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To: Submitted via email to: PartCandDStarRatings@cms.gov.

From: Blue Cross Blue Shield of Minnesota and Blue Plus

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Re: Request for Information – Data on Differences in Medicare Advantage (MA) and Part D Star Rating Quality Measurements for Dual-Eligible versus Non-Dual-Eligible Enrollees

CMS has requested analysis of the difference in measurement scores between dual and non-dual (or LIS and non-LIS) enrollees in the same contract and/or plan for all contracts under a parent organization for the Star Ratings measures. Analyses would be more helpful if all enrollees from all contracts under a parent organization are included in the analysis.

Blue Cross Blue Shield of Minnesota and Blue Plus is plan sponsor of one Medicare Advantage Prescription Drug Plan (MAPD): H2425

H2425 was established in 2006 and is a Fully Integrated Dual Eligible Special Needs Plan Elderly to provide integrated Medicare and Medicaid service to full benefit dually eligible (FBDE) Medicaid seniors age 65 and older under the Minnesota Senior Health Options (MSHO) program. This product name is Secure Blue. Through 2012 only Dual Eligibles over age 65 were enrolled under the H2425 contract.

Beginning in 2013 a new PBP (Plan Benefit Package) was added within the same H contract. This product name is Blue Essentials. Thus during 2013 and 2014 H2425 was comprised of both dual-eligible and non-dual-eligible enrollees. The two PBPs are served by the same provider network, and are overseen by the same administrative structure.

The H2425 population was included in the Inovalon collaborative study *The Impact of Dual Eligible Populations on CMS Five-Star Quality Measures: Controlling for Plan (PBP) Characteristics* presented to Cynthia Tudor of CMS on October 20, 2014.

In this response we are reporting on the difference in measurement scores between LIS and non-LIS enrollees for the five Patient Safety Measures during 2013 and 2014. We believe that the separate reporting of these measures for this single contract demonstrates the difficulty that dual eligible SNPs have in achieving higher Star ratings under the Part D clinical measures due to socio-economic factors. These results were derived from the Acumen Patient Safety Website are displayed in Table 1.

Table 1
H2425 Patient Safety Measures
LIS vs non-LIS
January 2013-August 2014

Part D Patient Safety Measure		All Members H2425			Non-LIS			LIS			Stat Sig.?	z Stat
Jan - August 2014		Denominator	Numerator	Rate	Denominator	Numerator	Rate	Denominator	Numerator	Rate		
Adherence												
Diabetes		1066	866	81%	393	353	90%	672	513	76%	Y	5.447
HTN		4161	3466	83%	1748	1568	90%	2413	1897	79%	Y	9.458
Statins		4268	3524	83%	2009	1799	90%	2259	1725	76%	Y	11.333
High Risk Meds		11084	706	6%	5303	204	4%	5780	501	9%	Y	10.388
Diabetes Treatment		1743	1354	78%	500	426	85%	1242	928	75%	Y	4.756

Part D Patient Safety Measure		All Members H2425			Non-LIS			LIS			Stat Sig.?	z Stat
Jan - December 2013		Denominator	Numerator	Rate	Denominator	Numerator	Rate	Denominator	Numerator	Rate		
Adherence												
Diabetes		1936	1658	86%	806	709	88%	1131	948	84%	Y	2.557
HTN		7685	6566	85%	3590	3145	88%	4094	3421	84%	Y	5.015
Statins		8083	6744	83%	4318	3641	84%	3765	3103	82%	Y	2.297
High Risk Meds		19649	1952	10%	10434	801	8%	9215	1150	12%	Y	11.234
Diabetes Treatment		3084	2438	79%	993	841	85%	2091	1597	76%	Y	5.304

The statistical test used to evaluate the significance of the differences in measurement scores between dual and non-dual (LIS and non-LIS) enrollees in the same contract was a 1-tail z-statistic, at the significance level greater than 0.05.

The data show that for all of the five Patient Safety Measures 2013 and through August 2014 LIS enrollees score significantly worse than non-LIS enrollees. The Star rating results for the H2425 contract for the three medication adherence measures over the last four years has been 5 Stars. While the results for the LIS members for the three adherence measures still meet the 5 Star threshold, LIS rates are about 14 percentage points lower.

The High Risk Medication rate at the H2425 contract level earned a 3 Star for dates of service in 2013. The rate for the non-LIS population falls in the 4 Star threshold; while the LIS population falls in the 3 star threshold.

