



MEMORANDUM

TO: Medicare Advantage Organizations
FROM: HOS Project Team
DATE: March 15, 2021
RE: Medicare Health Outcomes Survey 2021 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 2021. 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 2021 reporting requirements and actions participating Medicare Advantage Organizations (MAOs) need to take. CMS will also post this memo on the [HOS website](http://hosonline.org/) (<http://hosonline.org/>). This memo includes the following sections and attachments:

- HOS 2021 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 24 Baseline and Cohort 22 Follow-Up Survey Administration.
- Optional FIDE SNP Reporting.
- Oversampling.
- HOS Data Dissemination.
- Communication with Medicare Advantage (MA) Members about the HOS.
- Attachment 1—MAOs Required to Report HOS in 2021.
- Attachment 2—Fully Integrated Dual-Eligible (FIDE) Special Needs Plans (SNP) Voluntarily Reporting in 2021.
- Attachment 3—Conditionally-Approved Medicare HOS Survey Vendors.
- Attachment 4—Sample Text for Use in a Member Newsletter Encouraging Members to Complete the HOS.

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

HOS 2021 Survey Administration Changes

MAOs are strongly encouraged to review the entire HOS 2021 Survey Administration memo. Refer to the following sections in this memo to review key updates and changes to HOS 2021 Survey administration:

- [Contracting with a Survey Vendor.](#)
- [Healthcare Organization Questionnaire.](#)

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, April 30, 2021. 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 24 Baseline, Cohort 22 Follow-Up, or both).
- Oversampling request specifying the associated contract number and oversampling percentage.³
- Confirmation of voluntary FIDE SNP participation (if applicable), including contract number(s), Plan Benefit Package (PBP) ID(s), and frailty survey(s).⁴

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, 2020 **are required** to report the Baseline HOS in 2021, provided that they have a minimum enrollment of 500 members as of February 1, 2021:

- 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.
- Medicare Medicaid Plans (MMPs).

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

³ See Oversampling section of the memo for additional details on oversampling.

⁴ See Optional FIDE SNP Reporting section of the memo for additional details and Attachment 4 for a list of FIDE SNPs voluntarily reporting in 2021.

In addition, all organizations that reported a Cohort 22 Baseline survey in 2019 are required to administer a Cohort 22 Follow-Up survey in 2021.

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 in 2021 are required to administer the Follow-Up survey in 2023. All contracts electing to field the HOS survey are required to publicly report results.

Institutional Special Needs Plan (I-SNP) Reporting Requirements

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. CMS will exclude beneficiaries enrolled in I-SNPs at the PBP level from the HOS Baseline survey.

All contracts that administered the Cohort 22 Baseline in 2019 **are** required to administer Cohort 22 Follow-Up in 2021.

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 conditionally-approved by CMS to administer the HOS in 2021:

1. Center for the Study of Services (CSS).
2. Data Recognition Corporation (DRC).
3. DataStat, Inc.
4. Market Decisions *dba* Market Decisions Research
5. Symphony Performance Health, Inc. *dba* SPH Analytics.

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).

Healthcare Organization Questionnaire (HOQ)

Due to the shift in timing of the HOS to late July through November 2021, MAOs are **not** required to include HOS reporting within NCQA's HOQ, which closed on February 8, 2021. MAOs will continue to work with the HOS Project Team to confirm survey vendor selections and reporting requirements.

Cohort 24 Baseline and Cohort 22 Follow-Up Survey Administration

The Cohort 24 Baseline and Cohort 22 Follow-Up surveys are scheduled for administration from the end of late July through November 2021. The mail and telephone surveys will be administered in English and Spanish. The mail survey is also available in Chinese and Russian and telephone surveys are also available in Chinese. Fielding the mail or telephone survey in Chinese and/or the mail survey in Russian is optional. MAOs 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 Measurement Year 2020, Volume 6: Specifications for the Medicare Health Outcomes Survey*, will be published in May 2021. This volume can be obtained by calling NCQA's Customer Support line at 888-275-7585 or ordered online by visiting www.ncqa.org.

Optional FIDE SNP Reporting

MAOs that expect to sponsor FIDE SNP in 2021 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. 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 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.

Surveys are fielded at the PBP level for frailty scoring. PBPs must have a minimum of 50 to participate. 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.

CMS published the *Advance Notice of Methodological Changes for Calendar Year (CY) 2022* 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.

Oversampling

All MAOs required to report HOS will have the option of surveying a 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 **Friday, April 30, 2021**. MAOs must specify the contract number associated with the oversampling request and the requested oversampling percentage. All oversampling requests are subject to approval by CMS.

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.
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. Beneficiary-level performance measurement data are made available to MA contracts upon request after distribution of the Performance Measurement reports.

All report distribution occurs electronically through the CMS Health Plan Management System (HPMS). HOS Star Ratings Validation and Aggregate Score Analysis tables are also available. Notification of the 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 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 four weeks prior to and during HOS administration.

Attachments

1. Attachment 1 is a list of Medicare Advantage contracts required to report HOS in 2021. 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 2021 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 2021

