



MEMORANDUM

TO: Medicare Advantage Organizations
FROM: HOS Project Team
DATE: November 27, 2018
RE: Medicare Health Outcomes Survey 2019 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 2019. CMS has contracted with the National Committee for Quality Assurance (NCQA) to oversee the administration of the HOS. All Medicare Advantage Organizations (MAOs) must contract with a CMS-approved HOS survey vendor to field their surveys.

MA contracts must report their survey vendor choice via email (hos@ncqa.org) by Friday, January 11, 2019. The email **must** include the following information:

- CMS contract number.
- CMS contract name.
- HOS contact person at MA contract (include telephone and e-mail).
- Name of HOS survey vendor.²
- Cohort administration (e.g., Cohort 22 Baseline, Cohort 20 Follow-Up, or both).

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.

This memo contains information about 2019 CMS HOS reporting requirements and actions needed by participating MAOs. CMS will also post this memo on the [HOS website](http://hosonline.org/) (<http://hosonline.org/>). This memo includes the following sections and attachments:

- Reporting Requirements.
- Optional FIDE SNP Reporting.
- Contracting with a Survey Vendor and Notifying the HOS Project Team of Survey Vendor Selection.
- Healthcare Organization Questionnaire (HOQ).
- Cohort 22 Baseline and Cohort 20 Follow-Up Survey Administration.
- HOS Data Dissemination.

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

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

- Attachment 1—List of MA Contracts Required to Report HOS.
- Attachment 2—List of FIDE SNPs Voluntarily Reporting.
- Attachment 3—HOS Survey Vendor Contact Information.
- Attachment 4—Sample Language for Member Newsletters.

Reporting Requirements

The following MAOs and other organization types with Medicare contracts in effect on or before January 1, 2018 are **required** to report the Baseline HOS in 2019, provided that they have a minimum enrollment of 500 members as of February 1, 2019:

- All MAOs, including all coordinated care plans, PFFS contracts, and MSA contracts.
- Section 1876 Cost contracts even if they are closed for enrollment.
- Employer/union only contracts.
- Medicare Medicaid Plans (MMPs).

In addition, all organizations that reported a Cohort 20 Baseline survey in 2017 are required to administer a Cohort 20 Follow-Up survey in 2019.

In the event of a consolidation, merger, or novation, the surviving contract must report Follow-Up HOS for all members of all contracts involved. All eligible members of consolidated, merged, or novated contracts will be resurveyed and the results will be supported as one under the surviving contract. In the event of a contract conversion, the contract must report if its new organization type is required to report.

Optional FIDE SNP Reporting

MAOs that expect to sponsor Fully Integrated Dual-Eligible (FIDE) Special Needs Plans (SNP) in 2019 may elect to report HOS at the plan benefit package (PBP) level to determine eligibility for a frailty adjustment payment under the Affordable Care Act. Voluntary reporting at the PBP level is in addition to the standard HOS requirements for quality reporting at the contract level. The minimum enrollment is 50. Surveys are fielded at the PBP level for frailty scoring. For PBPs with enrollment in excess of 1,200 members, sample sizes are approximately 1,200. For PBPs with enrollment between 50 and 1,200, all members are surveyed.

FIDE SNPs electing to report should have notified CMS of this decision by October 31, 2018. The *Advance Notice of Methodological Changes for Calendar Year (CY) 2020*, to be published by CMS in February 2019, will provide more information about frailty adjustment, including the methodology used to determine if FIDE SNPs have similar average levels of frailty as PACE (and thus qualify for frailty payments in 2020). MAOs that elected to participate in HOS-M for purposes of measuring frailty are reminded they must contract with DataStat, Inc. to survey their FIDE SNP(s). All plans may contract with the CMS-approved survey vendor of their choice to administer HOS.

Contracting with a Survey Vendor and Notifying the HOS Project Team of Survey Vendor Selection

CMS annually trains and approves survey vendors to administer the HOS survey on behalf of MA contracts. The following survey vendors are CMS-conditionally approved to administer HOS in 2019:

1. Center for the Study of Services (CSS).
2. DataStat, Inc.
3. Decision Support Systems, LP (dba DSS Research).
4. Morpace Inc.
5. SPH Analytics.

CMS encourages MAOs to contract with a high-quality, CMS-approved survey vendor and to work with their survey vendor to understand the survey administration and data submission timelines. To ensure the confidentiality of the survey process, survey vendors are prohibited from providing MAOs with patient-level data or reports during any phase of the data collection period or between Baseline and Follow-Up data collection for any cohort. Survey vendors will provide MAOs with regular progress reports containing summary-level indicators (e.g., interim mail and telephone response rates).

Healthcare Organization Questionnaire (HOQ)

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

Cohort 22 Baseline and Cohort 20 Follow-Up Survey Administration

The Cohort 22 Baseline and Cohort 20 Follow-Up surveys are scheduled for administration from April through July 2019. The survey will be administered in English, Spanish, Chinese, and Russian. Telephone interviewing will be available in English and Spanish. Fielding the mail survey in Chinese and Russian is optional. MA contracts must work with their survey vendor to determine which optional languages to field.

CMS will allow oversampling for the 2019 Cohort 22 Baseline Survey Administration. All MAOs required to report HOS will have the option of surveying a sample of members that is larger than the required sample size of 1,200. Oversampling can only occur at the contract level and oversampling requests should be expressed as a percentage of the sample size. MAOs interested in oversampling must make a formal request to NCQA with their survey vendor selection no later than Friday, January 11, 2019 specifying the contract number associated with the oversampling request and the requested oversampling percentage.

An updated version of the HOS manual, *HEDIS 2019, Volume 6: Specifications for the Medicare Health Outcomes Survey*, will be published in February 2019. The volume can be obtained by calling NCQA's Customer Support line at 888-275-7585 or ordered online by visiting www.ncqa.org.

HOS Data Dissemination

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

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

Baseline reports are available the year after administration of the Baseline cohort. For example, the *2019 Cohort 22 Baseline Report* will be available in 2020. **All report distribution occurs electronically through the CMS HPMS.** For access to HPMS, contact your CMS Quality Point of Contact.

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

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

Attachments

1. Attachment 1 is a list of Medicare Advantage contracts required to report HOS in 2019. 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 2019 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 HOS.

