



MEMORANDUM

TO: Medicare Advantage Organizations
FROM: Tony Yep, Manager, HEDIS Survey Operations
DATE: November 28, 2012
RE: Medicare Health Outcomes Survey 2013 Administration

The Centers for Medicare & Medicaid Services (CMS) contracts with the National Committee for Quality Assurance (NCQA) to oversee the administration of the HEDIS^{®1} Medicare Health Outcomes Survey (HOS). All Medicare Advantage Organizations (MAO) contract with a NCQA-certified HOS survey vendor to report the HOS, and must notify NCQA of their choice of survey vendor no later than **Friday, January 18, 2013**.

The HOS provides a general indication of how well an MAO manages the physical and mental health functioning of its beneficiaries. HOS measures beneficiaries' 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, two-year change scores are calculated and beneficiaries' physical and mental health status is categorized as better, the same or worse than expected.

This memo contains information that your contract needs to comply with the CMS HOS reporting requirements for 2013.

- Reporting requirements.
- Contracting with a survey vendor.
- Notifying NCQA of survey vendor selection.
- Cohort 16 Baseline and Cohort 14 Follow-Up survey administration.
- Data dissemination to MAOs.
- Attachment 1—List of MAOs required to report HOS.
- Attachment 2—List of FIDE SNPs voluntarily reporting HOS.
- Attachment 3—Contact information for HOS survey vendors.
- Attachment 4—Sample language for member newsletters.

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

Reporting Requirements

MAOs with Medicare contracts in effect on or before January 1, 2012 and a minimum enrollment of 500 members are required to report Baseline HOS in 2013:

- All coordinated care plans, including local and regional preferred provider organizations (PPO), health maintenance organizations (HMO) and contracts with exclusively Special Needs Plan (SNP) benefit packages.
- Continuing §1876 cost contracts with open enrollment.
- Private fee for service (FFS) plans.
- Medical savings accounts.
- Employer Group/Union direct only PFFS contracts.

All continuing MAOs that participated in the Cohort 14 Baseline survey in 2011 are required to administer a Cohort 14 Follow-Up survey in 2013.

SNPs Must Report HOS in 2013

Continuing in 2013, MAOs that have at least 500 enrolled members and comprise one or more SNP benefit packages are required to participate in the HOS. Reporting will continue to be at the contract (H-number) level.

Optional Reporting for FIDE SNPs

As communicated previously by CMS, MAOs sponsoring Fully Integrated Dual-Eligible (FIDE) SNPs may elect to report HOS at the FIDE SNP level to determine if they are eligible for a frailty adjustment payment under the Affordable Care Act, similar to payments provided to Programs for All-Inclusive Care for the Elderly (PACE). Voluntary reporting will be in addition to standard HOS requirements for quality reporting at the contract level. FIDE SNPs electing to report HOS were to have notified CMS of this decision by November 14, 2012. Information regarding the methodology used to determine if FIDE SNPs have the same level of frailty as PACE (and thus qualify for frailty payments in 2014) will be discussed in the *2014 Advance Notice* published in February 2013.

Survey Vendors

The following survey vendors will be NCQA Certified to administer the HOS in 2013:

1. Center for the Study of Services (CSS).
2. DataStat, Inc.
3. Decision Support Systems, Inc. (dba DSS Research).
4. Ipsos (Synovate).
5. Morpace Inc.
6. The Myers Group.
7. Thoroughbred Research Group.
8. WB&A Market Research.

MAOs must report their survey vendor choice via e-mail (hos@ncqa.org) by **Friday, January 18, 2013**. The e-mail must include the following information:

- CMS contract number.
- CMS contract name.
- HOS contact person at MAO (include telephone and e-mail).
- Name of HOS survey vendor.
- Cohort administration (e.g., Cohort 16 Baseline, Cohort 14 Follow-Up).

When negotiating with survey vendors, keep in mind:

- MAOs bear the expense of survey administration. Survey vendors generally quote unit price per fielded survey, price per completed survey or as a fixed price for administering a contract. For MAOs with enrollment in excess of 1,200 members, HOS Baseline sample sizes are approximately 1,200 members. For MAOs with total enrollments between 500 and 1,200, all members are surveyed. MAOs with smaller enrollment sizes should inquire about discounts from survey vendors that offer a fixed price per contract because of the reduced labor and cost associated with administering the survey to smaller samples.
- For MAOs that contract with vendors to survey their FIDE SNP populations, the minimum enrollment is 30 (instead of 500). Surveys are fielded at the PBP level for FIDE SNPs. For FIDE SNP PBPs with enrollment in excess of 1,200 members, sample sizes are approximately 1,200. For FIDE SNP PBPs with enrollment between 30 and 1,200, all members are surveyed.
- Survey vendors have gone through a rigorous evaluation process, and NCQA is confident of their ability to administer the survey. Survey vendors should never represent themselves as the “preferred” NCQA or CMS survey vendor.
- 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 contracted MAOs with regular progress reports containing summary-level indicators (e.g., interim mail and telephone response rates).
- Contracts between MAOs and survey vendors shall indemnify, defend and hold NCQA, its officers, directors and employees harmless from any claim, suit, loss, damage, judgment, liability or expense (including reasonable attorneys’ fees) arising out of or relating to a survey vendor’s performance on the HOS, for an MAO and reporting of a survey vendor’s HOS results.
- If an MAO breaks a signed contract with a survey vendor for any reason, prior to the start of survey fielding, the MAO is fully responsible for any administrative expenses incurred and charged by the survey vendor.

NCQA closely monitors survey vendor performance throughout data collection by requiring survey vendors to submit progress reports, by monitoring telephone interviews and by performing site visits at selected survey vendor sites each year. NCQA also assesses performance against both the NCQA Quality Assurance Plan (QAP) and the survey vendor’s QAP. The QAP documents all systems used to implement the HOS, including telephone interviewing and data back-up systems, and documents the process that the survey vendor uses to administer mailings and follow-up correspondence.

HOQ

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

Cohort 16 Baseline and Cohort 14 Follow-Up Survey Administration

Telephone interviewing will be available in English and Spanish. The Cohort 16 Baseline survey is scheduled for administration from April through July 2013; the Cohort 14 Follow-Up survey is scheduled for administration from May through August 2013.

