

Plan Ratings Update

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Areas for Discussion

- Methodology for plan ratings
- Changes to CY2011 ratings
- Plan preview

Current Methodology for Plan Ratings

Five Levels of Plan Ratings

1. Data for each measure

- Contract's detailed data used to rate performance

2. Individual measure level.

- Star Rating for each performance measure



Five Levels of Plan Ratings (cont.)

3. Domain level

- Related measures are grouped together.
- Stars based on averages of individual measures

4. Overall summary ratings for Parts C and D

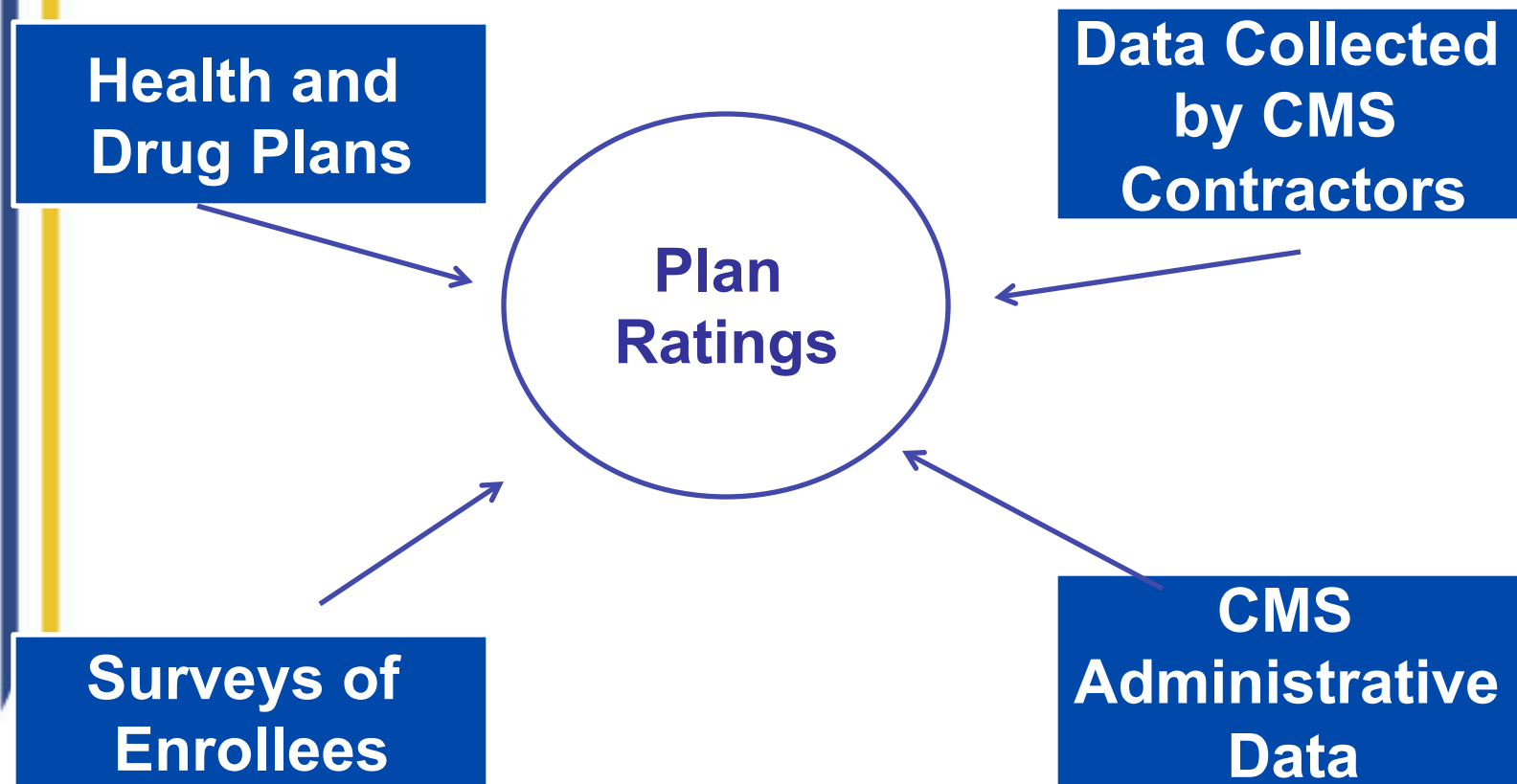
- Adjusted average of individual measure stars into a single rating
- Contracts are rewarded for high and stable performance
- ½ stars provide more differentiation

Five Levels of Plan Ratings (cont.)

