

14.5 Quality Improvement – Medicare

Healthfirst’s participation in the Medicare Advantage Program requires additional reporting requirements. The Program incorporates the mandatory quality standards for the Medicare program. The Medicare program is operated under the auspices of the U.S. Department of Health and Human Services – Centers for Medicare & Medicaid Services (CMS). It is expected that providers comply with the requirements of Healthfirst, CMS, and the Quality Improvement Organization (QIO) designated as the review agent for CMS, in order to meet these important initiatives that ensure our Medicare members receive the highest quality of care possible.

The Medicare Star Rating system, a program administered by the Centers for Medicare & Medicaid Services (CMS), measures the quality of Medicare Advantage plans and supports CMS efforts to drive improvements in Medicare quality and improve the level of accountability for the care provided by physicians, hospitals, and other providers. CMS publishes the Star Ratings each year to assist beneficiaries in finding the best plan for them and to determine MA Quality Bonus Payments.

The Star Ratings system is consistent with CMS’ Three Aims (better care, healthier people/healthier communities, and lower costs through improvements) with measures spanning the following five broad categories:

1. Outcomes	Outcome measures focus on improvements to a beneficiary’s health as a result of the care that is provided.
2. Intermediate Outcomes	Intermediate outcome measures help move closer to true outcome measures.
3. Patient Experience	Patient experience measures represent beneficiaries’ perspectives about the care they have received.
4. Access	Access measures reflect issues that may create barriers to receiving needed care.
5. Process	Process measures capture the method by which health care is provided.

Medicare members may be asked to provide feedback by answering up to three surveys per year. Not all Medicare members receive these three annual surveys:

1. Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey: Provided to Medicare members to rate their satisfaction with their doctors and the plan. Members may be asked questions like:
 - In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment as soon as you thought you needed one?
 - In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
 - How often did your health plan’s customer service give you the information or help you needed?
2. Health Outcomes Survey (HOS): Provided to Medicare members to rate their physical and mental health. Members may be asked questions like:
 - In the past 12 months, did a doctor or other health provider advise you to start, increase, or maintain your level of exercise or physical activity?
 - Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking?
 - Have you ever talked with a doctor, nurse, or other healthcare provider about leaking of urine?
3. Health Risk Assessment (HRA) Survey: The HRA survey is given to all plan members enrolled in a Special Needs Plan (SNP) once a year. Members are to complete the HRA survey within 90 days of enrolling in a SNP plan, and once a year after that. This survey asks about health status and to identify any health conditions or concerns a member may have.

The following measures are the standard reporting requirements for the Medicare products:

Domain/Category	Measure/Description
Access/Availability of Care	Access to Primary Care Doctor Visits

	Appeals Auto-Forward
	Appeals Upheld
	Beneficiary Access and Performance Problems
	Call Answer Timeliness
	Disenrollment Reasons - Financial Reasons for Disenrollment
	Disenrollment Reasons - Problems Getting Information about Prescription Drugs
	Disenrollment Reasons - Problems Getting Needed Care, Coverage, and Cost Info
	Disenrollment Reasons - Problems with Coverage of Doctors and Hospitals
	Disenrollment Reasons - Problems with Prescription Drug Benefits and Coverage
	Drug Plan Provides Current Information on Costs and Coverage for Medicare's Website
	Engagement of Alcohol or other Drug Treatment
	Enrollment Timeliness
	Foreign Language Interpreter and TTY Availability
	Grievance Rate
	Initiation of Alcohol or other Drug Treatment
	Medicare Plan Finder – Stability
	Plan Makes Timely Decisions about Appeals
	Plan Submitted Higher Prices for Display on MPF
	Reviewing Appeals Decisions
	Timely Effectuation of Appeals
	Timely Receipt of Case Files for Appeals
	Transition monitoring - failure rate for all other drugs
	Transition monitoring - failure rate for drugs within classes of clinical concern
Patient Experience	Aspirin Use and Discussion
	Care Coordination
	Complaints about the Health Plan
	Computer Use Made Talking with Doctor Easier
	Computer Used during Office Visits
	Computer User by Doctor Helpful
	Customer Service
	Doctors who Communicate Well
	Getting Appointments and Care Quickly
	Getting Information from Drug Plan
	Getting Needed Care
	Getting Needed Prescription Drugs
	Medical Assistance With Smoking and Tobacco Use Cessation
	Members Choosing to Leave the Plan
	Rating of Drug Plan
	Rating of Health Care Quality
	Rating of Health Plan
	Reminders for Appointments
	Reminders for Immunizations
	Reminders for Screening Tests
Reminders to Fill prescriptions	
Reminders to Take Medications	
Process	Medicare Plan Finder Price Composite

	Medication Therapy Management Program Completion Rate for Comprehensive Medication Review
	SNP Care Management
Process/Effectiveness of Care	Adult BMI Assessment
	Annual Flu Vaccine
	Annual Monitoring for Patients on Persistent Medications
	Antidepressant Medication Management
	Breast Cancer Screening
	Care for Older Adults: Medication Review
	Care for Older Adults: Functional Status Assessment
	Care for Older Adults: Pain Screening
	Colorectal Cancer Screening
	Continuous Beta Blocker Treatment
	Controlling High Blood Pressure
	Diabetes Care: Eye Exam
	Diabetes Care: Kidney Disease Monitoring
	Diabetes Care: Blood Sugar Controlled
	Drug-Drug Interactions
	Follow-Up Visit after Hospital Stay for Mental Illness
	Medication Reconciliation Post-Discharge
	Non-Recommended PSA-Based Screening in Older Men
	Osteoporosis Management in Women Who Had a Fracture
	Pharmacotherapy Management of COPD Exacerbation
	Pneumonia Vaccine
	Rate of Chronic Use of Atypical Antipsychotics by Elderly Beneficiaries in Nursing Homes
	Rheumatoid Arthritis Management
	Testing to Confirm Chronic Obstructive Pulmonary Disease
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	
Intermediate Outcome/ Effectiveness of Care	High Risk Medication
	Medication Adherence: Diabetes
	Medication Adherence: Hypertension
Outcome	Medication Adherence: Cholesterol
	Reducing the Risk of Falling (HOS)
	Management of Urinary Incontinence in Older Adults (HOS)
	Monitoring Physical Activity (HOS)
	Osteoporosis Testing (HOS)
	Improving or Maintaining Mental Health (HOS)
	Improving or Maintaining Physical Health (HOS)
Improvement	Plan All-Cause Readmissions
	Health Plan Quality Improvement
	Drug Plan Quality Improvement