An updated version of the HOS manual, *HEDIS 2013, Volume 6: Specifications for the Medicare Health Outcomes Survey*, will be published in February 2013. The volume can be obtained by calling NCQA's Customer Support line at 888-275-7585 or ordered on line by visiting www.ncqa.org.

HOS Data Dissemination

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

1. **HOS Baseline Profile Report.** This report will be made available to all MAOs that participated in the previous year's Baseline cohort. This quality improvement (QI) tool, which presents an aggregate overview of the Baseline health status of MAO Medicare enrollees, was developed and extensively tested to ensure that data are useful and actionable. The MAO's designated state QIO also receives copies of the Baseline profiles.

Using data from the Medicare HOS to plan and conduct a quality improvement project may fulfill a QI program requirement. Baseline profile reports are usually available the year after administration of the Baseline cohort; for example, the 2013 Cohort 16 Baseline Report will be available in 2014. **All report distribution occurs electronically through the CMS Health Plan Management System (HPMS).** Contact your plan's CMS Quality Point of Contact for access to HPMS.

2. **HOS Performance Measurement Report and Data.** After administration of each Follow-Up cohort, a cohort-specific performance measurement report is produced. Survey responses from Baseline and Follow-Up are merged to create a performance measurement data set. The HOS performance measurement results are computed using a rigorous case-mix/risk adjustment model. The resulting aggregation of these scores across beneficiaries in a plan yields HOS MA contract-level performance measurement results. Performance measurement reports and corresponding data results are designed to support MAO QI activities. Member-level performance measurement data are made available to MAOs upon request and disseminated electronically to all participating QIOs after distribution of performance measurement reports. HOS performance measurement summary results and aggregate scores are posted in HPMS. MAOs are notified of the availability of performance measurement data through HPMS.

Attachments

1. Attachment 1 contains a list of Medicare contracts for which CMS requires HOS reporting in 2013. Please notify NCQA at hos@ncqa.org if the list contains an error.
2. Attachment 2 contains a list of Medicare contracts that have elected to participate in HOS in 2013 at the FIDE SNP level.
3. Attachment 3 contains contact information for 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.

HOS Resources

- Visit <http://www.hosonline.org> for more information regarding HOS, including the timeline for disseminating HOS results to plans.
- Direct technical questions to NCQA's Policy Clarification Support (PCS) system via www.ncqa.org or by calling 888-275-7585.
- E-mail hos@ncqa.org for general administrative questions.
- E-mail hos@cms.hhs.gov for HOS policy questions.

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

ATTACHMENT 1

Medicare Advantage Organizations Required to Administer HOS in 2013

Contract ID	Contract Name	Contract ID	Contract Name
H0084	CARE IMPROVEMENT PLUS OF TEXAS INSURANCE	H0602	ROCKY MOUNTAIN HMO
H0104	BLUE CROSS AND BLUE SHIELD OF ALABAMA	H0609	PACIFICARE OF COLORADO, INC
H0108	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	H0620	UNITEDHEALTHCARE INSURANCE COMPANY
H0117	WELLCARE OF OHIO, INC.	H0621	COLORADO ACCESS
H0141	MCLAREN HEALTH PLAN, INC.	H0623	HUMANA INSURANCE COMPANY
H0150	HEALTHSPRING OF ALABAMA, INC.	H0624	UNITEDHEALTHCARE INSURANCE COMPANY
H0151	UNITEDHEALTHCARE OF ALABAMA, INC.	H0630	KAISER FOUNDATION HP OF CO
H0154	VIVA HEALTH, INC.	H0657	COLORADO CHOICE HEALTH PLANS
H0248	HUMANA INSURANCE COMPANY	H0710	UNITEDHEALTHCARE INSURANCE COMPANY
H0251	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY	H0712	WELLCARE OF CONNECTICUT, INC.
H0302	MEDISUN, INC.	H0752	OXFORD HEALTH PLANS (CT), INC.
H0303	PACIFICARE OF ARIZONA, INC	H0755	OXFORD HEALTH PLANS (CT), INC.
H0307	HUMANA HEALTH PLAN, INC.	H0838	UNIVERSAL CARE, INC.
H0316	UNITEDHEALTHCARE OF ARIZONA, INC.	H0908	BUCKEYE COMMUNITY HEALTH PLAN, INC.
H0317	HUMANA INSURANCE COMPANY	H0913	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.
H0318	AETNA HEALTH, INC. (PA)	H0979	AMERICA'S 1ST CHOICE INSURANCE CO OF NC
H0319	UNITEDHEALTHCARE INSURANCE COMPANY	H1013	COVENTRY HEALTH PLAN OF FLORIDA, INC
H0320	ARCADIAN HEALTH PLAN, INC.	H1016	AVMED, INC
H0321	ARIZONA PHYSICIANS IPA, INC.	H1019	CAREPLUS HEALTH PLANS, INC.
H0332	KS PLAN ADMINISTRATORS, LLC	H1026	HEALTH OPTIONS, INC
H0351	HEALTH NET OF ARIZONA, INC.	H1032	WELL CARE OF FLORIDA, INC.
H0354	CIGNA HEALTHCARE OF ARIZONA, INC.	H1035	FLORIDA HEALTH CARE PLAN, INC.
H0401	UNITEDHEALTHCARE OF ARKANSAS, INC.	H1036	HUMANA MEDICAL PLAN, INC.
H0423	METROPLUS HEALTH PLAN, INC.	H1045	PREFERRED CARE PARTNERS INC.
H0502*	CONTRA COSTA HEALTH PLAN	H1076	COVENTRY HEALTH CARE OF FLORIDA, INC
H0504	CALIFORNIA PHYSICIANS' SERVICE	H1080	UNITEDHEALTHCARE OF FLORIDA, INC.
H0523	AETNA HEALTH OF CALIFORNIA, INC.	H1099	HEALTH FIRST HEALTH PLANS, INC.
H0524	KAISER FOUNDATION HP, INC.	H1108	UNITEDHEALTHCARE INSURANCE COMPANY
H0543	UNITEDHEALTHCARE OF CALIFORNIA	H1109	AETNA HEALTH INC.(GEORGIA)
H0544	CAREMORE HEALTH PLAN	H1110	AETNA LIFE INSURANCE COMPANY
H0545	INTER VALLEY HEALTH PLAN, INC.	H1111	UNITEDHEALTHCARE OF GEORGIA, INC.
H0562	HEALTH NET OF CALIFORNIA	H1112	WELLCARE OF GEORGIA, INC.
H0564	BLUE CROSS OF CALIFORNIA	H1170	KAISER FOUNDATION HP OF GA, INC.
H0571	CHINESE COMMUNITY HEALTH PLAN	H1216	HARMONY HEALTH PLAN OF ILLINOIS, INC.