5. MA-PDs receive an overall rating that summarizes quality and performance for all Part C and D measures combined.

- Adjusted average of both Part C and D individual measure stars into a single rating.
- Contracts are rewarded for high and stable performance.
- ½ stars provide more differentiation.


Data Sources for Plan Ratings



Health and Drug Plans

	Healthcare Effectiveness Data and Information Set (HEDIS)	Prescription Drug Event (PDE)	Plan Finder (PF) Pricing Files
Data Submitted	<ul style="list-style-type: none"> • Examples: • Breast Cancer Screening. • Osteoporosis Testing. 	<ul style="list-style-type: none"> • Use of high-risk medications. • Use of recommended BP medications in DM patients. • Accurate Price Information for Medicare's Plan Finder Web site and Stable Drug Prices 	<ul style="list-style-type: none"> • Accurate Price Information for Medicare's Plan Finder Web site and Stable Drug Prices
Data Time Period for 2011 Plan Ratings	CY2009 <ul style="list-style-type: none"> • Submitted to NCQA by June 30, 2010. 	CY2009 <ul style="list-style-type: none"> • Submitted monthly, final due by June, 2010. 	CY2009 <ul style="list-style-type: none"> • Pricing files submitted/posted. • Biweekly. • Corresponding PDE for comparison.
Data Checks	<ul style="list-style-type: none"> • NCQA approved auditors review data prior to submission. 	<ul style="list-style-type: none"> • Final reconciliation process. 	<ul style="list-style-type: none"> • CMS QA.




CMS Contractors

	Independent Review Entity (IRE)	Call Center
		
Data Collected	<ul style="list-style-type: none"> • Parts C & D appeals: <ul style="list-style-type: none"> • Measure of timeliness. • Measure on fairness of decisions. 	<ul style="list-style-type: none"> • Parts C & D hold time. • Accuracy of CSR information. • Availability of interpreter and TTY/TDD services.
Data Time Period for 2011 Plan Ratings	<ul style="list-style-type: none"> • January 2009 – June 2010 	<ul style="list-style-type: none"> • February – June 2010.
Data Checks	<ul style="list-style-type: none"> • Contractor conducts QA checks. • Plans reconcile discrepancies via plan review. 	<ul style="list-style-type: none"> • Contractor follows CMS approved protocols and ongoing monitoring of callers is conducted.

Surveys of Enrollees



	Consumer Assessment of Healthcare Providers and Systems (CAHPS)	Medicare Health Outcome Survey (HOS)
Data Collected	<ul style="list-style-type: none"> • Example: Overall rating of health or drug plan. 	<ul style="list-style-type: none"> • Example: Improving or maintaining physical health.
Data Time Period for 2011 Plan Ratings	<ul style="list-style-type: none"> • Data collection from February – June, 2010. 	<ul style="list-style-type: none"> • Data collection from April – August, 2009.
Data Checks	<ul style="list-style-type: none"> • Oversight of mail & telephone operations, including silent telephone monitoring. • Data cleaning, including out-of-range checks. 	<ul style="list-style-type: none"> • Oversight of approved vendors. • Data cleaning, including out-of-range checks.
Scientific Program Review	<ul style="list-style-type: none"> • Comprehensive evaluation conducted in 2007 as part of National Quality Forum Endorsement process. Received NQF endorsement July 1, 2007. 	<ul style="list-style-type: none"> • Published, peer-reviewed, independent evaluation in 2003 conducted by a university affiliated research group found <i>HOS provides a rich and unique set of valid, reliable, and actionable data.</i>

