Medicare Health Plan Quality and Performance Ratings
Technical Notes
10/31/2008

The master table includes each Health Plan quality measure shown in the table. All data are reported at the contract level.

I. Staying Healthy: Screenings, Tests, and Vaccines

   A. Breast Cancer Screening
   1. % of (denominator) female MA enrollees ages 50 to 69 who (numerator) had a mammogram during the measurement year or the year prior to the measurement year.
   2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

   B. Colorectal Cancer Screening
   1. % of (denominator) MA enrollees aged 50 to 80 who (numerator) had appropriate screening for colorectal cancer.
   2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

   C. Cardiovascular Care – Cholesterol Screening
   1. % of (denominator) Ma enrollees with ischemic vascular disease who (numerator) had LDL-C test performed during the measurement year.
   2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

   D. Diabetes Care – Cholesterol Screening
   1. % of (denominator) diabetic MA enrollees who (numerator) had an LDL-C test performed during the measurement year, or the year prior to the measurement year.
   2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

   E. Glaucoma Testing
   1. % of (denominator) MA enrollees aged 65 or older without a prior diagnosis of glaucoma who (numerator) had at least one glaucoma exam by an eye doctor during the measurement year.
   2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

   F. Appropriate Monitoring of Patients Taking Long-term Medications
   1. % of (denominator) MA enrollees who received at least a 180 day supply of either Angiotensin Converting Enzyme (ACE) inhibitors or Angiotensin Receptor Blockers (ARB), digoxin, diuretics, anticonvulsants, or statins, and who (numerator) received at least one monitoring event appropriate for the specific therapeutic agent during the measurement year.
   2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

   G. Annual Flu Vaccine
   1. % of (denominator) sampled Medicare enrollees who (numerator) received an influenza vaccination between September – December during the measurement year.
      - Did you get a flu shot last year, that is anytime from September to December 2007?
   2. Data Source: CAHPS, conducted February – June, 2008

   H. Pneumonia Vaccine
   1. % of (denominator) sampled Medicare enrollees who (numerator) reported ever having received a pneumococcal vaccine.
      - Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.
   2. Data Source: CAHPS, conducted February – June, 2008

   I. Improving or Maintaining Physical Health
   1. % of (denominator) sampled Medicare enrollees whose (numerator) physical health status was better, the same, or worse than expected
   2. Data Source: HOS, conducted April - August, 2007

   J. Improving or Maintaining Mental Health
   1. % of (denominator sampled Medicare enrollees whose (numerator) mental health status was better, the same or worse than expected
   2. Data Source: HOS, conducted April – August 2007

K. Osteoporosis Testing
1. % of (denominator sampled Medicare female enrollees 65 years of age or older who (numerator) report ever having received a bone density test to check for osteoporosis.
2. Data Source: HOS, conducted April – August 2007

L. Monitoring Physical Activity
1. % of (denominator sampled Medicare enrollees 65 years of age or older who (numerator) had a doctor's visit in the past 12 months and who received advice to start, increase or maintain their level exercise or physical activity.
2. Data Source: HOS, conducted April – August 2007

II. Getting Timely Care From Doctors and Specialists

A. Access to Primary Care Doctor Visits
1. This measure is defined as the percent of (denominator) MA enrollees who (numerator) had an ambulatory or preventive care visits during the measurement year.
2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

B. Follow-up visit after Hospital Stay for Mental Illness (within 30 days of Discharge)
1. % of (denominator) discharges for MA enrollees hospitalized for Mental illness during the measurement year, for which (numerator) at least one follow up visit with a mental health practitioner occurred within 30 days of discharge.
2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

C. Doctor Follow up for Depression
1. % of (denominator) MA enrollees diagnosed with a new episode of depression and treated with antidepressant medication, who (numerator) had at least three practitioner follow-up contacts coded with a mental health diagnosis during the 12 week acute treatment phase.
2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

D. Getting Needed Care without Delays
1. CAHPS Composite: % of (denominator) sampled Medicare enrollees who answered always or usually (numerator) combined for the following questions-

