANTAGE
H4623	HUMANA REGIONAL HEALTH PLAN, INC.	H4937	CALIFORNIA PHYSICIANS' SERVICE
H4624	ZING HEALTH OF MICHIGAN, INC.	H4961	ALIGNMENT HEALTH PLAN
H4647	NEW CENTURY HEALTH PLAN, INC.	H4982	AETNA BETTER HEALTH OF CALIFORNIA INC.
H4661	CELTIC INSURANCE COMPANY	H5008	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H4676	TROY HEALTH, INC.	H5009	REGENCE BLUESHIELD
H4694	HEALTHKEEPERS, INC.	H5042	CDPHP UNIVERSAL BENEFITS, INC.
H4704	ANTHEM BLUE CROSS LIFE AND HEALTH INS COMPANY	H5050	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON
H4711	COVENTRY HEALTH CARE OF NEBRASKA, INC.	H5087	WELLCARE OF CALIFORNIA, INC.
H4733	COMMUNITY HEALTH GROUP	H5106	HIGHMARK SENIOR SOLUTIONS COMPANY
H4739	SELECT HEALTH OF SOUTH CAROLINA, INC.	H5141	CLOVER INSURANCE COMPANY

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Contract ID	Contract Name	Contract ID	Contract Name
H5163	VERDA HEALTH PLAN OF TEXAS INC	H5386	SHARP HEALTH PLAN
H5209	Molina Healthcare of Wisconsin, Inc.	H5410	HEALTHSPRING OF FLORIDA, INC.
H5211	SECURITY HEALTH PLAN OF WISCONSIN, INC.	H5420	Preferred Care Network, Inc.
H5215	NETWORK HEALTH INSURANCE CORPORATION	H5422	BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA
H5216	HUMANA INSURANCE COMPANY	H5425	SCAN HEALTH PLAN
H5232	PARAMOUNT INSURANCE COMPANY	H5427	FREEDOM HEALTH, INC.
H5244	SCAN HEALTH PLAN (NM)	H5431	HEALTHSUN HEALTH PLANS, INC.
H5253	UNITEDHEALTHCARE OF WISCONSIN, INC.	H5433	ORANGE COUNTY HEALTH AUTHORITY
H5256	MEDICAL ASSOCIATES CLINIC HEALTH PLAN	H5434	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
H5262	QUARTZ HEALTH PLAN CORPORATION	H5435	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H5264	DEAN HEALTH PLAN, INC.	H5439	HEALTH NET LIFE INSURANCE COMPANY
H5273	CAREPARTNERS OF CONNECTICUT, INC.	H5447	COMMUNITY FIRST HEALTH PLANS, INC.
H5294	SUPERIOR HEALTHPLAN, INC.	H5453	DEVOTED HEALTH INSURANCE COMPANY OF GEORGIA INC
H5296	ALIGNMENT HEALTH PLAN OF NORTH CAROLINA, INC.	H5454	CLEAR SPRING HEALTH OF ILLINOIS, INC.
H5299	DEVOTED HEALTH PLAN OF NORTH CAROLINA INC	H5471	SIMPLY HEALTHCARE PLANS, INC.
H5302	AETNA HEALTH INC. (GA)	H5472	ALIGNMENT HEALTH INSURANCE COMPANY OF ARIZONA INC
H5322	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H5475	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
H5325	COVENTRY HEALTH CARE OF KANSAS, INC.	H5496	IMPERIAL HEALTH PLAN OF CALIFORNIA, INC.
H5361	AMERIHEALTH INSURANCE COMPANY OF NEW JERSEY	H5521	AETNA LIFE INSURANCE COMPANY
H5377	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	H5522	AETNA LIFE INSURANCE COMPANY

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Contract ID	Contract Name	Contract ID	Contract Name
H5525	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	H5779	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.