Contract ID	Contract Name	Contract ID	Contract Name
H0022	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H0332	KS PLAN ADMINISTRATORS, LLC
H0028	CHA HMO, INC.	H0336	HUMANA HEALTH PLAN, INC.
H0062	SUPERIOR HEALTHPLAN COMMUNITY SOLUTIONS, INC.	H0351	HEALTH NET OF ARIZONA, INC.
H0088	WELLCARE HEALTH INSURANCE OF NEW YORK, INC.	H0354	CIGNA HEALTHCARE OF ARIZONA, INC.
H0104	BLUE CROSS AND BLUE SHIELD OF ALABAMA	H0422	UCARE HEALTH, INC.
H0107	HEALTH CARE SERVICE CORPORATION	H0423	METROPLUS HEALTH PLAN, INC.
H0111	WELLCARE OF GEORGIA, INC.	H0432	UNITEDHEALTHCARE OF ALABAMA, INC.
H0137	COMMONWEALTH CARE ALLIANCE, INC.	H0439	CIGNA HEALTHCARE OF GEORGIA, INC.
H0148	BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN	H0473	HUMANA INSURANCE COMPANY OF KENTUCKY
H0154	VIVA HEALTH, INC.	H0480	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
H0169	UNITEDHEALTHCARE OF THE MIDWEST, INC.	H0504	CALIFORNIA PHYSICIANS' SERVICE
H0174	WELLCARE OF TEXAS, INC.	H0523	AETNA HEALTH OF CALIFORNIA INC.
H0192	AMERIHEALTH MICHIGAN, INC.	H0524	KAISER FOUNDATION HP, INC.
H0251	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	H0543	UHC OF CALIFORNIA
H0271	UNITEDHEALTHCARE INSURANCE COMPANY OF AMERICA	H0544	BLUE CROSS OF CALIFORNIA
H0292	HUMANA HEALTH PLAN OF OHIO, INC.	H0545	INTER VALLEY HEALTH PLAN, INC.
H0294	CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY	H0562	HEALTH NET OF CALIFORNIA, INC.
H0302	MEDISUN, INC.	H0571	CHINESE COMMUNITY HEALTH PLAN
H0321	ARIZONA PHYSICIANS IPA, INC.	H0609	PACIFICARE OF COLORADO, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H0624	UNITEDHEALTHCARE INSURANCE COMPANY	H1100	INNOVATION HEALTH INSURANCE COMPANY
H0628	AETNA HEALTH OF OHIO INC.	H1109	AETNA HEALTH INC. (GA)
H0630	KAISER FOUNDATION HP OF CO	H1111	UNITEDHEALTHCARE OF GEORGIA, INC.
H0657	FRIDAY HEALTH PLANS OF COLORADO, INC.	H1112	WELLCARE OF GEORGIA, INC.
H0672	CIGNA HEALTHCARE OF COLORADO, INC.	H1170	KAISER FOUNDATION HP OF GA, INC.
H0712	WELLCARE OF CONNECTICUT, INC.	H1181	NETWORK HEALTH INSURANCE CORPORATION
H0724	BUCKEYE HEALTH PLAN COMMUNITY SOLUTIONS, Inc.	H1189	CHRISTUS HEALTH PLAN
H0755	OXFORD HEALTH PLANS (CT), INC.	H1225	HOPKINS HEALTH ADVANTAGE, INC.
H0838	UNIVERSAL CARE, INC.	H1230	KAISER FOUNDATION HP, INC.
H0908	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H1248	LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY
H0913	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	H1278	HARKEN HEALTH INSURANCE COMPANY
H0927	HEALTH CARE SERVICE CORPORATION	H1290	DEVOTED HEALTH PLAN OF FLORIDA, INC.
H0969	WELLCARE HEALTH INSURANCE COMPANY OF NEW HAMPSHIRE	H1302	BLUE CROSS OF IDAHO CARE PLUS, INC.
H0982	SOLIS HEALTH PLANS, INC.	H1304	REGENCE BLUESHIELD OF IDAHO
H1016	AVMED, INC.	H1350	BLUE CROSS OF IDAHO CARE PLUS, INC.
H1019	CAREPLUS HEALTH PLANS, INC.	H1352	BLUE-ADVANTAGE PLUS OF KANSAS CITY, INC.
H1032	WELLCARE OF FLORIDA, INC.	H1353	WELLCARE OF WASHINGTON, INC.
H1035	FLORIDA BLUE MEDICARE, INC.	H1365	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.
H1036	HUMANA MEDICAL PLAN, INC.	H1375	UNITEDHEALTHCARE COMMUNITY PLAN OF CALIFORNIA, INC
H1045	PREFERRED CARE PARTNERS, INC.	H1415	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H1099	HEALTH FIRST HEALTH PLANS	H1416	HARMONY HEALTH PLAN, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H1426	VITALITY HEALTH PLAN OF CALIFORNIA, INC.	H1894	AMERIGROUP WASHINGTON, INC.
H1436	ABSOLUTE TOTAL CARE, INC.	H1914	WELLCARE HEALTH INSURANCE OF CONNECTICUT, INC.
H1463	HEALTH ALLIANCE CONNECT, INC.	H1924	PORT HOLDINGS, INC.
H1468	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	H1944	UNITEDHEALTHCARE OF NEW ENGLAND, INC.
H1537	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO	H1947	COMMUNITY CARE HEALTH PLAN OF LOUISIANA, INC.
H1587	ARKANSAS SUPERIOR SELECT, INC.	H1951	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.
H1607	ANTHEM INSURANCE COMPANIES, INC.	H1961	PEOPLES HEALTH, INC.
H1608	COVENTRY HEALTH AND LIFE INSURANCE COMPANY	H1969	REGENCE BLUESHIELD OF IDAHO
H1609	AETNA HEALTH INC. (FL)	H1977	UPPER PENINSULA HEALTH PLAN, LLC
H1610	COVENTRY HEALTH CARE OF VIRGINIA, INC.	H1994	SELECTHEALTH, INC.
H1651	MEDICAL ASSOCIATES HEALTH PLAN, INC.	H1997	REGENCE BLUESHIELD
H1659	UNITEDHEALTHCARE INSURANCE CO OF THE RIVER VALLEY	H2001	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
H1660	HARVARD PILGRIM HEALTH CARE INC.	H2029	HUMANA INSURANCE OF PUERTO RICO, INC.
H1664	HOME STATE HEALTH PLAN, INC.	H2032	INSURANCE COMPANY OF SCOTT AND WHITE
H1666	HCSC INSURANCE SERVICES COMPANY	H2034	COMMUNITY CARE HEALTH PLAN, INC.
H1692	COVENTRY HEALTH CARE OF WEST VIRGINIA, INC.	H2056	AETNA BETTER HEALTH OF MICHIGAN INC.
H1723	ABSOLUTE TOTAL CARE, INC.	H2108	BRAVO HEALTH MID-ATLANTIC, INC.
H1737	HEALTH ALLIANCE - MIDWEST, INC.	H2134	WESTERN SKY COMMUNITY CARE, INC.
H1777 ¹	CATHOLIC SPECIAL NEEDS PLAN, LLC	H2161	UPPER PENINSULA HEALTH PLAN, LLC
H1846	MOUNT CARMEL HEALTH INSURANCE COMPANY	H2168	VILLAGE SENIOR SERVICES CORPORATION
H1889	UNITEDHEALTHCARE OF FLORIDA, INC.	H2171	CARE N' CARE INSURANCE COMPANY, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H2172	KAISER FDTN HLTH PLAN OF THE MID-ATLANTIC STATES	H2425	BLUE PLUS
H2174	TRILLIUM COMMUNITY HEALTH PLAN	H2450	MEDICA INSURANCE COMPANY
H2224	SENIOR WHOLE HEALTH, LLC	H2456	UCARE MINNESOTA
H2225	COMMONWEALTH CARE ALLIANCE, INC.	H2458	MEDICA HEALTH PLANS
H2226	UNITEDHEALTHCARE INSURANCE COMPANY	H2459	UCARE MINNESOTA
H2228	UNITEDHEALTHCARE INSURANCE COMPANY	H2461	BLUE CROSS AND BLUE SHIELD OF MINNESOTA
H2230	BCBS OF MASSACHUSETTS HMO BLUE, INC.	H2462	GROUP HEALTH PLAN, INC. (MN)
H2235	BAYCARE SELECT HEALTH PLANS, INC.	H2463	HUMANA HEALTH PLAN OF TEXAS, INC.
H2237	INDEPENDENT CARE HEALTH PLAN, INC.	H2486	HUMANA MEDICAL PLAN OF UTAH, INC.
H2241	GOLDEN STATE MEDICARE HEALTH PLAN	H2491	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
H2247	UNITEDHEALTHCARE COMMUNITY PLAN, INC.	H2506	AETNA BETTER HEALTH INC. (IL)
H2256	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	H2531	UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.
H2261	BCBS OF MASSACHUSETTS HMO BLUE, INC.	H2533	MOLINA HEALTHCARE OF SOUTH CAROLINA, INC.
H2288	BRIGHT HEALTH INSURANCE COMPANY OF NEW YORK	H2563	OPTIMA HEALTH PLAN
H2320	PRIORITY HEALTH	H2577	CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY
H2322	ALLIANCE HEALTH AND LIFE INSURANCE COMPANY	H2582	ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION
H2354	HEALTH ALLIANCE PLAN OF MICHIGAN	H2593	AMERIGROUP TEXAS, INC.
H2406	UNITEDHEALTHCARE INSURANCE COMPANY	H2610	ESSENCE HEALTHCARE, INC.
H2416	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	H2663	COVENTRY HEALTH CARE OF MISSOURI, INC
H2419	SOUTH COUNTRY HEALTH ALLIANCE	H2775	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY
H2422	HEALTHPARTNERS, INC.	H2793	IMPERIAL INSURANCE COMPANIES INC.

