MMP Quality Rating and Performance Data Strategy Update

This memorandum summarizes comments received from our November 2015 publication on a quality rating strategy for Medicare-Medicaid Plans (MMPs) operating under the Financial Alignment Initiative, discusses next steps for the rating system, and updates our proposal for the Fall 2016 public display of performance data for MMPs. We welcome comment on this proposal, in particular the proposed list of measures for public posting and the use of all-MMP and state-MMP averages, as comparison points to facilitate assessment of MMPs' performance on individual measures. We also seek stakeholder input on ways to improve the display of MMP performance data over time, both to facilitate its use for the public's evaluation of individual MMPs' performance and to make it a more consumer-friendly tool to inform plan selection. Comments should be sent in pdf form to MMCOcapsmodel@cms.hhs.gov by 5 pm EST, July 1, 2016. Please identify the organization or individual submitting comments in the title of the document.

Background:

In November 2015, we described our strategy for the development of a star ratings system for MMP performance and our intention to post interim data on MMP performance while our work continues on the development of quality measures that capture the full spectrum of services MMPs deliver, in particular long term services and supports. We received valuable comments from 37 organizations/groups that represent a wide range of stakeholders, including MMPs, states, and beneficiary advocates, both on the longer term star ratings strategy and on an interim posting of MMP performance data. We thank stakeholders for their thoughtful comments and provide our responses below.

Feedback on MMP Star Ratings Strategy:

Generally, the 37 stakeholders who commented on CMS' Medicare-Medicaid Plan Quality Ratings Strategy were supportive of the agency's strategy to capture the breadth of plans' responsibility for delivering high quality care across Medicare and Medicaid benefits, and an approach designed to allow potential enrollees to meaningfully compare the quality and performance of MMP plans.

Many commenters were supportive of a strategy that is separate and distinct from the Part C and D Star Ratings system, one that takes into account the unique features of MMPs and their enrollees. For example, stakeholders commented that the MMP star rating methodology should adequately account for socioeconomic status (SES) and disability status. Numerous commenters called for the use of case mix adjustment or other methods to account for beneficiaries' differences in severity or disability and/or frailty.

Several commenters agreed that the time horizon for measure development is long and cautioned against utilizing certain measures or implementing any strategy until CMS has developed robust and reliable quality measures. Many reported that due to potentially small sample sizes, it is especially important that CMS test the collection and reporting of proposed measures for at least 12 months before inclusion into the star ratings.

Several commenters highlighted the need to avoid retrospective requirements and suggested using prospective measures instead. Many called for CMS to release its methodology and cut points for stars well in advance of the calendar year to enable MMPs to put interventions into place to drive better performance in the future.

CMS Response: We thank the commenters for their support for and advice on our efforts to develop a quality ratings system that covers the full scope of MMP performance. We agree, where the evidence shows that enrollees' socioeconomic or disability status impacts plan performance on quality measures, that plan ratings should be appropriately adjusted to reflect those effects. We note the agency has taken steps to adjust 2017 Part C and D Star Ratings to reflect the impact of plan enrollee dual eligible and disability status on certain measures.[1] We also note the ongoing work by the HHS Office of the Assistant Secretary for Planning and Evaluation on this issue. We agree that any MMP star ratings system must be based on measures that are tested for reliability and validity and that an initial display period for new measures is appropriate. Measures used for MMP star ratings would also reflect ongoing quality improvement priorities, so that MMPs and their providers would know well in advance of a measure's use in star ratings of the importance of quality improvement in the area subject to measurement. We will seek to provide ongoing transparency to our efforts to develop an MMP star ratings system, including through the posting of MMP performance data on new measures as they are developed and tested.

Feedback on Potential Star Measures:

There were numerous comments about the six domains proposed in CMS' strategy, with many stakeholders suggesting the exclusion of certain process and structure measures, as well as those that could be captured through the use of alternative measures. Several stakeholders also offered recommendations on other measures for CMS consideration. Numerous commenters requested additional information regarding the selection of potential measures for inclusion in a future MMP star ratings system and an ongoing dialogue with CMS regarding this matter.

