



MEMORANDUM

TO: Medicare Advantage Organizations
FROM: HOS Project Team
DATE: March 15, 2021
RE: Exclusion of Small Medicare Advantage Contracts from HEDIS Medicare Health Outcomes Survey 2021 Administration

The Centers for Medicare & Medicaid Services (CMS) has determined your contract is **not** required to report the HEDIS^{®1} Medicare Health Outcomes Survey (HOS)² Baseline survey in 2021.

To reduce plan burden, Medicare Advantage Organizations (MAOs) and other organization types that have less than 500 enrolled beneficiaries as of February 1, 2021 are not required to report HOS results. This includes all coordinated care contracts, Private Fee-For-Service (PFFS contracts), Medical Savings Account (MSA) contracts, Section 1876 Cost contracts (including those that are closed for enrollment), employer group/union only contracts, and Medicare Medicaid Plans (MMPs).

Final Eligibility Status

This memo serves as the final notice of Baseline reporting requirements for HOS 2021. CMS reviewed contract enrollment as of February 1, 2021 and has determined that your contract is **not** required to report HOS Baseline in 2021.

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

Contracts that are not required to report may elect to voluntarily field the HOS Baseline in 2021 and will have their results publicly reported. Contracts that voluntarily report HOS Baseline in 2021 are required to administer the Follow-Up survey in 2023.

Institutional Special Needs Plans (I-SNPs)

CMS will exclude beneficiaries enrolled in Institutional Special Needs Plans (I-SNPs) at the plan benefit package (PBP) level from sampling for the HOS Baseline survey. All contracts that administered Cohort 22 Baseline in 2019 **are** required to administer Cohort 22 Follow-Up in 2021.

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

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

The HOS Project Team will notify I-SNPs that are required to report the HOS Baseline Survey. Contracts in effect on or before January 1, 2020 and with a minimum of 500 **non-I-SNP** beneficiaries as of February 1, 2021 **are** required to administer the HOS Baseline survey in 2021 to their non-I-SNP beneficiaries.

Cohort 22 Follow-Up Reporting Requirements

Medicare Advantage (MA) contracts that administered the Cohort 22 Baseline survey in 2019 **must** report Cohort 22 Follow-Up in 2021, regardless of enrollment size or I-SNP status. MA contracts that are required to report Cohort 22 Follow-Up **only** are marked with a superscript “¹” in Attachment 1.

Optional FIDE SNP Reporting

MAOs that expect to sponsor a Fully Integrated Dual-Eligible (FIDE) Special Needs Plan (SNP) may elect to report HOS or the Health Outcomes Survey-Modified (HOS-M) at the PBP level to determine eligibility for a frailty adjustment payment under the Affordable Care Act. MAOs sponsoring a FIDE SNP may elect to report HOS or HOS-M at the PBP level even if the MA contract is not required to report HOS quality reporting due to low enrollment.

FIDE SNPs electing to report HOS or HOS-M were required to notify CMS of this decision by February 26, 2021. MAOs that elect to use the HOS for measuring frailty may contract with the CMS-approved survey vendor of their choice. MAOs that elect to participate in HOS-M for purposes of measuring frailty must contract with DataStat, Inc.

CMS published the *Advance Notice of Methodological Changes for Calendar Year (CY) 2022* memorandum in October 2020. This memorandum provides more information about frailty adjustment, including the methodology used to determine if FIDE SNPs have the same level of frailty as Programs of All-Inclusive Care for the Elderly (PACE) and thus qualify for frailty payments in 2022.

If you have any questions regarding this memo or think that your plan has received it in error, please contact the HOS Project Team at hos@ncqa.org.

Thank you for your continued support of the HOS project.

¹ MAO is not required to administer HOS 2021 Cohort 24 Baseline survey due to enrollment less than 500 as of February 1, 2021. MAO administered the Cohort 22 Baseline survey in 2019 and **is required** to administer the Cohort 22 Follow-Up survey in 2021.

ATTACHMENT 1

Medicare Advantage Contracts Not Required to Administer HOS Baseline in 2021

Contract ID	Contract Name
H0029	COORDINATED CARE OF WASHINGTON, INC.
H0034	HAMASPIK, INC.
H0270	WELLCARE HEALTH INSURANCE COMPANY OF AMERICA
H0710	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
H0798	MEDICA COMMUNITY HEALTH PLAN
H1119	TSG GUARD, INC.
H1142	BRIGHT HEALTH INSURANCE COMPANY OF OHIO, INC.
H1205	INTEGRA MLTC, INC
H1277	ALIGN SENIOR CARE, INC.
H1372	MARQUIS ADVANTAGE, INC.
H1393	BRIGHT HEALTH INSURANCE COMPANY OF TENNESSEE
H1644	LONGEVITY HEALTH PLAN OF FLORIDA, INC.
H1722	HEALTHFIRST HEALTH PLAN, INC.
H1787	GOOD SAMARITAN INSURANCE PLAN OF SOUTH DAKOTA, INC
H2011	BRIGHT HEALTH INSURANCE COMPANY OF TENNESSEE
H2020	DELAWARE LIFE INSURANCE COMPANY
H2120	SECURITYCARE OF TENNESSEE, INC.
H2162	WELLCARE OF NEW HAMPSHIRE, INC.
H1777 ¹	CATHOLIC SPECIAL NEEDS PLAN, LLC
H2185	LIFEWORCS ADVANTAGE, LLC
H2292	OXFORD HEALTH INSURANCE, INC.
H2334	EON HEALTH, INC. (SC)
H2392	KANSAS SUPERIOR SELECT, INC.
H2400	SIGNATURE ADVANTAGE, LLC
H2417	ITASCA MEDICAL CARE
H2591	HEALTH ALLIANCE - MIDWEST, INC.
H2624	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA
H2678	MA DELIVERY INNOVATIONS, INC.
H2722	VANTAGE HEALTH PLAN OF ARKANSAS, INC.
H2926	PRIMWEST RURAL MN HEALTH CARE ACCESS INITIATIVE
H3291	PRUITTHEALTH PREMIER, INC.
H3407	EL PASO FIRST HEALTH PLANS, INC.
H3467	PROCARE ADVANTAGE, LLC
H3572	AHF MCO OF GEORGIA, INC.
H3632	MEDICA COMMUNITY HEALTH PLAN

