

An Update on Medicare Part D Performance Measures

**Quality Forum Lecture Series
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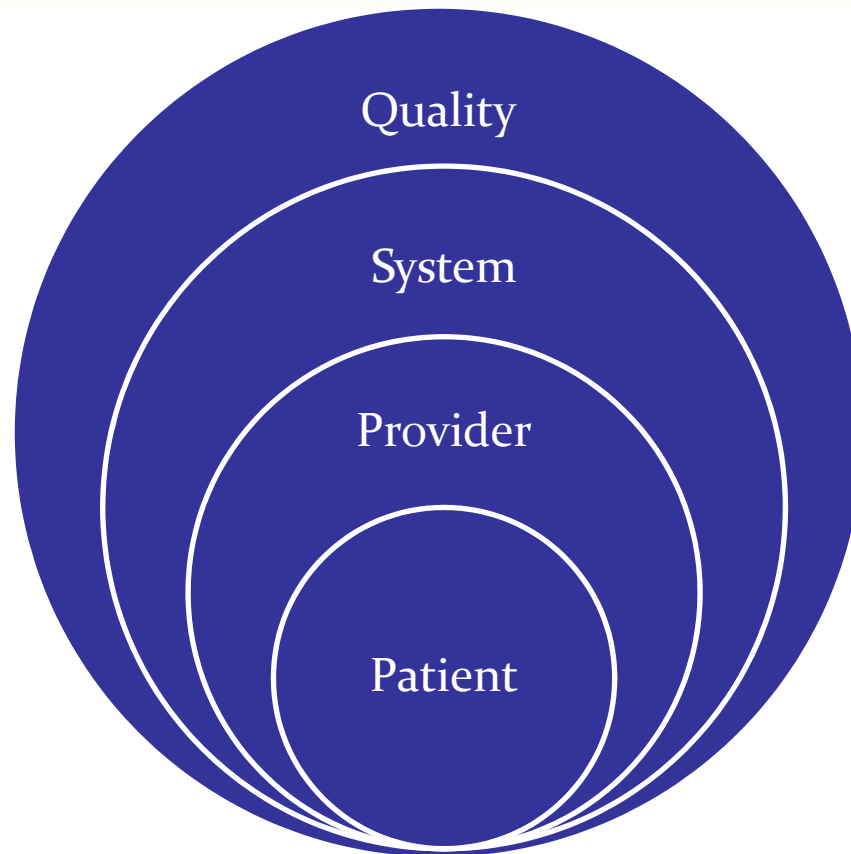
Session Overview

- Quality measurement
- Methodology for the plan ratings
- Changes to CY2011 plan ratings
- Distribution of ratings
- Quality bonus payments
- Potential changes for the future

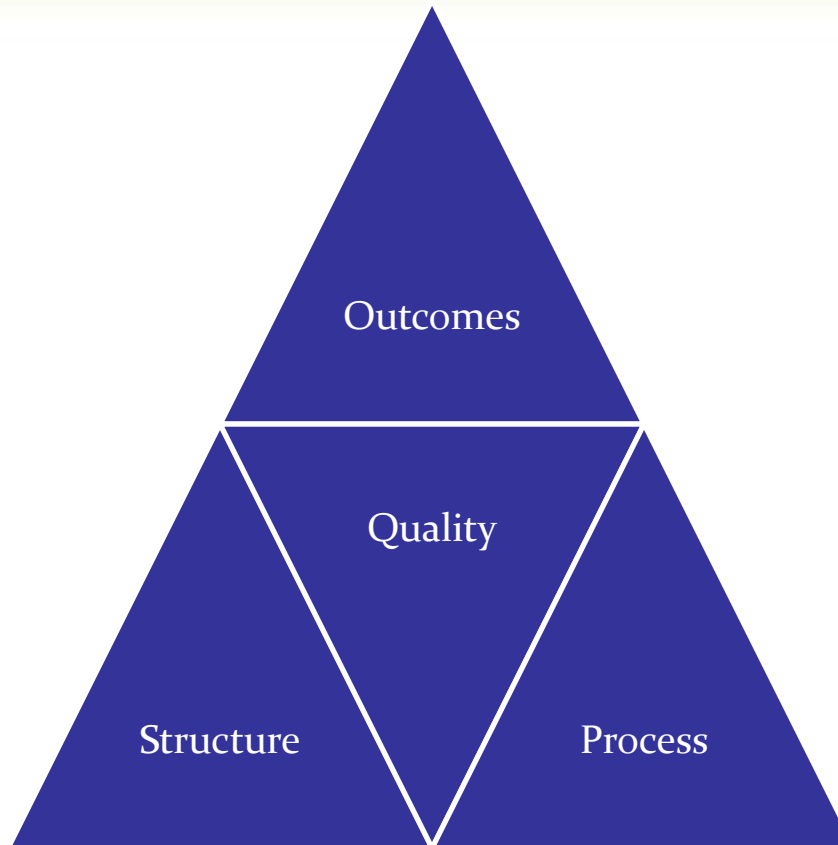


Quality Measurement

Quality is Multidimensional



Measuring Quality



Objectives of Plan Ratings

Public reporting

Technical assistance

Policy review

Basis for compliance and enforcement actions

Identifying audit candidates

Decisions for application approval and denials

Methodology

Five Levels of Plan Ratings

1. Data for each measure.

- Contract's detailed data used to rate performance.

2. Individual measure level.

- Star Rating for each performance measure.



See Appendix 1 for List of Measures

Five Levels of Plan Ratings (cont.)

3. Domain level.

- Related measures are grouped together.
- Stars based on averages of individual measures.