CMS Response: We thank commenters for their advice on specific measures and will take these recommendations into consideration as we build out the MMP measure set and develop a star ratings system. We intend to use the interim posting of MMP measure data as a vehicle for increasing the breadth of our measurement of MMP performance and as a means of engaging stakeholders on the MMP measure set. We will undertake this effort in a stepwise fashion as additional measures become available in order to minimize MMP reporting burden.

Star Ratings Methodology and Data Sources:

Several stakeholders supported the alignment of the MMP Quality Ratings Strategy with existing CMS and state quality reporting and measurement for MMPs. A number of comments questioned whether there are alternative or more appropriate methods to better align the weighting of domains with the characteristics of the enrolled population, in order to more

[1] See the CMS Announcement of Calendar Year 2017 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter, released April 4, 2016, for more information.

accurately assess and reflect MMP quality. Many stakeholders expressed support for the reduction of administrative burden and the avoidance of redundant data collection and reporting. Numerous comments requested additional information regarding how CMS would use new and different data sources and how various surveys would be adapted for the MMP Quality Rating Strategy.

Many commenters called for increased reliance on outcome rather than process measures and assigning the greatest weights to the former rather than the latter. However, some commenters noted that standard outcomes measures may be difficult to use in MMPs, given the diverse and frail populations that they serve, and recommended the use of patient-reported outcomes measures (PROMs) as an alternative approach. Several commenters encouraged CMS to rely on encounter or other administrative data instead of self-reported survey data, citing challenges in surveying Medicare-Medicaid beneficiaries. Further, many stakeholders noted that survey fatigue is a significant issue among dual eligible beneficiaries and that language barriers, cognitive impairments, and challenges due to poverty may make results unreliable. Finally, stakeholders recommended the exclusion of measures based on data that is not audited and/or validated.

CMS Response: We agree with commenters that MMP quality ratings should align with CMS and state quality reporting initiatives both to reduce the administrative burden on MMPs and their providers and to align our overall quality strategy. We share commenters' preference for measures based on encounter or other administrative data and for giving greater weight to outcomes measures. We recognize the diversity of the MMP-enrolled population (and the Medicare-Medicaid population). We also acknowledge that not all MMP enrollees receive the long-term services and supports, behavioral health services, or other services for which we intend to measure the quality of MMP performance. Nevertheless, we believe that the delivery of high quality services in these areas is central to MMPs' mission and should be appropriately reflected in the calculation of MMP star ratings. We are committed to making beneficiary-reported outcomes and experience of care an integral component of MMP quality ratings. At the same time, we recognize the challenge of capturing information on MMP enrollees' mental and physical health, functional status, and their experience of and access to the full range of services provided by MMPs through existing survey instruments. We share stakeholder concerns about the limitations imposed by sampling, language barriers, and other impediments to survey response, and will address these challenges in our measure development work. We agree that all measures used for MMP star ratings should be validated, including through audits or other techniques.

Impact of Inter-State Variation:

Many comments highlighted concerns regarding inter-state variation, and supported only comparing MMPs operating in the same state as opposed to national comparisons. Further, citing differences among state enrollment eligibility criteria and requirements and other variations in state-specific requirements, many commenters noted that MMPs should not be compared to MA plans.

CMS Response: We believe that both inter-state and national comparisons of MMP performance are potentially valuable both for consumers and other stakeholders and that an appropriate comparison will depend on the measure, MMP enrollment eligibility criteria, and other state-specific variations. We believe that, where possible, the comparison to FFS Medicare performance on specific measures may be able to address concerns that underlying regional differences in provider performance could be inappropriately attributed to MMP performance. We would need to ensure that differences in MMP performance across regions are not masked under the MMP star ratings. To the extent that differences in MMP enrollment eligibility and other state-specific variations are not addressed in the measure specifications, especially risk adjustment, then it may be appropriate to use state-specific comparisons in lieu of national comparisons.

Quality-based Payments:

Finally, many stakeholders expressed concern about how a MMP Quality Rating Strategy could affect MMP payment. Several requested additional information about the use of the new strategy as the potential basis of quality-based payments for plans, especially given that MMPs are currently subject to an annual quality withhold. Many commenters noted that sufficient time is required for plans to fully assess and provide feedback on a quality-based payment plan before it is implemented.

