Medicare Health & Drug Plan 2012 Part C & Part D Display Measure Technical Notes

Updated – 02/01/2012

Document Change Log:

Previous Version	Description of Change	Revision Date
12/19/2011	The previous publication had the text truncated in the Exclusions section for measures DMC09, DMC10, DMD04, DMD05 and DMD06. This version has been corrected to include the entire exclusion text.	01/17/2012
01/17/2012	Updated the exclusions for DMD02	02/01/2012

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General

This document describes the metric, data source and reporting time period for each Medicare Part C or Part D Display Measure. All data are reported at the contract level. The data do not reflect information for National PACE, 1833 Cost contracts; Continuing Care Retirement Community demonstrations (CCRCs), End Stage Renal Disease Networks (ESRDs), and Demonstration contracts.

Reasons for "Not measured" may include:

- Benefit not offered by plan
- Not enough data available to calculate measure
- Plan not required to report measure
- Plan too new to be measured
- Plan too small to be measured
- Plan elected not to report data
- Plan reported a biased rate

Contact Information

The two contacts below can assist you with various aspects of the Display Measures.

- Part C Plan Ratings: PartCRatings@cms.hhs.gov
- Part D Plan Ratings: PartDMetrics@cms.hhs.gov

Part C Display Measure Details

Measure: DMC01 - Follow-up Visit after Hospital Stay for Mental Illness (within 30 days of discharge)

HEDIS Label: Follow-Up After Hospitalization for Mental Illness (FUH)

Measure Reference: NCQA HEDIS 2011 Technical Specifications Volume 2, page 186

Metric: The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders (denominator) and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days of discharge (numerator).

Data Source: HEDIS

Data Time Frame: 1/1/2010-12/31/2010

General Trend: Higher is better

Measure: DMC02 - Call Answer Timeliness

HEDIS Label: Call Answer Timeliness (CAT)

Measure Reference: NCQA HEDIS 2011 Technical Specifications Volume 2, page 251

Metric: The percentage of calls received by the organization's member services call center (during operating hours) during the measurement year that were answered by a live voice within 30 seconds.

Data Source: HEDIS

Data Time Frame: 1/1/2010-12/31/2010

General Trend: Higher is better

Measure: DMC03 - Antidepressant Medication Management (6 months)

HEDIS Label: Antidepressant Medication Management (AMM)

Measure Reference: NCQA HEDIS 2011 Technical Specifications Volume 2, page 176

Metric: The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression (denominator), treated with antidepressant medication, and who remained on an antidepressant medication treatment (numerator).

Data Source: HEDIS

Data Time Frame: 1/1/2010-12/31/2010

General Trend: Higher is better

Measure: DMC04 - Continuous Beta Blocker Treatment

HEDIS Label: Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

Measure Reference: NCQA HEDIS 2011 Technical Specifications Volume 2, page 139

Metric: The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI (denominator) and who received persistent beta-blocker treatment for six months after discharge (numerator).

Data Source: HEDIS

Data Time Frame: 1/1/2010-12/31/2010

General Trend: Higher is better

Measure: DMC05 - Appropriate Monitoring for Patients Taking Long Term Medications

HEDIS Label: Annual Monitoring for Patients on Persistent Medication (MPM)

Measure Reference: NCQA HEDIS 2011 Technical Specifications Volume 2, page 192

Metric: Percent of MA enrollees 18 or older who received at least a 180 day supply of ambulatory medication therapy for a select therapeutic agent (denominator), and who received at least one monitoring event appropriate for the specific therapeutic agent during the measurement year (numerator).

Data Source: HEDIS

Data Time Frame: 1/1/2010-12/31/2010

General Trend: Higher is better

Measure: DMC06 - Osteoporosis Testing

HEDIS Label: Osteoporosis Testing in Older Women (OTO)

Measure Reference: NCQA HEDIS 2011 Technical Specifications Volume 2, page 215

Metric: Percent of sampled Medicare female enrollees 65 years of age or older (denominator) who report ever having received a bone density test to check for osteoporosis (numerator).

Data Source: HEDIS / HOS

Data Time Frame: Apr - Aug 2010

General Trend: Higher is better

Measure: DMC07 - Testing to Confirm Chronic Obstructive Pulmonary Disease

HEDIS Label: Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

Measure Reference: NCQA HEDIS 2011 Technical Specifications Volume 2, page 117

Metric: Percent of MA enrollees 40 or older with a new diagnosis or newly active Chronic Obstructive Pulmonary Disease (COPD) during the measurement year (denominator), who received appropriate spirometry testing to confirm the diagnosis (numerator).