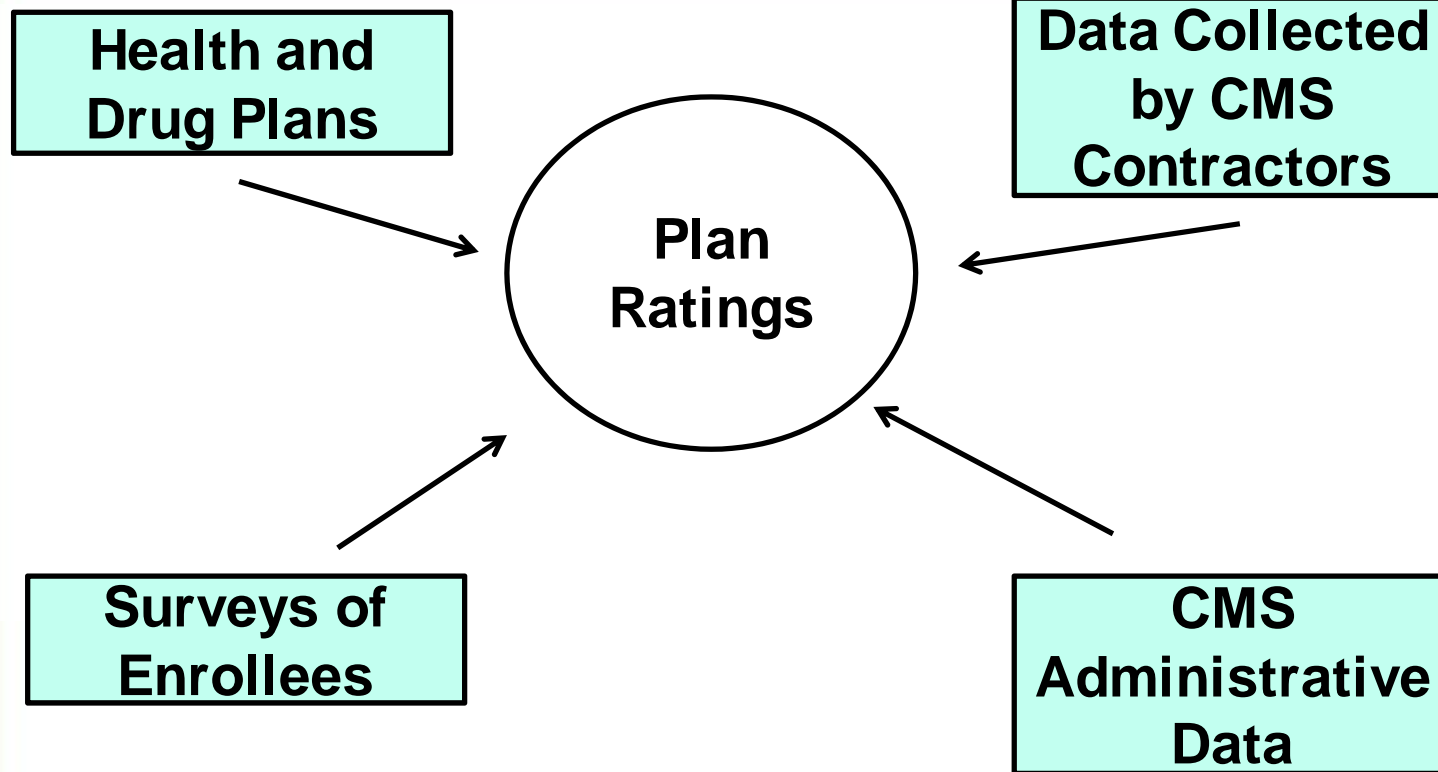
4. Summary ratings for Parts C and D.

- Adjusted average of individual measure stars into a single rating.
- Contracts are rewarded for high and stable performance.
- ½ stars provide more differentiation.

Five Levels of Plan Ratings (cont.)

5. MA-PDs receive an Overall rating that summarizes quality and performance for all Part C and D measures combined.
 - Overall rating - adjusted average of both Part C and D individual measure stars into a single rating.
 - Contracts are rewarded for high and stable performance.
 - ½ stars provide more differentiation.



Data Sources for Plan Ratings



See Appendix 2 for Description of Data Sources

Changes in CY2011 Plan Ratings

Changes in CY2011 Plan Ratings

- An Overall combined Part C and D Rating for MA-PDs is available.
- Low performing icon  displayed on Medicare Plan Finder (PF) for contracts with less than 3 stars for the Part C and/or D summary rating for the prior 3 years.
- Used minimum thresholds for CMS' assignment of 4 stars. 
 - Other star assignments are based on the distribution of data.
- When a CMS standard is reached, a contract receives 3 or more stars (e.g., call center hold time).

Changes in CY2011 Plan Ratings (cont.)

- The Overall Part C rating was based on a smaller measure set for certain organization types (for example, PFFS) that are not required to collect all Part C measures.
- The Corrective Action Plan Measure was revised to focus on audit issues with potential beneficiary harm.
- The Part D CTM measure was revised for MA-PDs so that the denominator is based on the total contract enrollment instead of Part D enrollment.
- The Disenrollment measure was not included this year. We will confirm specifications for this measure with data collected through the Disenrollment Reasons Survey.

Changes to CY2011 Plan Ratings (cont.)

- The composite HEDIS measures in the 2010 plan ratings (Cholesterol Screening and Diabetes Care) are split into individual measures for 2011.
- Dismissals are excluded from Part C Timeliness of Appeals measure.
- To address potential issues with the rate of cases auto-forwarded to IRE:
 - There was additional QA for plans with zero cases auto-forwarded, including submission of appeals logs by plans.
 - Timeframe extended from 6 months of current year to 12 months of previous year.
- The Stability of Plan Finder (PF) pricing is now incorporated into a composite PF measure that combines Prescription Drug Event (PDE) price stability and similarity of PF and PDE prices.

Updated Plan Finder Website

The screenshot shows the Medicare.gov website's Plan Finder tool. At the top, there is a navigation bar with the Medicare.gov logo, a search bar, and links for 'Sign In to MyMedicare.gov', 'Email', 'Print', 'Bookmark & Share', 'RSS', and 'Español (Spanish)'. Below this is a secondary navigation bar with buttons for 'Home', 'Manage Your Health', 'Medicare Basics', 'Resource Locator', and 'Help & Support'. A third bar contains 'Learn More About Plans', 'Help', and 'A-Z Glossary'. The main heading is 'Medicare Plan Finder'. The introductory text explains that the tool is used to search for and compare coverage options in a user's area, requiring only a zip code for a general search. A note states that 2011 plan data is available from November 15, 2010, to December 31, 2010. The 'Find Your Medicare Plan!' section features a form with a 'ZIP Code' field and an optional field for 'Medicare Information'. A photo of a smiling woman is shown next to the form. On the right, an 'Additional Tools' sidebar lists links for 'How to Use the Medicare Plan Finder', 'Find and Compare Medigap Policies', 'Search by Plan Name or ID', 'Enroll Now', and 'Find formularies in your area'.

Medicare.gov
The Official U.S. Government Site for Medicare

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Learn More About Plans Help A-Z Glossary

Home » Medicare Plan Finder

Medicare Plan Finder

Use this tool to search for and compare coverage options available in your area. A general plan search only requires your zip code. To personalize your search, enter your zip and complete Medicare information.

All fields on the page are required unless noted as Optional.

Attention: 2011 plan data is now available on the Medicare Plan Finder. You may enroll in 2011 plans from November 15, 2010 to December 31, 2010. Enroll early so the plan can mail your plan materials before January 1. This way you can use your coverage on January 1, 2011 without delay.

Find Your Medicare Plan!

Enter Your ZIP Code:

For a Personalized Search, Enter Your Medicare Information: (Optional)

Additional Tools

- How to Use the Medicare Plan Finder
- Find and Compare Medigap Policies
- Search by Plan Name or ID
- Enroll Now
- Find formularies in your area

Plan Ratings Filter

[Important coverage information](#)

- There are a total of 51 plans available in your area.
- You are now viewing 2011 plan data. [View 2010 plan data.](#)

Refine Your Search

[Update Plan Results](#)

Select Plan Types

Medicare Health Plans without drug coverage

Medicare Health Plans with drug coverage

Prescription Drug Plans


Limit Your Monthly Premium

Limit Your Annual Drug Deductible

Select Plan Ratings

Overall Plan Rating - Show me plans with at least:

0 Stars
5 Stars




Exclude plans that do not have an Overall Plan Rating

Change Health Status


Summary of Your Search Results

Available Plans Based On Your Filters:	Provider Choice	Overall Plan Rating
Original Medicare 1 plan(s) available	Choose Any Doctor/Any Hospital[?]	Not Available
Medicare Health Plans without drug coverage 5 plan(s) available	May Have Doctor/Hospital Network[?]	Average of 4.5 stars
Medicare Health Plans with drug coverage 17 plan(s) available	May Have Doctor/Hospital Network[?]	2.5 to 3 stars
Prescription Drug Plans (with Original Medicare) 28 plan(s) available	Choose Any Doctor/Any Hospital[?]	2.5 to 5 stars

