Elderplan Response

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

Elderplan

11/3/2014

Overview
Elderplan Background

Elderplan is a Medicare Advantage Organization (MAO) that administers Medicare and Medicaid Managed Long Term Care programs to Medicare-only, Medicaid-only and dually eligible individuals in New York State. Elderplan has a long and rich tradition of caring and commitment for the poor, frail, elderly and infirmed with chronic conditions.

Since its inception in 1986 as one of the four founding members nationwide of the approved Social Health Maintenance Organizations (SHMO) demonstration, Elderplan– has been committed to serving the underserved. As stated by Walter Leutz, Ph.D., The Social HMO Consortium, in public testimony to the National Bipartisan Commission on the Future of Medicare, "The purpose of the [SHMO] demonstration was to test models for integrating acute and long-term care services under prepaid, capitated financing arrangements; improve beneficiaries' access to a comprehensive range of acute, ancillary and community-based services; prevent or delay institutionalization in skilled nursing facilities for frail elderly who can be more efficiently served in community-based settings; and to achieve Medicare and Medicaid savings by eliminating duplication of services and administrative functions, employing effective case management techniques and substituting lower-cost services." The SHMO program was an early predecessor to the Special Needs Plan (SNP).

Since its founding as an SHMO, Elderplan has expanded to become a leader in other new government programs designed to care for Medicare, Medicaid and dually eligible beneficiaries needing long term care, including the New York State partially capitated Managed Long Term Care Plan (MLTCP) and Medicaid Advantage Plus (MAP) programs. For MAP ─ or the Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) according to CMS ─ Elderplan integrates and coordinates the benefits and services of Medicare Advantage, Medicaid Managed Care and Medicaid Long Term Care programs comparably to anticipated operation of FIDA plans. Throughout its history, Elderplan has been at the forefront as a thought and action leader for new federal and state programs ─ SHMO, MAP, and MLTCP ─ which now culminate in the FIDA demonstration.

Plan Characteristics

Elderplan currently administers four Medicare programs, including Medicare Advantage Part D (MAPD) plans for the non-dual population, Dual Eligible Special Needs Plans (Dual SNP), MAP, and an Institutional Special Needs Plan (I-SNP) for Medicare beneficiaries who are long term residents of a nursing home. Each is designed to respond to specific population needs with appropriate levels of intervention and supportive care.

Elderplan is the fourth largest MLTCP and third largest MAP plan in the FIDA demonstration area and across New York State.

On September 9, 2014, CMS issued a memo entitled, *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*. In its memo, CMS stated that it is interested in "Health Plans, Drug Plans, Clinicians, Patient Advocacy Organizations, Consumers, Professional Associations and other members of the public to share its research related to whether dual status causes lower MA and Part D measure scores." CMS was also interested in research that demonstrates that high quality performance in MA or Part D plans can be achieved in plans serving dual eligible beneficiaries and how that performance level is obtained.

MEMBER DEMOGRAPHICS

Gender

A review of Elderplan's member demographics revealed that there were more females than males in the dual SNP population (63% vs. 37%), which is a higher percentage than the non-SNP population of 56% females vs. 44% males.

	Non-SNP	Dual SNP
Female	56%	63%
Male	44%	37%

Age Group

Most members of both groups were aged 65-79. About 18% of dual members were less than 65 years old compared to 7% of non SNP members. These members' original entitlement may be related to ESRD or disability.

Age Group	Non-SNP	Dual SNP
<65	874 (7%)	581 (18%)
65-79	7,504 (61%)	1,726 (53%)
≥80	3,875 (32%)	954 (29%)
Total	**12,253**	**3,261**

	Age Group	Non-SNP	Dual SNP
Female	**<65**	426 (6%)	282 (14%)
	65-79	4066 (59%)	1049 (51%)
	≥80	2394 (35%)	729 (35%)

	Age Group	Non-SNP	Dual SNP
Male	**<65**	448 (8%)	299 (25%)
	65-79	3438 (64%)	677 (56%)
	≥80	1481 (28%)	225 (19%)

LIS Status

99.9% of dual SNP members received Low Income Subsidy compared to 14.1% of non-SNP members.

	Non-SNP	Dual SNP
No LIS	85.9%	0.1%
LIS	14.1%	99.9%

RESULTS

HEDIS

Elderplan investigated whether Dual SNP members were more likely to perform better on HEDIS measures than non-duals. Results revealed the following:

- Dual SNP members were significantly more likely than non-SNP individuals to utilize preventive or ambulatory health services (95.6% vs. 91.1%, $p \leq 0.001$).
- Dual SNP members were significantly more likely than non-SNP individuals to use high-risk medications (at least one drug: 17.3% vs. 10.1%, $p \leq 0.001$; at least two drugs: 2.0% vs. 0.7%, $p \leq 0.001$).
- Dual SNP members were significantly less likely than non-SNP individuals to participate in annual monitoring for persistent medications (90.9% vs. 92.5%, $p \leq 0.05$).