H5526	Highmark Western and Northeastern New York Inc.	H5793	AETNA HEALTH INC. (CT)
H5533	UPMC HEALTH NETWORK, INC.	H5810	MOLINA HEALTHCARE OF CALIFORNIA
H5549	VNS CHOICE	H5823	MOLINA HEALTHCARE OF WASHINGTON, INC.
H5577	MCS ADVANTAGE, INC.	H5826	COMMUNITY HEALTH PLAN OF WASHINGTON
H5580	MERCY CARE	H5828	WELLPOINT TENNESSEE, INC.
H5587	HEALTH CHOICE ARIZONA, INC.	H5843	BANNER HEALTH PLAN, INC.
H5590	Bridgeway Health Solutions of Arizona, Inc.	H5852	AIDS HEALTHCARE FOUNDATION
H5591	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.	H5854	ANTHEM HEALTH PLANS, INC.
H5593	AETNA HEALTH OF IOWA INC.	H5859	HEALTH PLAN OF CARE OREGON, INC.
H5594	OPTIMUM HEALTHCARE, INC.	H5883	BLUE CARE NETWORK OF MICHIGAN
H5599	NEW YORK QUALITY HEALTHCARE CORPORATION	H5900	WELLMARK ADVANTAGE HEALTH PLAN, INC.
H5608	DENVER HEALTH MEDICAL PLAN, INC.	H5926	MOLINA HEALTHCARE OF MICHIGAN, INC.
H5619	ARCADIAN HEALTH PLAN, INC.	H5928	California Physicians' Service
H5628	MOLINA HEALTHCARE OF UTAH, INC.	H5932	GATEWAY HEALTH PLAN, INC.
H5649	CENTRAL HEALTH PLAN OF CALIFORNIA, INC.	H5938	CAPITAL HEALTH PLAN
H5652	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	H5943	SCAN HEALTH PLAN
H5703	SOUTH COUNTRY HEALTH ALLIANCE	H5945	PROMINENCE HEALTHFIRST
H5718	DEVOTED HEALTH INSURANCE COMPANY OF KENTUCKY INC	H5959	BCBSM, Inc.
H5774	TRIPLE S ADVANTAGE, INC.	H5965	WELLCARE HEALTH INSURANCE COMPANY OF WASHINGTON

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Contract ID	Contract Name	Contract ID	Contract Name
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 Company 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.
H6130	FENYX HEALTH INSURANCE COMPANY	H6622	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP
H6154	MEDICA HEALTH PLANS	H6672	CLEAR SPRING HEALTH (GA), INC.
H6158	USABLE HMO, INC.	H6706	UnitedHealthcare Benefits of Texas, Inc.
H6170	CHAMPION HEALTH PLAN OF CALIFORNIA INC	H6723	MEDICAL MUTUAL OF OHIO
H6200	ESSENCE HEALTHCARE PPO, INC.	H6743	ATRIO HEALTH PLANS
H6202	NEXTBLUE OF NORTH DAKOTA INSURANCE COMPANY	H6776	ELDERSERVE HEALTH, INC.
H6237	REGENCE BLUECROSS BLUESHIELD OF OREGON	H6813	DEVOTED HEALTH INSURANCE COMPANY OF TEXAS INC
H6316	MISSOURI CARE, INCORPORATED	H6815	HEALTH NET HEALTH PLAN OF OREGON, INC.
H6322	MCLAREN HEALTH PLAN, INC.	H6847	Mass General Brigham Health Plan, Inc.
H6348	COORDINATED CARE CORPORATION	H6851	BOSTON MEDICAL CENTER HEALTH PLAN, INC.
H6351	LIBERTY ADVANTAGE, LLC	H6852	DEVOTED HEALTH PLAN OF PENNSYLVANIA INC

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Contract ID	Contract Name	Contract ID	Contract Name
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 ¹	VERMONT BLUE ADVANTAGE, INC.	H7326	WELLCARE OF SOUTH CAROLINA, INC.
