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November 3, 2014

Dear CMS:

ATRIO Health Plans would like to offer the following feedback regarding the RFI on differences in Star Ratings Quality Measures for Dual-Eligible enrollees versus Non-Dual-Eligible enrollees. ATRIO currently manages 2 Full-Dual Special Needs Plans (D-SNP) in Oregon with a total membership of approximately 5,100 members.

Due to the small number of eligible members we have enrolled in our D-SNP plans, the multi-variant analysis that we could provide would not be significant enough to show causation in the appropriateness of several Star Ratings Quality Measures related to a D-SNP population. However, we do want to offer our thoughts on correlation as we feel they are clear and valid cause-and-effect indicators that need to be articulated to CMS regarding this population.

We find the current measurements and benchmarks for the D-SNP population to be inappropriate for this population in several ways. Below is a listing of various aspects of the Stars Ratings Quality Measures and our perspectives and experiences regarding the applicability of these measures to the D-SNP population.

Clinical leadership at ATRIO Health Plans expresses the following concerns regarding using the same benchmarks for SNP and commercial Medicare Advantage members:

- **There are significant demographic differences between D-SNP and Non-Dual Eligible enrollee populations.**
- **Health status questions are not appropriate measures of the health plan, but rather are characteristic of the D-SNP population's disease states and challenges.**
- **Survey questions that require self-assessment or recollection are inappropriate measurements for D-SNP populations because of cognitive issues.**
- **Measurements based on survey questions are inappropriate for LTC populations.**
- **Measurement benchmarks for D-SNP health plans should be against D-SNP populations only – not all populations.**
- **These ratings are sometimes in contrast to or duplicative of reporting already being done at the State level via the Medicaid agency.**

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In the following pages, we elaborate on these concerns and site examples from our experience for each.

- **Significant Population Demographics Differences**
  - **A. <u>Greater Percentage (%) in LTC or Hospice</u>** - ATRIO Health Plans has done an analysis of its membership demographics and have found that for our D-SNP population we have over 52% of members who are identified by CMS as either being in an LTC, Community Based, Home Based or Hospice setting. This is in contrast to our PPO population which only shows less than 1% of those members being identified as being in one of these types of facilities. See Table 1.1 'ATRIO Currently Enrolled Membership Analysis" table below.

Table 1.1 - ATRIO Currently Enrolled Membership Analysis:

Plan Type	Age Group	Total Members	Hospice	LTC	NA	Percent Hospice	Percent LTC	Total Hospice and LTC
PPO	18-39					0.00%	0.01%	0.01%
PPO	40-64					0.00%	0.08%	0.08%
PPO	65 and Older					0.26%	0.40%	0.66%
	Total PPO	**8,507**	**22**	**42**	**8,443**	0.26%	0.49%	**0.75%**
SNP	0-18					0.00%	0.00%	0.00%
SNP	18-39					0.00%	6.75%	6.75%
SNP	40-64					0.14%	20.57%	20.71%
SNP	65 and Older					0.63%	24.34%	24.97%
	Total SNP	**5,099**	**39**	**2,634**	**2,426**	0.76%	51.66%	**52.42%**
	Plan Total:	**13,606**	**61**	**2,676**	**10,869**	**0.45%**	**19.67%**	**53.68%**

The fact that the member is in a LTC means they have greater health needs and are dealing with multiple conditions more so than a member who is not in an LTC facility. The measures that current Stars ratings are focused on are younger beneficiaries, in better health and not in LTC facilities. We should be measuring the D-SNP against like populations; not populations that are

younger, wealthier, in better health. This population by its nature is more disabled and poor. Therefore, the measures that should be evaluating the population's health and the health plan's performance should be different than those for a non-DSNP/Dual Eligible population.

The CAHPS measures that focus on assessing a beneficiary's physical activity are influenced by the beneficiary's ability to be physically active. Those in an LTC or hospice setting have a significant barrier to being physically active outside of their physical or rehabilitative treatments being received in those facilities.

Low CAHPS survey response rates can also be tied to the high rate of members residing in an LTC or Hospice setting as many times the survey is sent to either the facility in which the member might not have resources or capacity to respond to the survey, or the surveys are sent to a members family member or care giver. Furthermore, the D-SNP population is very transient and the plan often finds that members tend to have multiple residents throughout the year and are not providing their current mailing addresses in a timely manner or at all.