[Continue To Plan Results](#)



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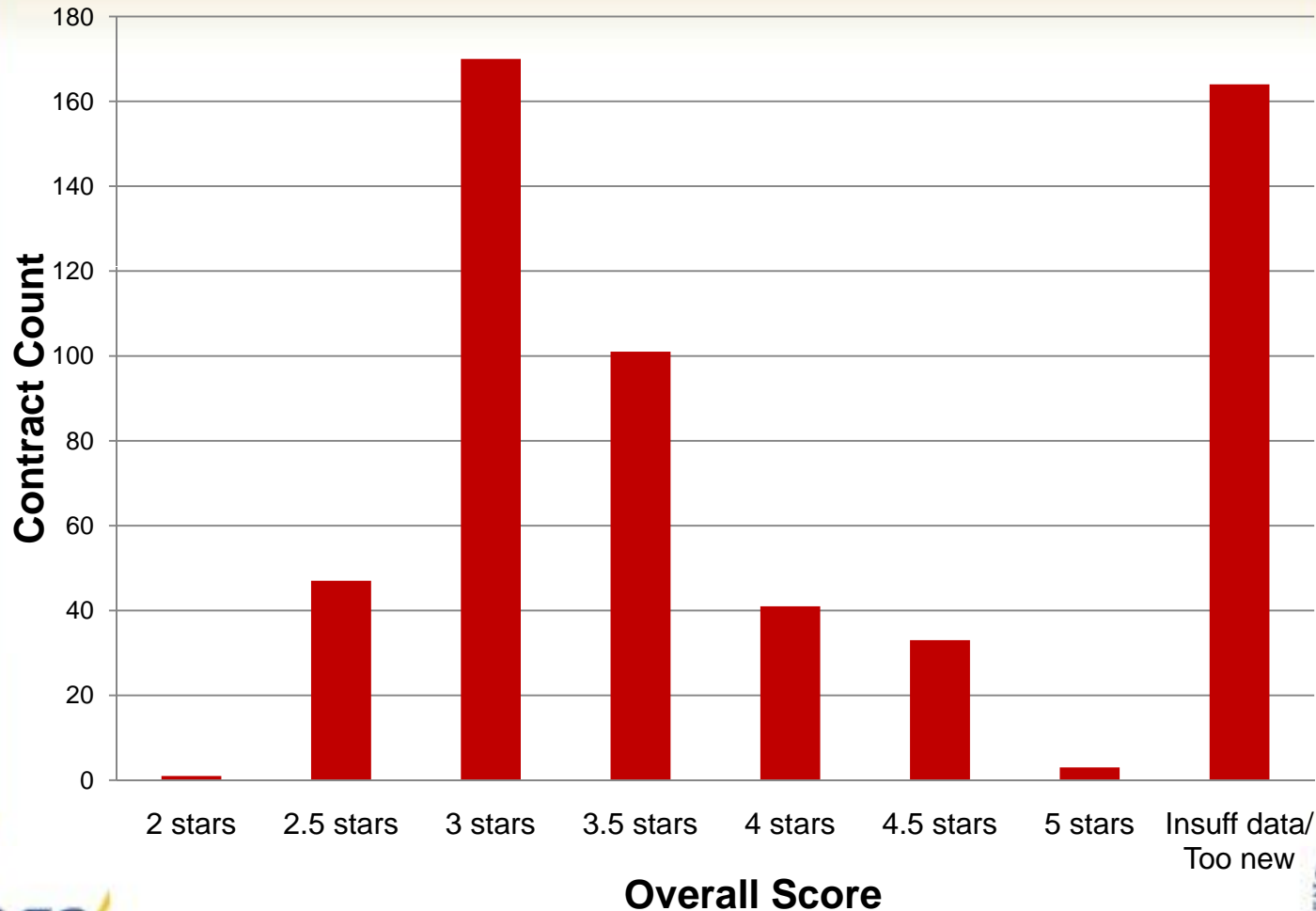
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Sample Plan Comparison

Overall Plan Rating [?]		
★★★★ 3.5 out of 5 stars	★★★★ 3.5 out of 5 stars	★★★ 3 out of 5 stars
[-] Prescription Drug Plan Ratings		
Plan A (S****-***)	Plan B (S****-***)	Plan C (S****-***)
Summary Rating of Prescription Drug Plan Quality (?) View previous ratings for these plans		
★★★★ 3.5 out of 5 stars	★★★★ 3.5 out of 5 stars	★★★ 3 out of 5 stars
[-] Drug Plan Customer Service (?) Click to view data sources		
★★★★ 4 out of 5 stars	★★★ 3 out of 5 stars	★★★ 3 out of 5 stars
Time on Hold When Customer Calls Drug Plan (?)		
★★★★★	★★★★	★★★
Time on Hold When Pharmacist Calls Drug Plan (?)		
★★★★	★★★★★	★★★
Accuracy of Information Members Get When They Call the Drug Plan (?)		
★★★	★★	★★★★
Availability of TTY/TDD Services and Foreign Language Interpretation When Members Call the Drug Plan (?)		
★★★★	★★★	★★★