H6910	MOUNT CARMEL HEALTH PLAN OF IDAHO, INC.	H7355	DEVOTED HEALTH INSURANCE COMPANY OF MISSISSIPPI
H6988	Anthem HP, LLC	H7379	CAREFIRST ADVANTAGE PPO, INC.
H7006	ATRIO HEALTH PLANS	H7397	DEVOTED HEALTH INSURANCE COMPANY OF ARKANSAS INC
H7020	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	H7464	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.
H7028	DEVOTED HEALTH INSURANCE COMPANY OF SOUTH CAROLINA INC	H7471	DEVOTED HEALTH INSURANCE COMPANY OF INDIANA
H7063	BLUECROSS BLUESHIELD KANSAS SOLUTIONS, INC.	H7518	WELLCARE OF MISSOURI HEALTH INSURANCE COMPANY, INC
H7074	ALIGNMENT HEALTH PLAN OF NORTH CAROLINA, INC.	H7524	EXCELLUS HEALTH PLAN COMMUNITY CARE LLC
H7093	COMMUNITY INSURANCE COMPANY	H7598	GROUP HEALTH COOPERATIVE OF EAU CLAIRE
H7115	MEMORIAL HERMANN HEALTH PLAN	H7605	DEVOTED HEALTH PLAN OF TENNESSEE INC
H7123	UPMC HEALTH COVERAGE, INC.	H7607	CLEVER CARE OF GOLDEN STATE, INC.
H7147	DEVOTED HEALTH PLAN OF COLORADO INC	H7617	EMPHEYSYS INSURANCE COMPANY
H7149	AETNA HEALTH INC. (PA)	H7670	CENTRAL MASS HEALTH, LLC
H7151	DEVOTED HEALTH PLAN OF ILLINOIS, INC.	H7678	MOLINA HEALTHCARE OF TEXAS, INC.
H7199	DEVOTED HEALTH PLAN OF OREGON	H7680	PROMINENCE HEALTHFIRST OF TEXAS
H7220	HealthKeepers, Inc.	H7710	HIGHMARK BCBSD, INC.
H7239	PROMINENCE HEALTHFIRST OF FLORIDA INC	H7787	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H7284	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	H7849	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H7917	BLUECROSS BLUESHIELD OF TENNESSEE, INC.	H8390	CARESOURCE GEORGIA CO.
H7980	BOSTON MEDICAL CENTER HEALTH PLAN, INC.	H8432	ANTHEM HP, LLC.
H7993	DEVOTED HEALTH PLAN OF TEXAS, INC.	H8547	ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY
H8003	BLUECROSS AND BLUESHIELD OF SOUTH CAROLINA	H8552	ANTHEM BLUE CROSS LIFE AND HEALTH INS COMPANY
H8010	CLOVER HMO OF NEW JERSEY INC.	H8554	GHS INSURANCE COMPANY
H8133	GHS INSURANCE COMPANY	H8578	HEALTH NEW ENGLAND, INC.
H8142	SCOTT AND WHITE HEALTH PLAN	H8597	AETNA BETTER HEALTH OF TEXAS INC.
H8145	HUMANA INSURANCE COMPANY	H8604	THP INSURANCE COMPANY
H8166	HIGHMARK BCBSD INC.	H8634	HEALTH CARE SERVICE CORPORATION
H8173	DEVOTED HEALTH PLAN OF ARIZONA, INC.	H8649	AETNA HEALTH OF UTAH INC.
H8176	MOLINA HEALTHCARE OF SOUTH CAROLINA, INC	H8764	ASPIRE HEALTH PLAN
H8181	SAPPHIRE EDGE, INC.	H8768	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H8189	MANAGED HEALTH SERVICES INSURANCE CORP.	H8794	KAISER FOUNDATION HP, INC.
H8211	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H8797	PERENNIAL ADVANTAGE OF OHIO, INC.
H8298	HORIZON HEALTHCARE OF NEW JERSEY, INC.	H8832	ALIGNMENT HEALTH ADVANTAGE PLAN INC
H8320	Devoted of Illinois, Inc.	H8845	MOLINA HEALTHCARE OF ARIZONA, INC.