Blue Cross Blue Shield of Minnesota is a member of the Northern Plains Alliance, which is the plan sponsor of the Medicare Prescription Drug Plan (PDP) S5743

S5743 was established in 2006 as a regional Part D Prescription drug plan through the alliance of Wellmark Blue Cross and Blue Shield of Iowa, Blue Cross and Blue Shield of Minnesota, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of Nebraska, Blue Cross Blue Shield of North Dakota, Wellmark Blue Cross and Blue Shield of South Dakota, and Blue Cross Blue Shield of Wyoming. S5743 is rated a 5Star PDP for 2015

In response to the CMS Request for Information – Data on Differences in Medicare Advantage (MA) and Part D Star Rating Quality Measurements for Dual-Eligible versus Non-Dual-Eligible Enrollees Blue Cross Blue Shield of Minnesota is submitting results comparing the difference in Patient Safety Measures between LIS and non-LIS enrollees from S5743 on Patient Safety Measures for 2010-2013. The Patient Safety Measures are an aggregate of all S5743 enrollees and are not limited to Blue Cross Blue Shield of Minnesota enrollees [The S5743 population was not included in the Inovalon collaborative study.]

These results were derived from the Acumen Patient Safety Website are displayed in Table 2.

Table 2
S5743 Patient Safety Measures
January 2010-December 2013

Medication Managem	All Members S5743				Non-LIS				LIS			Stat Sig.?	z Stat
Jan - December 2013	Denominator	Numerator	Rate		Denominator	Numerator	Rate		Denominator	Numerator	Rate		
Adherence													
Diabetes	32514	28079	86%		30914	26716	86%		1600	1362	85%	N	1.472
HTN	131904	115444	88%		125962	110379	88%		5942	5064	85%	Y	5.482
Statins	138766	115512	83%		133229	110935	83%		5536	4576	83%	N	1.186
High Risk Meds	291843	35845	12%		281121	34017	12%		10721	1827	17%	Y	15.297
Diabetes Treatment	47089	38981	83%		44018	36602	83%		3070	2378	77%	Y	8.078

Medication Managem	All Members S5743				Non-LIS				LIS			Stat Sig.?	z Stat
Jan - December 2012	Denominator	Numerator	Rate		Denominator	Numerator	Rate		Denominator	Numerator	Rate		
Adherence													
Diabetes	31794	26940	85%		30086	25521	85%		1709	1419	83%	Y	2.008
HTN	128505	109328	85%		122328	104223	85%		6177	5105	83%	Y	5.497
Statins	134386	108170	80%		128721	103638	81%		5665	4532	80%	N	0.955
High Risk Meds	284635	17099	6%		273519	15973	6%		11116	1126	10%	Y	18.657
Diabetes Treatment	45882	37990	83%		42774	35545	83%		3108	2444	79%	Y	6.367

Medication Managem	All Members S5743				Non-LIS				LIS			Stat Sig.?	z Stat
Jan - December 2011	Denominator	Numerator	Rate		Denominator	Numerator	Rate		Denominator	Numerator	Rate		
Adherence													
Diabetes	31894	27006	85%		29946	25404	85%		1948	1601	82%	Y	3.141
HTN	126300	106894	85%		119432	101350	85%		6868	5544	81%	Y	9.247
Statins	131128	104804	80%		124993	99994	80%		6136	4810	78%	Y	3.074
High Risk Meds	278854	17615	6%		266511	16345	6%		12343	1269	10%	Y	18.521
Diabetes Treatment	45090	37110	82%		41621	34378	83%		3469	2732	79%	Y	5.698

January 2010-December 2013

[illegible]

The statistical test used to evaluate the significance of the differences in measurement scores between dual and non-dual (LIS and non-LIS) enrollees in the same contract was a 1-tail z-statistic, at the significance level greater than 0.05.

For 16 of the 20 Patient Safety Measures over the four year period LIS enrollees scored significantly lower than non-LIS enrollees. We did not attempt to determine which enrollees were dual-eligible vs non-dual eligible but believe that LIS status serves as a valid marker of socio-economic status. All enrollees were served by the same provider network and administration of the plan was agnostic to LIS vs non-LIS status.

These results are bolstered by the finding that for all Part D patient safety measures in all CMS MAPD and PDP contracts during 2013 LIS enrollees scored significantly lower than non-LIS enrollees. These results are displayed in Table 3.

Table 3
All Part D contracts Patient Safety Measures
January-December 2013

[illegible]

The variance between LIS and non-LIS, used as a proxy for dual-eligible status, for the five medication management measures is consistent with the broader analysis performed by Inovalon. These data substantiate the need for policy change for Star ratings to establish separate Star thresholds for dual-eligible plans, such as currently used for MAPD and PDP plans.

To address these issues, at minimum, as recommended by NQF, CMS should develop and implement risk adjustment and or stratification mechanisms for Star measures, that will better distinguish between underlying demographic characteristics and poor performance.

CMS should review Star measures to identify where age bands or stratification by peer group (LIS vs non- LIS status or institutional vs non institutional status) should be applied as part of this risk adjustment.