

DEPARTMENT OF HEALTH & HUMAN
SERVICES
Centers for Medicare & Medicaid Services
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MEDICARE PLAN PAYMENT GROUP

DATE: June 9, 2026

TO: MA organizations that participated in the 2025 HOS or HOS-M at the PBP level for 2026 frailty measurement

FROM: Shruti Rajan, Acting Director, Medicare Plan Payment Group

SUBJECT: 2026 Frailty Scores and 2025 Health Outcomes Survey (HOS) or Health Outcomes Survey Modified (HOS-M) Activities of Daily Living (ADLs) Results

CMS applies a frailty adjustment to payments made to qualifying Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) based on the average frailty of their plan enrollees when the FIDE SNP meets specific criteria for the year, including having a frailty score that meets a specified level of frailty compared to the Program of All-Inclusive Care for the Elderly (PACE).^{1,2} In January 2025 CMS invited Medicare Advantage (MA) organizations that expected to sponsor a FIDE SNP in Payment Year (PY) 2026 to participate in the 2025 Medicare Health Outcomes Survey (HOS) or Health Outcomes Survey – Modified (HOS-M) (see HPMS memo entitled “Participation in 2025 HOS/HOS-M for MA Organizations Planning to Sponsor FIDE SNPs in 2026 – Notification of Upcoming Release of the HPMS HOS/HOS-M Survey Participation Module for Frailty Consideration). MA organizations that expected to sponsor a FIDE SNP in 2026 and wanted to be considered for a frailty payment were required to make their selection to participate in either the HOS or HOS-M by February 28, 2025.

The purpose of this memo is to inform MA organizations that participated in the 2025 HOS or HOS-M at the plan benefit package (PBP) level that the frailty scores have been posted to the risk adjustment module in HPMS under “Survey Results for Frailty Adjustment.” For plans that qualify to receive a frailty adjustment, CMS adds each plan’s frailty score to the risk score of non-ESRD, community residing enrollees aged 55 and over when calculating payment. In certain cases where a PBP requested to field the HOS-M, depending on the availability of enrollees to be surveyed, a PBP will have both HOS and HOS-M results. In these cases, if both surveys meet the minimum survey respondent requirement, CMS calculates a frailty score for both surveys and the frailty score used for frailty payment is the higher of the two scores. For more information regarding how your frailty score was calculated, as well as the HOS ADL or HOS-M ADL results for your plan, please refer to the technical notes and information posted on HPMS in the risk adjustment module under “Survey

¹ See Section L of the [2012 Rate Announcement](#)

² See section 1853(a)(1)(B)(iv) of the Social Security Act

Results for Frailty Adjustment.”

The criteria for PBPs to receive a frailty adjustment in PY 2026 are listed below. PBPs must:

- Meet the contract requirements to be a FIDE SNP.³
- Be operational by January 1, 2025, and be part of a contract that was operational in January 2024.
- Have greater than or equal to 30 respondents to the HOS or HOS-M.
- Have greater than or equal to the minimum of the range of PACE frailty (0.205 for PY 2026).

FIDE SNPs that do not meet these requirements will not receive a payment adjustment for frailty in PY 2026, with two exceptions. Medicare-Medicaid Plans (MMPs) under the Financial Alignment Initiative that transitioned enrollment to FIDE SNPs in 2026 and FIDE SNPs within contracts that were newly created in 2026 in order to meet State Medicaid stipulations per 42 CFR § 422.107(e) may still be eligible for a frailty adjustment in PY 2026. CMS will assess eligibility for a frailty adjustment for a FIDE SNP that is new due to the MMP transition or 42 CFR § 422.107(e) by using the 2025 HOS and/or HOS-M survey results from the corresponding plan in 2025 that existed prior to membership being cross-walked in 2026. If, based on that data, there are 30 or more respondents and the frailty score was at least at the minimum of the range of PACE frailty, the new FIDE SNP will receive a frailty adjustment. As stated above, this exception is limited to MMPs that transitioned enrollment to FIDE SNPs in 2026 and contracts new in 2026 due to state requirements responsive to 42 CFR § 422.107(e), both of which CMS will verify prior to applying a frailty adjustment for PY 2026 payment. CMS anticipates that we will assess eligibility for a frailty adjustment consistent with this approach for CY 2027 payment for exceptions to the standard requirements announced in the annual HPMS memo regarding HOS/HOS-M survey selection for frailty consideration.⁴

For qualifying FIDE SNPs, the PBP’s frailty score will be added to the applicable beneficiaries’ risk scores. A flag on the Monthly Membership Report (MMR) will indicate that the frailty score has been applied. Due to permanent changes in the timing of the HOS/HOS-M administration (see the HPMS memo, “Medicare Advantage/Prescription Drug System (MARx) January Payment – INFORMATION” released on December 23, 2021), we anticipate the frailty adjustment will be applied in August 2026 payment. Retroactive payment adjustments back to January 2026 will appear on the MMR using Adjustment Reason Code (ARC) 18 – Part C Rate Change. If you meet all the requirements to receive 2026 frailty and a frailty adjustment is not applied in the August payment, please contact the Medicare Advantage Prescription Drug (MAPD) Help Desk via phone at 1-800-927-8069 or mapdhelp@cms.hhs.gov. The hours of operation are Monday-Friday 8 a.m. to 6 p.m. ET.

If you have any further questions, please email RiskAdjustmentPolicy@cms.hhs.gov and specify “2026 Frailty Score” in the subject line and include your contract number and plan ID.

³ See definition at 42 CFR §422.2

⁴ See the memo released on February 6, 2026 regarding 2026 HOS/HOS-M survey participation, titled [*Participation in 2026 HOS/HOS-M for MA Organizations Planning to Sponsor FIDE SNPs in 2027 – Response Needed by Friday, February 27, 2026.*](#)