H8330	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	H8849	WELLPOINT INSURANCE COMPANY
H8332 ¹	AETNA HEALTH INC. (TX)	H8854	CAREFIRST ADVANTAGE DSNP, INC.
H8379	PRIORITY HEALTH CHOICE, INC.	H8879	Healthy Mississippi, Inc.
H8385	SANFORD HEALTH PLAN	H8889	MEDICA HEALTH PLANS

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Contract ID	Contract Name	Contract ID	Contract Name
H8894	Inland Empire Health Plan	H9431	FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY
H8902	SCAN HEALTH PLAN TEXAS, INC.	H9460	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H8908	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	H9485	Mass General Brigham Health Plan, Inc.
H8917	DEVOTED HEALTH INSURANCE COMPANY OF WASHINGTON	H9525	COMPCARE HEALTH SERVICES INSURANCE CORPORATION
H8928	FALLON COMMUNITY HEALTH PLAN	H9572	BCBS OF MICHIGAN MUTUAL INSURANCE COMPANY
H8947	PEAK HEALTH INSURANCE CORPORATION	H9615	MVP HEALTH PLAN, INC.
H9001	FALLON COMMUNITY HEALTH PLAN	H9630	ARKANSAS HEALTH & WELLNESS HEALTH PLAN, INC.
H9003	KAISER FOUNDATION HP OF THE N W	H9678	HEALTHFIRST INSURANCE COMPANY, INC.
H9042	SOUTHEASTERN INDIANA HEALTH ORGANIZATION, INC.	H9686	ALIGNMENT HEALTH PLAN OF NEVADA, INC.
H9047	PROVIDENCE HEALTH ASSURANCE	H9699	USABLE HMO, INC.
H9065	AMH HEALTH, LLC	H9700	DEVOTED HEALTH PLAN OF NORTH CAROLINA INC
H9096	DEAN HEALTH PLAN, INC.	H9706	HCSC INSURANCE SERVICES COMPANY
H9147	BLUE CROSS AND BLUE SHIELD OF NC SENIOR HEALTH	H9725	BRAVO HEALTH PENNSYLVANIA, INC.
H9179	TRINITY HEALTH PLAN OF MICHIGAN INC	H9730	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC
H9207	HEALTH PARTNERS PLANS, INC.	H9808	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA
H9219 ¹	AMH HEALTH PLANS OF MAINE, INC.	H9826	COMMUNITY HEALTH CHOICE TEXAS, INC.
H9231	DEVOTED HEALTH INSURANCE COMPANY OF TENNESSEE INC	H9827	MOUNT CARMEL HEALTH PLAN OF NEW YORK, INC.
H9306	ALTERWOOD ADVANTAGE, INC.	H9834	QUARTZ HEALTH PLAN MN CORPORATION
H9364	WELLCARE OF MAINE, INC.	H9884	DEVOTED HEALTH INSURANCE COMPANY
H9387	SUNFLOWER STATE HEALTH PLAN, INC.	H9888	DEVOTED HEALTH INSURANCE COMPANY OF ALABAMA INC

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Contract ID	Contract Name
H9904	CENTRAL MASS HEALTH, LLC
H9907	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION
H9955	MOLINA HEALTHCARE OF OHIO, INC.