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H2802	UNITEDHEALTHCARE OF THE MIDLANDS, INC.	H3219	ALLINA HEALTH AND AETNA INSURANCE COMPANY
H2816	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY	H3237	HEALTH NET COMMUNITY SOLUTIONS, INC.
H2825	MARY WASHINGTON HEALTH PLAN	H3239	AETNA BETTER HEALTH, INC. (LA)
H2829	INNOVATION HEALTH PLAN, INC.	H3240	AMERIGROUP NEW JERSEY, INC.
H2836	ANTHEM HEALTH PLANS, INC.	H3251	HEALTH CARE SERVICE CORPORATION
H2879	MOLINA HEALTHCARE OF WISCONSIN, INC.	H3259	VOLUNTEER STATE HEALTH PLAN
H2915	PENNSYLVANIA HEALTH & WELLNESS, INC.	H3276	CONNECTICARE INSURANCE COMPANY, INC.
H2944	HUMANA INSURANCE COMPANY	H3281	BRIGHT HEALTH INSURANCE COMPANY OF FLORIDA
H2960	HOMETOWN HEALTH PLAN, INC.	H3288	AETNA HEALTH AND LIFE INSURANCE COMPANY
H2962	ULTIMATE HEALTH PLANS, INC.	H3293	MMM OF FLORIDA, INC.
H2986	STANFORD HEALTHCARE ADVANTAGE	H3305	MVP HEALTH PLAN, INC.
H3071	COMMUNITY CARE ALLIANCE OF ILLINOIS, NFP	H3307	OXFORD HEALTH PLANS (NY), INC.
H3113	OXFORD HEALTH PLANS (NJ), INC.	H3312	AETNA HEALTH INC. (NY)
H3132	AHF MCO OF FLORIDA, INC.	H3330	HEALTH INSURANCE PLAN OF GREATER NEW YORK
H3146	AETNA BETTER HEALTH INC. (GA)	H3335	EXCELLUS HEALTH PLAN, INC.
H3152	AETNA HEALTH INC. (NJ)	H3342	EMPIRE HEALTHCHOICE ASSURANCE, INC.
H3154	HORIZON INSURANCE COMPANY	H3344	INDEPENDENT HEALTH BENEFITS CORPORATION
H3170	SAPPHIRE EDGE, INC.	H3347	ELDERPLAN, INC.
H3192	AETNA HEALTH OF MICHIGAN INC.	H3351	EXCELLUS HEALTH PLAN, INC.
H3204	PRESBYTERIAN HEALTH PLAN	H3359	HEALTHFIRST HEALTH PLAN, INC.
H3206	PRESBYTERIAN INSURANCE COMPANY, INC.	H3362	INDEPENDENT HEALTH ASSOCIATION, INC.

