

The Centers for Medicare & Medicaid Services (CMS) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology. Persons with disabilities experiencing problems accessing portions of any file should contact CMS through email at HOS@cms.hhs.gov.

Evaluation Program for SNPs: An Update


Phil Renner, Assistant Vice President, Performance Measurement
April 8, 2008



Agenda

- ✓ Overview: SNP Evaluation Strategy
- ✓ Phase 1
 - ✓ Structure & Process Measures
 - ✓ HEDIS Measures
- ✓ Phase 2 Measure Development Update
- ✓ Next Steps
 - ✓ Training and Education
 - ✓ Availability of Final Measures and Data Collection Tools
- ✓ Resources

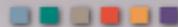
Goal

- Robust and comprehensive assessment strategy
- Applies to all SNPs
- Responsive to the “special” in SNP
- Permit comparison to regular MA plans
- Can be implemented soon

Current Landscape

- Large number of plans with small enrollment and a small number of plans with large enrollment
 - 197 out of 477 plans have less than 500 members
 - Only 42 out of 477 plans have over 5,000 members
- Number of plans is growing
 - 2004=11; 2005=125; 2006=279; 2007=477
 - 2008 = 787 plans projected

SNP Evaluation: A Phased Approach



Three Components

- **Structure & process measures**
 - Challenge: New plans cannot demonstrate sustained compliance
- **HEDIS measures**
 - Subset that is relevant to SNP population
 - Challenge: Small eligible population is a significant issue
- **Benchmark measures**
 - Assesses utilization
 - Challenge: No ideal rate, more difficult to interpret

Geriatric Measurement Advisory Panel

- Wade Aubry
 - Melanie Bella
 - Arlene Bierman
 - David Buchner
 - Rosaly Correa de Araujo
 - Joyce Dubow
 - Roy Erickson
 - Terry Fulmer
 - Peter Hollman
 - Paul Johnson
 - Jerry Johnson
 - Steven Philips
 - Cheryl Phillips
 - Scott Sarran
 - Eric Tangalos
 - Joan Weiss
 - Neil Wenger
- Blue Cross Blue Shield Association
Center for Healthcare Strategies
University of Toronto
Centers for Disease Control and Prevention
Agency for Healthcare Research and Quality
AARP
Evercare
New York University
Blue Cross Blue Shield of Rhode Island
Axis Health
University of Pennsylvania
Sierra Health Services
Sutter Health Partners
Fidelis Senior Care
Mayo Clinic
HRSA
UCLA and RAND

Three-Year Strategy

Phase 1 - FY 2008	Phase 2 - FY 2009	Phase 3 - FY 2010
Review 477 SNPs	Review 787 SNPs	Review 787 SNPs (?)
HEDIS Measures (13)	HEDIS Measures (28) <ul style="list-style-type: none"> • Additional 1st year measures (8)--focus on care for older adults • CAHPS, HOS Measures 	HEDIS Measures (28+) <ul style="list-style-type: none"> • May include: <ul style="list-style-type: none"> -Access/availability of care -Use of service -Cost of care
	CAHPS HOS	CAHPS HOS
Structure & Process Measures <ul style="list-style-type: none"> • Case management 	Structure & Process Measures <ul style="list-style-type: none"> • Case management • Plan design? • Care transitions? • Caregiver experience? 	Structure & Process Measures <ul style="list-style-type: none"> • Case management • Plan design? • Care transitions? • Caregiver, provider experience?
	Test Benchmark measures	Benchmark measures refined for collection

Phase I: Structure and Process Measures

Case Management

- **Coordination of Complex Conditions**
 - Use of evidence-based guidelines
 - Assessment, reassessment as part of process
 - Incorporation of member's goals
- **Member Experience with Case Management**
- **Measuring Effectiveness**
 - Measurement, assessment, and improvement