R0110	HUMANA INSURANCE COMPANY
R0759	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
R1532	HUMANA INSURANCE COMPANY
R2604	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
R3444	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
R4182	HUMANA INSURANCE COMPANY
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 2026

Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
H0034	002	Hamaspik Medicare Choice (HMO D-SNP)	HAMASPIK, INC.	Sample at contract level for quality, then combined PBP level for frailty
H0062	011	Wellcare Superior HealthPlan Dual Align (HMO D-SNP)	SUPERIOR HEALTHPLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H0062	012	Wellcare Superior HealthPlan Dual Align (HMO D-SNP)	SUPERIOR HEALTHPLAN, INC.	Sample at contract level for quality, then at PBP level for 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
H0423	007	MetroPlus UltraCare (HMO D-SNP)	METROPLUS HEALTH PLAN, INC.	Sample at contract level for quality, then combined PBP level for frailty
H0629	003	Anthem I PathWays Dual Care Advantage (HMO D-SNP)	ANTHEM INSURANCE COMPANIES, INC.	Sample at contract level for frailty only; no quality reporting
H0629	004	Anthem I PathWays Dual Care Advantage NFLOC (HMO D-SNP)	ANTHEM INSURANCE COMPANIES, INC.	Sample at contract level for frailty only; no quality reporting
H0913	013	Wellcare Fidelis Dual Align (HMO D-SNP)	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H0976	001	SCAN Connections (HMO D-SNP)	SCAN HEALTH PLAN	Sample at contract level for 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
H1036	280	Humana Fully Integrated H1036-280 (HMO D-SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1486	001	CCA One Care (HMO D-SNP)	COMMONWEALTH CARE ALLIANCE, INC.	Sample at contract level for frailty only; no quality reporting
H1610	001	Aetna Medicare FIDE (HMO D-SNP)	COVENTRY HEALTH CARE OF VIRGINIA, INC.	Sample at contract level for quality and frailty (HOS-M)
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

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
				level, 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
H2224	001	Senior Whole Health SCO (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 SCO 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
H2226	001	UHC Senior Care Options MA-Y001 (HMO D-SNP)	UnitedHealthcare of New England, Inc.	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 of New England, Inc.	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 and frailty
H2385	004	UHC PathWays Dual Care IN-S3 (PPO D-SNP)	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for frailty only; no quality reporting
H2416	001	PrimeWest Senior Health Complete (HMO D-SNP)	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	Sample at contract level for quality and frailty
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 (HOS-M)
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 quality, then combined PBP level for frailty
H2445	003	UHC Dual Complete VA-Y002 (HMO-POS D-SNP)	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	Sample at contract level for quality, then combined PBP level for frailty
H2458	002	Medica DUAL Solution (HMO D-SNP)	MEDICA HEALTH PLANS	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
H2563	020	Sentara Community Complete Select (HMO D-SNP)	SENTARA HEALTH PLANS	Sample at contract level for quality and frailty

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
H2628	001	Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP)	COMMUNITY INSURANCE COMPANY	Sample at contract level for frailty only; no quality reporting
H2704	015	Kaiser Permanente Dual Complete Oahu (HMO D-SNP)	KAISER FOUNDATION HP, INC.	Sample at contract level for frailty only; no quality reporting
H2704	016	Kaiser Permanente Dual Complete Maui (HMO D-SNP)	KAISER FOUNDATION HP, INC.	Sample at contract level for frailty only; no quality reporting