   - In the last 6 months, how often was it easy to get appointments with specialists?
   - In the last 6 months, how often was it easy to get the care, tests, or treatment you needed through your health plan?
2. Data Source: CAHPS, conducted February – June 2008

III. Ratings of Health Plan Responsiveness and Care

A. Getting Appointments and Care Quickly
1. CAHPS Composite: % of (denominator) sampled Medicare enrollees who answered always or usually (numerator) combined for the following questions-

   - In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?
   - In the last 6 months, not counting the times when you needed health care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?
2. Data Source: CAHPS, conducted February – June 2008

B. Overall Rating of Health Care Quality
1. CAHPS Rating: % of (denominator) sampled Medicare enrollees who answered 8, 9, or 10 (numerator) out of a 0-10 scale combined for the following question-

   - Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?
2. Data Source: CAHPS, conducted February – June 2008

C. **Overall Rating of Health Plan**
   1. CAHPS Rating: % of (denominator) sampled Medicare enrollees who answered 8, 9, or 10 (numerator) out of a 0-10 scale combined for the following question-
      - Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?
   2. Data Source: CAHPS, conducted February – June 2008
D. **Call Answer Timeliness**
   1. % of (denominator) calls from MA enrollees received by MCOs member services call centers during regular operating hours during the measurement year, which (numerator) were answered by a live voice within 30 seconds.
   2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.
E. **Doctors who Communicate Well**
   1. CAHPS Composite: % of (denominator) sampled Medicare enrollees who answered always or usually (numerator) combined for the following questions:
      - In the last 6 months, how often did your personal doctor listen carefully to you?
      - In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
      - In the last 6 months, how often did your personal doctor show respect for what you had to say?
      - In the last 6 months, how often did your personal doctor spend enough time with you?
   2. Data Source: CAHPS, conducted February – June 2008
F. **Customer Service**
   1. Percent of best possible score that the plan earned on how easy it is to get information and help when needed.
   2. Data Source: CAHPS, conducted February – June 2008

IV. **Managing Chronic (Long-Lasting) Conditions**
   A. **Osteoporosis Management**
      1. % of (denominator) female MA enrollees 67 and older who suffered a fracture during the measurement year, and (numerator) who subsequently had either a bone mineral density test or were prescribed a drug to treat or prevent osteoporosis in the six months after the fracture.
      2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.
   B. **Diabetes Care – Eye Exam**
      1. % of (denominator) diabetic MA enrollees who (numerator) had a retinal or dilated eye exam by an eye care professional during the measurement year.
      2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.
   C. **Diabetes Care – Kidney Disease Monitoring**
      1. % of (denominator) diabetic MA enrollees who (numerator) either had a urine microalbumin test during the measurement year, or who had received medical attention for nephropathy during the measurement year.
      2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.
   D. **Diabetes Care – Blood Sugar Controlled**
      1. % of (denominator) diabetic MA enrollees (numerator) whose most recent HbA1c level is greater than 9, or who were not tested during the measurement year. (This measure for public reporting is reversed score so higher scores are better.)
      2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.
   E. **Diabetes Care – Cholesterol Controlled**
      1. % of (denominator) diabetic MA enrollees (numerator) whose most recent LDL-C level during the measurement year was 100 or less.

2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

F. Antidepressant Medication Management (6 months)

1. % of (denominator) MA enrollees with a new diagnosis of depression who were treated with antidepressant mediation, and (numerator) who remained on an antidepressant for at least 180 days (6 months).

2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

G. Controlling Blood Pressure

1. % of (denominator) sampled MA enrollees with hypertension on or before June 30 of the measurement year, (numerator) who most recent chart notation of systolic BP was 140 or less and diastolic BP was 90 or less during the measurement year.

2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

H. Rheumatoid Arthritis Management

1. % of (denominator) MA enrollees diagnosed with rheumatoid arthritis during the measurement year, and (numerator) who received at least one prescription for a disease modifying anti-rheumatic drug (DMARD).