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

ATTACHMENT 1

Medicare Advantage Organizations Required to Administer HOS in 2019

Contract ID	Contract Name	Contract ID	Contract Name
H0022	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H0354	CIGNA HEALTHCARE OF ARIZONA, INC.
H0028	CHA HMO, INC.	H0423	METROPLUS HEALTH PLAN, INC.
H0502 ¹	THE CONTRA COSTA HEALTH PLAN	H0432	UNITEDHEALTHCARE OF ALABAMA, INC.
H0062	SUPERIOR HEALTHPLAN COMMUNITY SOLUTIONS, INC.	H0439	CIGNA HEALTHCARE OF GEORGIA, INC.
H0104	BLUE CROSS AND BLUE SHIELD OF ALABAMA	H0480	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
H0107	HEALTH CARE SERVICE CORPORATION	H0504	CALIFORNIA PHYSICIANS' SERVICE
H0111	WELLCARE OF GEORGIA, INC.	H0523	AETNA HEALTH OF CALIFORNIA INC.
H0137	COMMONWEALTH CARE ALLIANCE, INC.	H0524	KAISER FOUNDATION HP, INC.
H0148	CARE1ST HEALTH PLAN	H0543	UHC OF CALIFORNIA
H0154	VIVA HEALTH, INC.	H0544	BLUE CROSS OF CALIFORNIA
H0169	UNITEDHEALTHCARE OF THE MIDWEST, INC.	H0545	INTER VALLEY HEALTH PLAN, INC.
H0174	WELLCARE OF TEXAS, INC.	H0562	HEALTH NET OF CALIFORNIA, INC.
H0192	AMERIHEALTH MICHIGAN, INC.	H0571	CHINESE COMMUNITY HEALTH PLAN
H0251	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	H0602	ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION
H0281	ILLINICARE HEALTH PLAN	H0609	PACIFICARE OF COLORADO, INC
H0294	CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY	H0624	UNITEDHEALTHCARE INSURANCE COMPANY
H0302	MEDISUN, INC.	H0630	KAISER FOUNDATION HP OF CO
H0321	ARIZONA PHYSICIANS IPA, INC.	H0657	FRIDAY HEALTH PLANS OF COLORADO, INC.
H0332	KS PLAN ADMINISTRATORS, LLC	H0710	UNITEDHEALTHCARE INSURANCE COMPANY
H0336	HUMANA HEALTH PLAN, INC.	H0712	WELLCARE OF CONNECTICUT, INC.
H0351	HEALTH NET OF ARIZONA, INC.	H0724	BUCKEYE HEALTH PLAN COMMUNITY SOLUTIONS

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Contract ID	Contract Name	Contract ID	Contract Name
H0755	OXFORD HEALTH PLANS (CT), INC.	H1350	BLUE CROSS OF IDAHO CARE PLUS, INC.
H0838	UNIVERSAL CARE, INC.	H1352	BLUE-ADVANTAGE PLUS OF KANSAS CITY, INC.
H0908	BUCKEYE COMMUNITY HEALTH PLAN, INC.	H1365	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.
H0913	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	H1372 ¹	MARQUIS ADVANTAGE, INC.
H0927	HEALTH CARE SERVICE CORPORATION	H1415	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY
H1016	AVMED, INC.	H1416	HARMONY HEALTH PLAN, INC.
H1019	CAREPLUS HEALTH PLANS, INC.	H1436	ABSOLUTE TOTAL CARE, INC.
H1032	WELLCARE OF FLORIDA, INC.	H1463	HEALTH ALLIANCE CONNECT, INC.
H1035	HEALTH OPTIONS, INC.	H1468	HUMANA BENEFIT PLAN OF ILLINOIS, INC.
H1036	HUMANA MEDICAL PLAN, INC.	H1537	UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK
H1045	PREFERRED CARE PARTNERS, INC.	H1587	ARKANSAS SUPERIOR SELECT, INC.
H1099	HEALTH FIRST HEALTH PLANS	H1607	ANTHEM INSURANCE COMPANIES, INC.
H1109	AETNA HEALTH INC.(GA)	H1608	COVENTRY HEALTH AND LIFE INSURANCE COMPANY
H1100 ¹	INNOVATION HEALTH INSURANCE COMPANY	H1609	AETNA HEALTH INC. (FL)
H1111	UNITEDHEALTHCARE OF GEORGIA, INC.	H1610	COVENTRY HEALTH CARE OF VIRGINIA
H1112	WELLCARE OF GEORGIA, INC.	H1651	MEDICAL ASSOCIATES HEALTH PLAN, INC.
H1170	KAISER FOUNDATION HP OF GA, INC.	H1659	PIEDMONT COMMUNITY HEALTHCARE, INC.
H1181	NETWORK HEALTH INSURANCE CORPORATION	H1660	HARVARD PILGRIM HEALTH CARE INC.
H1189	CHRISTUS HEALTH PLAN	H1664 ¹	HOME STATE HEALTH PLAN, INC.
H1225	HOPKINS HEALTH ADVANTAGE, INC.	H1666	HCSC INSURANCE SERVICES COMPANY
H1230	KAISER FOUNDATION HP, INC.	H1692	COVENTRY HEALTH CARE OF WEST VIRGINIA, INC.
H1286	UNITEDHEALTHCARE INSURANCE COMPANY	H1723	ABSOLUTE TOTAL CARE, INC.
H1302	BLUE CROSS OF IDAHO CARE PLUS, INC.	H1737	HEALTH ALLIANCE - MIDWEST, INC.
H1304	REGENCE BLUESHIELD OF IDAHO	H1777	CATHOLIC SPECIAL NEEDS PLAN, LLC