H2875	001	Humana Dual Fully Integrated H2875-001 (HMO-POS D-SNP)	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2875	003	Humana Dual Fully Integrated H2875-003 (HMO D-SNP)	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2926	001	Prime Health Complete (HMO D-SNP)	PRIMWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	Sample at contract level for quality and frailty
H3093	001	Molina Medicare Complete Care Plus (HMO D-SNP)	MOLINA HEALTHCARE OF ILLINOIS, INC.	Sample at contract level for frailty only; no quality reporting
H3093	002	Molina Medicare Complete Care Plus (HMO D-SNP)	MOLINA HEALTHCARE OF ILLINOIS, INC.	Sample at contract level for frailty only; no quality reporting
H3093	003	Molina Medicare Complete Care Plus (HMO D-SNP)	MOLINA HEALTHCARE OF ILLINOIS, INC.	Sample at contract level for frailty only; no quality reporting
H3093	004	Molina Medicare Complete Care Plus (HMO D-SNP)	MOLINA HEALTHCARE OF ILLINOIS, INC.	Sample at contract level for frailty only; no quality reporting
H3093	005	Molina Medicare Complete Care Plus (HMO D-SNP)	MOLINA HEALTHCARE OF ILLINOIS, INC.	Sample at contract level for frailty only; no quality reporting
H3204	013	Presbyterian Dual Plus (HMO D-SNP)	PRESBYTERIAN HEALTH PLAN	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3240	013	Wellpoint Full Dual Advantage (HMO D-SNP)	WELLPOINT NEW JERSEY, INC.	Sample at contract level for quality, then combined PBP level for frailty
H3240	024	Wellpoint Full Dual Advantage Secure (HMO-POS D-SNP)	WELLPOINT NEW JERSEY, INC.	Sample at contract level for quality, then combined PBP level for frailty
H3259	001	BlueCare Plus (HMO D-SNP)	VOLUNTEER STATE HEALTH PLAN	Sample at contract level for quality, then combined PBP level for frailty
H3259	002	BlueCare Plus Choice (HMO D-SNP)	VOLUNTEER STATE HEALTH PLAN	Sample at contract level for quality, then combined PBP level for frailty
H3347	002	Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)	ELDERPLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
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
H3407	001	El Paso Health Medicare Advantage Dual (HMO D-SNP)	EL PASO FIRST HEALTH PLANS, INC.	Sample at contract level for quality, then combined PBP level for frailty
H4158	001	Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)	BUCKEYE COMMUNITY HEALTH PLAN, INC.	Sample at contract level for frailty only; no quality reporting
H4329	001	Humana Dual Fully Integrated (HMO D-SNP)	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	Sample at contract level for frailty only; no quality reporting
H4371	001	Molina One Care (HMO D-SNP)	SENIOR WHOLE HEALTH, LLC	Sample at contract level for frailty only; no quality reporting
H4499	001	Sentara Community Complete (HMO D-SNP)	SENTARA HEALTH PLANS	Sample at contract level for quality and frailty
H4694	003	Anthem Full Dual Advantage Support (HMO D-SNP)	HEALTHKEEPERS, INC.	Sample at contract level for quality, then combined PBP level for frailty
H4694	004	Anthem Full Dual Advantage (HMO D-SNP)	HEALTHKEEPERS, INC.	Sample at contract level for quality, then combined PBP level for frailty
H4931	015	Banner Medicare Advantage Dual (HMO D-SNP)	BANNER - UNIVERSITY CARE ADVANTAGE	Sample at contract level for quality, then combined PBP level for frailty
H4939	001	Humana PathWays Dual Care (HMO-POS D-SNP)	ARCADIAN HEALTH PLAN, INC.	Sample at contract level for frailty only; no quality reporting
H5209	005	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)
H5314	001	Tufts Health One Care (HMO D-SNP)	TUFTS HEALTH PUBLIC PLANS, INC.	Sample at contract level for frailty only; no quality reporting
H5314	002	Tufts Health One Care CW (HMO D-SNP)	TUFTS HEALTH PUBLIC PLANS, INC.	Sample at contract level for frailty only; no quality reporting
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)

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling Notes
H5599	003	Wellcare Fidelis Dual Align (HMO D-SNP)	NEW YORK QUALITY HEALTHCARE CORPORATION	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5628	013	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 quality and frailty