CAHPS

Member satisfaction was also compared among members of SNP and non-SNP plans. Results revealed that the proportion of SNP respondents that rated their drug plan favorably was significantly higher than the proportion of non-SNP members (92.8% vs. 78.3%, $p \leq 0.05$).

Other findings that were not statistically significant but were noteworthy nonetheless are presented below:

- SNP respondents rated the following composite measures more favorably than non-SNP members

    1. Health Plan Customer Service, SNP 84.7 vs. Non-SNP 82.8
    2. Rating of Health Plan, SNP 89.1 vs. Non-SNP 80.3
    3. Rating of Health Care, SNP 83.6 vs. Non-SNP 80.0
    4. Annual Flu Vaccine, SNP 68.5 vs. Non-SNP 60.4

- SNP respondents responded more favorably than Non-SNP members for individual questions

    1. SNP members rated Getting care, tests, or treatments necessary(Q40) more favorably than non-SNP members, 86.2 vs. 76.8
    2. SNP members rated Getting information/help from customer service(Q42) more favorably than non-SNP members, 75.0 vs. 67.9

3. SNP members Rated Doctor informed and up-to-date about specialty care(Q38) more favorably than non-SNP members, 84.1 vs. 76.1
4. SNP members Rated Ease of using health plan to get prescribed medicines(Q69) more favorably than non-SNP members, 89.1 vs. 80.3

Medication Adherence

Dual SNP members exhibited greater medication adherence rates than non SNP members for all three classes of medications (diabetes, RAS/hypertension, and cholesterol). Results are presented below:

1. Dual SNP members were more adherent with diabetes medications than non-SNP members (75% vs. 70%)
2. Dual SNP members were more adherent with RAS/hypertension medications than non-SNP members (76% vs. 74%)
3. Dual SNP members were more adherent with cholesterol medications than non-SNP members (69% vs. 65%)

DISCUSSION

Over the past year, multiple MA organizations have suggested that plans that enroll a disproportionate share of dual-eligible beneficiaries may experience difficulty in achieving higher quality care as measured by Star Ratings. This report was generated by in response to the CMS Request for Information to demonstrate whether dual status causes lower MA and Part D measure scores.

Based on the data presented in this report, it was identified that high quality performance in MA or Part D plans *can* in fact be achieved in plans like Elderplan, which serve dual eligible beneficiaries. The reasons for this finding are as follows: Firstly, SNP members generally represent elderly, frail, and chronically infirmed members who are care managed. Consequently, care managers may facilitate these members' access to healthcare services, as illustrated by their higher utilization of preventive and ambulatory health services. Moreover, contact with care managers may help to improve member satisfaction scores for dual SNP members, especially for the rating of the drug plan. Care managers may also assist with discussions of medication adherence with members. It is quite possible that other MA plans that serve a greater proportion of younger dual-eligible members with more severe chronic conditions (affecting physical and/or mental health) experience lower quality care, and that translates into poorer Star ratings. However, results from the report demonstrate that this is not the case among Elderplan duals. Based on the analysis of certain measures related to the Stars Rating, Elderplan would be able to infer that its star ratings would have improved.

Nevertheless, opportunities to improve the health of SNP members remain. For instance, the finding that SNP members were more likely to use high-risk medications but were less likely to have them monitored annually demonstrates that closer management of their medications is warranted. There are interventions in effect to improve adherence such as telephonic reminders about medication renewals and promotion of using the mail order pharmacy. A holistic approach to the member experience, encompassing the psychosocial and medical aspects of the member experience, may help to improve the member's wellness and satisfaction.

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APPENDIX 1: HEDIS Results

Adults Access to Preventive/Ambulatory Health Services 2014 (AAP)	All Members	Non-SNP	Dual SNP
Members aged 20-44	83%	81%	87%
Members aged 45-64	92%	91%	96%
Members aged 65 and older	92%	91%	96%
All members	**92%**	**91%**	**96%**

Breast Cancer Screening 2014 (BCS)	All Members	Non-SNP	Dual SNP
Denominator	1652	1485	156
Numerator	1040	937	98
Rate	**63%**	**63%**	**63%**

Comprehensive Diabetes Care 2014 (CDC)	All Members	Non-SNP	Dual SNP
HBA1C Testing	87%	87%	85%
Eye Exam	59%	59%	58%
LDL-C Screening	87%	87%	85%
Monitoring for Nephropathy	89%	89%	92%

Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis 2014 (ART)	All Members	Non-SNP	Dual SNP
Denominator	107	84	21
Numerator	65	50	13
Rate	**61%**	**60%**	**62%**

Glaucoma Screening in Older Adults 2014 (GSO)	All Members	Non-SNP	Dual SNP
Denominator	8997	7916	938
Numerator	6251	5450	661
Rate	**70%**	**69%**	**70%**

Potentially Harmful Drug-Disease Interactions in the Elderly 2014 (DDE)	All Members	Non-SNP	Dual SNP
History of Falls*	37%	33%	55%
Dementia*	43%	38%	55%
Chronic Kidney Disease*	16%	16%	18%
Total*	**37%**	**33%**	**50%**

