



CENTER FOR MEDICARE

TO: All Part D Plan Sponsors

FROM: Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Access to 2013 Medicare Part D Patient Safety Reports

DATE: April 2, 2013

The purpose of this memo is to announce the availability of 2013 Patient Safety Reports, to discuss updates to the measure calculations, and to notify sponsors of the upcoming removal of older Patient Safety Reports from the Patient Safety Analysis Website.

Background

Performance and quality measures are used by CMS so Medicare beneficiaries have the information necessary to make informed enrollment decisions by comparing available health and prescription drug plans. They also provide measures of quality across Part D sponsors. As part of this effort, CMS currently calculates and reports on eight patient safety measures:

- High Risk Medication (HRM) measure *
- Diabetes Treatment (DT) measure *
- Medication Adherence (ADH) for Cholesterol (Statins)*
- Medication Adherence (ADH) for Hypertension (RAS Antagonists)*
- Medication Adherence (ADH) for Diabetes Medications*
- Drug-Drug Interaction (DDI) measure**
- Diabetes Medication Dosage (DMD) measure**
- Medication Adherence for HIV/AIDS (Antiretrovirals)***

*Part D Star Rating on the Medicare.gov Plan Finder **Part D Display Measure on CMS.gov ***Part D Patient Safety Report (only)

Part D sponsors currently have access to monthly Patient Safety Reports via the Patient Safety Analysis Website to compare their performance to overall averages and monitor their progress in improving the prescription drug patient safety measures. These actionable reports include contract-level patient safety reports for each measure, additional detail-level reports, and outlier reports. In addition to downloading monthly reports, sponsors can also view 'at-a-glance' Rate Summary and Performance Graphs for each measure, and respond to Outlier Reporting directly on the website. The website facilitates communication between CMS, the plans, and our contractor, Acumen, LLC. Sponsors are required to use the website and should be engaged in performance monitoring. For additional information, User Guides and the NDC-level

medication lists used to calculate the measures are available on the Patient Safety Analysis Website under Help Documents.

2013 Patient Safety Reports

CMS will begin releasing monthly Patient Safety Reports based on 2013 Prescription Drug Event (PDE) data during the April 2013 report release.

The measures in these reports are calculated using 2013 PDE data received up until one month before the release of the report. For example, the 2013 reports released on April 30, 2013 will contain PDE data for dates of service received from January 1, 2013 through March 31, 2013. Each monthly report is updated as more complete 2013 PDE data are received from Part D sponsors. The final 2013 Patient Safety Reports will be released in July 2014, one month after the submission deadline for 2013 PDE records to CMS. The final 2013 rates will be used to calculate the 2015 Part D Star Ratings and/or Display Measures.

CMS will also continue producing Patient Safety Reports based on 2012 PDE data through July 2013, when the final 2012 reports will be released. The final 2012 rates will be used to calculate the 2014 Part D Star Ratings and/or Display Measures.

To access the Patient Safety Reports, you must be an authorized user of the Patient Safety Analysis Website. The access authorization process is described in this memo. **The deadline for new user authorization is no later than April 16, 2013.**

Measure and Report Updates

High Risk Medication (HRM) Use Measure

As announced in the 2014 Final Call Letter, the 2014 HRM Star Rating and 2015 HRM Star Rating will be calculated based on two different Pharmacy Quality Alliance (PQA) HRM medication lists. Therefore, beginning in April 2013, the Patient Safety HRM Reports will include two sets of HRM reports.

- The 2014 HRM Star Rating (label: HRM – 2014SR) will be calculated using 2012 PDE data using the original PQA HRM list (i.e., the one that was used to calculate the 2013 HRM Star Rating). The PQA has continued to maintain the original list of HRM National Drug Codes (NDCs). This will be applied to the 2012 HRM Patient Safety Reports. It will be introduced in April 2013, and will be reported until July 2013.
- The 2015 HRM Star Rating (label: HRM – 2015SR) will be calculated using 2013 PDE data using the updated PQA HRM measure medication list based on the American Geriatrics Society (AGS) recommendations to the Beers List. The 2013 HRM Patient Safety Reports will be introduced in April 2013. Note: CMS will also continue to provide 2012 HRM Patient Safety Reports using the updated PQA HRM list.

Medication Adherence (ADH) for Diabetes Medications

CMS will adopt the PQA's changes to this measure's specifications for the 2015 Star Ratings (using 2013 PDE data), specifically the addition of two drug classes to the numerator and denominator (meglitinides and incretin mimetic agents). The updated proportion of days covered (PDC) calculation will measure if the beneficiary is covered by at least one drug from any of the six classes of diabetes drugs. This change will be applied to the 2013 Diabetes Adherence Reports. The 2012 Diabetes Adherence Reports and specifications will remain unchanged and continue to be used for the 2014 Star Ratings.

Drug-Drug Interactions (DDI) Measure

The PQA reviewed and updated the list of drug-drug interactions included in the measure specifications. The current PQA DDI measure list will continue to be used for the 2014 Display Measure (using 2012 PDE data) and provided in the 2012 DDI Patient Safety Reports. The updated PQA DDI measure list will be used for the 2015 Display Measure (using 2013 PDE data) and reported in the 2013 DDI Patient Safety Report in April 2013.