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Medicare Advantage contract is not required to administer 2013 Baseline survey due to enrollment less than 500, but is **required to administer the Cohort 14 Follow-up survey because the Baseline survey was administered two years ago.

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Contract ID	Contract Name	Contract ID	Contract Name
H1230	KAISER FOUNDATION HP, INC.	H1961	PEOPLES HEALTH, INC.
H1264	WELLCARE OF TEXAS, INC.	H2001	UNITEDHEALTHCARE INSURANCE COMPANY
H1286	UNITEDHEALTHCARE INSURANCE COMPANY	H2012	HUMANA HEALTH PLAN, INC.
H1291	HUMANA INSURANCE COMPANY OF NEW YORK	H2029	HUMANA INSURANCE OF PUERTO RICO, INC.
H1302	BLUE CROSS OF IDAHO HLTH SERVICES INC	H2108	BRAVO HEALTH MID- ATLANTIC INC.
H1303	UNITEDHEALTHCARE INSURANCE COMPANY	H2111	UNITEDHEALTHCARE INSURANCE COMPANY
H1304	REGENCE BLUE SHIELD OF IDAHO	H2112	AETNA HEALTH, INC. (PA)
H1350	BLUE CROSS OF IDAHO HEALTH SERVICES, INC	H2150	KAISER FNDN HP OF THE MID-ATLANTIC STS
H1365	MARTIN'S POINT GENERATIONS, LLC	H2165	HEALTHSPRING LIFE & HEALTH INSURANCE CO.
H1406	HUMANA HEALTH PLAN, INC.	H2174	TRILLIUM COMMUNITY HEALTH PLAN
H1415	HEALTHSPRING OF TENNESSEE, INC.	H2182	UNITEDHEALTHCARE INSURANCE COMPANY
H1416	HARMONY HEALTH PLAN OF ILLINOIS, INC.	H2224	SENIOR WHOLE HEALTH, LLC
H1417	HEALTH ALLIANCE MEDICAL PLANS	H2225	COMMONWEALTH CARE ALLIANCE, INC.
H1418	HUMANA INSURANCE COMPANY	H2226	UNITEDHEALTHCARE INSURANCE COMPANY
H1419	AETNA HEALTH, INC. (PA)	H2228	UNITEDHEALTHCARE INSURANCE COMPANY
H1463	HEALTH ALLIANCE MEDICAL PLANS	H2230	BCBS OF MASSACHUSETTS HMO BLUE, INC.
H1468	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	H2237	INDEPENDENT CARE HEALTH PLAN, INC.
H1509	UNITEDHEALTHCARE INSURANCE COMPANY	H2241	GOLDEN STATE MEDICARE HEALTH PLAN
H1510	HUMANA INSURANCE COMPANY	H2256	TUFTS ASSOCIATED HMO, INC.
H1517	ANTHEM INSURANCE COMPANIES, INC.	H2261	BCBS OF MASSACHUSETTS HMO BLUE, INC.
H1595	HEALTHPLUS INSURANCE COMPANY	H2312	HEALTH ALLIANCE PLAN OF MICHIGAN
H1607	ANTHEM INSURANCE COMPANIES, INC.	H2320	PRIORITY HEALTH
H1608	COVENTRY HEALTH AND LIFE INSURANCE CO.	H2322	ALLIANCE HEALTH AND LIFE INSURANCE CO.
H1609	COVENTRY HEALTH CARE OF IOWA, INC.	H2323	FIDELIS SECURECARE OF MICHIGAN
H1651	MEDICAL ASSOCIATES HEALTH PLAN, INC.	H2354	HEALTHPLUS OF MICHIGAN
H1659	PIEDMONT COMMUNITY HEALTHCARE, INC.	H2406	UNITEDHEALTHCARE INSURANCE COMPANY
H1681	HUMANA INSURANCE COMPANY	H2416	PRIMEWEST HEALTH SYSTEM
H1716	HUMANA INSURANCE COMPANY	H2417	ITASCA MEDICAL CARE
H1717	UNITEDHEALTHCARE INSURANCE COMPANY	H2419	SOUTH COUNTRY HEALTH ALLIANCE
H1777	CATHOLIC SPECIAL NEEDS PLAN, LLC	H2422	HEALTHPARTNERS, INC.
H1806	HUMANA INSURANCE COMPANY	H2425	BLUE PLUS
H1846	MOUNT CARMEL HEALTH INSURANCE COMPANY	H2450	MEDICA INSURANCE COMPANY
H1849	ANTHEM HEALTH PLANS OF KENTUCKY, INC.	H2456	UCARE MINNESOTA
H1903	WELLCARE OF LOUISIANA, INC.	H2457	METROPOLITAN HEALTH PLAN
H1906	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA	H2458	MEDICA HEALTH PLANS
H1944	UNITEDHEALTHCARE INSURANCE COMPANY	H2459	UCARE MINNESOTA
H1951	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA	H2461	BLUE CROSS AND BLUE SHIELD OF MINNESOTA