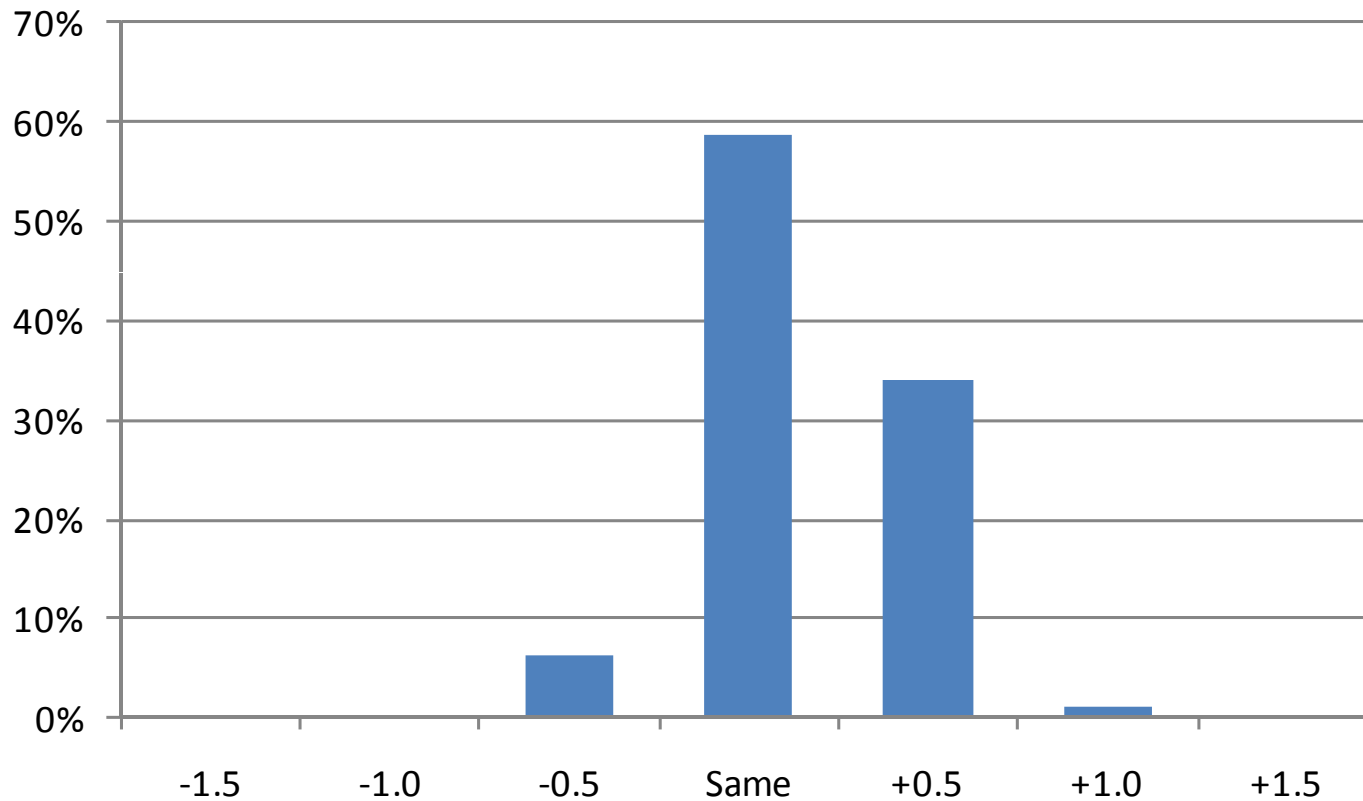
Distribution of CY2011 Ratings

MA-PD Combined Part C/D Overall Scores 2011 (Number of Contracts)



MA Health Contract Summary

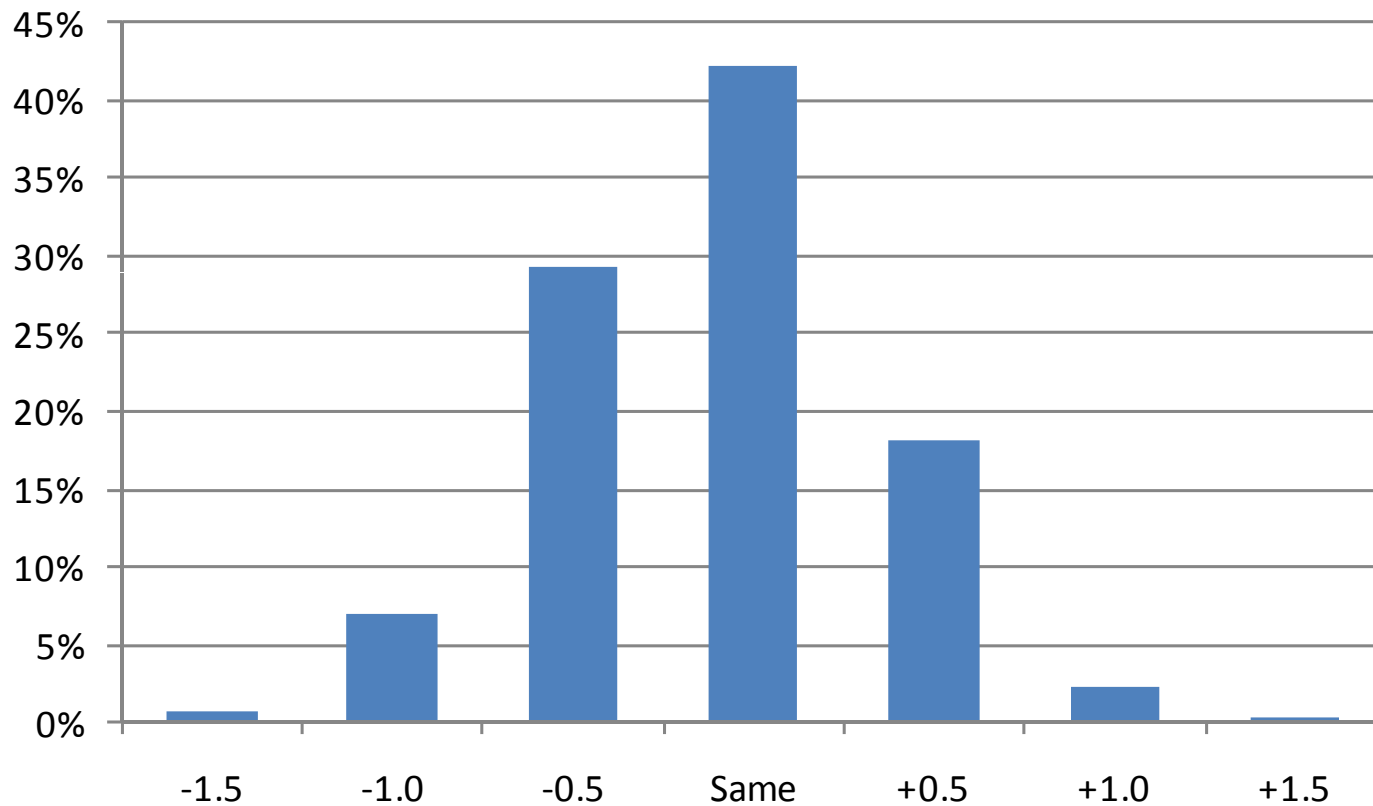
Score Changes from 2010 to 2011*



*Only includes contracts that received a rating in both years.