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H3379	UNITEDHEALTHCARE OF NEW YORK, INC.	H3660	SUMMACARE INC.
H3384	HEALTHNOW NEW YORK INC.	H3664	AULTCARE HEALTH INSURING CORPORATION
H3387	UNITEDHEALTHCARE OF NEW YORK, INC.	H3668	MOUNT CARMEL HEALTH PLAN, INC.
H3388	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.	H3672	THE HEALTH PLAN OF WEST VIRGINIA, INC.
H3404	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H3706	GLOBALHEALTH, INC.
H3416	HEALTHPARTNERS UNITYPOINT HEALTH, INC.	H3748	AETNA BETTER HEALTH OF WASHINGTON, INC.
H3418	UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK	H3749	UNITEDHEALTHCARE OF OKLAHOMA, INC.
H3442	UNITEDHEALTHCARE INSURANCE COMPANY OF ILLINOIS	H3755	COMMUNITYCARE GOVERNMENT PROGRAMS, INC.
H3447	HEALTHKEEPERS, INC.	H3777	EXPERIENCE HEALTH, INC.
H3449	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H3794	CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY
H3464	UNITEDHEALTHCARE OF ARKANSAS, INC.	H3805	UNITEDHEALTHCARE OF OREGON, INC.
H3471	HEALTH ALLIANCE NORTHWEST HEALTH PLAN	H3810	ALLCARE HEALTH PLAN, INC.
H3499	COORDINATED CARE CORPORATION	H3811	SAMARITAN HEALTH PLANS, INC.
H3528	CONNECTICARE, INC.	H3813	MODA HEALTH PLAN, INC.
H3533	HUMANA HEALTH COMPANY OF NEW YORK, INC.	H3814	ATRIO HEALTH PLANS
H3536	MATTHEW THORNTON HEALTH PLAN, INC.	H3815	ALIGNMENT HEALTH PLAN
H3557	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	H3817	REGENCE BLUECROSS BLUESHIELD OF OREGON
H3561	HEALTH NET COMMUNITY SOLUTIONS, INC.	H3822	HEALTH CARE SERVICE CORPORATION
H3597	AETNA HEALTH INC. (ME)	H3832	HAWAII MEDICAL SERVICE ASSOCIATION
H3653	PARAMOUNT CARE, INC.	H3864	PACIFICSOURCE COMMUNITY HEALTH PLANS
H3655	COMMUNITY INSURANCE COMPANY	H3890	HOPKINS HEALTH ADVANTAGE, INC.