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Contract ID	Contract Name	Contract ID	Contract Name
H1846	MOUNT CARMEL HEALTH INSURANCE COMPANY	H2225	COMMONWEALTH CARE ALLIANCE, INC.
H1894	AMERIGROUP WASHINGTON, INC.	H2226	UNITEDHEALTHCARE INSURANCE COMPANY
H1944	UNITEDHEALTHCARE OF NEW ENGLAND, INC.	H2228	UNITEDHEALTHCARE INSURANCE COMPANY
H1951	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	H2230	BCBS OF MASSACHUSETTS HMO BLUE, INC.
H1961	PEOPLES HEALTH, INC.	H2237	INDEPENDENT CARE HEALTH PLAN, INC.
H1969	REGENCE BLUESHIELD OF IDAHO	H2241	GOLDEN STATE MEDICARE HEALTH PLAN
H1977	UPPER PENINSULA HEALTH PLAN, LLC	H2247	UNITEDHEALTHCARE COMMUNITY PLAN, INC.
H1994	SELECTHEALTH, INC.	H2256	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION
H1997	REGENCE BLUESHIELD	H2261	BCBS OF MASSACHUSETTS HMO BLUE, INC.
H2001	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	H2320	PRIORITY HEALTH
H2029	HUMANA INSURANCE OF PUERTO RICO, INC.	H2322	ALLIANCE HEALTH AND LIFE INSURANCE COMPANY
H2032	INSURANCE COMPANY OF SCOTT AND WHITE	H2354	HEALTH ALLIANCE PLAN OF MICHIGAN
H2034 ¹	COMMUNITY CARE HEALTH PLAN, INC.	H2406	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
H2108	BRAVO HEALTH MID-ATLANTIC, INC.	H2416	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE
H2150	KAISER FNDN HP OF THE MID-ATLANTIC STS	H2417 ¹	ITASCA MEDICAL CARE
H2161	UPPER PENINSULA HEALTH PLAN, LLC	H2419	SOUTH COUNTRY HEALTH ALLIANCE
H2168	VILLAGE SENIOR SERVICES CORPORATION	H2422	HEALTHPARTNERS, INC.
H2171	CARE N' CARE INSURANCE COMPANY, INC.	H2425	BLUE PLUS
H2172	KAISER FDTN HLTH PLAN OF THE MID-ATLANTIC STATES	H2450	MEDICA INSURANCE COMPANY
H2174	TRILLIUM COMMUNITY HEALTH PLAN	H2456	UCARE MINNESOTA
H2185	LIFEWORKS ADVANTAGE, LLC	H2458	MEDICA HEALTH PLANS
H2224	SENIOR WHOLE HEALTH, LLC	H2459	UCARE MINNESOTA

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Contract ID	Contract Name	Contract ID	Contract Name
H2461	BLUE CROSS AND BLUE SHIELD OF MINNESOTA	H3071	COMMUNITY CARE ALLIANCE OF ILLINOIS, NFP
H2462	GROUP HEALTH PLAN, INC. (MN)	H3113	OXFORD HEALTH PLANS (NJ), INC.
H2486	HUMANA MEDICAL PLAN OF UTAH, INC.	H3132	AHF MCO OF FLORIDA, INC.
H2491	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	H3152	AETNA HEALTH INC. (NJ)
H2506	AETNA BETTER HEALTH, INC. (IL)	H3154	HORIZON INSURANCE COMPANY
H2531	UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.	H3170	SAPPHIRE EDGE, INC.
H2533	MOLINA HEALTHCARE OF SOUTH CAROLINA, INC.	H3204	PRESBYTERIAN HEALTH PLAN
H2563	OPTIMA HEALTH PLAN	H3206	PRESBYTERIAN INSURANCE COMPANY, INC.
H2593	AMERIGROUP TEXAS, INC.	H3237	HEALTH NET COMMUNITY SOLUTIONS, INC.
H2610	ESSENCE HEALTHCARE, INC.	H3240	AMERIGROUP NEW JERSEY, INC.
H2663	COVENTRY HEALTH CARE OF MISSOURI, INC	H3251	HEALTH CARE SERVICE CORPORATION
H2758	BEHEALTHY FLORIDA, INC.	H3259	VOLUNTEER STATE HEALTH PLAN
H2773	QUALITY HEALTH PLANS OF NEW YORK, INC.	H3291	PRUITTHEALTH PREMIER, INC.
H2775	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY	H3305	MVP HEALTH PLAN, INC.
H2802	UNITEDHEALTHCARE OF THE MIDLANDS, INC.	H3307	OXFORD HEALTH PLANS (NY), INC.
H2816	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY	H3312	AETNA HEALTH INC. (NY)
H2829	INNOVATION HEALTH PLAN, INC.	H3328	THE NEW YORK STATE CATHOLIC HEALTH PLAN, INC.
H2879	MOLINA HEALTHCARE OF WISCONSIN	H3330	HEALTH INSURANCE PLAN OF GREATER NEW YORK
H2906	HOMETOWN HEALTH PLAN, INC.	H3335	EXCELLUS HEALTH PLAN, INC.
H2915	PENNSYLVANIA HEALTH & WELLNESS, INC.	H3342	EMPIRE HEALTHCHOICE ASSURANCE, INC.
H2944	HUMANA INSURANCE COMPANY	H3344	INDEPENDENT HEALTH BENEFITS CORPORATION
H2960	HOMETOWN HEALTH PLAN, INC.	H3347	ELDERPLAN, INC.
H2962	ULTIMATE HEALTH PLANS, INC.	H3351	EXCELLUS HEALTH PLAN, INC.
H2986	STANFORD HEALTHCARE ADVANTAGE	H3359	HEALTHFIRST HEALTH PLAN, INC.
H3054	CONSTELLATION HEALTH, LLC.	H3362	INDEPENDENT HEALTH ASSOCIATION, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H3379	UNITEDHEALTHCARE OF NEW YORK, INC.	H3749	UNITEDHEALTHCARE OF OKLAHOMA, INC.
H3384	HEALTHNOW NEW YORK INC.	H3755	COMMUNITY CARE HMO, INC
H3387	UNITEDHEALTHCARE OF NEW YORK, INC.	H3794	CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY
H3388	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.	H3805	UNITEDHEALTHCARE OF OREGON, INC.
H3404	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H3810	ALLCARE HEALTH PLAN, INC.
H3416	HEALTHPARTNERS UNITYPOINT HEALTH, INC.	H3811	SAMARITAN HEALTH PLANS, INC.
H3447	HEALTHKEEPERS, INC.	H3813	MODA HEALTH PLAN, INC.
H3449	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	H3814	ATRIO HEALTH PLANS
H3464	UNITEDHEALTHCARE OF ARKANSAS, INC.	H3815	ALIGNMENT HEALTH PLAN
H3471	HEALTH ALLIANCE NORTHWEST HEALTH PLAN	H3817	REGENCE BLUECROSS BLUESHIELD OF OREGON
H3499	COORDINATED CARE CORPORATION	H3822	HEALTH CARE SERVICE CORPORATION
H3528	CONNECTICARE, INC.	H3832	HAWAII MEDICAL SERVICE ASSOCIATION
H3533	HUMANA HEALTH COMPANY OF NEW YORK, INC.	H3864	PACIFICSOURCE COMMUNITY HEALTH PLANS
H3536	MATTHEW THORNTON HEALTH PLAN, INC.	H3890	HOPKINS HEALTH ADVANTAGE, INC.
H3561	HEALTH NET COMMUNITY SOLUTIONS, INC.	H3907	UPMC HEALTH PLAN, INC.
H3597	AETNA HEALTH INC. (ME)	H3909	QCC INSURANCE COMPANY
H3653	PARAMOUNT CARE, INC.	H3916	HIGHMARK SENIOR HEALTH COMPANY
H3655	COMMUNITY INSURANCE COMPANY	H3923	CAPITAL ADVANTAGE INSURANCE COMPANY
H3660	SUMMACARE INC.	H3924	GEISINGER INDEMNITY INSURANCE COMPANY
H3664	AULTCARE HEALTH INSURING CORPORATION	H3928	AETNA HEALTH, INC. (LA)
H3668	MOUNT CARMEL HEALTH PLAN, INC.	H3931	AETNA HEALTH INC. (PA)
H3672	THE HEALTH PLAN OF WEST VIRGINIA	H3949	BRAVO HEALTH PENNSYLVANIA, INC.
H3706	GLOBALHEALTH, INC.	H3952	KEYSTONE HEALTH PLAN EAST, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
H3954	GEISINGER HEALTH PLAN	H4513	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H3957	HIGHMARK CHOICE COMPANY	H4514	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, L.L.C.
H3959	AETNA HEALTH INC. (PA)	H4523	AETNA HEALTH INC. (TX)
H3962	KEYSTONE HEALTH PLAN CENTRAL, INC.	H4527	PHYSICIANS HEALTH CHOICE OF TEXAS, LLC
H3979	GHS HEALTH MAINTENANCE ORGANIZATION, INC.	H4590	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.
H4003	MMM HEALTHCARE, LLC	H4604	UNITEDHEALTHCARE OF UTAH, INC.
H4004	MMM HEALTHCARE, LLC	H4605	REGENCE BLUECROSS BLUESHIELD OF UTAH
H4005	TRIPLE S ADVANTAGE, INC.	H4754	PACIFICSOURCE COMMUNITY HEALTH PLANS
H4007	HUMANA HEALTH PLANS OF PUERTO RICO, INC.	H4853	BRIGHT HEALTH COMPANY OF ARIZONA
H4036	ANTHEM INSURANCE COMPANIES, INC.	H4868 ²	WELLCARE OF NEW YORK, INC.
H4089	UNITEDHEALTHCARE OF LOUISIANA, INC.	H4875	PRIORITY HEALTH
H4091	SIMPRA ADVANTAGE, INC.	H4876	CONSTELLATION HEALTH, LLC.
H4093	PROVIDER PARTNERS HEALTH PLAN OF PENNSYLVANIA, INC	H4882	HEALTHPARTNERS, INC.
H4141	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	H4909	ANTHEM INSURANCE COMPANIES, INC.
H4152	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	H4922	AGEWELL NEW YORK, LLC
H4198	COMMUNITYCARE GOVERNMENT PROGRAMS, INC.	H4931	BANNER - UNIVERSITY CARE ADVANTAGE
H4213	USABLE MUTUAL INSURANCE COMPANY	H5008	UNITEDHEALTHCARE INSURANCE COMPANY
H4227	VISTA HEALTH PLAN, INC.	H5009	REGENCE BLUESHIELD
H4279	UPMC FOR YOU, INC	H5010	ASURIS NORTHWEST HEALTH
H4346	HMO COLORADO, INC.	H5042	CDPHP UNIVERSAL BENEFITS, INC.
H4388	SECURITY HEALTH PLAN OF WISCONSIN, INC.	H5050	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON
H4407	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY	H5087	EASY CHOICE HEALTH PLAN INC.
H4461	CARITEN HEALTH PLAN INC.	H5106	HIGHMARK SENIOR SOLUTIONS COMPANY
H4497	MEDICAL MUTUAL OF OHIO	H5141	CLOVER INSURANCE COMPANY
H4506	SELECTCARE OF TEXAS, INC.	H5172	COMMUNITY HEALTH GROUP

