Day 2 Informed Customer Panel Discussion

Vicky Oates [spelled phonetically]:
Thanks Chris, and good morning everyone. I'm Vicky Oates, and I'll be starting the presentation to talk about the Medicare plan rating system. I'll give you an overview of the Medicare plan ratings in general, and then talk specifically about the Part D side; that's my area of expertise, and then I'll turn it over to Liz Goldstein [spelled phonetically] who will talk about the Part C measures, and then also talk about consumer testing.

I know Abby Block [spelled phonetically] spoke yesterday about the Medicare plan ratings and I think you've heard a lot about it, and hopefully, everyone who's with one of the plans is familiar with the plan ratings and has previewed their data, etc., but really the goal of the plan ratings initially was to support the president's agenda on health care transparency; also to support the CMS strategic plan, but most importantly, to provide additional information to Medicare beneficiaries so they can make a more informed healthcare decision about which plans to enroll in.

We actually can use the plan ratings for many purposes, but the first is really to establish benchmarks. We can use the data from historical experience to establish benchmarks for the Part D side and the Part C side, and once these benchmarks or standards are established, we can actually work with different plans, who are not meeting standards or who are performing below standards, to try and improve their performance. And in some cases, and when I go through more detail, if a measure becomes very highly rated, where everyone is doing a great job, it may be an area that we can consider actually retiring a measure, similar to what HEDIS [spelled phonetically] does.

This past year in November of 2007 when we both put both the Part C and the Part D measures up, we actually had some composite ratings as well, and those we use for monitoring purposes. The plan ratings can also be used to create a feedback loop with the plans to help in continuous quality improvement.

We expanded in November to include both Part C and Part D measures in the plan ratings. We actually worked to make the information more accessible this past year, so that it's easier for beneficiaries and others to actually access the performance data, and we evaluated data, not only at the individual measure level, but we also rated it at a domain or category level as well.

Currently right now, a beneficiary or consumer can go out to the Web site, either to Medicare options compare or the Medicare prescription drug plan finder and view data at three different levels. The highest level is the domain or category level, and you can actually see a star rating on a scale of one to five for the domain. Then with each within each domain, there's a series of individual measures, and you can see a star rating for each measure, but then you can also go to a data value for each of the individual measures, so you can see a rate or a statistic or time.

So to start I think, Abby showed the same slide yesterday of how you can actually access the plan rating information. There's also another way that you can get into it, if you look at plans in your area and do a general search, and you have the list of plan options. When you do a comparison of three different plans, you actually can link to the performance ratings from that page as well.

For Part D there's actually three domains that are currently displayed, one on drug plan customer service, using your plan to get your prescriptions filled, and drug pricing information. This is an example or screenshot of what you can see if you did a comparison of three different drug plans. You'd be able to see, at the domain level, each of the three domains and then what the overall star rating is for that measure.

Within the drug plan customer service area, we have four measures that address call center monitoring. We have call center contractor that calls all of the beneficiary and pharmacy call centers. We evaluate wait times; how long does it take to actually reach a live customer service representative, and then what are the disconnection rates? So we do that for both the beneficiary call centers as well as pharmacy helpdesk lines.

The measure on beneficiary's ability to get help from the plan and their rating of the plan, those are two of the Part D CAHPS measures that Liz spoke about yesterday.

And the last measure is looking at total complaints. This information is adjusted. It's a rate, complaint rate, that's adjusted by an enrollment, and the information here comes from our analysis of the complaint-tracking module within CMS.

If we look at this screenshot drilling down from the domain level, you can actually see this was the customer service domain. You can look at each individual measure, and for those same three plans, you can see the star ratings at the individual level. And if you see at the far left, the view, it's actually -- you can go between stars and numbers, and when you actually click on the numbers, you can see the data behind the stars.

The second domain is using your plan to get your prescriptions filled. The first measure in this area, getting prescriptions easily, is another Part D CAHPS measure.

The next two have to do with enrollment information. The first one is, pharmacists have up to date plan enrollment information. This is around the 4RX [spelled phonetically] measure. This is the measure that I mentioned briefly that is going to be retired this year. This measure will be dropped for the fall of 2008, and this is because the monitoring of just getting 4RX information in has significantly improved; plans are doing a great job with that, and now with the change request that went in, where all plan submitted enrollments have to include the 4RX information or they're rejected, so this measure goes away.