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Contract ID	Contract Name	Contract ID	Contract Name
H2462	GROUP HEALTH PLAN, INC.	H3164	AMERICHoice OF NEW JERSEY, INC
H2486	HUMANA MEDICAL PLAN OF UTAH, INC.	H3204	PRESBYTERIAN HEALTH PLAN
H2491	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	H3206	PRESBYTERIAN INSURANCE COMPANY, INC.
H2542	HUMANA INSURANCE COMPANY	H3209	UNITEDHEALTHCARE INSURANCE COMPANY
H2593	CAREMORE HEALTH PLAN OF ARIZONA, INC.	H3240	AMERIGROUP NEW JERSEY, INC.
H2610	ESSENCE HEALTHCARE, INC.	H3251	LOVELACE HEALTH SYSTEM, INC.
H2611	COVENTRY HEALTH AND LIFE INSURANCE CO.	H3305	MVP HEALTH PLAN, INC.
H2643	L. A. CARE HEALTH PLAN	H3307	OXFORD HEALTH PLANS (NY), INC.
H2649	HUMANA HEALTH PLAN, INC.	H3312	AETNA HEALTH, INC. (NY)
H2654	UNITEDHEALTHCARE OF THE MIDWEST, INC.	H3327	TOUCHSTONE HEALTH HMO, INC.
H2663	COVENTRY HEALTH CARE OF MISSOURI, INC	H3328	NEW YORK STATE CATHOLIC HLTH PLAN INC
H2667	COVENTRY HEALTH CARE OF MISSOURI, INC	H3330	HEALTH INSURANCE PLAN OF GREATER NY
H2672	COVENTRY HEALTH CARE OF KANSAS, INC.	H3333	AMERICAN PROGRESSIVE LIFE & HEALTH INS COMPANY OF NY
H2701	NEW WEST HEALTH SERVICES	H3335	EXCELLUS HEALTH PLAN, INC.
H2775	AMERICAN PROGRESSIVE LIFE & HEALTH INS COMPANY OF NY	H3337	LIBERTY HEALTH ADVANTAGE, INC.
H2802	UNITEDHEALTHCARE OF THE MIDLANDS, INC.	H3342	EMPIRE HEALTHCHOICE ASSURANCE, INC.
H2803	UNITEDHEALTHCARE INSURANCE COMPANY	H3344	INDEPENDENT HEALTH BENEFITS CORPORATION
H2810	GROUP HEALTH OPTIONS	H3347	ELDERPLAN, INC.
H2816	AMERICAN PROGRESSIVE LIFE & HEALTH INS COMPANY OF NY	H3351	EXCELLUS HEALTH PLAN, INC.
H2836	ANTHEM HEALTH PLANS, INC.	H3359	MANAGED HEALTH, INC.
H2905	SIERRA HEALTH AND LIFE INSURANCE COMPANY	H3361	WELLCARE OF NEW YORK, INC.
H2906	HOMETOWN HEALTH PLAN	H3362	INDEPENDENT HEALTH ASSOCIATION, INC.
H2931	HEALTH PLAN OF NEVADA, INC.	H3370	EMPIRE HEALTHCHOICE HMO, INC.
H2944	HUMANA INSURANCE COMPANY	H3379	UNITEDHEALTHCARE OF NEW YORK, INC.
H2949	HUMANA HEALTH PLAN, INC.	H3384	HEALTHNOW NEW YORK INC
H2960	HOMETOWN HEALTH PLAN	H3387	UNITEDHEALTHCARE OF NEW YORK, INC.
H2997	ROCKY MOUNTAIN HOSPITAL AND MEDICAL SVCS	H3388	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN
H3028	HUMANA HEALTH PLAN, INC.	H3404	BLUE CROSS AND BLUE SHIELD OF NC
H3107	OXFORD HEALTH PLANS (NJ), INC.	H3405	HUMANA INSURANCE COMPANY
H3113	OXFORD HEALTH PLANS (NJ), INC.	H3421	AMERICA'S 1ST CHOICE HEALTH PLANS, INC.
H3132	AIDS HEALTHCARE FOUNDATION MCO OF FLORIDA	H3449	BLUE CROSS AND BLUE SHIELD OF NC
H3152	AETNA HEALTH, INC. (NJ)	H3456	UNITEDHEALTHCARE OF NORTH CAROLINA, INC.
H3154	HORIZON HEALTHCARE OF NEW JERSEY, INC.	H3528	CONNECTICARE, INC.
H3156	AMERIHEALTH HMO, INC	H3533	ARCADIAN HEALTH PLAN OF NEW YORK, INC.

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H3597	AETNA HEALTH, INC. (ME)	H3931	AETNA HEALTH, INC. (PA)
H3619	HUMANA INSURANCE COMPANY	H3949	BRAVO HEALTH PENNSYLVANIA INC.
H3620	AULTCARE INSURANCE COMPANY	H3952	KEYSTONE HEALTH PLAN EAST, INC.
H3623	AETNA HEALTH, INC. (PA)	H3954	GEISINGER HEALTH PLAN
H3653	PARAMOUNT CARE, INC	H3957	KEYSTONE HEALTH PLAN WEST, INC.
H3655	COMMUNITY INSURANCE COMPANY	H3959	HEALTHAMERICA PENNSYLVANIA, INC.
H3659	UNITEDHEALTHCARE OF OHIO, INC.	H3962	KEYSTONE HEALTH PLAN CENTRAL, INC.
H3660	SUMMACARE INC.	H3964	BRAVO HEALTH PENNSYLVANIA, INC.
H3664	AULTCARE INSURANCE COMPANY	H4003	MMM HEALTHCARE, INC.
H3668	MT. CARMEL HEALTH PLAN, INC.	H4004	PREFERRED MEDICARE CHOICE, INC.
H3672	HOMETOWN HEALTH PLAN	H4005	TRIPLE-S SALUD, INC.
H3706	TODAYS OPTIONS OF OKLAHOMA, INC.	H4006	MCS ADVANTAGE INC.
H3749	UNITEDHEALTHCARE OF OKLAHOMA, INC.	H4007	HUMANA HEALTH PLANS OF PUERTO RICO, INC.
H3755	COMMUNITY CARE HMO, INC	H4011	FIRST MEDICAL HEALTH PLAN, INC.
H3805	UNITEDHEALTHCARE OF OREGON, INC.	H4012	TRIPLE-S SALUD, INC.
H3810	MID ROGUE INDEPENDENT PHYSICIAN ASSOC.	H4036	ANTHEM INSURANCE COMPANIES, INC.
H3811	SAMARITAN HEALTH PLANS, INC.	H4102	UNITEDHEALTHCARE OF NEW ENGLAND, INC.
H3812	UNITEDHEALTHCARE INSURANCE COMPANY	H4125	ARKANSAS COMMUNITY CARE, INC.
H3813	ODS HEALTH PLAN, INC.	H4141	HUMANA EMPLOYERS HEALTH PLAN OF GA
H3814	ATRIO HEALTH PLANS	H4152	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
H3815	CITIZENS CHOICE HEALTHPLAN	H4155	PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY
H3817	REGENCE BLUECROSS BLUESHIELD OF OR	H4199	FLORIDA HEALTHCARE PLUS, INC.
H3818	FAMILYCARE HEALTH PLANS, INC.	H4209	BLUE CROSS AND BLUE SHIELD OF SC
H3832	HAWAII MEDICAL SERVICE ASSOCIATION	H4213	USABLE MUTUAL INSURANCE COMPANY
H3864	PACIFICSOURCE COMMUNITY HEALTH PLANS, INC.	H4268	AMERICA'S 1ST CHOICE INSURANCE CO. OF NC
H3887	UNITEDHEALTHCARE INSURANCE COMPANY	H4270	UCARE WISCONSIN, INC.
H3907	UNIVERSITY OF PITTSBURGH MEDICAL CENTER	H4279	UPMC FOR YOU, INC
H3909	QCC INSURANCE COMPANY	H4346	CAREMORE HEALTH PLAN OF NEVADA
H3912	UNITEDHEALTHCARE INSURANCE COMPANY	H4406	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.
H3916	HIGHMARK, INC.	H4407	HEALTHSPRING OF TENNESSEE, INC.
H3920	UNITEDHEALTHCARE OF PENNSYLVANIA, INC.	H4408	HUMANA INSURANCE COMPANY
H3921	UNITEDHEALTHCARE INSURANCE COMPANY	H4454	HEALTHSPRING OF TENNESSEE, INC.
H3923	CAPITAL ADVANTAGE INSURANCE COMPANY	H4456	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.
H3924	GEISINGER INDEMNITY INSURANCE COMPANY	H4461	CARITEN HEALTH PLAN, INC.