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Contract ID	Contract Name	Contract ID	Contract Name
H5190	SUNSHINE STATE HEALTH PLAN, INC.	H5441	HEALTHFIRST HEALTH PLAN, INC.
H5209	CARE WISCONSIN HEALTH PLAN, INC.	H5471	SIMPLY HEALTHCARE PLANS, INC.
H5211	SECURITY HEALTH PLAN OF WISCONSIN, INC.	H5475	MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
H5215	NETWORK HEALTH INSURANCE CORPORATION	H5521	AETNA LIFE INSURANCE COMPANY
H5216	HUMANA INSURANCE COMPANY	H5522	HEALTHASSURANCE PENNSYLVANIA, INC.
H5253	UNITEDHEALTHCARE OF WISCONSIN, INC.	H5525	HUMANA BENEFIT PLAN OF ILLINOIS, INC.
H5256	MEDICAL ASSOCIATES CLINIC HEALTH PLAN	H5526	HEALTHNOW NEW YORK INC.
H5262	GUNDERSEN HEALTH PLAN	H5533	UPMC HEALTH NETWORK, INC.
H5264	DEAN HEALTH PLAN, INC.	H5549	VNS CHOICE
H5280	MOLINA HEALTHCARE OF OHIO, INC.	H5576	VANTAGE HEALTH PLAN, INC.
H5294	SUPERIOR HEALTH PLAN, INC.	H5577	MCS ADVANTAGE, INC.
H5322	CARE IMPROVEMENT PLUS SOUTH ENTRAL INSURANCE CO.	H5580	MERCY CARE
H5355	IEHP HEALTH ACCESS	H5587	HEALTH CHOICE ARIZONA, INC.
H5386	SHARP HEALTH PLAN	H5590	BRIDGEWAY HEALTH SOLUTIONS
H5410	HEALTHSPRING OF FLORIDA	H5591	MARTIN'S POINT GENERATIONS ADVANTAGE, INC.
H5420	MEDICA HEALTHCARE PLANS, INC.	H5594	OPTIMUM HEALTHCARE, INC.
H5422	BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA	H5608	DENVER HEALTH MEDICAL PLAN, INC.
H5425	SCAN HEALTH PLAN	H5619	ARCADIAN HEALTH PLAN, INC.
H5427	FREEDOM HEALTH, INC.	H5628	MOLINA HEALTHCARE OF UTAH, INC.
H5430	ONECARE BY CARE1ST HEALTH PLAN ARIZONA INC.	H5649	CENTRAL HEALTH PLAN OF CALIFORNIA, INC.
H5431	HEALTHSUN HEALTH PLANS, INC.	H5652	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
H5433	ORANGE COUNTY HEALTH AUTHORITY	H5656	SELECTCARE HEALTH PLANS, INC.
H5434	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	H5703	SOUTH COUNTRY HEALTH ALLIANCE
H5435	UNITEDHEALTHCARE INSURANCE COMPANY	H5746	AMERIGROUP COMMUNITY CARE OF NEW MEXICO, INC.
H5439	HEALTH NET LIFE INSURANCE COMPANY	H5774	TRIPLE S ADVANTAGE, INC.