2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

I. Testing to Confirm Chronic Obstructive Pulmonary Disease

1. % of (denominator) MA enrollees with a new diagnosis or newly active Chronic Obstructive Pulmonary Disease (COPD) during the measurement year, who (numerator) received appropriate spirometry testing to confirm the diagnosis.

2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

J. Continuous Beta-Blocker Treatment

1. % of (denominator) MA enrollees hospitalized and discharged alive during the measurement year with a diagnosis of acute myocardial infarction, and (numerator) who received treatment with beta blockers for 6 months after discharge.

2. Data Source: HEDIS, January 1 – December 31, 2007 measurement year.

K. Improving Bladder Control

1, % of (denominator) of Medicare members 65 years of age or older who reported having a urine leakage problem in the past six months and who received treatment for their current urine leakage problem.

2. Data Source: HOS, conducted April – August, 2007

L. Reducing the Risk of Falling

1. % of (denominator) Medicare members 65 years of age or older who had a fall or had problems with balance or walking in the past 12 months, who (numerator) were seen by a practitioner in the past 12 months and who received fall risk intervention from their current practitioner.

2. Data Source: HOS, conducted April – August, 2007

V. How Well and Quickly Health Plans Handled Appeals

A. Plan Makes Timely Decisions about Appeals

1. % of appeals timely processed by the plan (numerator) out of all the plan's appeals cases decided by the IRE (excluding dismissed cases and cases with unknown timeliness) (denominator).

2. Data Source: IRE/ Maximus, January 1 – December 31, 2007 measurement year.

B. Reviewing Appeals Decisions

1. % of appeals cases where a plan's decision was "upheld" by the IRE (numerator) out of all the plan's cases ("upheld" & "overturned" cases only) that the IRE reviewed (denominator)

2. Data Source: IRE/ Maximus, January 1 – December 31, 2007 measurement year.

Methodologies for Calculating Stars at the Individual Measure Level

STAYING HEALTHY: SCREENINGS, TESTS AND VACCINES		
Individual Measures	*Data Source*	*Star Assignment Rules*
Breast Cancer Screening	HEDIS	See Table 1
Colorectal Cancer Screening	HEDIS	See Table 1
Cardiovascular Care – Cholesterol Screening	HEDIS	See Table 2
Diabetes Care – Cholesterol Screening	HEDIS	See Table 2
Glaucoma Testing	HEDIS	See Table 1
Appropriate Monitoring of Patients Taking Long-term Medications	HEDIS	See Table 1
Annual Flu Vaccine	CAHPS	See Table 4
Pneumonia Vaccine	CAHPS	See Table 4
Improving or Maintaining Physical Health	HOS	See Table 3
Improving or Maintaining Mental Health	HOS	See Table 2
Osteoporosis Testing	HOS	See Table 1
Monitoring Physical Activity	HOS	See Table 3
GETTING TIMELY CARE FROM DOCTORS AND SPECIALISTS		
Individual Measures	*Data Source*	*Star Assignment Rules*
Access to Primary Care Doctor Visits	HEDIS	See Table 2
Follow-up Visit after Hospital Stay for Mental Illness (within 30 days of discharge)	HEDIS	See Table 1
Doctor Follow up for Depression	HEDIS	See Table 3
Getting Needed Care without Delays	CAHPS	See Table 4
RATINGS OF HEALTH PLAN RESPONSIVENESS AND CARE		
Individual Measures	*Data Source*	*Star Assignment Rules*
Getting Appointments and Care Quickly	CAHPS	See Table 4
Overall Rating of Health Care Quality	CAHPS	See Table 4
Overall Rating of Health Plan	CAHPS	See Table 4
Call Answer Timeliness	HEDIS	See Table 1
Doctors who Communicate Well	CAHPS	See Table 4
Customer Service	CAHPS	See Table 4
MANAGING CHRONIC (LONG-LASTING) CONDITIONS		
Individual Measures	*Data Source*	*Star Assignment Rules*
Osteoporosis Management	HEDIS	See Table 3
Diabetes Care – Eye Exam	HEDIS	See Table 1
Diabetes Care – Kidney Disease Monitoring	HEDIS	See Table 2
Diabetes Care – Blood Sugar Controlled*	HEDIS	See Table 1
Diabetes Care – Cholesterol Controlled	HEDIS	See Table 1
Antidepressant Medication Management (6 months)	HEDIS	See Table 1
Controlling Blood Pressure	HEDIS	See Table 1
Rheumatoid Arthritis Management	HEDIS	See Table 1
Testing to Confirm Chronic Obstructive Pulmonary Disease	HEDIS	See Table 3
Continuous Beta Blocker Treatment	HEDIS	See Table 1
Improving Bladder Control	HOS	See Table 3
Reducing the Risk of Falling	HOS	See Table 1
HOW WELL AND QUICKLY HEALTH PLANS HANDLED APPEALS		
Individual Measures	*Data Source*	*Star Assignment Rules*
Plan Makes Timely Decisions about Appeals	IRE	See Table 2
Reviewing Appeals Decisions	IRE	See Table 1