The third measure is the up-to-date information on the low income subsidy beneficiaries, and this has to do with the low income subsidy match rate reports that we send to plans on a monthly basis.

Then we have another measure, two measures that come from the complaint tracking system; one on complaints about plan benefits and access and one on joining and leaving the plan; enrollment and his enrollment.

And then we have two measures that come from the IRE. We get data from Maximus and we focus on delays in appeals decisions; that's basically the auto forward rate, so if plans fail to make a decision, re-determination or a coverage determination decision in the time period specified, they're required to automatically forward those cases onto the IRE, and we look at how frequently that has to be done and rate the plans.

And the last measure is looking at reviewing appeals decision, and this measure focuses on what percentage of the cases that go to the IRE are actually upheld by the IRE, so how often does the IRE agree with the plan's decision?

And our third domain is focusing on the availability of drug pricing information. The first measure is, do we have that information, drug coverage and cost information, available? This measure is based on plan finder, the Medicare prescription drug plan finder, pricing files that are submitted on a biweekly basis. If a plan has data errors and they cannot be corrected in the appropriate timeframe, then their data are suppressed from the Web site for at least a two-week period, until the next submission cycle. So this measure looks at how often plans have their data available for beneficiaries to view.

The second measure is looking at sort of a price stability index. This is a measure of how often plan's prices change, so if a beneficiary were to sign up for your plan at the beginning of the year, how likely is it that the prices that they see when they sign up will remain stable over time, and this is a relative measure. Some of our measures are based on -- our star rating is based on established threshold or standard that someone has to meet, and others are relative ranking, based on how you are doing compared to your peers, and this is one of those.

And then the last measure is again, looking at complaints, and this is looking at pricing or coinsurance complaints.

What you can see here -- this was a summary of the data that are currently posted on the Web from November of 2007. We're actually on the Part D side getting ready to do a refresh of data. In early May the full year's worth of data for 2007 will be published to the Web. But this actually shows you, for the three domains, how the plans break out by star rating. Some of those have insufficient data and in that case, in our second domain, around the appeals measures, we have a lot of insufficient data, because if a plan had less than five cases reviewed by the IRE, then we don't actually you calculate a rate.

So this gives you the PDP landscape and then this shows you the MAPD distribution. So you can see that the patterns are very similar among the two.

Before we go onto the Part C measure, just to kind of give everyone an update on what

we're looking towards for the fall of this year, we're actually looking to -- we have the domain ratings and now, star ratings, for each individual category, but we're looking to create an over all composite score for Part D and an overall composite score for Part C, and we're looking to actually include that rating in the first results page, so when a beneficiary gets information on all the plans and an estimated annual cost on the Part D side for all of their plans that are available to them in the area, they would actually have an overall quality or performance rating on that page. So it will be easier to access, and it will be easier to compare right along with the cost information.

In terms of measures, the one measure that I previously mentioned -- we will be dropping the 4RX measure for this fall, and we're looking at adding, provided we can use prescription drug event data this fall. We are looking at adding potentially some patient safety measures, and then we're also looking at comparing the plan finder pricing data that are submitted to actual PDE data. So how close at the point-of-sale are the prices to what a plan submits on the plan finder on a biweekly basis.

So with that, I'll turn it over to Liz, and we'll take questions at the end. Thank you.

Liz Goldstein:
Good morning. For Part C we have five domains, and they are helping you stay healthy, getting care from doctors and specialists, getting timely information and care from your health plan, managing chronic, long-lasting conditions, and your rights to appeal. All of these domains are roll ups of individual HEDIS measures, CAHPS measures and appeals measures, and for most of them at the individual measure level, we look at national percentiles, and from those national percentiles we assign the star ratings. There are some measures on the Part C side that we have found are skewed either very high; all the plans are doing, you know, pretty well on them, and then there are some measures that are skewed very low; some of the newer HEDIS measures, for example. Plans aren't doing as well under these measures yet. So we have, for the individual measures, to assign stars. We have different distributions for those that are skewed very high or very low. But for the majority of measures where there's pretty much a normal distribution, we base the star ratings on national percentiles and a comparison against your peers.

This is just a quick snapshot from the Web site and it describes the five domains, and then the star ratings are assigned.