Administrative Data

	CMS Enrollment Data Files 	HPMS Complaint Tracking Module (CTM)	CMS Audit Records 
Data Submitted	<ul style="list-style-type: none"> Parts C & D disenrollment. Part D LIS match rate. 	<ul style="list-style-type: none"> Parts C & D complaint rates. 	<ul style="list-style-type: none"> Parts C & D audit measure.
Data Time Period for 2011 Plan Ratings	<ul style="list-style-type: none"> CY2009 data for disenrollment rates. LIS Match rate: 01/01/2009 – 6/30/2009. 	1/01/2010 – 6/30/2010.	<ul style="list-style-type: none"> CY2009 audits.
Data Checks	<ul style="list-style-type: none"> Validation of CMS administrative records ongoing. 	<ul style="list-style-type: none"> SOP for plans to check and correct information module. 	<ul style="list-style-type: none"> Central and regional offices review ongoing. Audit module in HPMS accessible by plans, may also respond to audit issues.

Changes to CY2011 Plan Ratings

Changes to the 2011 Plan Ratings

- A combined Part C and D Summary Rating for MA-PDs will be available.
- Low performing icon  to be displayed on Medicare Plan Finder for contracts with less than 3 stars for the Part C and/or D summary rating for the prior 3 years.
- Set minimum thresholds for CMS' assignment of 4 stars.
 - Other star assignments will be based on the distribution of data. 
- When a CMS standard is reached, a contract will receive 3 or more stars (i.e., call center hold time).

Changes to the 2011 Plan Ratings (cont.)

- Base overall Part C summary rating on smaller measure set for organization types (for example, PFFS) that are not required to collect all Part C measures.
- Corrective Action Plan Measure revised to focus on audit issues with potential beneficiary harm.
- Part D CTM measure revised for MA-PDs so that the denominator is based on the total contract enrollment instead of Part D enrollment.
- Disenrollment measure does not exclude SNPs and is based on Medicare Beneficiary Database enrollment transaction codes.

Changes to the 2011 Plan Ratings (cont.)

- The composite HEDIS measures in the 2010 plan ratings (Cholesterol Screening and Diabetes Care) have been split back out into individual measures for 2011.
- Rate of case auto-forwarded to IRE.
 - ▶ Additional QA for plans with zero cases auto-forwarded, including submission of appeals logs by plans.
 - ▶ Timeframe extended from 6 months of current year to 12 months of previous year.
- Stability of Plan Finder (PF) pricing.
 - ▶ Incorporate into a composite Plan Finder data measure that combines PF price stability and similarity of PF and PDE prices.

Methodology for Calculating Individual Measure Star Ratings

- Relative Distribution and Clustering
- Relative Distribution and Significance Testing

Methodology for Calculating Individual Measure Star Ratings (cont.)

- Relative Distribution and Clustering
 - Method applied to majority of CMS' individual measures.
 - The principle for assigning star ratings for a measure is based on evaluating the maximum score possible, and testing initial percentile star thresholds with actual scores.
 - Scores are grouped by using statistical techniques to minimize the distance between scores within a grouping (or “cluster”) and maximize the distance between scores in different groupings.

Methodology for Calculating Individual Measure Star Ratings (cont.)

- Relative Distribution and Significance Testing
 - Applied to determine star thresholds for CAHPS measures
 - Combination of relative percentile distribution and significance testing

Methodology for Calculating the Domain Scores

- The domain score is the average of the individual measure stars within the domain.