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H3907	UPMC HEALTH PLAN, INC.	H4141	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.
H3909	QCC INSURANCE COMPANY	H4152	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
H3916	HIGHMARK SENIOR HEALTH COMPANY	H4198	COMMUNITYCARE GOVERNMENT PROGRAMS, INC.
H3923	CAPITAL ADVANTAGE INSURANCE COMPANY	H4213	USABLE MUTUAL INSURANCE COMPANY
H3924	GEISINGER INDEMNITY INSURANCE COMPANY	H4227	VISTA HEALTH PLAN, INC.
H3928	AETNA HEALTH INC. (LA)	H4279	UPMC FOR YOU, INC
H3931	AETNA HEALTH INC. (PA)	H4346	HMO COLORADO, INC.
H3949	BRAVO HEALTH PENNSYLVANIA, INC.	H4388	SECURITY HEALTH PLAN OF WISCONSIN, INC.
H3952	KEYSTONE HEALTH PLAN EAST, INC.	H4407	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H3954	GEISINGER HEALTH PLAN	H4461	CARITEN HEALTH PLAN INC.
H3957	HIGHMARK CHOICE COMPANY	H4497	MEDICAL MUTUAL OF OHIO
H3959	AETNA HEALTH INC. (PA)	H4506	SELECTCARE OF TEXAS, INC.
H3962	KEYSTONE HEALTH PLAN CENTRAL, INC.	H4513	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H3979	GHS HEALTH MAINTENANCE ORGANIZATION, INC.	H4514	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, L.L.C.
H4003	MMM HEALTHCARE, LLC	H4523	AETNA HEALTH INC. (TX)
H4004	MMM HEALTHCARE, LLC	H4527	PHYSICIANS HEALTH CHOICE OF TEXAS, LLC
H4005	TRIPLE S ADVANTAGE, INC.	H4590	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.
H4007	HUMANA HEALTH PLANS OF PUERTO RICO, INC.	H4604	UNITEDHEALTHCARE OF UTAH, INC.
H4036	ANTHEM INSURANCE COMPANIES, INC.	H4605	REGENCE BLUECROSS BLUESHIELD OF UTAH
H4094	OPTIMUM CHOICE, INC.	H4623	HUMANA REGIONAL HEALTH PLAN, INC.
H4140	DOCTORS HEALTHCARE PLANS, INC.	H4676	TROY HEALTH, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H4711	COVENTRY HEALTH CARE OF NEBRASKA, INC.	H5117	LOUISIANA HEALTHCARE CONNECTIONS, INC.
H4754	PACIFICSOURCE COMMUNITY HEALTH PLANS	H5126	OSCAR INSURANCE COMPANY
H4835	AETNA BETTER HEALTH OF OKLAHOMA INC.	H5140	BLUE CROSS AND BLUE SHIELD ARIZONA, INC.
H4847	WELLCARE OF SOUTH CAROLINA, INC.	H5141	CLOVER INSURANCE COMPANY
H4853	BRIGHT HEALTH COMPANY OF ARIZONA	H5172	COMMUNITY HEALTH GROUP
H4868	WELLCARE OF NEW YORK, INC.	H5190	SUNSHINE STATE HEALTH PLAN, INC.
H4875	PRIORITY HEALTH	H5199	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
H4882	HEALTHPARTNERS, INC.	H5209	MY CHOICE WISCONSIN HEALTH PLAN, INC.
H4909	ANTHEM INSURANCE COMPANIES, INC.	H5211	SECURITY HEALTH PLAN OF WISCONSIN, INC.
H4922	AGEWELL NEW YORK, LLC	H5215	NETWORK HEALTH INSURANCE CORPORATION
H4931	BANNER - UNIVERSITY CARE ADVANTAGE	H5216	HUMANA INSURANCE COMPANY
H4937	CALIFORNIA PHYSICIANS' SERVICE	H5253	UNITEDHEALTHCARE OF WISCONSIN, INC.
H4961	ALIGNMENT HEALTH PLAN	H5256	MEDICAL ASSOCIATES CLINIC HEALTH PLAN
H4982	AETNA BETTER HEALTH OF CALIFORNIA INC.	H5262	QUARTZ HEALTH PLAN CORPORATION
H5008	UNITEDHEALTHCARE INSURANCE COMPANY	H5264	DEAN HEALTH PLAN, INC.
H5009	REGENCE BLUESHIELD	H5273	CAREPARTNERS OF CONNECTICUT, INC.
H5010	ASURIS NORTHWEST HEALTH	H5280	MOLINA HEALTHCARE OF OHIO, INC.
H5042	CDPHP UNIVERSAL BENEFITS, INC.	H5294	SUPERIOR HEALTH PLAN, INC.
H5050	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	H5302	AETNA HEALTH INC. (GA)
H5087	WELLCARE OF CALIFORNIA, INC.	H5322	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H5106	HIGHMARK SENIOR SOLUTIONS COMPANY	H5325	COVENTRY HEALTH CARE OF KANSAS, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H5337	AETNA BETTER HEALTH INC. (OH)	H5526	HEALTHNOW NEW YORK INC.
H5355	IEHP HEALTH ACCESS	H5533	UPMC HEALTH NETWORK, INC.
H5386	SHARP HEALTH PLAN	H5549	VNS CHOICE
H5398	CENTENE VENTURE COMPANY KANSAS	H5576	VANTAGE HEALTH PLAN, INC.
H5410	HEALTHSPRING OF FLORIDA, INC.	H5577	MCS ADVANTAGE, INC.
H5420	MEDICA HEALTHCARE PLANS, INC.	H5580	MERCY CARE
H5422	BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA	H5587	HEALTH CHOICE ARIZONA, INC.
H5425	SCAN HEALTH PLAN	H5590	BRIDGEWAY HEALTH SOLUTIONS
H5427	FREEDOM HEALTH, INC.	H5591	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.
H5430	ONECARE BY CARE1ST HEALTH PLAN OF ARIZONA INC.	H5593	AETNA HEALTH OF IOWA INC.
H5431	HEALTHSUN HEALTH PLANS, INC.	H5594	OPTIMUM HEALTHCARE, INC.
H5433	ORANGE COUNTY HEALTH AUTHORITY	H5599 ¹	NEW YORK QUALITY HEALTHCARE CORPORATION
H5434	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	H5608	DENVER HEALTH MEDICAL PLAN, INC.
H5435	UNITEDHEALTHCARE INSURANCE COMPANY	H5619	ARCADIAN HEALTH PLAN, INC.
H5439	HEALTH NET LIFE INSURANCE COMPANY	H5628	MOLINA HEALTHCARE OF UTAH, INC.
H5471	SIMPLY HEALTHCARE PLANS, INC.	H5649	CENTRAL HEALTH PLAN OF CALIFORNIA, INC.
H5475	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.	H5652	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
H5496	IMPERIAL HEALTH PLAN OF CALIFORNIA, INC.	H5656	SELECTCARE HEALTH PLANS, INC.
H5521	AETNA LIFE INSURANCE COMPANY	H5703 ¹	SOUTH COUNTRY HEALTH ALLIANCE
H5522	HEALTHASSURANCE PENNSYLVANIA, INC.	H5746	AMERIGROUP COMMUNITY CARE OF NEW MEXICO, INC.
H5525	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	H5774	TRIPLE S ADVANTAGE, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H5779	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.	H5991	HEALTH INSURANCE PLAN OF GREATER NEW YORK
H5793	AETNA HEALTH INC. (CT)	H5995	ATRIO HEALTH PLANS
H5810	MOLINA HEALTHCARE OF CALIFORNIA	H6080	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.
H5823	MOLINA HEALTHCARE OF WASHINGTON, INC.	H6154	MEDICA HEALTH PLANS
H5826	COMMUNITY HEALTH PLAN OF WASHINGTON	H6229	BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.
H5841	BRIGHT HEALTH INSURANCE COMPANY	H6237	REGENCE BLUECROSS BLUESHIELD OF OREGON
H5852	AIDS HEALTHCARE FOUNDATION	H6306	FIRSTCAROLINACARE INSURANCE COMPANY
H5854	ANTHEM HEALTH PLANS, INC.	H6328	CARE N' CARE INSURANCE COMPANY, INC.
H5859	HEALTH PLAN OF CAREOREGON, INC.	H6396	CARESOURCE OHIO, INC.
H5883	BLUE CARE NETWORK OF MICHIGAN	H6439	WELLCARE HEALTH PLANS OF ARIZONA, INC.
H5926	MOLINA HEALTHCARE OF MICHIGAN, INC.	H6446	SILVERSUMMIT HEALTHPLAN, INC.
H5928	CALIFORNIA PHYSICIANS' SERVICE	H6453	HMO LOUISIANA, INC.
H5932	GATEWAY HEALTH PLAN, INC.	H6502	MISSOURI VALLEY LIFE AND HEALTH INSURANCE COMPANY
H5937	UCARE MINNESOTA	H6526	UNITEDHEALTHCARE OF NEW MEXICO, INC.
H5938	CAPITAL HEALTH PLAN	H6528	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H5943	SCAN HEALTH PLAN	H6550	SUNFLOWER STATE HEALTH PLAN, INC.
H5945	PROMINENCE HEALTHFIRST	H6595	UNITEDHEALTHCARE OF KENTUCKY, LTD.
H5959	BLUE CROSS AND BLUE SHIELD OF MINNESOTA	H6622	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP
H5969	ALOHACARE	H6723	MEDICAL MUTUAL OF OHIO
H5970	HUMANA INSURANCE COMPANY OF NEW YORK	H6743	ATRIO HEALTH PLANS
H5989	HEALTHFIRST HEALTH PLAN, INC.	H6750	HARVARD PILGRIM HEALTH CARE OF NEW ENGLAND, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H6815	HEALTH NET HEALTH PLAN OF OREGON	H7399	CENTENE VENTURE COMPANY ILLINOIS
H6870	SUPERIOR HEALTH PLAN, INC.	H7404	PACIFICARE LIFE ASSURANCE COMPANY
H6910	MOUNT CARMEL HEALTH PLAN OF IDAHO, INC.	H7419	TUFTS HEALTH PUBLIC PLANS, INC.
H6936	BLUE CROSS & BLUE SHIELD OF ARIZONA, INC.	H7445	UNITEDHEALTHCARE OF ILLINOIS, INC.
H6988	CENTERS PLAN FOR HEALTHY LIVING, LLC	H7464	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.
H7006	ATRIO HEALTH PLANS	H7518	WELLCARE OF MISSOURI HEALTH INSURANCE COMPANY, INC
H7020	CIGNA HEALTHCARE OF SOUTH CAROLINA, INC.	H7522	MMM HEALTHCARE, LLC
H7063	BLUECROSS BLUESHIELD KANSAS SOLUTIONS, INC.	H7621	HUMANA HEALTH PLAN OF CALIFORNIA, INC.
H7115	MEMORIAL HERMANN HEALTH PLAN	H7646	PHP MEDICARE
H7123	UPMC HEALTH COVERAGE, INC.	H7678	MOLINA HEALTHCARE OF TEXAS, INC.
H7149	AETNA HEALTH INC. (PA)	H7680	PROMINENCE HEALTHFIRST OF TEXAS
H7172	AETNA BETTER HEALTH INC. (OH)	H7728	ANTHEM HEALTH PLANS OF NEW HAMPSHIRE, INC.
H7173	PEACH STATE HEALTH PLAN, INC.	H7787	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H7175	WELLCARE HEALTH INSURANCE OF NORTH CAROLINA, INC.	H7833	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, L.L.C.
H7220	INDIANA UNIVERSITY HEALTH PLANS NFP, INC.	H7844	MOLINA HEALTHCARE OF MICHIGAN, INC.
H7245	PREMERA BLUE CROSS	H7849	CIGNA HEALTH AND LIFE INSURANCE COMPANY
H7284	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	H7853	BRIGHT HEALTH INSURANCE COMPANY
H7301	COVENTRY HEALTH CARE OF ILLINOIS, INC.	H7885	SAN MATEO HEALTH COMMISSION
H7322	OSCAR HEALTH PLAN OF NEW YORK, INC.	H7890	SANTA CLARA COUNTY HEALTH AUTHORITY
H7323	WELLCARE NATIONAL HEALTH INSURANCE COMPANY	H7917	BLUECROSS BLUESHIELD OF TENNESSEE, INC.
H7326	WELLCARE OF SOUTH CAROLINA, INC.	H7971	HORIZON INSURANCE COMPANY