Phase I: HEDIS Measures

Effectiveness of Care Measures

Colorectal Cancer Screening*

Glaucoma Screening in Older Adults

Use of Spirometry Testing in the Assessment and Diagnosis of COPD

Pharmacotherapy of COPD Exacerbation**

Controlling High Blood Pressure*

Persistence of Beta Blocker Treatment After Heart Attack

Osteoporosis Management in Older Women

Antidepressant Medication Management

Follow-Up After Hospitalization for Mental Illness

Annual Monitoring for Patients on Persistent Medications

Potentially Harmful Drug-Disease Interactions in the Elderly

Use of High Risk Medications in the Elderly

Health Plan Descriptive Information Measures

Board Certification

* SNP benefit packages under PPO Contracts do not have to report these measures because these measures rely on medical record review.

** This first-year measure is optional for all MA reporting, including the SNP benefit packages.

HEDIS Reporting: Who Reports

- All SNP benefit packages with 11 or more Medicare members as of January 1, 2007 must report 13 SNP-subset of HEDIS measures.
 - 119 plans excluded
- All MA plans (at contract level) with >1,000 members as of July 1, 2007
 - Report full set of HEDIS measures
- All SNPs approved as of January 1, 2007 must report the S&P measures at the benefit package level

HEDIS Measures (cont'd)

- Eligible member criteria is specified for each measure
 - This includes the age ranges and continuous enrollment criteria
 - For example, for the Colorectal Screening measure:
 - Ages 51 – 80 years as of Dec 31 of the measurement year
 - Continuous enrollment for the measurement year and the prior year

HEDIS Measures (cont'd)

- Certain HEDIS measures exclude members in long term care facilities
 - Controlling High Blood Pressure
 - Follow-Up After Hospitalization for Mental Illness
 - Persistence of Beta Blocker Therapy
 - Annual Monitoring for Patients on Persistent Medications
- Measure may have other exclusions
 - For example, members with evidence of end-stage renal disease are excluded from the Controlling High Blood Pressure measure

Phase II Measure Development



Structure & Process Measures

- **Integration of Medicare and Medicaid Benefits and Services**
- **Care Transitions**
 - Criteria established for safe and effective transitions
 - Preventing avoidable hospitalizations
 - Criteria established for identifying members in need of transition care planning
- **Caregiver Engagement**

Care for Older Adults Measures

- The percentage of adults 65 years and older who have received care assessments of interest:
 - Functional Status Assessment
 - Pain Screening
 - Advance Care Planning
 - Annual Medication Review

Medication Reconciliation

- **Description:**
 - The percentage of members 65 years of age and older who were discharged alive from January 1- November 1 of the measurement year and whose discharged medications were reconciled within 30 days or 60 days of discharge
- **Definition:**
 - Reconciliation of discharge medications with the most recent medication list
 - Documentation of a reconciliation must include a notation of medications prescribed in the in-patient setting

Next Steps



Next Steps

- March 14—Release final S&P Measures for Phase I
- April 15—Release ISS Data Collection Tool
 - S & P Measures
- April 25—Release IDSS Data Collection Tool
 - HEDIS Measures
- Trainings and Education
 - Sessions scheduled throughout March-April
 - Schedule available on NCQA SNP website

Training & Education

- 5 subject areas—focus is on content and data submission
 - 27 total sessions
 - Special training for plans new to NCQA and HEDIS
 - Online Webinar format—live Q&A
 - No cost to attend
 - Registration via email—Coming soon to your inbox

Additional Resources

- NCQA SNP Website:
www.ncqa.org/snp.aspx
 - FAQs (HEDIS)
 - Training descriptions & schedule
 - Final HEDIS and S&P measures (March 14)
- NCQA Policy Clarification Support (PCS)
http://app04.ncqa.org/pcs/web/asp/TIL_Client_Login.asp
- HEDIS Audit information
<http://www.ncqa.org/tabid/204/Default.aspx>

Questions?

Phil Renner

AVP, Performance Measurement
202-955-5192 renner@ncqa.org

Brett Kay

Director, SNP Assessment
202-955-1722 kay@ncqa.org

www.ncqa.org/snp.aspx