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H4506	SELECTCARE OF TEXAS, INC.	H5209	CARE WISCONSIN HEALTH PLAN, INC.
H4510	HUMANA HEALTH PLAN OF TEXAS, INC.	H5211	SECURITY HEALTH PLAN OF WISCONSIN, INC
H4513	HEALTHSPRING LIFE & HEALTH INSURANCE CO.	H5214	HUMANA INSURANCE COMPANY
H4514	UNITEDHEALTHCARE COMMUNITY PLAN OF TX	H5215	NETWORK HEALTH INSURANCE CORPORATION
H4520	HUMANA INSURANCE COMPANY	H5216	HUMANA INSURANCE COMPANY
H4522	UNITEDHEALTHCARE INSURANCE COMPANY	H5253	UNITEDHEALTHCARE OF WISCONSIN, INC
H4523	AETNA HEALTH, INC. (TX)	H5256	MEDICAL ASSOCIATES CLINIC HEALTH PLAN
H4524	AETNA LIFE INSURANCE COMPANY	H5262	GUNDERSEN LUTHERAN HEALTH PLAN
H4525	SHA, L.L.C	H5264	DEAN HEALTH PLAN, INC.
H4527	PHYSICIANS HEALTH CHOICE OF TEXAS LLC	H5291	HUMANA HEALTH PLAN, INC.
H4528	HEALTHSPRING LIFE & HEALTH INSURANCE CO.	H5294	SUPERIOR HEALTH PLAN, INC.
H4529	ARCADIAN HEALTH PLAN, INC.	H5302	COVENTRY HEALTH CARE OF GEORGIA, INC.
H4564	SCOTT AND WHITE HEALTH PLAN	H5378	THE PYRAMID LIFE INSURANCE COMPANY
H4590	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.	H5404	UNIVERSAL HEALTH CARE, INC.
H4604	UNITEDHEALTHCARE OF UTAH, INC.	H5410	HEALTHSPRING OF FLORIDA, INC.
H4605	REGENCE BLUECROSS BLUESHIELD OF UT	H5414	AETNA HEALTH, INC. (FL)
H4606	HUMANA INSURANCE COMPANY	H5415	HUMANA HEALTH INSURANCE CO. OF FL
H4754	PACIFICSOURCE COMMUNITY HEALTH PLANS, INC.	H5416	ARCADIAN HEALTH PLAN, INC.
H4785*	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA INC	H5417	UNITEDHEALTHCARE INSURANCE COMPANY
H4837	UNITEDHEALTHCARE OF WISCONSIN	H5420	MEDICA HEALTHCARE PLANS, INC.
H4866	CUATRO LLC	H5421	THE PYRAMID LIFE INSURANCE COMPANY
H4875	PRIORITY HEALTH	H5422	BCBS HEALTHCARE PLAN OF GEORGIA, INC.
H4909	ANTHEM HEALTH PLANS OF VIRGINIA, INC.	H5424	UNITEDHEALTHCARE INSURANCE COMPANY
H4910	AETNA HEALTH, INC. (PA)	H5425	SCAN HEALTH PLAN
H4956	HUMANA INSURANCE COMPANY	H5426	HUMANA ADVANTAGECARE PLAN, INC.
H5005	UNITEDHEALTHCARE OF WASHINGTON, INC.	H5427	FREEDOM HEALTH PLAN, INC.
H5008	UNITEDHEALTHCARE INSURANCE COMPANY	H5428	SAN MATEO HEALTH COMMISSION
H5009	REGENCE BLUESHIELD	H5430	CARE1ST HEALTH PLAN OF ARIZONA
H5010	ASURIS NORTHWEST HEALTH	H5431	HEALTHSUN HEALTH PLANS, INC.
H5016	PROVIDENCE HEALTH PLANS	H5433	ORANGE COUNTY HEALTH AUTHORITY
H5041	HUMANA INSURANCE COMPANY	H5434	BLUE CROSS AND BLUE SHIELD OF FLORIDA
H5042	CDPHP UNIVERSAL BENEFITS, INC.	H5435	UNITEDHEALTHCARE INSURANCE COMPANY
H5050	GROUP HEALTH COOPERATIVE	H5439	HEALTH NET LIFE INSURANCE COMPANY
H5087	EASY CHOICE HEALTH PLAN INC.	H5440**	UNITEDHEALTHCARE INSURANCE COMPANY
H5096	UNIVERSAL HEALTH CARE INSURANCE CO.	H5470	HUMANA INSURANCE COMPANY
H5106	HIGHMARK HEALTH INSURANCE COMPANY	H5471	SIMPLY HEALTHCARE PLANS, INC.
H5151	HEALTH PLAN OF THE UPPER OHIO VALLEY	H5507	UNITEDHEALTHCARE INSURANCE COMPANY