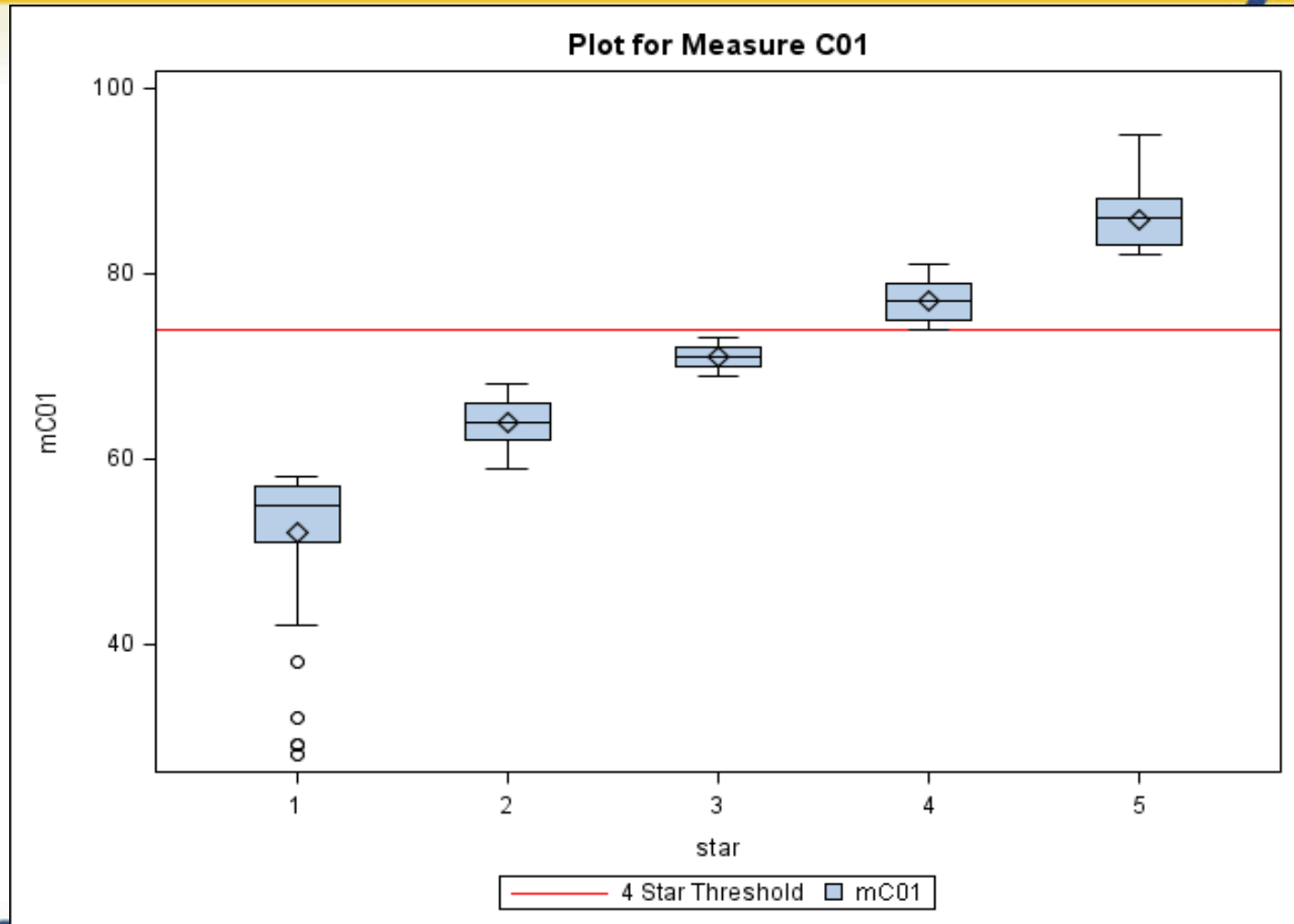
Methodology for Calculating Overall Summary Scores

- Calculations for Part C and D summary scores and combined MA-PD summary score.
 - Individual measure star ratings are averaged.
 - The average is adjusted to account for consistent high performance across the individual measures.
 - Summary scores are rounded to the nearest half-star scale, from 1.0 to 5.0 stars.

Thresholds

- 4 star thresholds are pre-determined this year based on historical data.
- 3 star thresholds are set for measures with existing standards (i.e., call center hold time).
- No pre-determined 4 star thresholds are set for new measures or measures with a specification change.

Example: Breast Cancer Screening



Plan Preview

Plan Preview

- Schedule:
 - Mid-September
- High priority for plans to closely review data, identify data issues and alert CMS of questions or issues
- Plans should include the following information when they email CMS about questions:
 - Information to identify the contract
 - Detailed information regarding question/issue

Plan Preview (cont.)

Information to identify the contract

- Contract ID(s) (all that apply)
- Contract Names
- PBM / Contractor (if applicable)
- Contact Name
- Contact Email
- Contact Phone
- Plan Rating Type (Part C or D)

Detailed information regarding question/issue

- Measure Name
- Detailed description about question or concern about the measure

Plan Preview (cont.)

- Questions?
 - **Part C Plan Ratings**
 - PartCratings@cms.hhs.gov.
 - **Part D Plan Ratings**
 - PartDmetrics@cms.hhs.gov.