The data sources supporting the plan ratings right now are HEDIS, CAHPS and IRE or Maximus data.

For Part C, helping you stay healthy, this consists of eight measures. The majority of them are from your HEDIS data collection. The last two, the annual flu vaccine and pneumonia vaccine are HEDIS measures, but they're collected through the CAHPS survey.

This just shows you an example from the Web site when you drill down from the domain level. These are the individual measures under helping you stay healthy.

For the domain getting care from your doctors and specialists, as you can see this consists of four measures. The majority of the measures are HEDIS measures; getting needed care without delays is a composite that's collected through the CAHPS survey.

Getting timely information and care from your health plan is principally made up of CAHPS measures: doctors who communicate well, getting appointments and care quickly, the overall rating of health care, and the overall rating of the health plan are all collected through the CAHPS survey. Call answer timeliness is collected through HEDIS.

The next domain, managing chronic, long-lasting conditions, consists solely of ten HEDIS measures, and it focuses on things such as diabetes care, controlling blood pressure, beta-blocker treatment.

The last domain is your rights to appeal, and both of these measures are from the IRE Maximus data.

I wanted to just quickly show you, similar to Vicky did, the distribution of star ratings, and this is based on the data that was posted on the Web site starting in November. And you can see there, you know, some variation in what crossed the different measures. Let me show you the last two of them. These are the last two. Just to let you know kind of where we're also going for Part C for this year, as Vicky mentioned, we are looking at developing an over all composite for Part C that would summarize, you know, all of the different domains. We are also having discussions internally about adding some additional measures this year, some additional HEDIS measures, so we haven't made a final determination yet but we are, you know, looking at new ways to expand the plan ratings this year.

I'm going to now actually turn it over and talk about the consumer testing that we've done. For any data that we put on our Web sites and all of the different compare tools, we spend a lot of time testing it with consumers. We really want their feedback before we put data up on the Web site. Sometimes we can, you know, develop a prototype for the Web site and we write the language, describing the measures, and it's clear to us, but when you go to consumers it's not so clear to them. So we find it's really critical to spend some time talking to potential users of the site and making sure it's clear to them. This testing; we did testing before the site or sites went live last November, and we're continuing to do testing. I'll talk at the end of the presentation about some of our future plans for testing. So it's not just a one-shot deal. We do it before it goes up, but something we want to continually improve our presentations and the language and, you know, as we get feedback on things that are useful and not useful or confusing or not, we want to continuously improve on the presentations.

To just give you a little bit of background about how we do testing, we do cognitive interviews and these are basically in-depth interviews with potential users of the site. We really want to focus on their understanding and usefulness of the site. We show mockups

of them, so in this case, we showed them mockups of the health plan data, as well as the drug plan information. And we really want to, from this testing, modify the existing information in order to make it more understandable for the users of the site. And I'll give a few examples of things that we modified, through our testing.

The primary goal of our testing was to determine if the Part C and D plan displays, including all the labels and explanations of the measures were understood in the way they were intended. In some cases, someone may say, "Yeah, I do understand it," but then when you probe and ask them, "Well, what does that mean to you?" they don't understand it, and I'll give you a couple of examples.

The material for cognitive testing -- we had tested the title and descriptive text for all the domains and all the individual measures. We tested some graphic representations of the star legend and, you know, how the stars would be used to rate the plans. All the testing that was done last year was based on hard copy material. I'll be talking in a few minutes about future testing. That'll be slightly different. We did it on hard copy material because the site wasn't live yet, and there just wasn't time to set it up in a web-based program.

I'm going to start off talking about the Part C cognitive testing and then I'll review some of the Part D cognitive testing. Just to give you an idea of who we tested with on the Part C side, we tested with 58 Medicare beneficiaries, and this testing was done by Abt Associates in East Providence, Rhode Island, and this just gives you some of the demographic information about the people that we tested with.

When we initially went into testing the Part C domains or health plan customer service, getting care through your health plan, managing disease, helping you stay healthy, and your rights, I think the only one that did not change on the Part C side, as a result of testing, was helping you stay healthy. All the other ones we did modify after we talked to potential users of the site.