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Contract ID	Contract Name	Contract ID	Contract Name
H7993	DEVOTED HEALTH PLAN OF TEXAS, INC.	H8293	CLEAR SPRING HEALTH (VA), INC.
H8003	BLUECROSS AND BLUESHIELD OF SOUTH CAROLINA	H8298	HORIZON HEALTHCARE OF NEW JERSEY, INC.
H8010	CLOVER HMO OF NEW JERSEY, INC.	H8379	PRIORITY HEALTH CHOICE, INC.
H8016	ORANGE COUNTY HEALTH AUTHORITY	H8423	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H8026	AETNA BETTER HEALTH OF MICHIGAN INC.	H8432	EMPIRE HEALTHCHOICE HMO, INC.
H8046	MOLINA HEALTHCARE OF ILLINOIS, INC.	H8452	CARESOURCE
H8064	FIRSTCAROLINACARE INSURANCE COMPANY	H8552	ANTHEM BLUE CROSS LIFE AND HEALTH INS COMPANY
H8087	HUMANADENTAL INSURANCE COMPANY	H8554	GHS INSURANCE COMPANY
H8125	UNITEDHEALTHCARE INSURANCE COMPANY OF AMERICA	H8578	HEALTH NEW ENGLAND, INC.
H8130	MOLINA HEALTHCARE OF FLORIDA, INC.	H8597	AETNA BETTER HEALTH OF TEXAS INC.
H8133	GHS INSURANCE COMPANY	H8604	THP INSURANCE COMPANY
H8142	SCOTT AND WHITE HEALTH PLAN	H8634	HEALTH CARE SERVICE CORPORATION
H8145	HUMANA INSURANCE COMPANY	H8649	AETNA HEALTH OF UTAH INC
H8176	MOLINA HEALTHCARE OF SOUTH CAROLINA, INC	H8677	MOLINA HEALTHCARE OF CALIFORNIA
H8181	SAPPHIRE EDGE, INC.	H8748	UNITEDHEALTHCARE INSURANCE COMPANY
H8189	MANAGED HEALTH SERVICES, WISCONSIN	H8764	ASPIRE HEALTH PLAN
H8197	MOLINA HEALTHCARE OF TEXAS, INC.	H8768	UNITEDHEALTHCARE INSURANCE CO OF THE RIVER VALLEY
H8211	MAMSI LIFE AND HEALTH INSURANCE COMPANY	H8783	UCARE HEALTH, INC.
H8213	SELECT HEALTH OF SOUTH CAROLINA, INC.	H8786	AMERIGROUP TEXAS, INC.
H8225	CENTENE VENTURE COMPANY FLORIDA	H8854	UNIVERSITY OF MARYLAND HEALTH ADVANTAGE, INC.
H8258	LOCAL INITIATIVE HEALTH AUTHORITY FOR L.A. COUNTY	H8889	MEDICA HEALTH PLANS