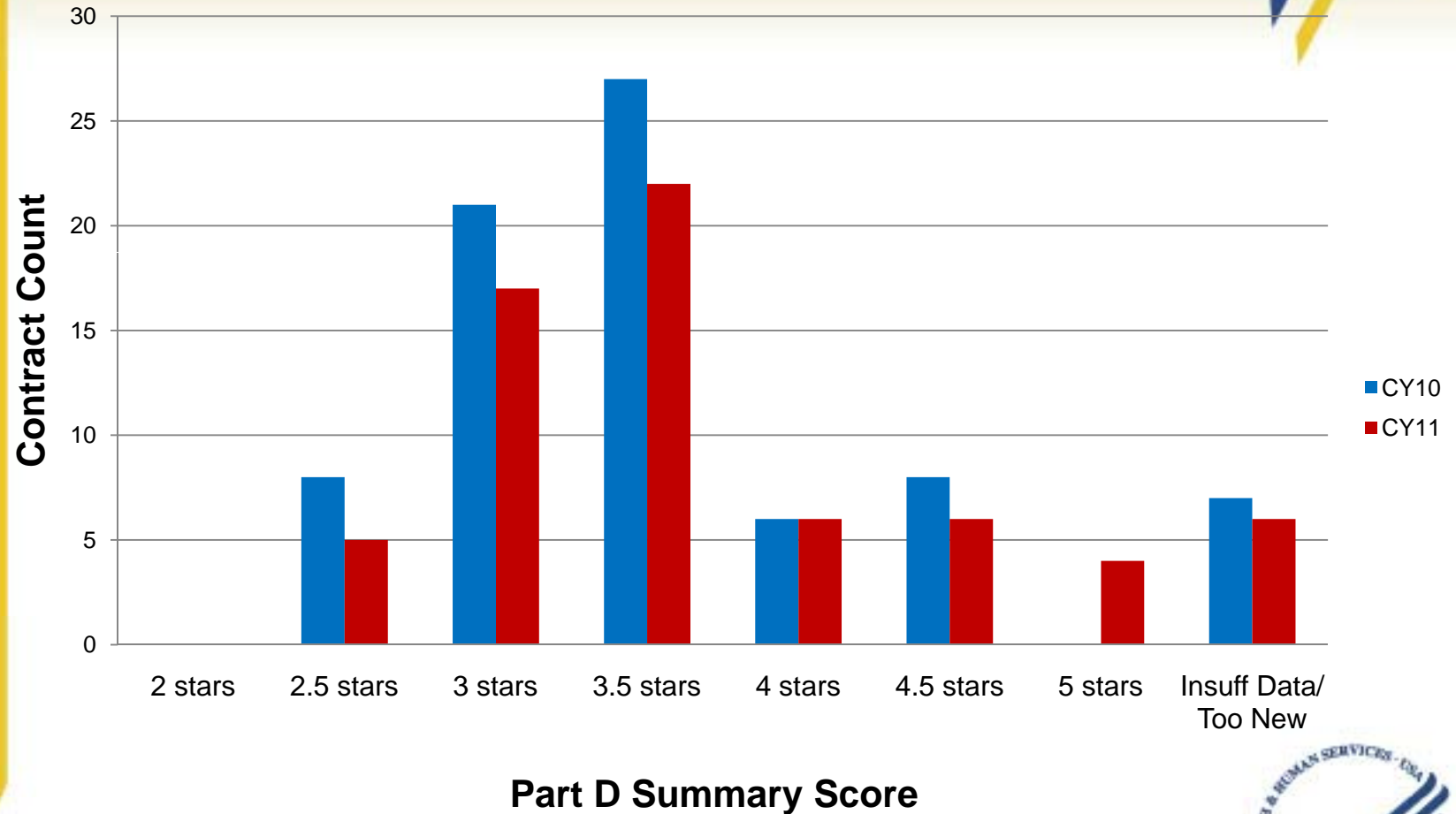
MA Drug Contract Summary

Score Changes from 2010 to 2011*



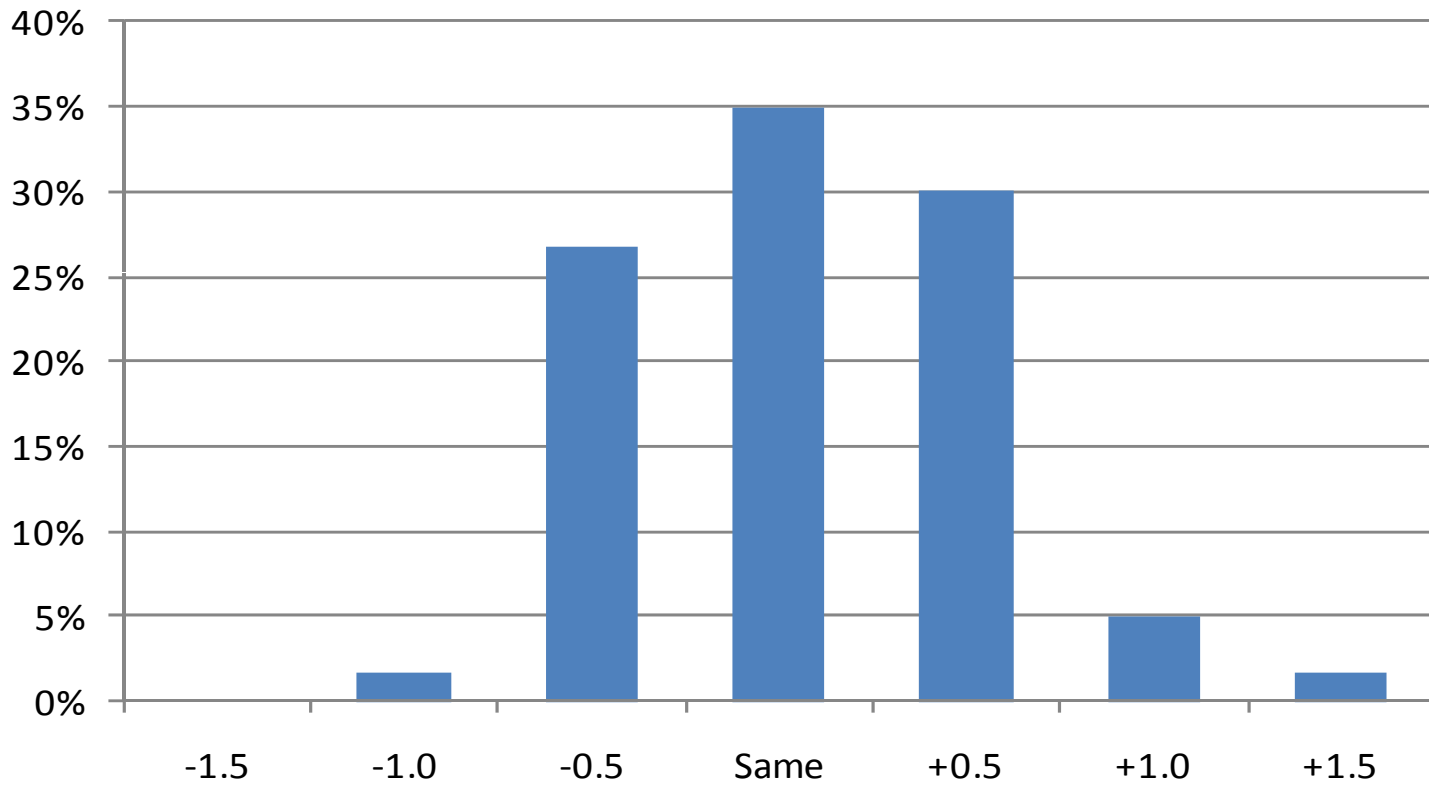
*Only includes contracts that received a rating in both years.

PDP Summary Scores 2010 and 2011 (Number of Contracts)