The changes made to the DDI list include:

- Delete the DDIs - carbamazepine and propoxyphene; tamoxifen and SSRIs; warfarin and cimetidine; warfarin and fibrates (fenofibrate, fenofibric acid, gemfibrozil).
- Add the DDIs - carbamazepine and clarithromycin, erythromycin or telithromycin.

Other Updates

Beginning with the 2013 Patient Safety Reports, we will implement the PQA's specification change to account for obsolete NDCs. NDCs will be included in the measure calculation if the obsolete date is within the period of measurement (year).

Removal of Older Patient Safety Reports

As of April 30, 2013, the Patient Safety Analysis Website will no longer display Performance Graphs or Rate Summary pages for 2010 Patient Safety Reports and 2011 HRM I Patient Safety Reports¹. In addition, the summary contract-level and detail-level 2010 Patient Safety Reports will no longer be available for download.

The reports will be archived and available only by request. Sponsors that currently have access to these reports may use the following website features to download these data before they are permanently archived:

- Use the Download Files feature to download 2010 contract-level and detail-level reports.

¹ 2011 HRM Rate Summaries and Performance Graphs produced through July 2012 included the HRM I rate, in addition to the HRM III rate that was used to calculate the 2013 Star Ratings. The HRM I rate measured the percentage of Medicare beneficiaries 65 years or older who received at least one fill of a drug with a high risk of serious side effects in the elderly. The HRM I rate did not contribute to the 2013 Star Ratings.

- Use the Export to Excel feature on the Rate Summary page to download the final summary contract-level data for all 2010 measures and the final summary contract-level data for the 2011 HRM I measure.

All other 2011 Performance Graphs and Rate Summary pages will remain available on the website. Additionally, the 2011 contract-level and detail-level reports will remain available for download, including the HRM I rates provided in these reports.

Access to the Patient Safety Analysis Website

To access the Patient Safety Reports, you must be an authorized user of the Patient Safety Analysis Website. CMS' contractor, Acumen, LLC, currently manages the Patient Safety Analysis Website. The website is accessible only to authorized participants, with each sponsor utilizing a secure space on the site that is separate from all other sponsors.

In accordance with Federal Information Security Management Act (FISMA) regulations, only the Medicare Compliance Officer is authorized to give access to the website for each contract. To streamline this process, Acumen has developed the User Security Website – a web tool that allows Medicare Compliance Officers to manage their users on the Acumen websites.

In order for contracts to gain access to the Patient Safety Analysis Website, the Medicare Compliance Officer must complete the following steps:

1. Identify individuals who should have access to the Patient Safety Analysis Website.

If the contract is continuing from 2012, previously authorized users will retain their access to the Patient Safety Analysis Website. The Medicare Compliance Officer may choose to keep the same users or modify users.

If the contract is new in 2013, the Medicare Compliance Officer must add new users or choose to authorize existing users who currently have access to other Acumen websites.

For security purposes, contracts are limited to five authorized users per website.

2. Access the User Security Website.

If the contract is continuing from 2012, the current Medicare Compliance Officer should already have access to the User Security Website through existing work with Acumen.

If the contract is new in 2013, the Medicare Compliance Officer should have received login credentials and a User Security Website user guide via email and USPS.

To access the User Security Website:

1. Navigate to the website at <https://partd.programinfo.us/usersecurity>.
2. Agree to the Warning Notice.
3. Enter your username and login password.

If you are a Medicare Compliance Officer and do not have access to the User Security Website or have never logged on, please contact Acumen at (650) 558-8006.

3. Designate and authorize users.

After the Medicare Compliance Officer logs on to the User Security Website, he or she must review the current user access settings, then designate users and authorize access permissions for new or additional users as necessary.

To designate users and authorize access permissions to the Patient Safety Analysis website, the Medicare Compliance Officer must:

1. Submit an Add User Request Form for each new user.
2. Designate users for each contract individually.
3. Authorize access permissions for each user.

Medicare Compliance Officers may also designate themselves as one of the five authorized users to gain immediate access to the Patient Safety Analysis Website.

All authorized users can log on to navigate the websites and receive email notifications regarding report releases. However, access to the Patient Safety Analysis Website can vary according to two possible access levels for each user:

- *Summary Report Only*: User can access a version of the Patient Safety Reports with summary information on contract-level rates for each Patient Safety measure. Users with *Summary Report Only* permissions will not be able to access beneficiary-level data.
- *Summary and Confidential Beneficiary Reports*: User can access confidential beneficiary-level information in the detail version of the Patient Safety Reports, in addition to the summary version of the Patient Safety Reports.

To ensure timely access to the websites, Medicare Compliance Officers must complete all steps of the user authorization process **by April 16, 2013**.

Once users have been added, Acumen will send these authorized Patient Safety Analysis Website users:

- An email with the login username and website user guide
- A letter with login password via USPS

Any general questions related to this Patient Safety Analysis project should be sent via email to PartDMetrics@cms.hhs.gov. For technical questions related to the user authorization process or access to the website or reports, please contact Acumen at PatientSafety@AcumenLLC.com or by phone at (650) 558-8006. Thank you for your continued dedication to helping our beneficiaries.