Some of the places where we had some confusion, first place is we started for all the descriptions that we had of the individual measures and of the domains, we started it with descriptions using this phrase such as, "this measure," and then explained what the measure was. This was extremely confusing to users of the site. They were thinking that we were measuring the amount of care provided instead of using it kind of just as a description of the individual measure that we were using. So you don't see this on our site at all. This was the same confusion actually that we saw in Part C and Part D. The testing was done similar weeks by different groups and this was the same confusion throughout.

For customer service on the Part C side, they were confused by this label. They often focused on only one aspect of the domain, ignoring the others. For example, they would just focus on interaction with doctors or they would just focus on phone calls with the health plan. So we decided, giving everything that was included in this domain, that it wasn't a very good descriptor on the Part C side.

Getting care through your health plan; it was unclear what this meant to the consumers. They felt that this was really critical information to have, since it addressed access, but they were very confused about what it was. They thought, and this is just a quote from one of the respondents, "This means to me that I'll be seen and taken care of by competent physicians and nurses with no big hassle."

Managing disease, that was also a confusing title for them so that I'll explain in a minute, how that was changed. Your rights, they felt the title did not match the description of all the text that we had following that title. I wanted to spend a few moments talking about-- we got a question I guess yesterday, when we did our presentation. How do you know if this information is important to consumers, or information that they even care about? We know for the CAHPS measures, in the development of all the CAHPS measures, we spent a lot of time asking consumers about what information do they want. So for CAHPS, we really know that is the information that they do want to get and see. For the other measures, we did spend some time asking them, you know, is this measure important? Would you use it in choosing a health plan? How is it important to you? And so that's some feedback that we got last year and will continue to get this year when we do testing and as, you know, the measures are revised over time, we will make, you know, adjustments, as a result of getting this feedback from them.

I just want to show you quickly how all the domains were revised. Getting timely information and care from your health plan was what we initially called, in consumer testing, health plan customer service. Managing chronic, long-lasting conditions; in our testing, we called this managing disease. Getting care from your doctors and specialists; initially, we had called this getting care through your health plan. Helping you stay healthy was our original title, and your rights to appeal, we initially just called it your rights. So as you can see, just from these examples, we did make a number of changes, as a result of getting feedback from consumers.

This just gives you an example of all the domains in the site and you've seen throughout yesterday and today, you've seen similar portrayals.

I'm going to spend a few minutes talking about the Part D cognitive testing. And this testing was done with 27 participants in Baltimore, Maryland, and for this testing my staff at CMS are responsible for doing consumer testing for all the different CMS compare tools, so we actually -- my staff and myself -- did the testing the week of August 13, and we got some great feedback. And it's always nice actually for us to go out and directly talk to potential users of the site instead of, you know, always using a contractor. So we can hear directly from the users on the site, you know, what's confusing to them, what do they like, what they don't like. So we always learn a lot from being able to go out and talk to potential users directly.

The Part D domains tested were drug plan customer service, drug pricing and safety and getting your prescriptions filled.

I'm just going to give you some examples of terms and concepts that, you know, weren't familiar to consumers and some of the changes that we made. There is one measure that's called complaints about the plan's pricing and out-of-pocket costs. Initially when we went to testing, we'd use the term coinsurance and after we did the first few interviews, we were thinking, "Do they understand what this means?" Just by hearing some of their feedback we started wondering. And so we started probing in all the interviews; "What is coinsurance? What does that mean to you?" And consistently we heard from the folks we were testing with; "It means you have two insurances." So they clearly did not understand what the term coinsurance was, so we realized in the revision to the language for the Web site, coinsurance or co-payments or any of that kind of verbiage was confusing for potential users of the site. All of them said, "Oh yes, we do understand what it means." And then you'd say, "Well, what does it mean," and clearly, they were not understanding it. So it's very important, you know, when you're talking and doing this testing, really to probe and ask of them, "Okay, if you do understand it, what does it mean to you, and how would you describe it in your own words," to ensure that we're conveying the right concepts to users of the site.

Other changes that we made and this is a pretty simple one. We had one descriptor saying "calls dropped," when customer calls drug plan. They found "calls dropped" very confusing so they said, "Why don't you just use calls disconnected?" And that is a very easy change to make, but we consistently heard that, you know, throughout the interviews.