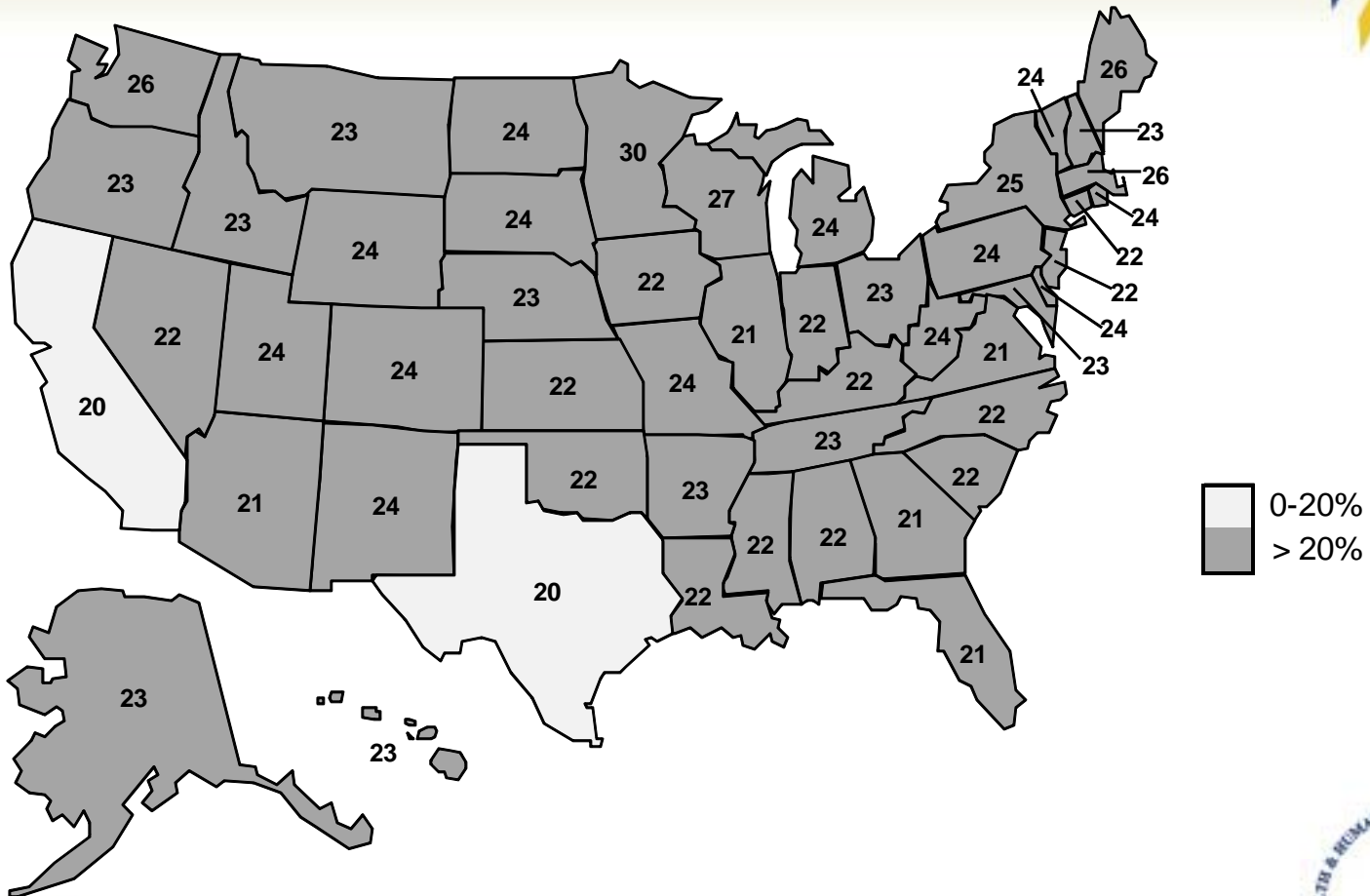
PDP Contract Summary

Score Changes from 2010 to 2011*



*Only includes contracts that received a rating in both years.

Percent of MA-PD Contracts with 4 or More Stars Overall in Each State



5 Star Contracts for 2011

MA-PD Contracts

- Kaiser Foundation Health Plan of CO
- Security Health Plan of WI
- Capital Health Plan

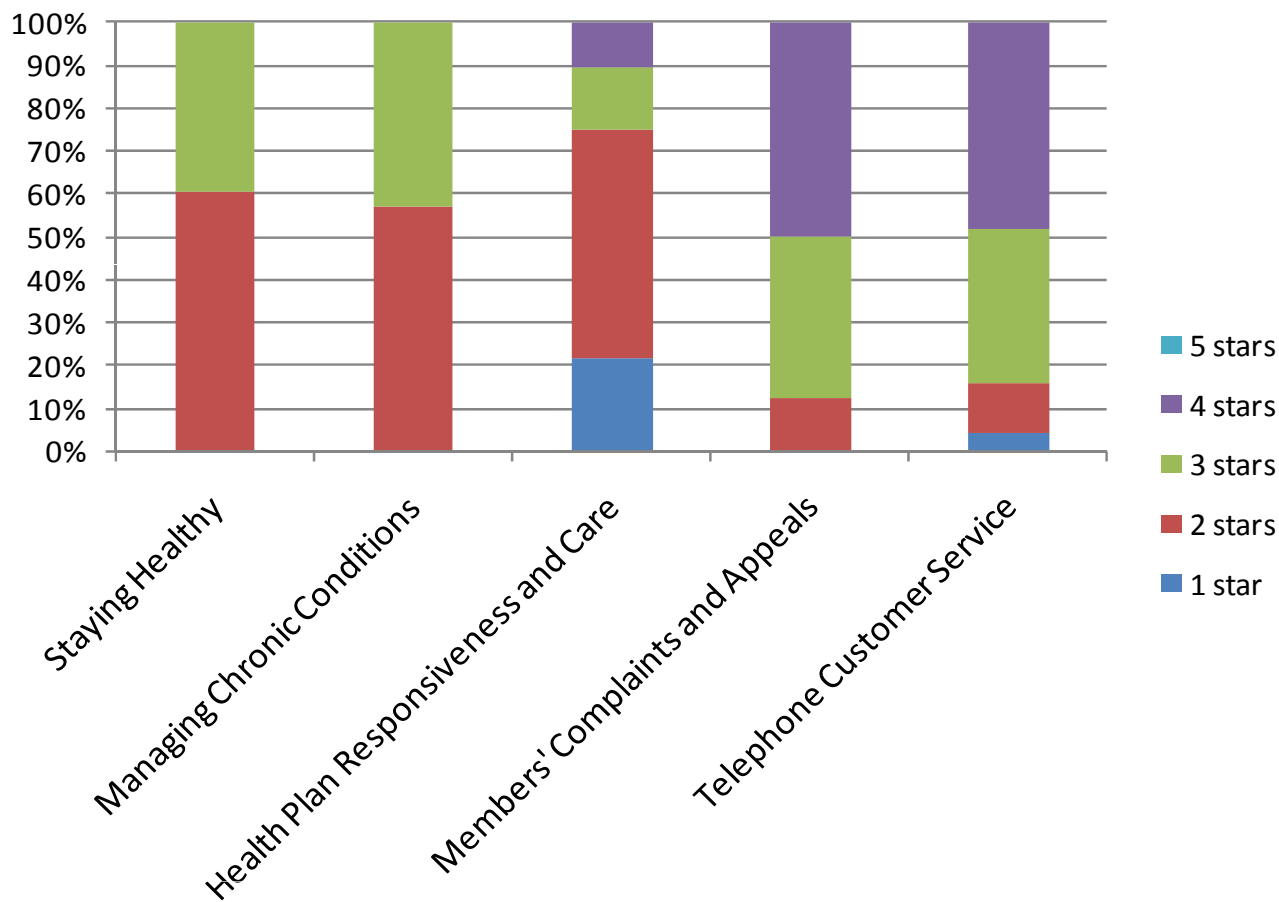
PDP Contracts

- Simply Prescriptions
- Medco Medicare Prescription Drug Plan
- MedicareBlue Rx
- EmblemHealth Medicare PDP

