



MEMORANDUM

TO: Medicare Advantage Organizations
FROM: HOS Project Team
DATE: March 14, 2022
RE: Exclusion of Small Medicare Advantage Contracts from Medicare Health Outcomes Survey 2022 Administration

The Centers for Medicare & Medicaid Services (CMS) has determined your contract is **not** required to report the HEDIS^{®1} Medicare Health Outcomes Survey (HOS)² Baseline survey in 2022.

To reduce plan burden, Medicare Advantage Organizations (MAOs) and other organization types that have less than 500 enrolled beneficiaries as of February 1, 2022, are not required to administer the HOS in 2022. This includes all coordinated care contracts, Private Fee-For-Service (PFFS contracts), Medical Savings Account (MSA) contracts, Section 1876 Cost contracts (including those that are closed for enrollment), employer group/union only contracts, and Medicare Medicaid Plans (MMPs).

Final Eligibility Status

This memo serves as the final notice of Baseline reporting requirements for 2022 HOS administration. CMS reviewed contract enrollment as of February 1, 2022, and has determined that your contract is **not** required to report HOS Baseline in 2022.

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

Contracts that are not required to report may elect to voluntarily field the HOS Baseline in 2022 and will have their results publicly reported. Contracts that voluntarily report HOS Baseline in 2022 are required to administer the Follow-Up survey in 2024.

Institutional Special Needs Plans (I-SNPs)

CMS excludes beneficiaries enrolled in Institutional Special Needs Plans (I-SNPs) at the plan benefit package (PBP) level from sampling for the HOS Baseline survey. The HOS Project Team will notify I-SNPs that are required to report the 2022 HOS Baseline Survey. Contracts in effect

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

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

on or before January 1, 2021, and with a minimum of 500 **non-I-SNP** beneficiaries as of February 1, 2022, **are** required to administer the HOS Baseline survey in 2022 to their non-I-SNP beneficiaries.

Cohort 23 Follow-Up Reporting Requirements

Medicare Advantage (MA) contracts that administered the Cohort 23 Baseline survey in 2020 **must** report Cohort 23 Follow-Up in 2022, regardless of enrollment size or I-SNP status. MA contracts that are required to report Cohort 23 Follow-Up **only** are marked with a superscript “1” in Attachment 1.

Optional FIDE SNP Reporting

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

FIDE SNPs electing to report HOS or HOS-M were required to notify CMS of this decision by February 25, 2022. MAOs that elect to use the HOS for measuring frailty may contract with the CMS-approved survey vendor of their choice. This year, there are two vendors approved to administer the HOS-M survey.

MAOs that elect to participate in HOS-M for purposes of measuring frailty may contract with the CMS-approved HOS-M survey vendor of their choice. A list of CMS-approved HOS and HOS-M survey vendors is posted on the HOS website (<https://www.hosonline.org/en/program-overview/survey-vendors/>).

MAOs electing to report HOS or HOS-M at the PBP level must report their survey vendor selection to NCQA via the HOS [survey vendor selection web form](https://www.ncqa.org/hedis/measures/hos/survey-vendor-selection-form/) (<https://www.ncqa.org/hedis/measures/hos/survey-vendor-selection-form/>) no later than **Friday, April 29, 2022**.

CMS released the *Advance Notice of Methodological Changes for Calendar Year (CY) 2023* memorandum on February 2, 2022. 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 2023.

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

Thank you for your continued support of the HOS project.