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Contract ID	Contract Name	Contract ID	Contract Name
H8908	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	H9615	MVP HEALTH PLAN, INC.
H9001	FALLON COMMUNITY HEALTH PLAN	H9630	ARKANSAS HEALTH AND WELLNESS HEALTH PLAN, INC
H9003	KAISER FOUNDATION HP OF THE N W	H9699	HMO PARTNERS, INC.
H9047	PROVIDENCE HEALTH ASSURANCE	H9706	HCSC INSURANCE SERVICES COMPANY
H9065	AMH HEALTH, LLC	H9712	HAP EMPOWERED HEALTH PLAN, INC.
H9070	COMPBENEFITS INSURANCE COMPANY	H9725	CIGNA HEALTHCARE OF NORTH CAROLINA, INC.
H9082	MOLINA HEALTHCARE OF NEW MEXICO, INC.	H9730	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC
H9096	DEAN HEALTH PLAN, INC.	H9808	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA
H9207	HEALTH PARTNERS PLANS, INC.	H9811	MAGNOLIA HEALTH PLAN, INC.
H9276 ¹	SUNSHINE HEALTH COMMUNITY SOLUTIONS, INC.	H9834	QUARTZ HEALTH PLAN MN CORPORATION
H9302	PREMERA BLUE CROSS	H9861	RELIANCE HMO, INC.
H9364	WELLCARE OF MAINE, INC.	H9869	PARTNERS HEALTH PLAN, INC.
H9408	VIBRA HEALTH PLAN, INC.	H9870	PASSPORT HEALTH PLAN, INC.
H9428	WELLCARE HEALTH INSURANCE OF TENNESSEE, INC.	H9877	VIRGINIA PREMIER HEALTH PLAN, INC.
H9431	FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY	H9952	MEDICA HEALTH PLANS
H9460	CIGNA HEALTHCARE OF ST LOUIS, INC.	R0110	HUMANA INSURANCE COMPANY
H9487	MICHIGAN COMPLETE HEALTH, INC.	R0759	UNITEDHEALTHCARE INSURANCE COMPANY
H9525	COMPCARE HEALTH SERVICES INSURANCE CORPORATION	R0802	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.
H9572	BCBS OF MICHIGAN MUTUAL INSURANCE COMPANY	R0865	HUMANA INSURANCE COMPANY
H9576	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND	R0923	HUMANA INSURANCE COMPANY
H9585	BOSTON MEDICAL CENTER HEALTH PLAN, INC.	R1390	HUMANA INSURANCE COMPANY

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Contract ID	Contract Name	Contract ID	Contract Name
R1532	HUMANA INSURANCE COMPANY	R7444	UNITEDHEALTHCARE INSURANCE COMPANY
R1548	UNITEDHEALTHCARE INSURANCE CO OF THE RIVER VALLEY		
R2604	UNITEDHEALTHCARE INSURANCE COMPANY		
R3175	UNITEDHEALTHCARE INSURANCE COMPANY		
R3332	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.		
R3392	HUMANA INSURANCE COMPANY		
R3444	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.		
R3887	HUMANA INSURANCE COMPANY		
R4182	HUMANA INSURANCE COMPANY		
R4487	ANTHEM INSURANCE COMPANIES, INC.		
R4845	HUMANA INSURANCE COMPANY		
R5329	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.		
R5342	UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK		
R5361	HUMANA INSURANCE COMPANY		
R5495	HUMANA INSURANCE COMPANY		
R5826	HUMANA INSURANCE COMPANY		
R5941	ANTHEM INSURANCE COMPANIES, INC.		
R6694	AETNA LIFE INSURANCE COMPANY		
R6801	CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY		
R7220	HUMANA INSURANCE COMPANY		
R7315	HUMANA INSURANCE COMPANY		