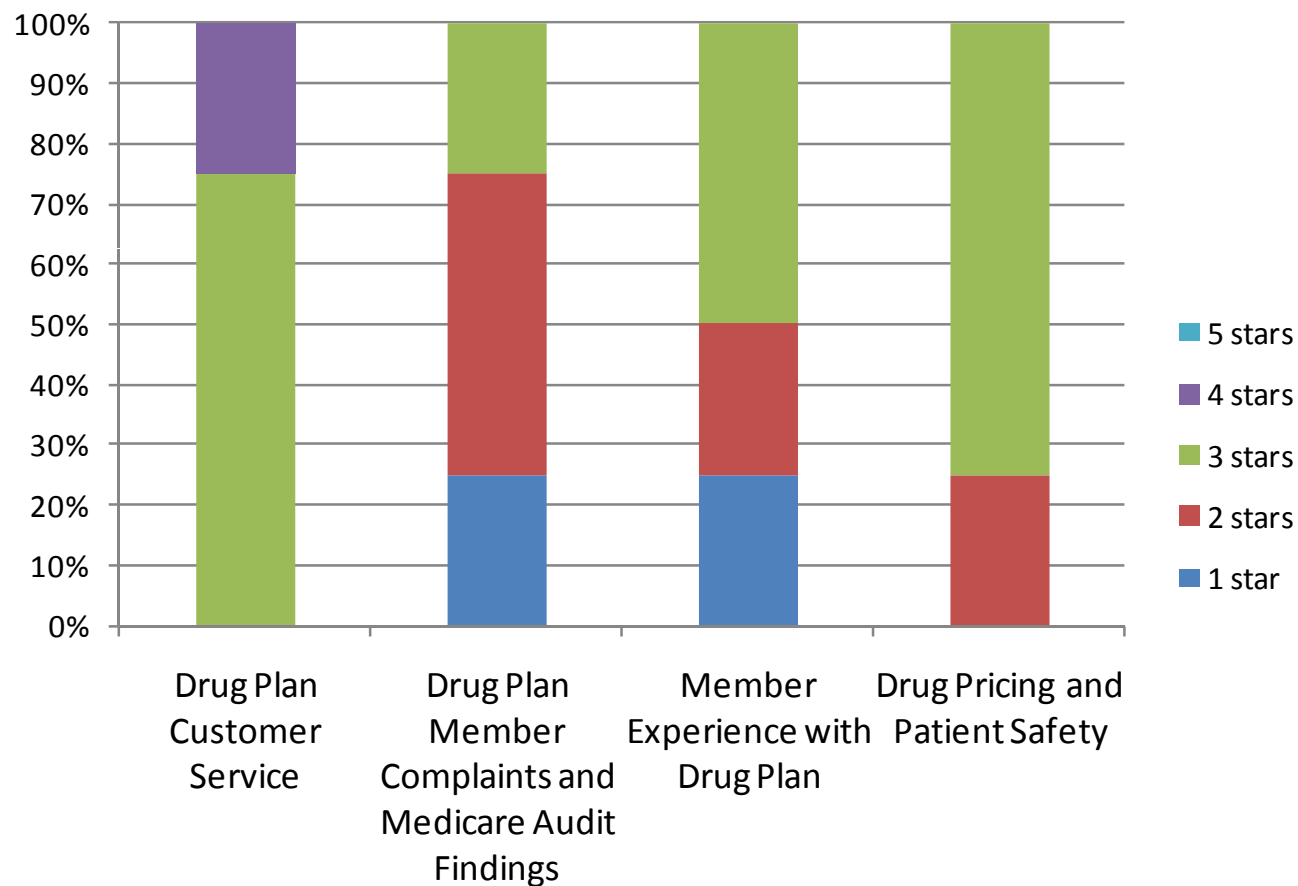
Low Performer Contracts for 2011

- There are 28 Low Performer MA-PD contracts and 4 Low Performer PDP contracts.
- Part C measures where performance is the worst include:
 - Osteoporosis Management in Women who had a Fracture
 - Osteoporosis Testing
 - Glaucoma Testing
 - Annual Flu Vaccine
 - Overall Rating of Health Care Quality
- Part D measures where performance is the worst include:
 - Fairness of Drug Plan's Denials to a Member's Appeal, Based on an Independent Reviewer
 - Complaints about the Drug Plan (excluding complaints about joining and leaving the plan)

Consistently Low Performers for Health Measures: Star Distribution for Each Domain (n=28)



Consistently Low Performers for Drug Measures: Star Distribution for Each Domain (n=4)



Potential Future Changes

New Measures for Plan Ratings

- Details will be laid out in the 2012 Call Letter
- Ideas being considered:
 - Expand the measures to include more quality or outcomes measures
 - Transition Part C or Part D display measures to the Plan Ratings (e.g. voluntary disenrollment rates, and patient safety measures adopted from PQA).
 - Additional 4-star thresholds will be set for measures for which at least two years of data exist.
 - Adjustments to data are being considered – weighting, case-mix adjustment, etc.

Part D Display Measures: Patient Safety

- Currently 3 PQA measures are posted on the CMS display page.
 1. Drug-Drug Interactions (DDI) measure
 2. Diabetes Medication Dosing (DMD) measure
 3. Adherence (ADH) measure (new Fall 2010)
- Because ADH is NQF endorsed, CMS is considering adopting it as a plan rating.
 - The current display measure is a composite of all 5 medication classes.

Adherence (ADH) measure

- The percentage of adult beneficiaries who met the Proportion of Days Covered (PDC) threshold of 80 percent or greater during the measurement year is calculated using PDE data.
- An overall adherence rate is calculated along with rates for five different medication classes: ACE/ ARBS, Biguanides, Sulfonylureas, Thiazolidinediones, and Statins.
 - Note: The five individual Adherence measures are NQF endorsed.
- Adherence is an increasingly researched topic in the literature with implications for MTM, DUR/DUM, and improving health outcomes.

Quality Bonus Payments

Quality Bonus Payments

- The Affordable Care Act introduces Quality Bonus Payments (QBPs) into the MA program as part of the national strategy for implementing quality improvement in health care.
- Under the Affordable Care Act, beginning in 2012, all MA plans with a star rating of 4 or higher will qualify for a QBP.
 - MA plans earning either 4 or 5 stars would get the same percentage bonus.
 - MA plans earning less than 4 stars would get no bonus.

QBP Demonstration

- However, CMS will test an alternative method for computing QBPs in a nationwide three-year demonstration.
- Evaluation will test whether providing scaled bonuses leads to more rapid and larger quality improvements in MA program quality scores.

Quality Bonus % (2012, 2013, 2014)	1 and 2 stars	3 stars	3.5 stars	4 stars	5 stars
Current Law	none	none	none	1.5%, 3%, 5%	1.5%, 3%, 5%
Demonstration	none	3%	3.5%	4%, 4%, 5%	5%

Special Enrollment Period

- CMS will establish a Special Enrollment Period (SEP) beginning in 2012 to allow MA beneficiaries to enroll in 5-star plans.
- MA beneficiaries enrolled in plans with a star rating of 4.5 or less will be eligible.
- Plans can already market year-round to beneficiaries who are eligible for their plans; the SEP expands the pool of eligible beneficiaries.
- More detailed information on the SEP will be provided in an upcoming HPMS memo and the 2012 Call Letter.

