

Response to Request for Information (RFI)

Data on Differences in Medicare Advantage (MA) and Part D Star Rating Quality Measurements for Dual-Eligible versus Non-Dual-Eligible Enrollees

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There is a difference in star rating scores when including dual-eligible members along with institutional special needs plan members. The table below shows how data scores and star ratings were consistently high for the years that contract H3362 had an institutional special needs plan (I-SNP). In 2013 a dual special needs plan (D-SNP) was added to the product offerings under contract H3362. The 2013 data was used in the 2015 star ratings using HEDIS as the source. This is when a noticeable change occurred in the data scores across the SNP-only 'care for older adults' measures. There was also a resulting star rating decline for two of the three measures. These star rating results indicate that D-SNP members do have an impact on quality ratings.

The table shows results for special needs plan (SNP) star rating measures for Medicare Advantage contract H3362.

Care for older adults medication review

When the measure 'care for older adults medication review' only included an institutional special needs plan, the contract scored 100% in 2012 and 2013, which represented five stars, the highest possible star rating in each year. In 2014, the score was 99%, but again represented five stars. In 2015, when the measure included both institutional and dual special needs plans, the contract scored lower at 91%, but this still represented five stars.

Care for older adults functional status assessment

When the measure 'care for older adults functional status assessment' only included an institutional special needs plan, the contract scored 99% in 2012, 98% in 2013, and 100% in 2014. 2012, 2013, and 2014 scores for this measure represented five stars, the highest possible star rating. In 2015, the measure 'care for older adults functional assessment' included institutional and dual special needs plans and the contract scored lower at 53%, which represented two stars.

Care for older adults pain screening

When the measure ‘care for older adults pain screening’ only included an institutional special needs plan, the contract scored 100% in 2012 and 99% in 2013 and 2014. Each score in 2012, 2013 and 2014 represented five stars, the highest possible star rating. In 2015, the measure ‘care for older adults pain screening’ included institutional and dual special needs plans, and the contract scored lower at 86%, which represented four stars.

Contract: H3362	I-SNP + D-SNP		I-SNP only					
	2015 Data	2015 Star Rating	2014 Data	2014 Star Rating	2013 Data	2013 Star Rating	2012 Data	2012 Star Rating
Care for older adults medication review	91%	5	99%	5	100%	5	100%	5
Care for older adults functional status assessment	53%	2	100%	5	98%	5	99%	5
Care for older adults pain screening	86%	4	99%	5	99%	5	100%	5

Experience and knowledge with the D-SNP population versus other Medicare populations tells us that the D-SNP population is very different and should be treated differently in quality ratings.

Although I-SNP’s and D-SNP’s operate under the same Model of Care requirements, these have very different care delivery structures. These structures significantly impact HEDIS performance, and therefore star ratings data.

I-SNP’s are hybrid staff model plans with mid-level practitioners (NP’s and PA’s) delivering primary care to residents of nursing homes or people living in the community but qualifying for institutional level care. The mid-level practitioners provide medical management and, along with an interdisciplinary team, they maintain a medical record that documents the services delivered to the member. As a result, all HEDIS related data are located in one document.

This model is highly effective for I-SNP's because members live in concentrated clusters within the service area so that practitioners can follow as many as 100 members in one or two facilities. The average I-SNP enrollment is around 1,000 to 3,000 members.

D-SNP members are more characteristic of a Medicaid population, and this population tends to have lower scores on quality ratings. D-SNP's serve members living throughout the service area and have much higher enrollments. These function somewhat like standard MA plans but have more robust, comprehensive care management requirements compared to MA plans. With larger enrollments compared to I-SNPs, D-SNP's are pure care management organizations. The member's primary care physician provides medical management with the support of the D-SNP care managers, who are not advanced practice professionals.

Due to the difference in operating models, the combination of I-SNP and D-SNP HEDIS performance is problematic. We suggest that CMS make the following adjustments in HEDIS data and how it is used in the star ratings:

1. Report I-SNP and D-SNP results separately and have separate thresholds for D-SNP versus I-SNP.
2. For D-SNP's, exclude members who cannot be located and those who refuse to complete the Health Risk Assessment and/or to participate in the care management process from the measurement universe. This would more accurately reflect the SNP's true performance.

Thank you for the opportunity to comment. If any questions or if further clarification is needed, please contact Jeremy Laubacker, Jeremy.Laubacker@independenthealth.com or 716-635-4994.