ATTACHMENT 1

Medicare Advantage Contracts Not Required to Administer HOS Baseline in 2022

| Contract ID | Contract Name |
|--------------------|--|
| H0029 | COORDINATED CARE OF WASHINGTON, INC. |
| H0342 | CAREPARTNERS OF CONNECTICUT, INC. |
| H0363 | LONGEVITY HEALTH PLAN OF COLORADO, INC. |
| H0710 | SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC. |
| H0783 | HUMANA BENEFIT PLAN OF TEXAS, INC. |
| H0798 | MEDICA COMMUNITY HEALTH PLAN |
| H1119 | TSG GUARD, INC. |
| H1205 | INTEGRA MLTC, INC |
| H1277 | ALIGN SENIOR CARE, INC. |
| H1372 | MARQUIS ADVANTAGE, INC. |
| H1426 ¹ | VITALITY HEALTH PLAN OF CALIFORNIA, INC. |
| H1644 | LONGEVITY HEALTH PLAN OF FLORIDA, INC. |
| H1748 | SONDER HEALTH PLANS, INC. |
| H1777 | CATHOLIC SPECIAL NEEDS PLAN, LLC |
| H1787 | GOOD SAMARITAN INSURANCE PLAN OF SOUTH DAKOTA, INC |
| H2020 | DELAWARE LIFE INSURANCE COMPANY |
| H2185 | LIFEWORCS ADVANTAGE, LLC |
| H2292 | OXFORD HEALTH INSURANCE, INC. |
| H2334 | EON HEALTH, INC. (SC) |
| H2392 | KANSAS SUPERIOR SELECT, INC. |
| H2400 | SIGNATURE ADVANTAGE, LLC |
| H2417 | ITASCA MEDICAL CARE |
| H2591 | HEALTH ALLIANCE - MIDWEST, INC. |
| H2926 | PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE |
| H3015 | SHARED HEALTH MISSISSIPPI, INC. |
| H3213 | CARESOURCE KENTUCKY CO. |
| H3291 | PRUITTHEALTH PREMIER, INC. |
| H3407 | EL PASO FIRST HEALTH PLANS, INC. |
| H3419 | PERENNIAL ADVANTAGE OF COLORADO, INC. |
| H3467 | PROCARE ADVANTAGE, LLC |
| H3632 | MEDICA COMMUNITY HEALTH PLAN |
| H3708 | OKLAHOMA SUPERIOR SELECT, INC. |
| H3727 | OH CHS SNP INC. |
| H3800 | PROVIDER PARTNERS HEALTH PLAN OF ILLINOIS |
| H4054 | PROVIDER PARTNERS HEALTH PLAN OF TEXAS, INC. |

¹ MAO is not required to administer the 2022 HOS Cohort 25 Baseline survey due to enrollment less of less than 500 as of February 1, 2022. MAO administered the Cohort 23 Baseline survey in 2020 and **is required** to administer the Cohort 23 Follow-Up survey in 2022.