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² Medicare Advantage contract is not required to administer 2019 Cohort 22 Baseline survey due to enrollment less than 500 but is **required** to administer the Cohort 20 Follow-Up survey because the 2017 Cohort 20 Baseline survey was administered two years ago.

Contract ID	Contract Name	Contract ID	Contract Name
H5779	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.	H6306	FIRSTCAROLINACARE INSURANCE COMPANY
H5793	AETNA HEALTH INC. (CT)	H6328	CARE N' CARE INSURANCE COMPANY, INC.
H5810	MOLINA HEALTHCARE OF CALIFORNIA	H6348 ¹	COORDINATED CARE CORPORATION
H5823	MOLINA HEALTHCARE OF WASHINGTON, INC.	H6351	LIBERTY ADVANTAGE, LLC
H5826	COMMUNITY HEALTH PLAN OF WASHINGTON	H6396	CARESOURCE
H5852	AIDS HEALTHCARE FOUNDATION	H6453	HMO LOUISIANA, INC.
H5854	ANTHEM HEALTH PLANS, INC.	H6502	MISSOURI VALLEY LIFE AND HEALTH INSURANCE COMPANY
H5859	HEALTH PLAN OF CAREOREGON, INC.	H6526	UNITEDHEALTHCARE OF NEW MEXICO, INC.
H5883	BLUE CARE NETWORK OF MICHIGAN	H6528	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H5926	MOLINA HEALTHCARE OF MICHIGAN, INC.	H6622	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP
H5928	CARE1ST HEALTH PLAN	H6672 ¹	EON HEALTH, INC. (GA)
H5932	GATEWAY HEALTH PLAN, INC.	H6723	MEDICAL MUTUAL OF OHIO
H5937	UCARE MINNESOTA	H6743	ATRIO HEALTH PLANS
H5938	CAPITAL HEALTH PLAN	H6750	HARVARD PILGRIM HEALTH CARE OF NEW ENGLAND, INC.
H5943	SCAN HEALTH PLAN	H6815	HEALTH NET HEALTH PLAN OF OREGON
H5945	PROMINENCE HEALTHFIRST	H6870	SUPERIOR HEALTH PLAN, INC.
H5959	BLUE CROSS AND BLUE SHIELD OF MINNESOTA	H6988	CENTERS PLAN FOR HEALTHY LIVING, LLC
H5969	ALOHACARE	H7006	ATRIO HEALTH PLANS
H5970	HUMANA INSURANCE COMPANY OF NEW YORK	H7020	CIGNA HEALTHCARE OF SOUTH CAROLINA, INC.
H5989 ^{1,2}	CENTERLIGHT HEALTHCARE, INC.	H7115	MEMORIAL HERMANN HEALTH PLAN
H5991	AFFINITY HEALTH PLAN, INC.	H7149	AETNA HEALTH INC. (PA)
H5995	ATRIO HEALTH PLANS	H7172	AETNA BETTER HEALTH, INC. (OH)
H6080	MERIDIAN HEALTH PLAN OF ILLINOIS, INC.	H7173	PEACH STATE HEALTH PLAN, INC.
H6229	BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.	H7220	INDIANA UNIVERSITY HEALTH PLANS NFP, INC.
H6237	REGENCE BLUECROSS BLUESHIELD OF OREGON	H7245	PREMERA BLUE CROSS

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Contract ID	Contract Name	Contract ID	Contract Name
H7301	COVENTRY HEALTH CARE OF ILLINOIS, INC.	H8130	MOLINA HEALTHCARE OF FLORIDA, INC.
H7326	WELLCARE OF SOUTH CAROLINA, INC.	H8133	GHS INSURANCE COMPANY
H7419	TUFTS HEALTH PUBLIC PLANS, INC.	H8142	SCOTT AND WHITE HEALTH PLAN
H7464	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	H8145	HUMANA INSURANCE COMPANY
H7511 ¹	GOOD SAMARITAN INSURANCE PLAN OF NEBRASKA, INC.	H8170	AMERICA'S 1ST CHOICE OF SOUTH CAROLINA, INC.
H7522	MMM HEALTHCARE, LLC	H8189	MANAGED HEALTH SERVICES, WISCONSIN
H7678	MOLINA HEALTHCARE OF TEXAS, INC.	H8197	MOLINA HEALTHCARE OF TEXAS, INC.
H7680	PROMINENCE HEALTHFIRST OF TEXAS	H8211	MAMSI LIFE AND HEALTH INSURANCE COMPANY
H7728	ANTHEM HEALTH PLANS OF NEW HAMPSHIRE, INC.	H8213	SELECT HEALTH OF SOUTH CAROLINA, INC.
H7787	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	H8258	LOCAL INITIATIVE HEALTH AUTHORITY FOR L.A. COUNTY
H7833	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, L.L.C.	H8266	CONSTELLATION HEALTH, LLC.
H7844	MOLINA HEALTHCARE OF MICHIGAN, INC.	H8298	HORIZON HEALTHCARE OF NEW JERSEY, INC.
H7853	BRIGHT HEALTH INSURANCE COMPANY	H8423	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
H7885	SAN MATEO HEALTH COMMISSION	H8432	EMPIRE HEALTHCHOICE HMO, INC.
H7890	SANTA CLARA COUNTY HEALTH AUTHORITY	H8452	CARESOURCE
H7917	BLUECROSS BLUESHIELD OF TENNESSEE, INC.	H8490	VNS CHOICE
H7971	HORIZON INSURANCE COMPANY	H8506	MODA HEALTH PLAN, INC.
H8003	BLUECROSS AND BLUESHIELD OF SOUTH CAROLINA	H8552	ANTHEM BLUE CROSS LIFE AND HEALTH INS COMPANY
H8016	ORANGE COUNTY HEALTH AUTHORITY	H8554	GHS INSURANCE COMPANY
H8026	AETNA BETTER HEALTH OF MICHIGAN INC.	H8578	HEALTH NEW ENGLAND, INC.
H8029 ¹	ELDERPLAN, INC.	H8604	THP INSURANCE COMPANY
H8046	MOLINA HEALTHCARE OF ILLINOIS, INC.	H8634	HEALTH CARE SERVICE CORPORATION
H8064	FIRSTCAROLINACARE INSURANCE COMPANY	H8649	AETNA HEALTH OF UTAH, INC