Data Source: HEDIS

Data Time Frame: 1/1/2010-12/31/2010

General Trend: Higher is better

Measure: DMC08 - Doctors who Communicate Well

Metric: Mean of CAHPS Composite converted to a scale from 0 to 100 that includes the following questions:
• In the last 6 months, how often did your personal doctor listen carefully to you?
• In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
• In the last 6 months, how often did your personal doctor show respect for what you had to say?
• In the last 6 months, how often did your personal doctor spend enough time with you?

Data Source: CAHPS

Data Time Frame: Feb - June 2011

General Trend: Higher is better

Measure: DMC09 - Call Center – Beneficiary Hold Time

Metric: This measure is defined as the average time spent on hold by the call surveyor following the navigation of the Interactive Voice Response (IVR) or Automatic Call Distributor (ACD) system and prior to reaching a live person for the "Customer Service for Current Members – Part C" phone number associated with the contract. This measure is calculated by taking the sum of the total time (mm:ss) it takes for a caller to reach a Customer Service Representative (CSR) for all eligible calls made to that Part C contract beneficiary customer service call center, divided by the number of eligible calls made to the Part C contract beneficiary customer service call center. For calls in which the caller terminated the call due to being on hold for greater than 10 minutes prior to reaching a live person, the hold time applied is truncated to 10:00 minutes. Note that total time excludes the time navigating the IVR/ACD system and thus measures only the time the caller is placed into the "hold" queue.

Exclusions: Data were not collected from contracts that cover U.S territories, 1876 Cost, Demo, Employer/Union Only Direct Contract PDP, Employer/Union Only Direct Contract PFFS, National PACE, MSA, employer contracts, and organizations that did not have a phone number accessible to survey callers.

Data Source: Call Center

Data Time Frame: 01/04/2011 - 01/28/2011, 04/04/2011- 04/29/2011 (Monday - Friday)

General Trend: Lower is better

Compliance Standard: 2:00

Measure: DMC10 - Call Center – Information Accuracy

Metric: This measure is defined as the percent of the time Customer Service Representatives (CSR) answered questions correctly. The calculation of this measure is the number of times the CSR answered the questions correctly divided by the number of questions asked.

Exclusions: Data were not collected from contracts that cover U.S territories, 1876 Cost, Demo, Employer/Union Only Direct Contract PDP, Employer/Union Only Direct Contract PFFS, National PACE, MSA, employer contracts, MA-PDs and PDPs under sanction, organizations that did not have a phone number accessible to survey callers, or phone lines that only cover SNP plans.

Data Source: Call Center

Data Time Frame: 01/31/2011 - 05/20/2011 (Monday - Friday)

General Trend: Higher is better

Compliance Standard: 80%

Part D Display Measure Details

Measure: DMD01 - Timely Receipt of Case Files for Appeals

Metric: This measure is defined as the percent of case files that were requested by the IRE that were received timely from the plan. (Timely is defined as files being received from the plan within 48 hours for Standard appeals, and within 24 hours for Expedited appeals.)

Numerator = The number of case files requested that were received in the required time frame.

Denominator = The number of case files requested by the IRE.

This is calculated as: [(The number of case files received in the required timeframe) / (The number of case files requested by the IRE)] * 100.

Exclusions: None.

Data Source: Data were obtained from the IRE contracted by CMS for Part D reconsiderations.

These data are limited to appeal cases requested by beneficiaries and the IRE requests files from the plans. Cases auto-forwarded to the IRE are excluded from these data.

Data Time Frame: 1/1/2011 - 6/30/2011

General Trend: Higher is better

Measure: DMD02 - Timely Effectuation of Appeals

Metric: This measure is defined as the percent of appeals that required effectuation that the plan effectuated in a timely manner (Timely is defined as within one day of decision notification for Expedited appeals, or three days of decision notification for Standard appeals.).

Numerator = The number of appeals that were effectuated timely.

Denominator = The number of the dispositions which required effectuation. Appeals with a disposition of “Fully Reverse Plan” or “Partially Reverse Plan” require effectuation. This measure looks at the most recent proceeding where effectuation is required in the event of ALJ’s or Reopenings.

This is calculated as: [(The number of appeals that were effectuated timely) / (The number of dispositions that required effectuation)] * 100.

Exclusions: None. These data are based on the report generation date. If the IRE does not receive a notice of effectuation before the timeframe has elapsed, the IRE will count the appeal as non-timely. Discrepancies may occur if the IRE receives the effectuation notice late, despite the actual effectuation occurring timely. Re-openings and ALJ decisions may also negate the need for effectuation.

Data Source: Data were obtained from the IRE contracted by CMS for Part D reconsiderations.

Timely is defined as within one day of decision notification for Expedited appeals, or three days of decision notification for Standard appeals. For appeals involving plans making payments, timely is defined as payment being made within 30 calendar days of decision notification.