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Contract ID	Contract Name
H3708	OKLAHOMA SUPERIOR SELECT, INC.
H3725	BRIGHT HEALTH INSURANCE COMPANY OF ILLINOIS
H3800	PROVIDER PARTNERS HEALTH PLAN OF ILLINOIS
H4091	SIMPRA ADVANTAGE, INC.
H4093	PROVIDER PARTNERS HEALTH PLAN OF PENNSYLVANIA, INC
H4172	NHC ADVANTAGE, LLC
H4490	MISSOURI MEDICARE SELECT, LLC
H4709	BRIGHT HEALTH INSURANCE COMPANY OF FLORIDA
H5015	TEXAS INDEPENDENCE HEALTH PLAN, INC.
H5178	HUMANA HEALTH PLAN, INC.
H5232	PARAMOUNT CARE, INC.
H5377	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.
H5454	CLEAR SPRING HEALTH OF ILLINOIS, INC.
H5528	GROUP HEALTH INCORPORATED
H5599 ¹	NEW YORK QUALITY HEALTHCARE CORPORATION
H5613	MVP HEALTH PLAN, INC.
H5644	NETWORK HEALTH INSURANCE CORPORATION
H5742	SHA, L.L.C
H5965	WELLCARE HEALTH INSURANCE COMPANY OF WASHINGTON
H5992	SENIOR WHOLE HEALTH OF NEW YORK, INC.
H6121	BRIGHT HEALTH INSURANCE COMPANY OF ILLINOIS
H6316	MISSOURI CARE, INCORPORATED
H6345	PRUITTHEALTH PREMIER NORTH CAROLINA, LLC
H6348	COORDINATED CARE CORPORATION
H6351	LIBERTY ADVANTAGE, LLC
H6379	CLEAR SPRING HEALTH (CO), INC.
H6672	EON HEALTH, INC. (GA)
H6776	ELDERSERVE HEALTH, INC.
H6832	ALIGN SENIOR CARE MI, LLC
H6959	ISNP VENTURES, LLC
H6975	WELLCARE OF ALABAMA, INC.
H5703 ¹	SOUTH COUNTRY HEALTH ALLIANCE
H7119	PROVIDER PARTNERS HEALTH PLAN OF OHIO
H7165	BLUECROSS AND BLUESHIELD OF SOUTH CAROLINA
H7330	ZING HEALTH, INC.
H7409	BRIGHT HEALTH COMPANY OF SOUTH CAROLINA, INC.
H7511	GOOD SAMARITAN INSURANCE PLAN OF NEBRASKA, INC.
H7559	MAGELLAN COMPLETE CARE OF VIRGINIA, INC.
H7617	EMPHEYS INSURANCE COMPANY

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Contract ID	Contract Name
H7779	AMERICAN HEALTH PLAN, INC.
H8067	PROVIDER PARTNERS HEALTH PLAN, INC.
H8093	GEORGIA ASSURANCE, INC.
H8280	BRIGHT HEALTH INSURANCE COMPANY OF ALABAMA, INC.
H8364	BRIGHT HEALTH INSURANCE COMPANY OF ALABAMA, INC.
H8457	LONGEVITY HEALTH PLAN OF NEW YORK, INC.
H8492	DIGNITY CARE CORPORATION
H8845	MAGELLAN COMPLETE CARE OF ARIZONA, INC.
H8967	GOOD SAMARITAN INSURANCE PLAN OF NORTH DAKOTA, LLC
H9066	VISITING NURSE ASSOCIATION OF CENTRAL NEW YORK
H9095	LONGEVITY HEALTH PLAN OF OKLAHOMA, INC
H9104	SCAN HEALTH PLAN
H9153	WEST VIRGINIA SENIOR ADVANTAGE, INC.
H9276 ¹	SUNSHINE HEALTH COMMUNITY SOLUTIONS, INC.
H9403	EON HEALTH, INC. (SC)
H9412	GEISINGER QUALITY OPTIONS, INC.
H9455	HEALTH CHOICE UTAH, INC.
H9516	BRIGHT HEALTH INSURANCE COMPANY OF NEW YORK
H9589	EON HEALTH, INC. (GA)
H9590	LONGEVITY HEALTH PLAN OF ILLINOIS, INC.
H9826	COMMUNITY HEALTH CHOICE TEXAS, INC.
H9878	BRIGHT HEALTH INSURANCE COMPANY OF OHIO, INC.
H9909	AMERICAN HEALTH PLAN OF MS, INC.
H9942	LONGEVITY HEALTH PLAN OF NEW JERSEY INSURANCE COMP

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