**Lower is better*

Use of High Risk Medications in the Elderly 2014 (DAE)	All Members	Non-SNP	Dual SNP
At least one drug*	11%	10%	17%
At least two drugs*	1%	1%	2%

**Lower is better*

Use of Spirometry Testing in the Assessment and Diagnosis of COPD 2014 (SPR)	All Members	Non-SNP	Dual SNP
Denominator	372	331	36
Numerator	168	155	13
Rate	**45%**	**47%**	**36%**

APPENDIX 2: CAHPS Results

	Composite/Attribute/Rating Item (Source: The Myers Group)	SNP		Non-SNP		Range*
		Valid n**	SMS**	Valid n**	SMS**	
DOMAIN: Member Experience with Health Plan	**Getting Needed Care**		**79.7**		**80.9**	**1.2**
	35 Ease of getting appointment with a specialist	26	73.1	124	84.9	**11.8**
	40 Getting care, tests, or treatments necessary	29	86.2	141	76.8	**9.4**
	Getting Care Quickly		**70.2**		**69.1**	**1.1**
	4 Obtaining needed care right away	20	80.0	85	80.4	**0.4**
	6 Obtaining care when needed, not when needed right away	48	79.2	201	80.1	**0.9**
	8 Saw person came to see within 15 minutes of appointment time	46	51.4	232	46.8	**4.6**
	Health Plan Customer Service		**84.7**		**82.8**	**1.9**
	42 Getting information/help from customer service	28	75.0	110	67.9	**7.1**
	43 Treated with courtesy and respect by customer service staff	28	86.9	115	87.5	**0.6**
	45 Health plan forms easy to fill out	60	92.2	302	92.9	**0.7**
	Care Coordination* **	**NA**			**81.6**	**NA**
	22 Personal doctor's office followed up to give you test results	39	82.9	226	83.0	**0.1**
	23 Got test results as soon as you needed	36	79.6	226	80.4	**0.8**
	Combined Item - Test Results	38	81.3	226	81.7	**0.5**
	20 Doctor had medical records or other information about your care	48	90.3	254	95.1	**4.8**
	25 Doctor talked about prescription medicines	43	72.9	230	79.9	**7.0**
	31 Got help managing care	NA	NA	28	75.0	**NA**
	38 Doctor informed and up-to-date about specialty care	23	84.1	127	76.1	**8.0**
	Rating of Health Plan (Q46)	**56**	**89.1**	**287**	**80.3**	**8.8**
	Rating of Health Care (Q12)	**58**	**83.6**	**298**	**80.0**	**3.6**
DOMAIN: Member Experience with Drug Plan	**Getting Needed Prescription Drugs**** **	**NA**			**87.5**	**NA**
	69 Ease of using health plan to get prescribed medicines	53	88.1	259	84.9	**3.2**
	Combined Local Pharmacy and Mail	NA	NA	231	90.1	**NA**
	71 Ease of using health plan to fill prescriptions at local pharmacy	39	88.9	216	90.4	**1.5**
	73 Ease of using health plan to fill prescriptions by mail	NA	NA	35	89.5	**NA**
	Rating of Drug Plan (Q74)	**53**	**92.8**	**273**	**78.3**	**14.5**
*****	**Annual Flu Vaccine (Q85) - All Respondents**	**54**	**68.5%**	**283**	**60.4%**	**8.1%**

* Range is the difference between scores shown. The larger the number, the greater the difference in scores between segment groups for any given question/composite.

** Valid n refers to the total number of respondents answering the item within the subgroup under the column heading. Scaled Mean Scores (SMS) reflect the mean score converted to a 100-point scale, with the exception of the *Annual Flu Vaccine* and *Delaying or Not Filling a Prescription* measures, which reflect the percentage of members who responded "Yes." See Technical Notes for more information.

*** The *Care Coordination* composite is calculated by taking the average of those questions shaded light blue. Furthermore, the '*Combined Item - Test Results*' score is calculated by taking the average of 'Personal doctor's office followed up to give you test results' and 'Got test results as soon as you needed.'

**** The *Getting Needed Prescription Drugs* composite is calculated by taking the average of the 'Ease of using health plan to get prescribed medicines' question and the weighted *Combined Local Pharmacy and Mail* score (those measures shaded light blue).

***** Domain: Staying Healthy - Screenings, Tests, and Vaccines

Note: An 'NA' is displayed in place of any score that is representative of 10 or fewer respondents in accordance with CMS cell size suppression guidelines. See Technical Notes for more information.

APPENDIX 3: Medication Adherence Results

DIABETES - Medication Adherence	All Members	Non-SNP	Dual SNP
Adherent	71%	70%	75%
Non Adherent	29%	30%	25%

RAS - Medication Adherence	All Members	Non-SNP	Dual SNP
Adherent	75%	74%	76%
Non Adherent	25%	26%	24%

CHOL - Medication Adherence	All Members	Non-SNP	Dual SNP
Adherent	66%	65%	69%
Non Adherent	34%	35%	31%