They clearly felt that we need to make sure that it was clear, you know, where the data came from, so we tried to, as we improved the language, make that very clear. Initially they had some confusion about how the individual measures -- what things they had in common. So we made sure, in the description of the domains, that we made those very clear, how the different measures hang together, and include some verbiage, clear verbiage, about why the information is important.

Some of the measures were less relevant to consumers. For example, pharmacists having up-to-date plan enrollment information. A consumer wasn't sure, why do I need that information? And as Vicki said, that measure is probably one that will be dropped this year.

Just to let you know, the revised domain labels, based on testing drug plan, customer service; that one's the same. Drug pricing information was originally drug pricing and safety. Using your plan to get your prescriptions filled was originally getting your prescriptions filled. So we did make some tweaks to that label.

And this is a page you've seen previously and just, you know, shows the overall composites and the star ratings. And I want to spend a moment talking about future research. We are planning both on the Part C and D displays to do additional consumer testing. I think we're starting on the Part D side end of April, and on the Part C side we're starting in May to do this testing. And we will, for example, on the Part C side be looking at the live site with users and having them go, you know, look through what's

currently posted so they can give us feedback on that, as well as give us feedback on any changes that we're planning to make this year.

For example, Vicky and I both spoke about doing an overall Part C and D measures so that the language and where that would go on the site would be tested. Another thing that we got feedback on last year was on the site you'll see these show and hide buttons. Those are confusing for users of the site. When it says show, and you click on that, what is it going to show? And if you say hide, what is that going to hide? So it's something in both the Part C and D testing we're going to look at some alternatives to saying just show or hide, and then these alternatives could be used for the Part C and D sites, as well as for the rest of the Medicare sites. We're also just going to, you know, re-look at the displays and any additional or potential items that we're going to be adding this year, we'll test those so in case they're added, we have the correct of verbiage and language to add them to the site.

I guess right now we would open it up for questions.

Female Speaker:
Anybody know how we -- is that on? Just seeing it's helpful to see how you did your research. Some of the things that you've learned I think have applications to something like "Medicare And You" where there are some -- maybe there could be more consistency in use of terminology through it and things like the coinsurance and co-pay, you know, maybe some of what you're doing on the Web site could be reapplied?

Liz Goldstein:
We actually work fairly closely with the folks that do the "Medicare And You" handbook, as well as many of our publications. So in the "Medicare And You" handbook they often, when they refer to coinsurance and some of that, they add extra verbiage around it, where on the Web site, often we don't have the room to do it when you're just describing the measure. We have been working and giving feedback for example in the "Medicare And You" handbook this year because last year there was really little mention of the plan ratings, and so this year we're trying to integrate that more into the handbook, as well as make it clearer. In the handbook we display usually one CAHPS measure, and so we're trying to make the verbiage clearer about that and that there is an additional plan ratings out on the Web site. We're actually having a meeting, I think tomorrow, with the handbook folks to make sure some of that verbiage, you know, is clear. Thank you for that feedback.

Female Speaker:
And then another comment, if I may. It's good to see the testing you're doing. You do have a lot of the younger Medicare age folks who are most likely to be using the Web site. Have you considered going to Ships or Caregivers [inaudible] --

Liz Goldstein:
We have actually in the Part D testing last year, we tested with Ships also. There were some Ship counselors. For the Part C side testing that we're doing, we're doing half

caregivers and half Medicare beneficiaries. Because often caregivers do help a Medicare beneficiary, you know, navigate the site and get this type of information. So generally, for all the testing we do across our compare tools, for some of this testing last year was kind of quick testing, but we do it with multiple groups. So maybe caregivers, Medicare beneficiaries, sometimes health professionals, Ship counselors and kind of cover the gamut.

Female Speaker:
I'm not sure -- okay. I'm on. I wanted to know if some of the HEDIS measures for plans striving to improve their performance and set up benchmarks, I noticed on the memo it mentioned 65th percentile and things that weren't necessarily published by HEDIS. And we're trying to get an actual number to strive towards for a benchmark. I was wondering how we could get that data for plans.

Liz Goldstein:
I would look at some of the stuff that we put out through HPMS memos because it kind of described, you know, what the numbers were and gave a little bit more detail, and if you don't have that information, you can e-mail me, and I can get it to you.