- Measure reverse scored to maintain uniform directionality

Handling of Non-reported HEDIS Data

In the HEDIS data, NRs are assigned when the score is materially biased and the auditor tells the contract it cannot be reported to NCQA/CMS. When NRs have been assigned for a HEDIS measure, because the contract has had materially biased data or the contract has decided not to report the data, the contract has received a "1" star rating for each of these measures and a zero in the measure score with a note "Not reported. There were problems with the plan's data."

Methodology for Calculating Stars at the Summary Level for Part C

Summary scores for Part C are calculated by taking an average of the measure level stars. Additionally, to incorporate performance stability into the rating process, CMS has used an approach that utilizes both the mean and the variance of individual performance ratings to differentiate contracts for the summary score. That is, a measure of individual performance score dispersion, specifically an integration factor (I factor), has been added to the arithmetic mean composite score for rewarding certain contracts if they have both high *and* stable relative performance. For the summary score half scores are also assigned to allow more variation across contracts.

Missing Data Thresholds

Domain	Number of missing items allowable for each Domain score
Staying Healthy : Screenings, Tests, and Vaccines	6 out of 12
Ratings of Health Plans Responsiveness and Care	2 out of 6
Getting Timely Care from your Doctors and Specialists	2 out of 4
Managing Chronic (Long-Lasting) Conditions	6 out of 12
How Well and Quickly Health Plans Handled Appeals	0 out of 2
Summary Score	
Summary Score	18 out of 36

Table 1: Star assignment cutpoints for normally distributed Part C measures

Percentile Rank (National)	Star Assignment
<15th percentile	1 star
≥15th and < 35th percentile	2 star
≥ 35th and < 65th percentile	3 star
≥ 65th and < 85th percentile	4 star
≥ 85th percentile	5 star

Table 2: Absolute value based Star assignment cutpoints for Part C measures which skewed high.

Rate Value	Star Assignment
≥ 0% and < 50%	1 star
≥ 50% and < 75%	2 star
≥ 75% and < 85%	3 star
≥ 85% and < 95%	4 star
≥ 95%	5 star

Table 3: Absolute value based Star assignment cutpoints for Part C measures which skewed low.

Rate Value	Star Assignment
≥ 0% and < 20%	1 star
≥ 20% and < 40%	2 star
≥ 40% and < 60%	3 star
≥ 60% and < 85%	4 star
≥ 85%	5 star

Table 4: CAHPS Star Assignments

Star ratings are designed to compare CAHPS measure scores for each plan to all other plans. In particular, they are based on the percentile rank of each plan's score and tests of significance versus the National average score (i.e. the overall mean score). The numerical ratings describe the underlying scores from which stars are derived, but because the average (mean) performance and number of respondents vary across measures, a given score may translate into a different number of stars for different measures.

Star assignments are made using the following rules.