Data Time Frame: 1/1/2011 - 6/30/2011

General Trend: Higher is better

Measure: DMD03 - Drug Plan Provides Pharmacists with Up-to-Date and Complete Enrollment Information about Plan Members

Metric: This measure is defined as the percent of time CMS-generated enrollments were completed within the 72 hour processing time frame requirement. This measure's calculation is based on the number of successful transactions with 4Rx information received within 120 hours from when the Transaction Reply Report (TRR) was sent divided by the total number of CMS-generated enrollment transactions sent to the plan on the TRR.

Exclusions: Contracts with a total of five or fewer transactions in the measurement period are excluded from this data set.

Data Source: Medicare Advantage Prescription Drug System (MARx)

Data Time Frame: 11/13/10 - 4/22/11

General Trend: Higher is better

Compliance Standard: 99%

Measure: DMD04 - Calls Disconnected When Customer Calls Drug Plan

Metric: This measure is defined as the number of calls unexpectedly dropped by the sponsor while the call surveyor was navigating the IVR or connected with a customer service representative (CSR) divided by the total number of calls made to the phone number associated with the contract.

Numerator = The number of member services calls disconnected.

Denominator = The total number of member services calls received.

This is calculated as: [(The number of member services calls disconnected) / (The total number of member services calls received)] * 100.

Exclusions: Data were not collected from contracts that cover U.S territories, 1876 Cost, Demo, Employer/Union Only Direct Contract PDP, Employer/Union Only Direct Contract PFFS, National PACE, MSA, employer contracts, and organizations that did not have a phone number accessible to survey callers.

Data Source: Call Center surveillance monitoring data collected by CMS. The "Customer Service for Current Members – Part D" phone number associated with each contract was monitored. This measure is based on calls to the current enrollee call center.

Data Time Frame: 01/04/2011 - 01/28/2011, 04/04/2011- 04/29/2011 (Monday - Friday)

General Trend: Lower is better

Compliance Standard: 5%

Measure: DMD05 - Call Center – Beneficiary Hold Time

Metric: This measure is defined as the average time spent on hold by the call surveyor following the navigation of the Interactive Voice Response (IVR) or Automatic Call Distributor (ACD) system and prior to reaching a live person for the "Customer Service for Current Members – Part D" phone number associated with the contract. This measure is calculated by taking the sum of the total time (mm:ss) it takes for a caller to reach a Customer Service Representative (CSR) for all eligible calls made to that Part D contract beneficiary customer service call center divided by the number of eligible calls made to the Part D contract

beneficiary customer service call center. For calls in which the caller terminated the call due to being on hold for greater than 10 minutes prior to reaching a live person, the hold time applied is truncated to 10:00 minutes. Note that total time excludes the time navigating the IVR/ACD system and thus measures only the time the caller is placed into the "hold" queue.

Exclusions: Data were not collected from contracts that cover U.S territories, 1876 Cost, Demo, Employer/Union Only Direct Contract PDP, Employer/Union Only Direct Contract PFFS, National PACE, MSA, employer contracts, and organizations that did not have a phone number accessible to survey callers.

Data Source: Call center monitoring data collected by CMS. The "Customer Service for Current Members – Part D" phone number associated with each contract was monitored.

Data Time Frame: 01/04/2011 - 01/28/2011, 04/04/2011- 04/29/2011 (Monday - Friday)

General Trend: Lower is better

Compliance Standard: 2:00

Measure: DMD06 - Call Center – Information Accuracy

Metric: This measure is defined as the percent of the time CSRs answered questions correctly. The calculation of this measure is the number of times the CSR answered the questions correctly divided by the number of questions asked.

Exclusions: Contracts that cover U.S territories, 1876 Cost, Demo, Employer/Union Only Direct Contract PDP, Employer/Union Only Direct Contract PFFS, National PACE, MSA, employer contracts, MA-PDs and PDPs under sanction, organizations that did not have a phone number accessible to survey callers, or phone lines that only cover SNP plans.

Data Source: Data were collected by CMS; the "Customer Service for Prospective Members – Part D" phone number associated with each contract was monitored.

Data Time Frame: 1/31/2011 -5/20/2011

General Trend: Higher is better

Compliance Standard: 80%

Measure: DMD07 - Drug-Drug Interactions

Metric: This measure is defined as the percent of Medicare Part D beneficiaries who received a prescription for a target medication during the measurement period and who were dispensed a prescription for a contraindicated medication with or subsequent to the initial prescription.

Numerator = Number of member-years of beneficiaries enrolled during the measurement period who were dispensed a target medication with at least one day overlap with a contraindicated medication.