CMS Response: MMPs are currently subject to a quality withhold process that is separate and distinct from the Quality Bonus Payments under Medicare (for which MMPs are not eligible). CMS will consider whether or not the MMP star rating system will be used for any payment adjustments in the future. Should we decide to implement such an adjustment, it would not be while MMPs remain subject to the existing quality withhold process. As noted in the November Quality Ratings Strategy paper, our work to develop an MMP star rating system is intended to prepare for potential future expansion of the capitated financial alignment model. We are not proposing to expand the capitated financial alignment model at this time. The decision of whether or not to expand the model will be made by the Secretary in coordination with CMS and the Office of the Chief Actuary based on whether findings about the initiative meet the statutory criteria for expansion under section 1115A(c) of the Social Security Act.

MMP Measure Development:

CMS has entered into a contract to develop quality measures that inform the public about how well a provider ensures patient safety, manages symptoms, mitigates poor outcomes, facilitates population health, and ensures coordinated and patient-centered care. We expect that the contract will produce valid and reliable measures endorsed by a consensus-based entity that fill gaps in the current MMP measure set, including for delivery of long term services and supports, behavioral health, and treatment of substance abuse disorders. To date, measures potentially applicable to MMPs that have been slated for testing include:

Admission to an Institution from the Community	The number of admissions to an institution (nursing facility or ICF/IID) from the community during the measurement year per 1,000 beneficiary months
Successful Discharge to the Community after Short-Term Institution Stay	The percentage of institution admissions (nursing facility or ICF/IID) that result in successful discharge to the community (community residence for 30 or more days) within 100 days of admission
Successful Discharge to the Community after Long-Term Institution Stay	The percentage of long-term (101 days or more) institution residents (nursing or ICF/IID) who are successfully discharged to the community (community residence for 30 or more days)

Feedback on Interim Posting of MMP Performance Data:

Commenters generally expressed support for CMS efforts to be transparent and provide information on plan performance and quality on an interim basis until the launch of the MMP Quality Ratings Strategy. Many agreed that until there are adequate measures to assess the full range of MMP functions, MMPs should not receive star ratings for overall performance or for individual domains or measures.

However, some suggested exclusion of certain measures currently included in the 2015 core reporting requirements for all MMPs in all states. Several commenters suggested that it would be premature for any MMP data to be publicly posted in 2016 given early implementation operational and technical challenges, concerns that the measures will not accurately reflect quality and performance, and the lack of individual or summary ratings (which represent the easiest way for a consumer to assess plan quality). Finally, many commenters requested an ongoing dialogue with CMS about this interim approach, additional information about the potential posting date, and how data would be posted.

CMS Response: We thank commenters for their support. We agree that a star rating for MMPs will require further development given the gaps in the performance data presently reported. We also recognize the limitations in the performance data that we plan to post, especially when compared to an overall star rating, and particularly as a tool for beneficiary plan selection. We intend to improve the usability and the breadth of the performance data posted in each successive year.

Proposed Posting of MMP Performance Measures:

The table below lists the universe of MMP performance measures that we propose to post publicly in fall 2016 on the MMCO website at cms.gov, as well as the comparison point or points for each measure that would facilitate assessment of an MMP's performance on an individual measure.

Part C and D Measures

We propose to post all measures used for Part C and Part D star ratings measures that are reported by MMPs, with the exception of five measures that are either not relevant to MMP performance or overlap with MMP-specific measures. The proposed Part C and D measures cover a range of outcome, process, and beneficiary experience measures and are indicative of MMP performance in managing chronic conditions prevalent among Medicare-Medicaid enrollees and in care management (including medication use and preventive care). Other Part C and D measures were specifically chosen to capture MMP enrollees' access to care and experiences with their plan. All of the Part C and D measures that we have proposed for posting were vetted for validity and reliability.

MMP-Specific Measures

We propose to post data on five of the CMS core MMP reporting measures that we listed in Appendix A of our November Quality Ratings Strategy paper. These measures are indicative of MMP performance in care management, especially for enrollees with mental illness and substance abuse disorders. We also propose the posting of data on MMP performance related to access to medical equipment, home health aides, and care coordination, as captured through supplemental CAHPS survey questions.