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Contract ID	Contract Name	Contract ID	Contract Name
H5508	ADVANTAGE HEALTH SOLUTIONS, INC.	H5774	AMERICAN HEALTH, INC.
H5509	COVENTRY HEALTH AND LIFE INS. COMPANY	H5782	PARTNERSHIP HEALTHPLAN OF CALIFORNIA
H5516	UNITEDHEALTHCARE INSURANCE COMPANY	H5783	ARCADIAN HEALTH PLAN, INC.
H5520	HEALTH NET LIFE INSURANCE COMPANY	H5793	AETNA HEALTH, INC. (CT)
H5521	AETNA LIFE INSURANCE COMPANY	H5810	MOLINA HEALTHCARE OF CALIFORNIA
H5522	HEALTHASSURANCE PENNSYLVANIA, INC.	H5811	SCAN HEALTH PLAN
H5525	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	H5813	AETNA HEALTH, INC. (PA)
H5526	HEALTHNOW NEW YORK INC.	H5817	AMERIGROUP TEXAS, INC.
H5528	GROUP HEALTH INCORPORATED	H5820	UNIVERSAL HEALTH CARE INSURANCE CO.
H5529	COMMUNITY INSURANCE COMPANY	H5821	MAPFRE LIFE INSURANCE COMPANY
H5530	ANTHEM HEALTH PLANS OF KENTUCKY, INC.	H5823	MOLINA HEALTHCARE OF WASHINGTON, INC.
H5532	UNITEDHEALTHCARE INSURANCE COMPANY	H5826	COMMUNITY HEALTH PLAN OF WASHINGTON
H5533	UPMC HEALTH NETWORK	H5850	COVENTRY SUMMIT HEALTH PLAN, INC.
H5549	VNS CHOICE	H5852	AIDS HEALTHCARE FOUNDATION
H5576	VANTAGE HEALTH PLAN, INC.	H5854	ANTHEM HEALTH PLANS, INC
H5577	MCS ADVANTAGE INC.	H5859	HEALTH PLAN OF CAREOREGON, INC.
H5580	SOUTHWEST CATHOLIC HEALTH NETWORK CORP.	H5868	HUMANA INSURANCE COMPANY
H5587	HEALTH CHOICE ARIZONA, INC.	H5883	BLUE CARE NETWORK OF MICHIGAN
H5590	BRIDGEWAY HEALTH SOLUTIONS	H5887	FIRST MEDICAL HEALTH PLAN, INC.
H5591	MARTIN'S POINT GENERATIONS, LLC	H5896	AMERIGROUP MARYLAND, INC.
H5594	OPTIMUM HEALTHCARE, INC.	H5926	MOLINA HEALTHCARE OF MICHIGAN
H5608	DENVER HEALTH MEDICAL PLAN, INC.	H5928	CARE1ST HEALTH PLAN
H5609	GEMCARE HEALTH PLAN INC.	H5932	GATEWAY HEALTH PLAN, INC.
H5619	ARCADIAN HEALTH PLAN, INC.	H5938	CAPITAL HEALTH PLAN
H5628	MOLINA HEALTHCARE OF UTAH, INC.	H5943	SCAN HEALTH PLAN
H5640	IEHP HEALTH ACCESS	H5969	ALOHACARE
H5649	CENTRAL HEALTH PLAN OF CALIFORNIA, INC.	H5970	HUMANA INSURANCE COMPANY OF NEW YORK
H5652	UNITEDHEALTHCARE INSURANCE COMPANY	H5985	ABRAZO ADVANTAGE HEALTH PLAN
H5656	SELECTCARE HEALTH PLANS, INC.	H5989	CENTERLIGHT HEALTHCARE, INC.
H5679	HMO COLORADO, INC.	H5991	AFFINITY HEALTH PLAN, INC.
H5685	MIDWEST HEALTH PLAN, INC.	H5992	SENIOR WHOLE HEALTH OF NEW YORK, INC.
H5696	PHYSICIANS UNITED PLAN, INC.	H5995	ATRIO HEALTH PLANS
H5698	WINDSOR HEALTH PLAN, INC.	H6169	THE PYRAMID LIFE INSURANCE COMPANY
H5703	SOUTH COUNTRY HEALTH ALLIANCE	H6178	CARESOURCE
H5732	TRIPLE-S SALUD, INC.	H6181	AMERIGROUP NEW YORK, LLC
H5746	AMERIGROUP COMMUNITY CARE OF NEW MEXICO	H6328	CARE N' CARE INSURANCE COMPANY, INC.
H5749	UNITEDHEALTHCARE INSURANCE COMPANY	H6360	KAISER FOUNDATION HP OF OHIO