H5828	001	Wellpoint Full Dual Advantage Support (HMO D-SNP)	WELLPOINT TENNESSEE, INC.	Sample at contract level for quality, then combined PBP level for frailty
H5828	018	Wellpoint Full Dual Advantage 2 (HMO D-SNP)	WELLPOINT TENNESSEE, INC.	Sample at contract level for quality, then combined PBP level for frailty
H5992	007	Senior Whole Health of New York NHC (HMO D-SNP)	SENIOR WHOLE HEALTH OF NEW YORK, INC.	Sample at contract level for quality, then combined PBP level for frailty
H6396	017	CareSource MyCare Ohio (HMO D-SNP)	CARESOURCE OHIO, INC.	Sample at contract level for quality and frailty
H6399	001	Aetna Medicare FIDE (HMO D-SNP)	AETNA BETTER HEALTH INC. (NJ)	Sample at contract level for quality and frailty (HOS-M)
H6515	001	Molina Medicare Complete Care Plus (HMO D-SNP)	MOLINA HEALTHCARE OF TEXAS, INC.	Sample at contract level for frailty only; no quality reporting
H6515	002	Molina Medicare Complete Care Plus (HMO D-SNP)	MOLINA HEALTHCARE OF TEXAS, INC.	Sample at contract level for frailty only; no quality reporting
H6515	003	Molina Medicare Complete Care Plus (HMO D-SNP)	MOLINA HEALTHCARE OF TEXAS, INC.	Sample at contract level for frailty only; no quality reporting
H6515	004	Molina Medicare Complete Care Plus (HMO D-SNP)	MOLINA HEALTHCARE OF TEXAS, INC.	Sample at contract level for frailty only; no quality reporting
H6515	005	Molina Medicare Complete Care Plus (HMO D-SNP)	MOLINA HEALTHCARE OF TEXAS, INC.	Sample at contract level for frailty only; no quality reporting
H6776	002	ElderServe MAP (HMO D-SNP)	ELDERSERVE HEALTH, INC.	Sample at contract level for quality, then combined PBP level for frailty
H6971	001	Wellcare Meridian Dual Align (HMO D-SNP)	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.	Sample at contract level for frailty only; no quality reporting
H6988	004	Anthem HealthPlus Full Dual Advantage LTSS 2 (HMO D-SNP)	Anthem HP, LLC	Sample at contract level for quality, then combined PBP level for frailty
H7464	010	UHC Dual Choice DC-Y001 (HMO D-SNP)	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	Sample at contract level for quality, then combined PBP level for frailty
H7524	001	Univera Medicare Dual (HMO D-SNP)	EXCELLUS HEALTH PLAN COMMUNITY CARE LLC	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
H7524	003	Medicare Blue Dual (HMO D-SNP)	EXCELLUS HEALTH PLAN COMMUNITY CARE LLC	Sample at contract level for quality, then combined PBP level for frailty
H7635	001	Neighborhood INTEGRITY for Duals (HMO D-SNP)	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND	Sample at contract level for frailty only; no quality reporting
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)
H8481	001	HMSA Akamai Advantage Dual Care (PPO D-SNP)	HAWAII MEDICAL SERVICE ASSOCIATION (HMSA)	Sample at contract level for frailty only; no quality reporting
H8928	001	NaviCare (HMO D-SNP)	FALLON COMMUNITY HEALTH PLAN	Sample at contract level for quality and frailty (HOS-M)
H9066	003	Nascentia Dual Advantage (HMO D-SNP)	VISITING NURSE ASSOCIATION OF CENTRAL NEW YORK	Sample at contract level for frailty only; no quality reporting
H9771	001	Aetna Medicare FIDE (HMO D-SNP)	AETNA BETTER HEALTH PREMIER PLAN MMAI INC.	Sample at contract level for frailty only; no quality reporting
H9955	008	Molina Complete Care for MyCare Ohio (HMO D-SNP)	MOLINA HEALTHCARE OF OHIO, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)

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 2026 HOS Administration.

Activity	Deadline	Contact Method
Notify NCQA and CMS of FIDE SNP withdrawal	Friday, April 17, 2026	hos@ncqa.org and riskadjustmentpolicy@cms.hhs.gov
Submit survey vendor selection to NCQA	Friday, April 24, 2026	Survey vendor selection web form
Submit requests for oversampling	Friday, April 24, 2026	Survey vendor selection web form
Submit requests to add, remove, or change oversampling percentage	Friday, April 24, 2026	hos@ncqa.org
Request voluntarily HOS Baseline reporting	Friday, April 24, 2026	hos@ncqa.org