Future QBP Research Areas

- Exploring feasibility of using additional data sources to measure quality of care
- Development of improvement measures
- Development of alternative methods for measuring performance in low enrollment contracts
- Comparison of MA and FFS quality and performance
- Weighting of measures
- Case-mix and geographic adjustment issues





Appendix 1: CY2011 Parts C and D Domains and Measures

Part C Domain: Staying Healthy: Screenings, Tests, and Vaccines

- Breast Cancer Screening
- Colorectal Cancer Screening
- Cardiovascular Care - Cholesterol Screening
- Diabetes Care - Cholesterol Screening
- Glaucoma Testing
- Appropriate Monitoring for Patients Taking Long Term Medications
- Annual Flu Vaccine
- Pneumonia Vaccine
- Improving or Maintaining Physical Health
- Improving or Maintaining Mental Health
- Osteoporosis Testing
- Monitoring Physical Activity
- Access to Primary Care Doctor Visits

Part C Domain: Managing Chronic (Long-Lasting) Conditions

- Osteoporosis Management in Women who had a Fracture
- Diabetes Care – Eye Exam
- Diabetes Care – Kidney Disease Monitoring
- Diabetes Care – Blood Sugar Controlled
- Diabetes Care – Cholesterol Controlled
- Controlling Blood Pressure
- Rheumatoid Arthritis Management
- Testing to Confirm Chronic Obstructive Pulmonary Disease
- Improving Bladder Control
- Reducing the Risk of Falling

Part C Domain:

Ratings of Health Plan Responsiveness and Care

- Getting Needed Care
- Doctors who Communicate Well
- Getting Appointments and Care Quickly
- Customer Service Overall Rating of Health Care Quality
- Overall Rating of Plan

Part C Domain:

Health Plan Members' Complaints and Appeals

- Complaints about the Health Plan
- Plan Makes Timely Decisions about Appeals
- Reviewing Appeals Decisions
- Corrective Action Plans

Part C Domain:

Health Plan's Telephone Customer Service

- Call Center - Hold Time
- Call Center - Information Accuracy
- Call Center - Foreign Language interpreter and TTY/TDD availability

Part D Domain: Drug Plan Customer Service

- Time on Hold When Customer Calls Drug Plan (minutes:seconds)
- Time on Hold When Pharmacist Calls Drug Plan (minutes:seconds)
- Accuracy of Information Members Get When They Call the Drug Plan
- Availability of TTY/TDD Services and Foreign Language Interpretation When Members Call the Drug Plan Drug
- Plan's Timeliness in Giving a Decision for Members Who Make an Appeal (for every 10,000 members)
- Fairness of Drug Plan's Denials to Member Appeals, Based on an Independent Reviewer
- Drug Plan Provides Pharmacists with Up-to-Date and Complete Enrollment Information about Plan Members

Part D Domain:

Drug Plan Member Complaints and Medicare Audit Findings

- Complaints about Joining and Leaving the Drug Plan (for every 1,000 members)
- All Other Complaints about the Drug Plan (for every 1,000 members)
- Beneficiary access problems Medicare Found During an Audit of the Plan (on a scale from 0 to 100; lower numbers are better because they mean fewer serious problems)

Part D Domain: Member Experience with Drug Plan

- Drug Plan Provides Information or Help When Members Need It
- Members' Overall Rating of Drug Plan
- Members' Ability to Get Prescriptions Filled Easily When Using the Drug Plan




Part D Domain: Drug Pricing and Patient Safety

- Completeness of the Drug Plan's Information on Members Who Need Extra Help
- Drug Plan Provides Accurate Price Information for Medicare's Plan Finder Web site and Keeps Drug Prices Stable During the Year (higher scores are better)
- Drug Plan Members 65 and Older Who Receive Prescriptions for Certain Drugs with a High Risk of Side Effects, When There May Be Safer Drug Choices
- Using the Kind of Blood Pressure Medication That Is Recommended for People with Diabetes




Appendix 2: Description of Data Sources

Health and Drug Plans

	Healthcare Effectiveness Data and Information Set (HEDIS) 	Prescription Drug Event (PDE) 	Plan Finder (PF) Pricing Files 
Data Submitted	<ul style="list-style-type: none"> • Examples: <ul style="list-style-type: none"> • Breast Cancer Screening. • Osteoporosis Testing. 	<ul style="list-style-type: none"> • Use of high-risk medications. • Use of recommended BP medications in DM patients. • Accurate Price Information for Medicare's Plan Finder Web site and Stable Drug Prices 	<ul style="list-style-type: none"> • Accurate Price Information for Medicare's Plan Finder Web site and Stable Drug Prices
Data Time Period for 2011 Plan Ratings	CY2009 <ul style="list-style-type: none"> • Submitted to NCOA by June 30, 2010. 	CY2009 <ul style="list-style-type: none"> • Submitted monthly, final due by June, 2010. 	CY2009 <ul style="list-style-type: none"> • Pricing files submitted/posted. • Biweekly. • Corresponding PDE for comparison.
Data Checks	<ul style="list-style-type: none"> • NCOA approved auditors review data prior to submission. 	<ul style="list-style-type: none"> • Final reconciliation process. 	<ul style="list-style-type: none"> • CMS QA.

CMS Contractors




	Independent Review Entity (IRE)	Call Center 
Data Collected	<ul style="list-style-type: none"> • Parts C & D appeals: <ul style="list-style-type: none"> • Measure of timeliness. • Measure on fairness of decisions. 	<ul style="list-style-type: none"> • Parts C & D hold time. • Accuracy of CSR information. • Availability of interpreter and TTY/TDD services.
Data Time Period for 2011 Plan Ratings	<ul style="list-style-type: none"> • January 2009 – June 2010 	<ul style="list-style-type: none"> • February – June 2010.
Data Checks	<ul style="list-style-type: none"> • Contractor conducts QA checks. • Plans reconcile discrepancies via plan review. 	<ul style="list-style-type: none"> • Contractor follows CMS approved protocols and ongoing monitoring of callers is conducted.

Surveys of Enrollees

	Consumer Assessment of Healthcare Providers and Systems (CAHPS)	Medicare Health Outcome Survey (HOS)
Data Collected	<ul style="list-style-type: none"> • Example: Overall rating of health or drug plan. 	<ul style="list-style-type: none"> • Example: Improving or maintaining physical health.
Data Time Period for 2011 Plan Ratings	<ul style="list-style-type: none"> • Data collection from February – June, 2010. 	<ul style="list-style-type: none"> • Data collection from April – August, 2009.
Data Checks	<ul style="list-style-type: none"> • Oversight of mail & telephone operations, including silent telephone monitoring. • Data cleaning, including out-of-range checks. 	<ul style="list-style-type: none"> • Oversight of approved vendors. • Data cleaning, including out-of-range checks.
Scientific Program Review	<ul style="list-style-type: none"> • Comprehensive evaluation conducted in 2007 as part of National Quality Forum Endorsement process. Received NOF endorsement July 1, 2007. 	<ul style="list-style-type: none"> • Published, peer-reviewed, independent evaluation in 2003 conducted by a university affiliated research group found <i>HOS provides a rich and unique set of valid, reliable, and actionable data.</i>



Administrative Data

	CMS Enrollment Data Files 	HPMS Complaint Tracking Module (CTM) 	CMS Audit Records 
Data Submitted	<ul style="list-style-type: none"> Part D LIS match rate. 	<ul style="list-style-type: none"> Parts C & D complaint rates. 	<ul style="list-style-type: none"> Parts C & D audit measure.
Data Time Period for 2011 Plan Ratings	<ul style="list-style-type: none"> LIS Match rate: 01/01/2010 – 6/30/2010. 	1/01/2010 – 6/30/2010.	<ul style="list-style-type: none"> CY2009 audits.
Data Checks	<ul style="list-style-type: none"> Validation of CMS administrative records ongoing. 	<ul style="list-style-type: none"> SOP for plans to check and correct information module. 	<ul style="list-style-type: none"> Central and regional offices review ongoing. Audit module in HPMS accessible by plans, may also respond to audit issues.