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ATTACHMENT 2

FIDE SNPs Voluntarily Reporting in 2021

Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H0174	004	WellCare Access (HMO D-SNP)	WELLCARE OF TEXAS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0174	006	WellCare Liberty (HMO D-SNP)	WELLCARE OF TEXAS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0251	004	UnitedHealthcare Dual Complete ONE (HMO D-SNP)	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0321	004	UnitedHealthcare Dual Complete ONE (HMO D-SNP)	ARIZONA PHYSICIANS IPA, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0423	001	MetroPlus Advantage Plan (HMO D-SNP)	METROPLUS HEALTH PLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H0913	013	WellCare Liberty (HMO D-SNP)	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1350	009	True Blue Special Needs Plan (HMO D-SNP)	BLUE CROSS OF IDAHO CARE PLUS, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1350	025	True Blue Special Needs Plan (HMO D-SNP)	BLUE CROSS OF IDAHO CARE PLUS, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1610	001	Aetna Better Health of Virginia (HMO D-SNP)	COVENTRY HEALTH CARE OF VIRGINIA, INC.	Sample at contract level for quality and frailty
H2034	001	Community Care's Partnership Program (HMO D-SNP)	COMMUNITY CARE HEALTH PLAN, INC.	Sample at contract level for quality and frailty
H2168	002	VillageCareMAX Medicare Total Advantage (HMO D-SNP)	VILLAGE SENIOR SERVICES CORPORATION	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2224	001	Senior Whole Health (HMO D-SNP)	SENIOR WHOLE HEALTH, LLC	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
H2224	003	Senior Whole Health NHC (HMO D-SNP)	SENIOR WHOLE HEALTH, LLC	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2225	001	Senior Care Options Program (HMO D-SNP)	COMMONWEALTH CARE ALLIANCE, INC.	Sample at contract level for quality and frailty (HOS-M)
H2226	003	UnitedHealthcare Senior Care Options NHC (HMO D-SNP)	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2237	007	iCare Family Care Partnership (HMO D-SNP)	INDEPENDENT CARE HEALTH PLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2256	029	Tufts Health Plan Senior Care Options (HMO D-SNP)	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2416	001	PrimeWest Senior Health Complete (HMO D-SNP)	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	Sample at contract level for quality and frailty
H2417	001	IMCare Classic (HMO D-SNP)	ITASCA MEDICAL CARE	Sample at contract level for frailty only; no quality reporting
H2419	001	SeniorCare Complete (HMO D-SNP)	SOUTH COUNTRY HEALTH ALLIANCE	Sample at contract level for quality and frailty
H2425	001	SecureBlue (HMO D-SNP)	BLUE PLUS	Sample at contract level for quality and frailty (HOS-M)
H2456	002	UCare's Minnesota Senior Health Options (HMO D-SNP)	UCARE MINNESOTA	Sample at contract level for quality and frailty (HOS-M)
H2458	002	Medica DUAL Solution (HMO D-SNP)	MEDICA HEALTH PLANS	Sample at contract level for quality and frailty (HOS-M)
H2563	004	Optima Community Complete (HMO D-SNP)	OPTIMA HEALTH PLAN	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2775	112	WellCare Imperial (PPO D-SNP)	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2879	001	Molina Medicare Complete Care (HMO D-SNP)	MOLINA HEALTHCARE OF WISCONSIN, INC.	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
H3240	024	Amerivantage Dual Secure (HMO-POS D-SNP)	AMERIGROUP NEW JERSEY, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3259	001	BlueCare Plus (HMO D-SNP)	VOLUNTEER STATE HEALTH PLAN	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3259	002	BlueCare Plus Choice (HMO D-SNP)	VOLUNTEER STATE HEALTH PLAN	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3347	002	Elderplan For Medicaid Beneficiaries (HMO D-SNP)	ELDERPLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3347	007	Elderplan Plus Long Term Care (HMO 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 FIDE SNP PBP level for frailty
H4868	004	WellCare Access (HMO D-SNP)	WELLCARE OF NEW YORK, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H4868	014	WellCare Access (HMO D-SNP)	WELLCARE OF NEW YORK, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H4931	013	Banner - University Care Advantage (HMO D-SNP)	BANNER - UNIVERSITY CARE ADVANTAGE	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4931	014	Banner - University Care Advantage (HMO D-SNP)	BANNER - UNIVERSITY CARE ADVANTAGE	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4931	015	Banner - University Care Advantage (HMO D-SNP)	BANNER - UNIVERSITY CARE ADVANTAGE	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4931	016	Banner - University Care Advantage (HMO D-SNP)	BANNER - UNIVERSITY CARE ADVANTAGE	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5209	002	My Choice Wisconsin Partnership Plan (HMO D-SNP)	CARE WISCONSIN HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5294	010	Allwell Medicare Nurture (HMO D-SNP)	SUPERIOR HEALTH PLAN, INC.	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
H5294	015	Allwell Dual Medicare Harmony (HMO D-SNP)	SUPERIOR HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5425	010	SCAN Connections (HMO D-SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5425	030	SCAN Connections at Home (HMO D-SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5549	003	VNSNY CHOICE Total (HMO D-SNP)	VNS CHOICE	Sample at contract level for quality and 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)
H5628	008	Molina Medicare Complete Care (HMO D-SNP)	MOLINA HEALTHCARE OF UTAH, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5703	001	AbilityCare (HMO D-SNP)	SOUTH COUNTRY HEALTH ALLIANCE	Sample at contract level for frailty; Follow-Up only quality reporting
H5969	002	AlohaCare Advantage Plus (HMO D-SNP)	ALOHACARE	Sample at contract level for quality and frailty (HOS-M)
H5992	007	Senior Whole Health of New York NHC (HMO D-SNP)	SENIOR WHOLE HEALTH OF NEW YORK, INC.	Sample at contract level for frailty only; no quality reporting
H6776	002	RiverSpring MAP (HMO D-SNP)	ELDERSERVE HEALTH, INC.	Sample at contract level for frailty only; no quality reporting
H6988	004	Centers Plan for Medicaid Advantage Plus (HMO D-SNP)	CENTERS PLAN FOR HEALTHY LIVING, LLC	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H7323	005	WellCare Imperial (PPO D-SNP)	WELLCARE NATIONAL HEALTH INSURANCE COMPANY	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H7464	005	UnitedHealthcare Dual Complete ONE (HMO D-SNP)	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H7559	001	Magellan Complete Care of Virginia, LLC (HMO D-SNP)	MAGELLAN COMPLETE CARE OF VIRGINIA, INC.	Sample at contract level for frailty only; no quality reporting

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Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H8298	001	Horizon NJ TotalCare (HMO D-SNP)	HORIZON HEALTHCARE OF NEW JERSEY, INC.	Sample at contract level for quality and frailty
H9001	019	NaviCare (HMO D-SNP)	FALLON COMMUNITY HEALTH PLAN	Sample at contract level for quality, then at PBP level for 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
H9585	001	BMC HealthNet Plan Senior Care Options (HMO D-SNP)	BOSTON MEDICAL CENTER HEALTH PLAN, INC.	Sample at contract level for quality and frailty
H9877	001	Virginia Premier Advantage Elite (HMO D-SNP)	VIRGINIA PREMIER HEALTH PLAN, INC.	Sample at contract level for quality and frailty
H9869	001	Partners Health Plan	PARTNERS HEALTH PLAN, INC.	Sample at contract level for quality and frailty (HOS-M)

ATTACHMENT 3

Conditionally-Approved Medicare Health Outcomes Survey Vendors*

Survey Vendor Contact Information	
<p>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</p>	<p>Data Recognition Corporation (DRC) Carrie DeMay 13490 Bass Lake Road Maple Grove, MN 55311 Tel: (763)-268-2000 cdemay@datarecognitioncorp.com www.datarecognitioncorp.com</p>
<p>DataStat, Inc. Ellen Johnson 3975 Research Park Dr. Ann Arbor, MI 48108 Tel: (734) 994-0540, ext.158 ejohnson@datastat.com www.datastat.com</p>	<p>Market Decisions LLC dba Market Decisions Research Brian Robertson, Ph.D 75 Washington Avenue, Suite 2C Portland, ME 04101 Tel: (207)-767-6440, ext. 102 brianr@marketdecisions.com www.marketdecisions.com</p>
<p>Symphony Performance Health, Inc. dba SPH Analytics Vicki Sheheane 1965 Evergreen Blvd, Suite 100 Duluth, GA 30096 Tel: (470)-394-3059 vicki.sheheane@sphanalytics.com www.sphanalytics.com</p>	

*Contingent on successful completion of HOS survey vendor training in May 2021.

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.