Female Speaker:
Okay, I did go out and look at the HPMS memos and that's where I saw the 65th percentile, but HEDIS doesn't publish a 65th percentile, so I struggled with a number to put around that [inaudible] particularly like for osteoporosis management and things like that so --

Liz Goldstein:
Yeah, if you contact us on the site, we maybe can, you know, give you some numbers or give you some guidance.

Female Speaker:
Thank you very much.

Female Speaker:
I think your consumer research is fascinating. I think it's something that we can all take back to our plans. Do you have any kind of report on some of those findings?

Liz Goldstein:
We do have reports on the Part C side. We have a report from our contractor. On the Part D side, it's more of an informal report that my staff actually wrote up, based on the testing. But if you contact me, you know, I can make those available.

Female Speaker:
Okay, great. My question is the Part C report -- both report cards contain data from different time frames. Was the consumer made aware of that, and if so, what was their response?

Liz Goldstein:
For the Part C side it was all based on the same time frame. It was the 2006 measurement year. So, you know, they're all pretty much measuring the same measurement year.

Female Speaker:
Does that include the IRE data?

Liz Goldstein:
Yes, yes. All the data was the same measurement year. Consumers tend -- I mean, in other testing we've done, because we do a lot of testing, as I said before, for the other compare tools, and you do find that sometimes the time frames are inconsistent, just when data is flowing in. We tend not to pay that much attention to that. I think we tend to pay more attention though -- that data is old or all of that data, you know, is different time frames. But they tend not to focus as much on that.

Female Speaker:
And how does that compare to the time frame for the Part D data?

Vicky Oates:
The Part D data, we actually for the November 2007 time period, most of the data for the measures cover the first six months of the calendar year, and then the refresh that we're actually getting ready to do in May will cover the entire calendar year for 2007.

Female Speaker:
Okay, so Part D is 2007, and Part C is 2006?

Vicky Oates:
Right.

Female Speaker:
Thanks.

Female Speaker:
I've got a question. Once the information is out on the Web, what do we know about how often beneficiaries use the information? What kinds of beneficiaries are looking for information, and what do we know about what they actually do with it, once it's there?

Vicky Oates:
That's actually one of the questions that we have as well; how useful is the Web site and are beneficiaries using it to enroll? We're trying to get some statistics right now from our Web site group around how many people use the Web site and then actually ended up enrolling online through the online enrollment center, and is that connected to different hits to the quality and performance ratings information. So we don't have all of that yet, but that's something that we're very interested in determining.

Female Speaker:

And when you -- I guess a follow-up question. When you look at hit rates, you can't tell if they're sort of plan folks or if they're consumers, right?

Vicky Oates:
That's correct.

Female Speaker:
Thanks.

Liz Goldstein:
We do -- when we put new information out or when we put fresh information, sometimes our office of external affairs will do an online survey tool to find out who's using it and to get feedback. So I think in the future, this is probably one of the tools where, you know, they would spend some time, you know, doing some additional analysis.

Male Speaker:
Yeah, I have a question on the IRE appeals metric. It seems like with the timely decision metric that those plans that follow the CMS guidance to report to the IRE when they miss the deadlines are unfairly punished, whereas if a plan didn't forward those as the guidance implies that they wouldn't be punished, as far as the metric itself. Do you have any comment on that?

Vicky Oates:
Yes. We've heard that comment from different plans throughout our comment period. But what we have found, and what we want to remind plans all of it is that they can be audited. So we have seen where plans have been audited, have been found not to be doing that as frequently as they should be, and they had compliance actions taken against them for that. And then their performance measure can change. So that is true if plans are not doing that, it may look like, according to the data that we have that they are making timely decisions. But I caution everyone that I don't think that's the way [inaudible] --

Male Speaker:
Right, and I wasn't encouraging that. I was just, you know, making more of a comment that, you know, we try to do the right thing. I suspect most plans probably try to file follow the guidance, but as far as the metric itself and what's published out there through plan finder to members, you know, a plan that never forwarded something to the IRE would look pretty good in that metric.

Vicky Oates:
Yeah, that's -- actually that's one of the things because we have heard that comment. That's one of the measures that we're looking at this year, and also looking at possibly, can we expand, not only for that measure, but the upholding decision. Can we include other data besides just the IRE data with that to expand sort of the universe of cases that we're looking at? So can we use some of the plan reported data around exceptions and appeals decisions, etc., and incorporate that with the IRE data?

