

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

**SUMMARY:** The Center for Medicare & Medicaid Services (CMS) seeks analyses and research that demonstrate that dual status **causes** lower MA and Part D quality measure scores. Alternatively, we are also interested in research that demonstrates that high quality performance in MA or Part D plans can be achieved in plans serving dual eligible beneficiaries and how that performance level is obtained. CMS may use the information collected through this Request for Information (RFI) as it continues to make enhancements to the MA and Part D Star Ratings program.

**DATES:** In order for such information to be considered for contract year 2016 decision-making, information should be provided to CMS as soon as possible, but no later than November 3, 2014. The information can be submitted to CMS through the Star Ratings email box at [PartCandDStarRatings@cms.hhs.gov](mailto:PartCandDStarRatings@cms.hhs.gov).

**BACKGROUND:** Over the past year, multiple Medicare Advantage (MA) organizations and Prescription Drug Plan Sponsors have suggested that plans that enroll a disproportionate share of dual-eligible beneficiaries (or low income subsidy (LIS) beneficiaries) may experience difficulty in achieving higher quality care as measured by items included in the MA and Part D Star Ratings Program. In addition, we have reviewed recent information about the impact of socio-economic status on quality ratings, such as the report posted at [www.qualityforum.org/risk\\_adjustment\\_ses.aspx](http://www.qualityforum.org/risk_adjustment_ses.aspx), published by the National Quality Forum (NQF). Because of our interest in using the Star Rating system to foster continuous quality improvement in the MA and Medicare Prescription Drug programs, we are interested to learn whether some plans are truly at a disadvantage. While there is evidence of an association between higher dual-eligible enrollment (and higher LIS beneficiary enrollment) and lower Star Ratings, this association does not prove causality. Indeed, it may be that dual-eligible and LIS beneficiaries are experiencing lower quality care, which would be of paramount concern to CMS.

**QUESTIONS:** CMS is interested in Health Plans, Drug Plans, Clinicians, Patient Advocacy Organizations, Consumers, Professional Associations and other members of the public to share its research related to whether dual status **causes** lower MA and Part D measure scores. Alternatively, we are also interested in research that demonstrates that high quality performance in MA or Part D plans can be achieved in plans serving dual eligible beneficiaries and how that performance level is obtained. We are interested in any information focusing on all or a subset of the Star Ratings measures that are not already case-mix adjusted for socio-economic status.

Specifically, CMS is interested in the following types of analyses if available:

- Analysis of the difference in measurement scores between dual and non-dual (or LIS and non-LIS) enrollees in the same contract and/or plan for all contracts under a parent organization for the Star Ratings measures. Analyses would be more helpful if all enrollees from all contracts under a parent organization are included in the analysis.
- Description of the statistical tests used to evaluate the significance of the differences in measurement scores between dual and non-dual (LIS and non-LIS) enrollees in the same contract and/or plan.

- If submitters are interested in more in-depth analyses, CMS would suggest using a multivariate model (e.g., logistic regression) to explore the relationship between dual/non-dual status and scores on the Star Ratings measures. These models allow for additional control variables (e.g., contract, comorbidities and health status) to explore these relationships. In this case, CMS would request for plans to provide the full analysis.
- Description and/or interpretation of the results to demonstrate causality (not just an association) or lack of causality. When possible, describe successful or unsuccessful interventions in the dual/LIS population to further demonstrate causality versus lower quality care.

If you submit your research findings to us, please have the underlying data used for the analyses available upon request.

CMS will evaluate the responses to this RFI, in addition to the findings from research that CMS is currently conducting, to determine whether any further adjustments to our quality measures should be made in future contract years.

The use of information provided through this RFI is at the discretion of the Government. Responders are advised that the U.S. Government will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party's expense. CMS may or may not choose to contact individual responders. Such communications would only serve to further clarify written responses. Information obtained as a result of this RFI may be used by the Government for program planning on a non-attribution basis.