With the exception of CAHPS measures, we propose to post the MMP-specific result for each measure alongside the all-MMP and state-MMP average for that measure in order to facilitate comparison. For CAHPS measures, where the measure score indicates the MMP's performance as a percentage of the best possible score for that measure, only the all-MMP average will be posted as there are not sufficient MMPs in each state to calculate an appropriate best possible score for each state. We believe that comparing MMP performance to other MMPs, particularly MMPs operating in the same state, provides the most relevant information to consumers and other stakeholders.

Methodological Issues:

We propose the display in fall 2016 of MMP performance on all the measures in the table below. The measure set—named 2017 MMP Performance Measures for consistency with the Part C and D Star Ratings—is based on 2015 performance on MMP-specific measures and the reporting periods used for the Part C and D Star Ratings (2015 performance for most measures, 2016 CAHPS survey results). We propose to adopt the thresholds for minimum plan enrollment and data availability on the specific measures that are used to determine whether to display plan data for Part C and D star ratings and display measures. Measures for improving or maintaining mental or physical health will require two years of reporting, consistent with the Part C Star

Ratings methodology. We will provide MMPs an opportunity to preview the measure display before posting.

Timeline for Proposed Posting of MMP Performance Measures:

Action	Tentative Date
2017 Proposed MMP Measure Set for Comment	June 15, 2016
Comments due	July 1, 2016
Final 2017 MMP Measure Set Released	July 2016
Plan Preview Period	Late August
2017 MMP Performance Data Posted on cms.gov	Mid-October

Proposed 2017 MMP Public Measure Set

2017 ID	Part C and D Measures	Primary Data Source	Comparison
C01	Breast Cancer Screening	HEDIS	MMP/State MMP
C02	Colorectal Cancer Screening	HEDIS	MMP/State MMP
C03	Annual Flu Vaccine	CAHPS	MMP/State MMP
C04	Improving or Maintaining Physical Health	HOS	MMP/State MMP
C05	Improving or Maintaining Mental Health	HOS	MMP/State MMP
C06	Monitoring Physical Activity	HEDIS / HOS	MMP/State MMP
C07	Adult BMI Assessment	HEDIS	MMP/State MMP
C09	Care for Older Adults – Medication Review	HEDIS	MMP/State MMP
C10	Care for Older Adults – Functional Status	HEDIS	MMP/State MMP
C11	Care for Older Adults – Pain Assessment	HEDIS	MMP/State MMP
C12	Osteoporosis Management in Women who had	HEDIS	MMP/State MMP
C13	Diabetes Care – Eye Exam	HEDIS	MMP/State MMP
C14	Diabetes Care – Kidney Disease Monitoring	HEDIS	MMP/State MMP
C15	Diabetes Care – Blood Sugar Controlled	HEDIS	MMP/State MMP
C16	Controlling Blood Pressure	HEDIS	MMP/State MMP
C17	Rheumatoid Arthritis Management	HEDIS	MMP/State MMP
C18	Reducing the Risk of Falling	HEDIS / HOS	MMP/State MMP
C19	Plan All-Cause Readmissions	HEDIS	MMP/State MMP
C20	Getting Needed Care	CAHPS	All MMP Average
C21	Getting Appointments and Care Quickly	CAHPS	All MMP Average
C22	Customer Service	CAHPS	All MMP Average
C23	Rating of Health Care Quality	CAHPS	All MMP Average
C24	Rating of Health Plan	CAHPS	All MMP Average
C25	Care Coordination	CAHPS	All MMP Average
C26	Complaints about the Health Plan	CTM	MMP/State MMP
C27	Members Choosing to Leave the Plan	MBDSS	MMP/State MMP
C30	Plan Makes Timely Decisions about Appeals	IRE	MMP/State MMP
C31	Reviewing Appeals Decisions	IRE	MMP/State MMP
C32	Call Center – Foreign Language Interpreter and TTY Availability	Call Center	MMP/State MMP Averages
D01	Call Center – Foreign Language Interpreter and TTY Availability	Call Center	MMP/State MMP Averages
D02	Appeals Auto–Forward	IRE	MMP/State MMP
D03	Appeals Upheld	IRE	MMP/State MMP
D04	Complaints about the Drug Plan	CTM	MMP/State MMP
D05	Members Choosing to Leave the Plan	MBDSS	MMP/State MMP
D08	Rating of Drug Plan	CAHPS	All MMP Average
D09	Getting Needed Prescription Drugs	CAHPS	All MMP Average
D11	High Risk Medication	Prescription Drug Event (PDE) data	MMP/State MMP Averages
D12	Medication Adherence for Diabetes Medications	Prescription Drug Event	MMP/State MMP
D13	Medication Adherence for Hypertension (RAS	Prescription Drug Event	MMP/State MMP
D14	Medication Adherence for Cholesterol (Statins)	Prescription Drug Event	MMP/State MMP

