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® 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/). 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 3—Conditionally-Approved Medicare HOS Survey Vendors.
- Attachment 4—Sample Text for Use in a Member Newsletter Encouraging Members to Complete the HOS.

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

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

Reporting Requirements

The following MAOs and other organization types with Medicare contracts in effect on or before January 1, 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).

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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.

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

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1 MAO is not required to administer HOS 2021 Cohort 24 Baseline survey due to enrollment less of 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 2
### FIDE SNPs Voluntarily Reporting in 2021

<table>
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<tr>
<th>Contract ID</th>
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# ATTACHMENT 3

**Conditionally-Approved Medicare Health Outcomes Survey Vendors**

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<tr>
<th>Survey Vendor Contact Information</th>
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</table>
| **Center for the Study of Services (CSS)**  
Alok Shrestha  
1625 K Street, NW, 8th Floor  
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ashrestha@cssresearch.org  
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www.datarecognitioncorp.com |
| **DataStat, Inc.**  
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Ann Arbor, MI 48108  
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ejohnson@datastat.com  
www.datastat.com | **Market Decisions LLC dba Market Decisions Research**  
Brian Robertson, Ph.D  
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Portland, ME 04101  
Tel: (207)-767-6440, ext. 102  
brianr@marketdecisions.com  
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| **Symphony Performance Health, Inc. dba SPH Analytics**  
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Tel: (470)-394-3059  
vicki.sheheane@sphanalytics.com  
www.sphanalytics.com |  |

*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.