| Contract ID | Contract Name |
|--------------------|--|
| H4091 | SIMPRA ADVANTAGE, INC. |
| H4093 | PROVIDER PARTNERS HEALTH PLAN OF PENNSYLVANIA, INC |
| H4172 | NHC ADVANTAGE, LLC |
| H4198 ¹ | COMMUNITYCARE GOVERNMENT PROGRAMS, INC. |
| H4232 | AMERICAN HEALTH PLAN OF UT, INC. |
| H4490 | MISSOURI MEDICARE SELECT, LLC |
| H4922 ¹ | AGEWELL NEW YORK, LLC |
| H5015 | TEXAS INDEPENDENCE HEALTH PLAN, INC. |
| H5178 | HUMANA HEALTH PLAN, INC. |
| H5232 | PARAMOUNT CARE, INC. |
| H5373 | PARAMOUNT CARE OF INDIANA, INC. |
| H5374 | LONGEVITY HEALTH PLAN OF NORTH CAROLINA, INC. |
| H5377 | HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC. |
| H5430 | ONECARE BY CARE1ST HEALTH PLAN OF ARIZONA INC. |
| H5447 | COMMUNITY FIRST HEALTH PLANS, INC. |
| H5454 | CLEAR SPRING HEALTH OF ILLINOIS, INC. |
| H5528 | EMBLEMHEALTH, INC. |
| H5613 | MVP HEALTH PLAN, INC. |
| H5644 | NETWORK HEALTH INSURANCE CORPORATION |
| H5992 | SENIOR WHOLE HEALTH OF NEW YORK, INC. |
| H6121 | BRIGHT HEALTH INSURANCE COMPANY OF ILLINOIS |
| H6316 | MISSOURI CARE, INCORPORATED |
| H6345 | PRUITTHEALTH PREMIER NORTH CAROLINA, LLC |
| H6351 | LIBERTY ADVANTAGE, LLC |
| H6379 | CLEAR SPRING HEALTH (CO), INC. |
| H6652 | AMERICAN HEALTH PLAN OF FL, INC. |
| H6672 | EON HEALTH, INC. (GA) |
| H6706 | UNITEDHEALTHCARE OF COLORADO, INC. |
| H6776 | ELDERSERVE HEALTH, INC. |
| H6832 | ALIGN SENIOR CARE MI, LLC |
| H6891 | AMERICAN HEALTH PLAN OF TX, INC. |
| H6959 | ISNP VENTURES, LLC |
| H7076 | CARESOURCE INDIANA, INC. |
| H7165 | BLUECROSS AND BLUESHIELD OF SOUTH CAROLINA |
| H7273 | BANNER HEALTH INSURANCE GROUP |
| H7511 | GOOD SAMARITAN INSURANCE PLAN OF NEBRASKA, INC. |
| H7557 | LONGEVITY HEALTH PLAN OF MICHIGAN, INC. |
| H7598 | GROUP HEALTH COOPERATIVE OF EAU CLAIRE |
| H7779 | AMERICAN HEALTH PLAN, INC. |
| H7971 ¹ | HORIZON INSURANCE COMPANY |

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| Contract ID | Contract Name |
|-------------|--|
| H8067 | PROVIDER PARTNERS HEALTH PLAN, INC. |
| H8093 | GEORGIA ASSURANCE, INC. |
| H8293 | CLEAR SPRING HEALTH (VA), INC. |
| H8390 | CARESOURCE GEORGIA CO. |
| H8457 | LONGEVITY HEALTH PLAN OF NEW YORK, INC. |
| H8492 | DIGNITY CARE CORPORATION |
| H8797 | PERENNIAL ADVANTAGE OF OHIO, INC. |
| H8845 | MAGELLAN COMPLETE CARE OF ARIZONA, INC. |
| H8967 | GOOD SAMARITAN INSURANCE PLAN OF NORTH DAKOTA, LLC |
| H9042 | SOUTHEASTERN INDIANA HEALTH ORGANIZATION, INC. |
| H9066 | VISITING NURSE ASSOCIATION OF CENTRAL NEW YORK |
| H9104 | SCAN HEALTH PLAN |
| H9153 | WEST VIRGINIA SENIOR ADVANTAGE, INC. |
| H9191 | PROVIDER PARTNERS HEALTH PLAN OF MISSOURI, INC. |
| H9258 | WELLCARE HEALTH PLANS OF RHODE ISLAND, INC. |
| H9276 | SUNSHINE HEALTH COMMUNITY SOLUTIONS, INC. |
| H9403 | EON HEALTH, INC. (SC) |
| H9412 | GEISINGER QUALITY OPTIONS, INC. |
| H9489 | VERMONT BLUE ADVANTAGE, INC. |
| H9589 | EON HEALTH, INC. (GA) |
| H9590 | LONGEVITY HEALTH PLAN OF ILLINOIS, INC. |
| H9662 | CIGNA HEALTHCARE OF CALIFORNIA, INC. |
| H9826 | COMMUNITY HEALTH CHOICE TEXAS, INC. |
| H9909 | AMERICAN HEALTH PLAN OF MS, INC. |
| H9917 | ALIGN SENIOR CARE FLORIDA, INC. |
| H9942 | LONGEVITY HEALTH PLAN OF NEW JERSEY INSURANCE COMP |

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