B. **Greater Risk Score -** ATRIO has done an analysis of its membership and found that the D-SNP populations have a greater risk score compared to our PPO populations. See table 1.2 "RAPS Score Differences" from <data source>

Table 1.2 – ATRIO Plan Average Risk Score Differences in ATRIO D-SNP and PPO Populations

Plan	Average Risk Score
SNP 1	1.32
SNP 2	1.25
PPO 1	0.88
PPO 1	0.84

- **Measurement benchmarks for D-SNP health plans should be against D-SNP populations only and not against all populations.**
  A. When ATRIO did a comparative analysis of the Stars measures looking at our D-SNP to our PPO plans, we found the use of High Risk Medications is historically much worse in the DSNP contracts vs. our PPO contracts. This is a more heavily weighted measure that has a negative influence on the total plan score in this scenario

A. **Significantly Greater Physical & Behavioral Health Needs Impact HOS and CAHPS Results** - According to John Gorman, Founder and Executive at the national health care and federal programs consultancy The Gorman Group, has stated that the average D-SNP member endures

4.5 chronic conditions while the mean commercial member has one. These are clinically very different populations. The D-SNP members, by definition, are struggling with a much higher degree of disease burden including almost half (47%) with a significant behavioral health diagnosis. The most common behavioral health diagnoses in our population are schizophrenia and bipolar illness. D-SNP members enduring such challenges are less likely to seek out preventative services or respond to health plan interventions targeted at improving these rates. Here, the HOS measure of improving or maintaining mental health is a challenge to increase positive response rates to such a significantly impacted population such as the D-SNP beneficiaries. This population would have challenges completing the HOS or CAHPS surveys and the current benchmarks don't recognize that difference in the populations. There are other care issues of higher priority than some of the CAHPS and HOS measurements currently emphasized in the measurements.

- **Survey questions that require self-assessment or recollection are inappropriate measurements for D-SNP populations because there is a higher number of beneficiaries enrolled in a D-SNP with more cognitive disadvantages than in a non-D-SNP population.**

  Several CAHPS questions rely on functional and accurate memory of services received by the member. The flu vaccine rate is an example. ATRIO believes that members suffering from multiple chronic illnesses including a high prevalence of psychoses are less likely to accurately remember the details of encounters with the healthcare delivery system including receiving vaccines. There are also often very long durations of time that pass from the day the member could have received a flu vaccine to when the CAHPS survey is administered.

2014 CAHPS Survey Response Rate Analysis:

Plan	Response Rate
SNP 1	35.4%
SNP 2	29.2%
PPO 1	49.0%
PPO 2	53.0%
MA Average in Oregon	49.0%

Cohort 16: Baseline 2013 Survey Response Rate Analysis:

Plan	Response Rate
SNP 1	39%
SNP 2	31%
PPO 1	46%
PPO 2	53%
Overall HOS response rate	48%

The return rate on the CAHPS and HOS questionnaires is less in the ATRIO D-SNP population than that of the non-D-SNP population. Higher return rates typically show increased satisfaction

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scores in respondents. ATRIO feels that the lower CAHPS and HOS questionnaire return rate is likely influenced by the daily challenges and higher disease burden that D-SNP members endure and this likely creates a negative bias leading to lower D-SNP CAHPS and HOS scores lower scores in health plans with a predominant D-SNP population. This can be seen in viewing the '2014 CAHPS survey Response Rate Analysis' and 'Cohort 16: Baseline 2013 Survey Response Rate Analysis' below in which we see that ATRIO's D-SNP contracts have a 29% and 35% response rate compared to over 50% response rate of ATRIO's PPO contracts and the MA Oregon average. The benchmarks for D-SNP populations should be different than the non-D-SNP population.

In summary, because of the inherent challenges in managing this most vulnerable population of D-SNP members, ATRIO feels it inappropriate to hold D-SNP predominant health plans to the same Stars benchmarks as those health plans with predominantly commercial business.

ATRIO appreciates that CMS has provided the industry with this opportunity. We offer these comments in hopes that they might help focus a market-wide conversation to develop and implement more applicable Star Ratings Quality Measures for D-SNPs and the Dual-Eligible beneficiary populations.

Respectfully submitted,

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