



**MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP**

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DATE June 20, 2013

TO: All Medicare Advantage Organizations

FROM: Danielle R. Moon, J.D., M.P.A.  
Director

SUBJECT: Evaluation and Development of Outcome Measures for Quality Assessment in Medicare Advantage and Special Needs Plans

The purpose of this memorandum is to invite Medicare Advantage Organizations (MAOs) and Special Needs Plans (SNPs) to test implementation of two sets of quality measures for the validation study titled: "Evaluation and Development of Outcome Measures for Quality Assessment in Medicare Advantage and Special Needs Plans." One measure set is aimed at evaluating continuity of care during a Medicare beneficiary's transition from the inpatient hospital setting to the community setting. The second measure set addresses the continuity of care between mental health providers and primary care providers in the community setting. Both measures were developed by the RAND Corporation under a contract with CMS.

In the validation study step of this project, CMS expects to identify up to 12 health plans to test the implementation of these measures. This project builds on the successful implementation of these measures during a pilot study conducted in 2012. In that pilot, plans abstracted medical record data for nine cases for each measure set and gave feedback on the content and usability of pilot abstraction forms. Modifications were made to the abstraction form based on this feedback.

Additional information regarding the two measure sets and specific expectations of MAOs that agree to participate follows below.

**Continuity of Care: Transition from Inpatient Hospital Setting to the Community Setting:**

This measure set focuses on the importance of managing the care transition between the inpatient acute hospital and home. If this care transition is not handled well, it can result in adverse effects on beneficiary health as well as increased costs due to hospital re-admissions. This measure focuses on the timely and complete exchange of essential information between the hospital and the continuity provider, and appropriate follow-through on performance of recommended post-discharge appointments, tests and therapies.

The measure set to be tested is based on medical record reviews of beneficiaries enrolled in Medicare Advantage plans, including SNPs, who are discharged from the hospital to the community after at least a three-day inpatient hospital stay. Because of the complexity of capturing continuity of care, medical records from both the hospital and the continuity provider

must be abstracted to evaluate the transition of information and completion of recommended follow-up care. Participating plans will work with an external auditor to evaluate: 1) the sample selection; 2) completeness of the selected medical records; and 3) the reliability of the record abstraction. Each plan will select and evaluate 50 of its beneficiaries who undergo the hospital discharge to home transition and will then perform a re-abstraction on 10 of those beneficiary records to evaluate reliability of the record abstraction.

### **Continuity of Care: Mental Health Providers and Primary Care Providers in the Community Setting:**

This measure set focuses on the importance of reliable information transfer between mental health and primary care providers. Substantial evidence demonstrates unmet need in mental health screening, diagnosis and treatment. Moreover, there may be deficits in the integration of mental health treatment with other aspects of medical care provided to the patient. The need to be aware of potential drug-drug interactions and disease-drug interactions, as well as the need to adequately monitor medication adherence and patient response to treatment across providers, argues for a closer relationship between mental health and primary care providers. This measure set focuses on communication between the primary care provider and mental health provider and acknowledgement of medications prescribed by the mental health provider.

MA plans that agree to participate in the validation study to test the implementation of one or both of the measure sets identified above will complete the steps identified below:

- If testing the “Transitions of Care: Hospital Discharge to Community” measure set:
  - Identify a sample of 50 enrolled beneficiaries who were discharged from an acute care hospital stay to the community during 2012.
  - Identify the hospital and the continuity provider for each beneficiary.
  - Obtain the complete hospital admission record and the full continuity provider medical record for the sample of beneficiaries for a 9-month period that includes at least a 3-month period after hospital discharge.
- If testing the “Mental Health Continuity” measure:
  - Identify a sample of 50 enrolled beneficiaries who had a new outpatient consultation with a mental health provider for a mental health problem during 2012, and who also had visits with a primary care provider.
  - For each beneficiary, identify the mental health provider and the primary care provider.
  - Obtain medical records from the year 2012 for the sample of beneficiaries from all applicable mental health and primary care providers.

The following steps apply regardless of which measure set the plan is testing:

- Medical record abstraction will be performed by registered nurse abstractors after an orientation process using a pre-tested medical record abstraction form and accompanying guidelines. The abstraction form and guidelines for its use will be provided by RAND personnel who will also be available for any questions regarding the use and content of the materials.

- Abstraction data will be entered by the plan into an Excel template for submission to CMS.
- Time and effort expended by the plan to conduct the project will be documented for purposes of evaluating the resources necessary to implement this measure.

Additional information regarding expectations of MA plans that volunteer to participate one or both of the validation studies described above may be found in the accompanying attachments. Detailed information can be found at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>. (Enter CMS 10451 in the PRA listing filter to locate the PRA supporting statement.)

Please note that RAND will work directly with each plan at each step of measure implementation and is available to provide technical assistance and guidance to health plan staff during the medical record review and abstraction processes.

If you wish to participate in either or both of the projects outlined in this memorandum, please contact Patty Smith at RAND at (310) 393-0411 x6794 or [psmith@rand.org](mailto:psmith@rand.org) by June 28, 2013.