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Contract ID	Contract Name	Contract ID	Contract Name
H8677	MOLINA HEALTHCARE OF CALIFORNIA	H9576	NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND
H8748	UNITEDHEALTHCARE INSURANCE COMPANY	H9585	BOSTON MEDICAL CENTER HEALTH PLAN, INC.
H8764	ASPIRE HEALTH PLAN	H9615	MVP HEALTH PLAN, INC.
H8768	UNITEDHEALTHCARE INSURANCE CO OF THE RIVER VALLEY	H9630	ARKANSAS HEALTH AND WELLNESS HEALTH PLAN, INC
H8786	AMERIGROUP TEXAS, INC.	H9699	HMO PARTNERS, INC.
H8854	UNIVERSITY OF MARYLAND HEALTH ADVANTAGE, INC.	H9712	HAP MIDWEST HEALTH PLAN, INC.
H8908	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	H9725	CIGNA HEALTHCARE OF NORTH CAROLINA, INC.
H9001	FALLON COMMUNITY HEALTH PLAN	H9730	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC
H9003	KAISER FOUNDATION HP OF THE NW	H9808	CARE N' CARE INSURANCE COMPANY OF NORTH CAROLINA
H9047	PROVIDENCE HEALTH ASSURANCE	H9811	MAGNOLIA HEALTH PLAN, INC.
H9082	MOLINA HEALTHCARE OF NEW MEXICO, INC.	H9834	GUNDERSEN HEALTH PLAN OF MINNESOTA
H9096	DEAN HEALTH PLAN, INC.	H9869	PARTNERS HEALTH PLAN, INC.
H9153	WEST VIRGINIA SENIOR ADVANTAGE, INC.	H9870	UNIVERSITY HEALTH CARE, INC.
H9190	GATEWAY HEALTH PLAN OF OHIO, INC.	H9877	VIRGINIA PREMIER HEALTH PLAN, INC.
H9207	HEALTH PARTNERS PLANS, INC.	R0110	HUMANA INSURANCE COMPANY
H9276	SUNSHINE HEALTH COMMUNITY SOLUTIONS, INC.	R0865	HUMANA INSURANCE COMPANY
H9287	HEALTH NET COMMUNITY SOLUTIONS OF ARIZONA, INC.	R0923	HUMANA INSURANCE COMPANY
H9302	PREMERA BLUE CROSS	R1390	HUMANA INSURANCE COMPANY
H9408	VIBRA HEALTH PLAN, INC.	R1532	HUMANA INSURANCE COMPANY
H9460	CIGNA HEALTHCARE OF ST LOUIS, INC.	R1548	UNITEDHEALTHCARE INSURANCE CO OF THE RIVER VALLEY
H9487	MICHIGAN COMPLETE HEALTH, INC.	R3175	UNITEDHEALTHCARE INSURANCE COMPANY
H9525	COMPCARE HEALTH SERVICES INSURANCE CORPORATION	R3332	BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
H9572	BCBS OF MICHIGAN MUTUAL INSURANCE COMPANY	R3392	HUMANA INSURANCE COMPANY

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Contract ID	Contract Name	Contract ID	Contract Name
R3444	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	R5826	HUMANA INSURANCE COMPANY
R3887	HUMANA INSURANCE COMPANY	R5941	ANTHEM INSURANCE COMPANIES, INC.
R4182	HUMANA INSURANCE COMPANY	R6694	AETNA LIFE INSURANCE COMPANY
R4845	HUMANA INSURANCE COMPANY	R6801	CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY
R5329	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	R7220	HUMANA INSURANCE COMPANY
R5342	UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK	R7315	HUMANA INSURANCE COMPANY
R5361	HUMANA INSURANCE COMPANY	R7444	UNITEDHEALTHCARE INSURANCE COMPANY
R5495	HUMANA INSURANCE COMPANY		

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ATTACHMENT 2

FIDE SNPs Voluntarily Reporting in 2019

Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H0028	007	Humana Gold Plus SNP-DE H0028-007 (HMO SNP)	CHA HMO, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0028	015	Humana Gold Plus SNP-DE H0028-015 (HMO SNP)	CHA HMO, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0028	031	Humana Gold Plus SNP-DE H0028-031 (HMO SNP)	CHA HMO, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0028	032	Humana Gold Plus SNP-DE H0028-032 (HMO SNP)	CHA HMO, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0028	033	Humana Gold Plus SNP-DE H0028-033 (HMO SNP)	CHA HMO, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0028	034	Humana Gold Plus SNP-DE H0028-034 (HMO SNP)	CHA HMO, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0028	036	Humana Gold Plus SNP-DE H0028-036 (HMO SNP)	CHA HMO, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0137	001	Commonwealth Care Alliance (Medicare-Medicaid Plan)	COMMONWEALTH CARE ALLIANCE, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0251	004	UnitedHealthcare Dual Complete ONE (HMO 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 SNP)	ARIZONA PHYSICIANS IPA, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H0913	013	WellCare Liberty (HMO SNP)	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1019	023	CareNeeds PLUS (HMO SNP)	CAREPLUS HEALTH PLANS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1019	024	CareNeeds PLUS (HMO SNP)	CAREPLUS HEALTH PLANS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty

Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H1019	026	CareNeeds PLUS (HMO SNP)	CAREPLUS HEALTH PLANS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1019	028	CareNeeds PLUS (HMO SNP)	CAREPLUS HEALTH PLANS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1019	073	CareNeeds PLUS (HMO SNP)	CAREPLUS HEALTH PLANS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1019	077	CareNeeds (HMO SNP)	CAREPLUS HEALTH PLANS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1019	079	CareNeeds (HMO SNP)	CAREPLUS HEALTH PLANS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1019	081	CareNeeds (HMO SNP)	CAREPLUS HEALTH PLANS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1019	083	CareNeeds (HMO SNP)	CAREPLUS HEALTH PLANS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1019	085	CareNeeds (HMO SNP)	CAREPLUS HEALTH PLANS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1019	090	CareNeeds PLUS (HMO SNP)	CAREPLUS HEALTH PLANS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1019	091	CareNeeds (HMO SNP)	CAREPLUS HEALTH PLANS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	077	Humana Gold Plus SNP-DE H1036-077A (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	102	Humana Gold Plus SNP-DE H1036-102 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	103	Humana Gold Plus SNP-DE H1036-103A (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	104	Humana Gold Plus SNP-DE H1036-104A (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty

Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H1036	167	Humana Gold Plus SNP-DE H1036-167 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	168	Humana Gold Plus SNP-DE H1036-168 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	209	Humana Gold Plus SNP-DE H1036-209 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	210	Humana Gold Plus SNP-DE H1036-210 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	213	Humana Gold Plus SNP-DE H1036-213 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	214	Humana Gold Plus SNP-DE H1036-214 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	222	Humana Gold Plus SNP-DE H1036-222 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	226	Humana Gold Plus SNP-DE H1036-226 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	231	Humana Gold Plus SNP-DE H1036-231 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	235	Humana Community HMO SNP-DE (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	241	Humana Gold Plus SNP-DE H1036-241 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	243	Humana Gold Plus SNP-DE H1036-243 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	245	Humana Gold Plus SNP-DE H1036-245 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	247	Humana Gold Plus SNP-DE H1036-247 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty

Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H1036	249	Humana Gold Plus SNP-DE H1036-249 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	251	Humana Gold Plus SNP-DE H1036-251 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	253	Humana Gold Plus SNP-DE H1036-253 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	255	Humana Gold Plus SNP-DE H1036-255 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	257	Humana Gold Plus SNP-DE H1036-257 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	259	Humana Gold Plus SNP-DE H1036-259 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	261	Humana Gold Plus SNP-DE H1036-261 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	262	Humana Gold Plus SNP-DE H1036-262 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1036	276	Humana Gold Plus SNP-DE H1036-276 (HMO SNP)	HUMANA MEDICAL PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1350	009	True Blue Special Needs Plan (HMO SNP)	BLUE CROSS OF IDAHO CARE PLUS, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H1951	032	Humana Gold Plus SNP-DE H1951-032 (HMO SNP)	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1951	033	Humana Gold Plus SNP-DE H1951-033 (HMO SNP)	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1951	034	Humana Gold Plus SNP-DE H1951-034 (HMO SNP)	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H1951	041	Humana Gold Plus SNP-DE H1951-041 (HMO SNP)	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty

Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H1961	003	Peoples Health Secure Health (HMO SNP)	PEOPLES HEALTH, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2034	001	Community Care's Partnership Program (HMO SNP)	COMMUNITY CARE HEALTH PLAN, INC.	Sample at contract level for frailty only; no quality reporting
H2034	002	Community Care's Partnership Program Disabled (HMO SNP)	COMMUNITY CARE HEALTH PLAN, INC.	Sample at contract level for frailty only; no quality reporting
H2168	001	VillageCareMAX Medicare Health Advantage (HMO SNP)	VILLAGE SENIOR SERVICES CORPORATION	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2168	002	VillageCareMAX Medicare Total Advantage (HMO SNP)	VILLAGE SENIOR SERVICES CORPORATION	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2224	003	Senior Whole Health NHC (HMO SNP)	SENIOR WHOLE HEALTH, LLC	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2225	001	Senior Care Options Program (HMO SNP)	COMMONWEALTH CARE ALLIANCE, INC.	Sample at contract level for quality and frailty
H2226	001	UnitedHealthcare Senior Care Options (HMO SNP)	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for quality and frailty
H2237	007	iCare Family Care Partnership (HMO SNP)	INDEPENDENT CARE HEALTH PLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2237	001	iCare Medicare Plan (HMO SNP)	INDEPENDENT CARE HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2237	009	Aurora CompleteCare (HMO SNP)	INDEPENDENT CARE HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2237	010	Lakeland Care +Health (HMO SNP)	INDEPENDENT CARE HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2256	029	Tufts Health Plan Senior Care Options (HMO SNP)	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H2416	001	PrimeWest Senior Health Complete (HMO SNP)	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	Sample at contract level for quality and frailty

Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H2417	001	IMCare Classic (HMO SNP)	ITASCA MEDICAL CARE	Sample at contract level for frailty only; no quality reporting
H2419	001	SeniorCare Complete (HMO SNP)	SOUTH COUNTRY HEALTH ALLIANCE	Sample at contract level for quality and frailty
H2425	001	SecureBlue (HMO SNP)	BLUE PLUS	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2456	002	UCare's Minnesota Senior Health Options (HMO SNP)	UCARE MINNESOTA	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2458	002	Medica DUAL Solution (HMO SNP)	MEDICA HEALTH PLANS	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H2926	001	Prime Health Complete (HMO SNP)	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	Sample at contract level for frailty only; no quality reporting
H3113	005	UnitedHealthcare Dual Complete ONE (HMO SNP)	OXFORD HEALTH PLANS (NJ), INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3240	013	Amerivantage Dual Coordination (HMO SNP)	AMERIGROUP NEW JERSEY, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H3240	016	Amerivantage Dual Coordination (HMO SNP)	AMERIGROUP NEW JERSEY, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3259	001	BlueCare Plus (HMO SNP)	VOLUNTEER STATE HEALTH PLAN	Sample at contract level for quality and frailty
H3359	034	Healthfirst CompleteCare (HMO SNP)	HEALTHFIRST HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3533	002	Humana Gold Plus SNP-DE H3533-002 (HMO SNP)	HUMANA HEALTH COMPANY OF NEW YORK, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H3533	004	Humana Gold Plus SNP-DE H3533-004 (HMO SNP)	HUMANA HEALTH COMPANY OF NEW YORK, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4007	016	Humana Gold Plus SNP-DE H4007-016 (HMO SNP)	HUMANA HEALTH PLANS OF PUERTO RICO, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4007	018	Humana Gold Plus SNP-DE H4007-018 (HMO SNP)	HUMANA HEALTH PLANS OF PUERTO RICO, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty

Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H4007	019	Humana Gold Plus SNP-DE H4007-019 (HMO SNP)	HUMANA HEALTH PLANS OF PUERTO RICO, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4141	003	Humana Gold Plus SNP-DE H4141-003 (HMO SNP)	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4227	001	Keystone First VIP Choice (HMO SNP)	VISTA HEALTH PLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H4227	002	AmeriHealth Caritas VIP Care (HMO SNP)	VISTA HEALTH PLAN, INC.	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H4279	001	UPMC for Life Dual (HMO SNP)	UPMC FOR YOU, INC	Sample at contract level for quality and frailty
H4461	022	Humana Gold Plus SNP-DE H4461-022 (HMO SNP)	CARITEN HEALTH PLAN INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H4931	013	Banner - University Care Advantage (HMO 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 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 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 SNP)	BANNER - UNIVERSITY CARE ADVANTAGE	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5209	002	Care Wisconsin Partnership Plan (HMO SNP)	CARE WISCONSIN HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5216	164	HumanaChoice SNP-DE H5216-164 (PPO SNP)	HUMANA INSURANCE COMPANY	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5425	010	SCAN Connections (HMO SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5425	029	SCAN Connections at Home (HMO SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty

Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H5425	030	SCAN Connections at Home (HMO SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5425	031	SCAN Connections at Home (HMO SNP)	SCAN HEALTH PLAN	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5525	036	HumanaChoice SNP-DE H5525-036 (PPO SNP)	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5549	003	VNSNY CHOICE Total (HMO SNP)	VNS CHOICE	Sample at contract level for quality and frailty
H5580	004	Mercy Care Advantage (HMO SNP)	MERCY CARE	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H5619	003	Humana Gold Plus SNP-DE H5619-003 (HMO SNP)	ARCADIAN HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5619	038	Humana Gold Plus SNP-DE H5619-038 (HMO SNP)	ARCADIAN HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5619	054	Humana Gold Plus SNP-DE H5619-054 (HMO SNP)	ARCADIAN HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5619	067	Humana Gold Plus SNP-DE H5619-067 (HMO SNP)	ARCADIAN HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5619	075	Humana Gold Plus SNP-DE H5619-075 (HMO SNP)	ARCADIAN HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5619	076	Humana Gold Plus SNP-DE H5619-076 (HMO SNP)	ARCADIAN HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5619	082	Humana Gold Plus SNP-DE H5619-082 (HMO SNP)	ARCADIAN HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5619	093	Humana Gold Plus SNP-DE H5619-093 (HMO SNP)	ARCADIAN HEALTH PLAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5628	008	Molina Medicare Options Plus (HMO SNP)	MOLINA HEALTHCARE OF UTAH, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty

Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H5703	001	AbilityCare (HMO SNP)	SOUTH COUNTRY HEALTH ALLIANCE	Sample at contract level for quality and frailty
H5969	002	AlohaCare Advantage Plus (HMO SNP)	ALOHACARE	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5970	020	HumanaChoice SNP-DE H5970-020 (PPO SNP)	HUMANA INSURANCE COMPANY OF NEW YORK	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H5992	007	Senior Whole Health of New York NHC (HMO SNP)	SENIOR WHOLE HEALTH OF NEW YORK, INC.	Sample at contract level for frailty only; no quality reporting
H6622	008	Humana Gold Plus SNP-DE H6622-008 (HMO SNP)	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H6622	015	Humana Gold Plus SNP-DE H6622-015 (HMO SNP)	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H6622	018	Humana Gold Plus SNP-DE H6622-018 (HMO SNP)	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H6622	024	Humana Cleveland Clinic Preferred SNP-DE (HMO SNP)	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H6622	027	Humana Gold Plus SNP-DE H6622-027 (HMO SNP)	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H6622	038	Humana Gold Plus SNP-DE H6622-038 (HMO SNP)	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H6622	048	Humana Gold Plus SNP-DE H6622-048 (HMO SNP)	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H6622	051	Humana Gold Plus SNP-DE H6622-051 (HMO SNP)	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H6988	004	Centers Plan for Medicaid Advantage Plus (HMO SNP)	CENTERS PLAN FOR HEALTHY LIVING, LLC	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H8298	001	Horizon NJ TotalCare (HMO SNP)	HORIZON HEALTHCARE OF NEW JERSEY, INC.	Sample at contract level for quality and frailty

Contract ID	PBP ID	Plan Name	Contract Name	Sampling notes for the memo
H8490	001	VNSNY CHOICE FIDA Complete (Medicare-Medicaid Plan)	VNS CHOICE	Sample at contract level for quality and frailty
H8851	001	SWH Whole Health FIDA (Medicare-Medicaid Plan)	SENIOR WHOLE HEALTH OF NEW YORK, INC.	Sample at contract level for frailty only; no quality reporting
H8908	005	Humana Gold Plus SNP-DE H8908-005 (HMO SNP)	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty
H9001	019	NaviCare (HMO SNP)	FALLON COMMUNITY HEALTH PLAN	Sample at contract level for quality, then at PBP level for frailty (HOS-M)
H9585	001	BMC HealthNet Plan Senior Care Options (HMO SNP)	BOSTON MEDICAL CENTER HEALTH PLAN, INC.	Sample at contract level for quality and frailty
R7444	013	UnitedHealthcare Dual Complete RP ONE (Regional PPO SNP)	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for quality, then combined FIDE SNP PBP level for frailty

ATTACHMENT 3

Conditionally-Approved Medicare Health Outcomes Survey Vendors*

Survey Vendor Contact Information	
<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>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>Decision Support Systems, LP dba DSS Research Tammy Austin 4150 International Plaza, Suite 900 Fort Worth, TX 76109 Tel: (800) 989-5150, ext. 4142 tammy.austin@dssresearch.com www.dssresearch.com</p>	<p>Morpace Inc. Allison Zapor 31700 Middlebelt Road, Suite 200 Farmington Hills, MI 48334 Tel: (248) 539-5263 azapor@morpace.com www.morpace.com</p>
<p>Symphony Performance Health, Inc. dba SPH Analytics Lisa Ehle 1965 Evergreen Blvd, Suite 100 Duluth, GA 30096 Tel: (770) 978-3173, ext. 1350 lisa.ehle@sphanalytics.com www.sphanalytics.com</p>	

*Contingent on survey vendors successfully completing HOS survey vendor training in February 2019.

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.