Denominator = Number of member-years of beneficiaries enrolled during the measurement period who were dispensed a target medication.

This is calculated as: [(Number of member-years of beneficiaries enrolled during the measurement period who were dispensed a target medication with at least one day overlap with a contraindicated medication)/(Number of member-years of beneficiaries enrolled during the measurement period who were dispensed a target medication)]*100.

Exclusions: None.

Data Source: The Drug-Drug Interaction (DDI) measure is adapted from the measure concept that was first developed by the Pharmacy Quality Alliance (PQA).

The data for this measure come from Prescription Drug Event (PDE) data files submitted by drug plans to Medicare for January 1, 2010-December 31, 2010. Only final action PDE claims are used to calculate the patient safety measures. PDE adjustments made post-reconciliation were not reflected in this measure. The measure is calculated using the National Drug Code (NDC) lists updated by the PQA. The complete NDC lists will be posted along with these technical notes.

Data Time Frame: 1/1/2010 - 12/31/2010

General Trend: Lower is better

Measure: DMD08 - Diabetes Medication Dosing

Metric: This measure is defined as the percent of Medicare Part D beneficiaries who were dispensed a dose higher than the daily recommended dose for the following diabetes treatment therapeutic categories of oral hypoglycemics: biguanides, sulfonlyureas and thiazolidinediones.

Numerator = Number of member-years of beneficiaries enrolled during the measurement period who were dispensed a dose of an oral hypoglycemic higher than the daily recommended dose.

Denominator = Number of member-years of beneficiaries enrolled during the measurement period who were dispensed at least one prescription of an oral hypoglycemic.

This is calculated as: [(Number of member-years of beneficiaries enrolled during the measurement period who were dispensed a dose of an oral hypoglycemic higher than the daily recommended dose) / (Number of member-years of beneficiaries enrolled during the measurement period who were dispensed at least one prescription of an oral hypoglycemic)]*100.

Exclusions: None.

Data Source: The Diabetes Medication Dosing (DMD) measure is adapted from the measure concept that was first developed by the Pharmacy Quality Alliance (PQA).

The data for this measure come from Prescription Drug Event (PDE) data files submitted by drug plans to Medicare for January 1, 2010-December 31, 2010. Only final action PDE claims are used to calculate the patient safety measures. PDE adjustments made post-reconciliation were not reflected in this measure. The measure is calculated using the National Drug Code (NDC) lists updated by the PQA. The complete NDC lists will be posted along with these technical notes.

Data Time Frame: 1/1/2010 - 12/31/2010

General Trend: Lower is better

Measure: DMD09 - Completeness of the Drug Plan's Information on Members Who Need Extra Help

Metric: For each contract, this percentage calculation is based on the following: Beneficiary-weighted monthly average of the Low-Income Subsidy (LIS) matching rate: Each month's LIS match rate used in the average is calculated as follows: (Number of LIS beneficiaries on CMS enrollment file that have matching enrollment and benefit records (or more favorable benefits) on plan sponsors'

enrollment files) / (Number of LIS beneficiaries on CMS enrollment file). For a given LIS beneficiary to be considered a match, the plan sponsor must have the beneficiary enrolled, must indicate that the beneficiary is eligible for a LIS, and must have premium and co-payment levels that match (or are more favorable than) CMS records. If two or more monthly LIS match rates cannot be calculated due to a sponsor not submitting enrollment data or not submitting a valid file format, the lowest match rate of the reporting period will be substituted in the weighted monthly average calculation. Note: the first incidence of a non-submission or non-validation will be dismissed.

Exclusions: Any contract that exclusively services U.S. territories is excluded from the match rate analysis. Also, sponsors that did not have any LIS beneficiaries enrolled in their plan during the analysis period did not have match rates available.

Data Source: Data on the LIS match rates are obtained from a CMS contractor based on enrollment data supplied by Part D sponsors compared to enrollment data based on CMS records.

Data Time Frame: 1/1/2011 - 6/30/2011

General Trend: Higher is better

Compliance Standard: 95%

Measure: DMD10 - Drug Plan Provides Current Information on Costs and Coverage for Medicare's Website

Metric: This measure is defined as percent of pricing data file submissions that do not result in suppression of pricing data on www.medicare.gov.

Numerator = Number of pricing data file submissions that do not result in suppression of pricing data on www.medicare.gov

Denominator = Total number of pricing data submissions

This is calculated as: [(Number of pricing data file submissions that do not result in suppression of pricing data on www.medicare.gov) / (Total number of pricing data submissions)]*100.

Exclusions: None.

Data Source: CMS Administrative Data

Data Time Frame: 1/3/2011 - 6/20/2011

General Trend: Higher is better