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Contract ID	Contract Name	Contract ID	Contract Name
H6411	HUMANA INSURANCE COMPANY	H8552	ANTHEM BLUE CROSS LIFE AND HEALTH INS CO.
H6528	CARE IMPROVEMENT PLUS SOUTH CENTRAL INS.	H8558	STERLING LIFE INSURANCE COMPANY
H6609	HUMANA INSURANCE COMPANY	H8578	HEALTH NEW ENGLAND, INC.
H6622	HUMANA WISCONSINHEALTH ORGANIZATION INS.	H8604	THP INSURANCE COMPANY
H6642	UNIVERSAL HMO OF TEXAS, INC.	H8644	HUMANA INSURANCE COMPANY
H6743	ATRIO HEALTH PLANS	H8649	ALTIUS HEALTH PLANS, INC.
H6801*	AHS - TULSA OKLAHOMA HEALTH PLAN, INC	H8684	AETNA LIFE INSURANCE COMPANY
H6900	HUMANA INSURANCE COMPANY	H8707	HUMANA INSURANCE COMPANY
H6923	AETNA HEALTH, INC. (PA)	H8748	UNITEDHEALTHCARE INSURANCE COMPANY
H6952	UNITEDHEALTHCARE COMMUNITY PLAN, INC	H8822	ADVANTAGE HEALTH SOLUTIONS, INC.
H7002	HUMANA INSURANCE COMPANY	H8953	HUMANA HEALTH PLAN OF OHIO, INC.
H7006	ATRIO HEALTH PLANS	H8980	COVENTRY HEALTH AND LIFE INSURANCE CO.
H7015	HEALTHFIRST HEALTH PLAN OF NEW JERSEY, INC.	H8991	AMERIGROUP FLORIDA, INC.
H7086	COMMUNITY HEALTH GROUP	H9001	FALLON COMMUNITY HEALTH PLAN
H7149	COVENTRY HEALTH CARE OF NEBRASKA, INC.	H9003	KAISER FOUNDATION HP OF THE N W
H7187	UNITEDHEALTHCARE INSURANCE COMPANY	H9011	UNITEDHEALTHCARE OF FLORIDA, INC.
H7188	HUMANA INSURANCE COMPANY	H9047	PROVIDENCE HEALTH PLAN
H7200	AMERIGROUP TENNESSEE, INC.	H9082	MOLINA HEALTHCARE OF NEW MEXICO, INC.
H7220	INDIANA UNIVERSITY HEALTH PLANS, INC.	H9104	SCAN HEALTH PLAN
H7281	BRAVO HEALTH PENNSYLVANIA, INC.	H9302	SOUNDPATH HEALTH, INC.
H7292	ALAMEDA ALLIANCE JOINT POWERS AUTHORITY	H9385	SCAN HEALTH PLAN OF ARIZONA
H7301	COVENTRY HEALTH CARE OF ILLINOIS, INC.	H9503	HUMANA INSURANCE COMPANY
H7306	FIRST HEALTH LIFE & HEALTH INSURANCE CO.	H9572	BLUE CROSS BLUE SHIELD OF MICHIGAN
H7352	UNIVERSITY CARE ADVANTAGE, L.L.C	H9615	MVP HEALTH PLAN, INC.
H7678	MOLINA HEALTHCARE OF TEXAS, INC.	H9670	UPMC HEALTH BENEFITS, INC.
H7787	HEALTHSPRING LIFE & HEALTH INSURANCE CO.	H9788*	HEALTHNOW NEW YORK INC.
H7908	AETNA HEALTH, INC. (PA)	H9847	COVENTRY HEALTH AND LIFE INSURANCE CO.
H7917	BLUECROSS BLUESHIELD OF TENNESSEE, INC.	H9859	MVP HEALTH PLAN, INC.
H7949	PACIFICARE OF NEVADA, INC.	H9947	BLUE CROSS BLUE SHIELD OF GEORGIA, INC.
H8050	CARILION CLINIC MEDICARE RESOURCES, LLC	R3175	UNITEDHEALTHCARE INSURANCE COMPANY
H8098	UNIVERSAL HEALTH CARE INSURANCE COMPANY	R3332	BLUE CROSS AND BLUE SHIELD OF FLORIDA INC
H8130	MOLINA HEALTHCARE OF FLORIDA, INC.	R3444	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
H8145	HUMANA INSURANCE COMPANY	R5287	UNITEDHEALTHCARE INSURANCE COMPANY
H8189	MANAGED HEALTH SERVICES, WISCONSIN	R5342	UNITEDHEALTHCARE INSURANCE CO. OF NY
H8393	COVENTRY HEALTH AND LIFE INSURANCE CO.	R5826	HUMANA INSURANCE COMPANY
H8468	GEISINGER INDEMNITY INSURANCE COMPANY	R5941	ANTHEM INSURANCE COMPANIES, INC.

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Contract ID	Contract Name	Contract ID	Contract Name
R6801	CARE IMPROVEMENT PLUS OF TEXAS INS CO.	R7444	UNITEDHEALTHCARE INSURANCE COMPANY
R7439	HAWAII MEDICAL SERVICE ASSOCIATION	R9896	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO

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Medicare Advantage contract is not required to administer 2013 Baseline survey due to enrollment less than 500, but is **required to administer the Cohort 14 Follow-up survey because the Baseline survey was administered two years ago.

ATTACHMENT 2

FIDE SNPs Voluntarily Reporting HOS in 2013

Contract ID	Plan Name	Contract Name	Sampling Notes
H0084	CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY	CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H0251	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H0321	ARIZONA PHYSICIANS IPA, INC.	ARIZONA PHYSICIANS IPA, INC.	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H1036	Humana	HUMANA MEDICAL PLAN, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H1045	Preferred Care Partners Inc	PREFERRED CARE PARTNERS INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H1080	UNITEDHEALTHCARE OF FLORIDA, INC.	UNITEDHEALTHCARE OF FLORIDA, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H1961	Peoples Health, Inc.	PEOPLES HEALTH, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H2034	Community Care Health Plan, Inc.	COMMUNITY CARE HEALTH PLAN, INC.	Sample at contract level for frailty consideration; no quality reporting
H2034	Community Care Health Plan, Inc.	COMMUNITY CARE HEALTH PLAN, INC.	Sample at contract level for frailty consideration; no quality reporting
H2224	Senior Whole Health Massachusetts	SENIOR WHOLE HEALTH, LLC	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H2225	Commonwealth Care Alliance	COMMONWEALTH CARE ALLIANCE, INC.	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H2226	UNITEDHEALTHCARE INSURANCE COMPANY	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H2237	Independent Care Health Plan	INDEPENDENT CARE HEALTH PLAN, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H2256	TUFTS ASSOCIATED HMO, INC.	TUFTS ASSOCIATED HMO, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H2416	PrimeWest Health	PRIMEWEST HEALTH SYSTEM	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H2419	South Country Health Alliance	SOUTH COUNTRY HEALTH ALLIANCE	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H2422	Health Partners MSHO (HMO SNP)	HEALTHPARTNERS, INC.	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP

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Contract ID	Plan Name	Contract Name	Sampling Notes
H2425	BLUE PLUS	BLUE PLUS	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H2456	UCare Minnesota	UCARE MINNESOTA	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H2458	Medica Health Plans	MEDICA HEALTH PLANS	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H2926	PrimeWest Health	PRIMEWEST HEALTH SYSTEM	Sample at contract level for frailty consideration; no quality reporting
H3154	Horizon Healthcare of New Jersey, Inc.	HORIZON HEALTHCARE OF NEW JERSEY, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H3164	AMERICHoice OF NEW JERSEY, INC	AMERICHoice OF NEW JERSEY, INC	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H3209	UNITEDHEALTHCARE INSURANCE COMPANY	UNITEDHEALTHCARE INSURANCE COMPANY	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H3240	Amerigroup New Jersey, Inc.	AMERIGROUP NEW JERSEY, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H3328	NEW YORK STATE CATHOLIC HLTH PLAN INC	NEW YORK STATE CATHOLIC HLTH PLAN INC	<i>PBP is effective 1/1/2013; Final eligibility will be based on 02/13 Enrollment report</i>
H3347	Elderplan, Inc.	ELDERPLAN, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H3359	Managed Health, Inc	MANAGED HEALTH, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H3387	UNITEDHEALTHCARE OF NEW YORK, INC.	UNITEDHEALTHCARE OF NEW YORK, INC.	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H3533	Humana	ARCADIAN HEALTH PLAN OF NEW YORK, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H4279	UPMC for You	UPMC FOR YOU, INC	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H4514	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC	UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H4522	UNITEDHEALTHCARE INSURANCE COMPANY	UNITEDHEALTHCARE INSURANCE COMPANY	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H4527	PHYSICIANS HEALTH CHOICE OF TEXAS LLC	PHYSICIANS HEALTH CHOICE OF TEXAS LLC	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H4590	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration

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Contract ID	Plan Name	Contract Name	Sampling Notes
H5207	Community Care Health Plan, Inc.	COMMUNITY CARE HEALTH PLAN, INC	Sample at contract level for frailty consideration; no quality reporting
H5209	Care Wisconsin Health Plan, Inc.	CARE WISCONSIN HEALTH PLAN, INC.	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H5404	UNIVERSAL HEALTH CARE, INC.	UNIVERSAL HEALTH CARE, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5416	Humana	ARCADIAN HEALTH PLAN, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5420	MEDICA HEALTHCARE PLANS, INC.	MEDICA HEALTHCARE PLANS, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5424	UNITEDHEALTHCARE INSURANCE COMPANY	UNITEDHEALTHCARE INSURANCE COMPANY	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5425	Scan Health Plan	SCAN HEALTH PLAN	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5425	Scan Health Plan	SCAN HEALTH PLAN	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5425	Scan Health Plan	SCAN HEALTH PLAN	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5440	UNITEDHEALTHCARE INSURANCE COMPANY	UNITEDHEALTHCARE INSURANCE COMPANY	Sample at contract level for frailty consideration; Follow-Up quality reporting only
H5549	VNS Choice	VNS CHOICE	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5580	Southwest Catholic Health Network/Mercy Care Advantage	SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION	<i>PBP is effective 1/1/2013; Final eligibility will be based on 02/13 Enrollment report</i>
H5580	Southwest Catholic Health Network/Mercy Care Advantage	SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION	<i>PBP is effective 1/1/2013; Final eligibility will be based on 02/13 Enrollment report</i>
H5580	SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION	SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5590	Advantage by Bridgeway Health Solutions	BRIDGEWAY HEALTH SOLUTIONS	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H5685	Midwest Health Plan	MIDWEST HEALTH PLAN, INC.	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H5811	SCAN HEALTH PLAN	SCAN HEALTH PLAN	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5928	CARE1ST HEALTH PLAN	CARE1ST HEALTH PLAN	<i>PBP is effective 1/1/2013; Final eligibility will be based on 02/13 Enrollment report</i>

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Contract ID	Plan Name	Contract Name	Sampling Notes
H5928	CARE1ST HEALTH PLAN	CARE1ST HEALTH PLAN	<i>PBP is effective 1/1/2013; Final eligibility will be based on 02/13 Enrollment report</i>
H5928	CARE1ST HEALTH PLAN	CARE1ST HEALTH PLAN	<i>PBP is effective 1/1/2013; Final eligibility will be based on 02/13 Enrollment report</i>
H5928	CARE1ST HEALTH PLAN	CARE1ST HEALTH PLAN	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5928	CARE1ST HEALTH PLAN	CARE1ST HEALTH PLAN	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5928	CARE1ST HEALTH PLAN	CARE1ST HEALTH PLAN	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5928	CARE1ST HEALTH PLAN	CARE1ST HEALTH PLAN	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5928	CARE1ST HEALTH PLAN	CARE1ST HEALTH PLAN	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5969	ALOHACARE	ALOHACARE	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5992	Senior Whole Health New York	SENIOR WHOLE HEALTH OF NEW YORK, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H5992	Senior Whole Health New York	SENIOR WHOLE HEALTH OF NEW YORK, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H6642	UNIVERSAL HMO OF TEXAS, INC.	UNIVERSAL HMO OF TEXAS, INC.	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H6864	GuildNet Gold	GUILDNET, INC.	Sample at contract level for frailty consideration; no quality reporting
H7475	Care Wisconsin Health Plan, Inc.	CARE WISCONSIN HEALTH PLAN, INC.	Sample at contract level for frailty consideration; no quality reporting
H8991	Amerigroup Florida, Inc.	AMERIGROUP FLORIDA, INC.	Sample at contract level for quality reporting and frailty consideration; 1 PBP only - exclusive SNP
H9001	Fallon Community Health Plan	FALLON COMMUNITY HEALTH PLAN	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
H9385	SCAN HEALTH PLAN of ARIZONA	SCAN HEALTH PLAN OF ARIZONA	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
R3175	UNITEDHEALTHCARE INSURANCE COMPANY	UNITEDHEALTHCARE INSURANCE COMPANY	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration
R5287	UNITEDHEALTHCARE INSURANCE COMPANY	UNITEDHEALTHCARE INSURANCE COMPANY	Combine FIDE SNP PBPs and sample at contract level for quality reporting and frailty consideration

ATTACHMENT 3

Prospective Medicare Health Outcomes Survey Vendors*

Center for the Study of Services (CSS)

Paul Kallaur
1625 K Street, NW, 8th Floor
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pkallaur@cssresearch.org
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4150 International Plaza, Suite 900
Fort Worth, TX 76109
Tel: (800) 989-5150
tammy.austin@dssresearch.com
www.dssresearch.com

Morpace Inc.

Mary Kay Jordan
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Thoroughbred Research Group

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*Certification is contingent on survey vendors successfully completing HOS survey vendor training in February 2013.

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 government agency that administers the Medicare program, for monitoring and improving the quality of care provided to Medicare beneficiaries. Because members are randomly sampled, you may receive this survey in the mail.

The HOS monitors the quality of care provided to Medicare beneficiaries by asking questions about their health status over a specific period.

If you receive this survey in the mail, please complete it! Your responses will help CMS make sure that you receive high-quality care.