2017 ID	Part C and D Measures	Primary Data Source	Comparison
D15	MTM Program Completion Rate for CMR	Part D Plan Reporting, Medicare Enrollment Database (EDB) File	MMP/State MMP Averages
DMC01	Follow-up After Hospitalization for Mental Illness	HEDIS	MMP/State MMP Averages
DMC03	Antidepressant Medication Management	HEDIS	MMP/State MMP Averages
DMC 14/15	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	HEDIS	MMP/State MMP Averages

2017 ID	MMP Measures	Primary Data Source	Comparison
Core 2.1	Comprehensive Health Risk Assessment	MMP Reported data	MMP/State MMP Averages
Varies	Care Plan Completion[2]	MMP Reported data	MMP/State MMP Average

2017 ID	Supplemental CAHPS Questions[3]	Primary Data Source	Comparison
CC10	In the last 6 months, how often was it easy to get or replace the medical equipment you needed through your health plan?	CAHPS	MMP Average
CC14	In the last 6 months, how often was it easy to get personal care or aide assistance at home through your care plan?	CAHPS	MMP Average
OHP5	How satisfied are you with the help you received to coordinate your care in the last 6 months?	CAHPS	MMP Average

Part C and D measures excluded from public posting of MMP performance:

[2] Note that these data will not be validated for Fall 2016, but MMPs will have the opportunity to review the care plan completion measure prior to the public posting

[3] MMPs required to collect these questions; note they will not be case-mix adjusted for Fall 2016

- Special Needs Care Management (C08). Instead of reporting the SNP Care Management Measure, which reports on plan fulfillment of SNP care management obligations to perform annual health risk assessments, we propose to use the MMP-specific Health Risk Assessment and Care Coordination measures.
- Beneficiary Access and Performance Problems (C28). This measure is reported at the parent organization level and is not specific to MMP performance.
- Health Plan Quality Improvement (C29). As 2016 would be the first year of reported data for most MMPs, an improvement measure would not be appropriate. We will consider calculation of an MMP-specific improvement measure in subsequent years and/or as part of the MMP star ratings.
- Drug Plan Quality Improvement (D07). As 2016 would be the first year of reported data for most MMPs, again, an improvement measure is not appropriate. We will consider calculation of an MMP-specific improvement measure in subsequent years and/or as part of the MMP star ratings.
- Medicare Plan Finder Price Accuracy (D10). All MMP enrollees pay statutory copays under the Part D low income subsidy. The drug prices on Medicare Plan Finder are not relevant to their costs.

MMP-specific measures included in November MMP Quality Ratings Strategy paper that will not be included in public posting of MMP performance:

- Care Transition Record Transmitted Following Inpatient Discharge (MMP Core 3.1): This measure was adapted from a measure intended for use by providers. CMS has concerns related to accuracy and applicability.
- Screening for Clinical Depression and Follow-up (MMP Core 6.1): The specifications for this measure call for reporting based on only administrative data, using specific codes to identify numerator compliant cases. Upon review of the Calendar Year (CY) 2014 data reported for this measure, it is clear that providers do not commonly use these codes. Consequently, MMPs may be systematically underreporting the numerator. As a result, this measure was suspended and is not currently reported by MMPs.
- Nursing Facility Diversion (MMP Core 9.2): The CY 2015 submission was the first time that MMPs reported this measure. Based on CMS' initial data review, additional clarifications to the specifications may be needed in order to ensure accurate and meaningful reporting across all MMPs. For example, MMPs may be inconsistently identifying "nursing home certifiable" members.