Male Speaker:

And just one last question on the second metric, reviewing appeal decisions. I've done some informal looks out on plan finder and it seems like a lot of plans have been rated poorly on this metric and they're consistently having the IRE reverse a lot of our decisions. You know, we try to make decisions that are in the best interest of the plan and the member, but it just seems to me that a lot of the plans fall in the same bucket, as far as the IRE reversing their decision. Sometimes it boils down to a difference of a clinical opinion, rather than, you know, a poor performance or reflection upon the plan itself. That's sort of my comment there.

Vicky Oates:

Just to expand on that a little bit, one of the things that we have done with plans who've scored more poorly; one star on some of the -- in that particular metric, gone back, pulled a sample of cases from the IRE, and actually we have staff who went through all of those cases to determine why did the IRE overturn that case, and what we did was go back to the plan then and actually give them recommendations on how they could improve their processes and things that they could look at differently, to help that case from being overturned or getting to the IRE to begin with.

But in addition, the other comment you made about the assignment of the stars; that's actually another thing that we have under discussion right now. It is pretty tough to get five stars in that metric. You have to have 95 percent of your cases upheld, that go to the IRE, and the way that the cut points were established and the thresholds were established for that star assignment, is under review and discussion to be revised.

Male Speaker:

That's good to hear just because I know there's no percentile adjustment across plans. When I asked someone within your division, they basically implied that they have to set the limits where, you know, the public would accept those levels of overturns. And, you know, I also encourage people to look internally as well. You know, we're doing that to some degree and looking at which drugs have been reversed and why. I think that's a good, you know, recommendation.

Vicky Oates:

Yeah, and just to give everyone a little bit of information in terms of how star assignments are made, it depends on the metric. For some things like call-center information, less than 30 seconds is the CMS standard. So that kind of gives everyone sort of average performance. That gives you a three-star. So if you're better than that, then you could get four or five stars. For some of the other measures, and kind of going back to, I think, the point that was made before to Liz about how do you know for the HEDIS measure, what's the 65th percentile? Well, that cut point on the Part C side could be at one percentage for last year, but if everyone is improving, the next 65th percentile-- that number could go up for this year. So those aren't really hard and fast cut points that you can say, "Well my complaint rate--I'm in the 50th percentile. My complaint rate is 2.0. To get me to three-star or four-star, I need to be at 1.2." Well, if everyone --if the

complaint rates go down overall, to get to a four-star might now be a .5 rate.

So when you do the relative ranking among the plans, that cut point is going to move. But for some of our measures, and the appeals measure metric is one of them, we actually had fixed thresholds. And there was a lot of discussion that went on among senior management, the administrator's office, in actually getting agreement on what those cut points should be and what that performance should be. So all of that again, is up for discussion and review. We have a contractor this year who's actually helping with the composite scoring. So we're trying to improve the methodology for how the stars, at the individual measure level, are assigned. So a lot of that is being revisited this year. And again, we'll be sharing that with all the plans through user group calls and other avenues; HPMS memos, plan previews, as we start to get the measures set for this coming fall.

Male Speaker:
We'll take those last two questions.

Female Speaker:
Good morning. I wanted to thank you for providing the bar charts that show the distribution of the different domain summaries. We do that calculation with a local plan, so we see how we stack up against the folks in our own market, but what I'm wondering, is this national data available to the plans so we can see how we stack up nationally? Or could it be available?

Vicky Oates:
One of the things that was just recently put out I believe on the CMS Web site is the actual sort of Excel spreadsheets for all three different levels; the data level, the measures, star rating and the domain start rating for all the plans. So that's accessible. And then what we're looking to do for this fall is to have a downloadable file from the Web site, if we don't just stay with the link on the CMS Web site.

Female Speaker:
Thank you.

Female Speaker:
Hi. I had a question about SNIPS. Since we're doing data collection for SNIPS with no minimum enrollment numbers, I was wondering how those were going to be put on the Web site because obviously, if you have small numbers, small numbers can skew the results and the stars and all that.

Liz Goldstein:
For the SNIP measures we're really looking at the data and determining what could be presented. We can't give you a definitive answer right now, but we're well aware of the small number issue, and that's going to have to feed into what could be available.

Male Speaker:
Thank you for both for that great insightful and thought-provoking discussion.

[applause]

[end of transcript]