Number of Stars	
1	A plan is assigned 1 star if the plan's average CAHPS measure score is ranked below the 15th percentile and the plan's average CAHPS measure score is statistically significantly lower than the national average CAHPS measure score.
2	A plan is assigned 2 stars if it does not meet the 1 star criteria and meets at least one of these two criteria: (a) the plan's average CAHPS measure score is lower than the <30th percentile OR (b) the plan's average CAHPS measure score is statistically significantly lower than the national average CAHPS measure score.
3	A plan is assigned 3 stars if the plan's average CAHPS measure score is ranked between the 30th and 70th percentiles (inclusive) and the plan's average CAHPS measure score is NOT statistically significantly different than the national average CAHPS measure score.
4	A plan is assigned 4 stars if it does not meet the 5 star criteria, but meets at least one of these two criteria: (a) the plan's average CAHPS measure score is higher than the 70th percentile OR (b) the plan's average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score.
5	A plan is assigned 5 stars if the plan's average CAHPS measure score is ranked above the 85th percentile and the plan's average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score.

Cutpoint Values for Measures Using Table 1 Star Assignment Rules

Measure Name	15th percentile	35th percentile	65th percentile	85th percentile
Breast Cancer Screening	55.1282	63.8889	71.2644	77.8454
Colorectal Cancer Screening	32.816	41.0468	54.2654	65.5939
Glaucoma Testing	44.5437	55.6543	67.7051	74.5595
Appropriate Monitoring for Patients Taking Long Term Medications	80.0896	86.0825	89.7048	91.7938
Osteoporosis Testing	56.85	64.29	71.31	76.12
Follow-up Visit after Hospital Stay for Mental Illness (within 30 days of discharge)	28.3871	41.3333	63.2911	76.7102
Call Answer Timeliness	70.0702	74.1844	81.7582	90.4155
Diabetes Care - Eye Exam	41.5842	52.7981	64.9667	75.2887
Diabetes Care - Blood Sugar Controlled	46.4665	67.5747	79.8363	86.1113
Diabetes Care - Cholesterol Controlled	28.2238	42.0168	52.5547	59.6107
Antidepressant Medication Management (6 months)	37.0599	44.4702	51.5477	60.88
Controlling Blood Pressure	47.4453	54.5012	61.596	66.2069
Rheumatoid Arthritis Management	56.8482	68.5714	78.0172	81.7708
Continuous Beta Blocker Treatment	60.7843	73.5786	81.8182	85.3659
Reducing the Risk of Falling	48.71	52.38	56.96	61.68
Reviewing Appeals Decisions	69.2308	76.6082	85.2187	91.6667

Methodology for Calculating Stars at the Domain Level

Methodology: Simple average of star values from the star values assigned to each measure based on the business logic.

Part C Domain and Missing/Insufficient Data Thresholds

Domain	Minimum Number of Measures Needed to Calculate a Domain Score
Staying Healthy: Screenings, Tests, and Vaccines	6 out of 12
Ratings of Health Plan Responsiveness and Care	4 out of 6
Getting Timely Care from Doctors and Specialists	2 out of 4
Managing Chronic (Long Lasting) Conditions	6 out of 12
How Well and Quickly Health Plans Handled Appeals	2 out of 2

SNP Measures

SNPs this year submitted to CMS through NCQA 13 HEDIS measures. CMS is displaying four of the 13 measures on www.cms.hhs.gov this year. Since many plans were too new or too small to collect this information this year, and because the variation in reported data between organizations was so large, a decision was made to make this information available on www.cms.hhs.gov instead of Medicare Options Compare on www.medicare.gov for the first year of reporting.

The four measures were chosen as a result of testing with consumers about which measures are the most meaningful to them. The four measures include:

- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Appropriate Monitoring of Patients Taking Long Term Medications
- Board Certified Physicians.

The Board Certified Physicians Measure is an average of the four reported measures.

A pdf file will be available on www.cms.hhs.gov with the actual scores for each of the SNPs reporting data. There are no star calculations for the SNP-specific measures. Plans that were required to report a measure and did not do so because the data were materially biased or they decided not to report received a "zero" for the particular measure and a footnote "Not reported. There were problems with the plan's data."

It is important to note that SNP measurement is in its infancy and the number of measures reported and the number of plans reporting data will grow in the future.