



Advising the Congress on Medicare issues

Update on quality in Medicare Advantage

Carlos Zarabozo
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Sources of data on quality in MA

- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Health Outcomes Survey (HOS)
- Healthcare Effectiveness Data and Information Set (HEDIS®)

What the data show

- Recent data on quality in MA show a need for improvement.
- There is substantial variability in plan performance.
- Newer plans show generally poorer performance than older plans.

HOS shows disappointing results for the most recent cohort (2004-2006)

Cohort	Years	Total number of reporting units	Mental health better than expected	Mental health worse than expected	Physical health better than expected	Physical health worse than expected
Cohort 1	1998-2000	188 plans	13 plans	15 plans	0 plans	0 plans
Cohort 2	1999-2001	160	8	5	9	5
Cohort 3	2000-2002	146	15	4	20	1
Cohort 4	2001-2003	152	0	0	22	1
Cohort 5	2002-2004	153	27	3	21	0
Cohort 6	2003-2005	154	18	2	0	0
Cohort 7	2004-2006	151	5	7	2	13

Source: HOS web site (<http://www.hosonline.org/surveys/hos/hosresults.aspx>)

NCQA findings on HEDIS® results for MA released September 2007 (2006 results)

- HEDIS® effectiveness of care measures for 2006 (plan averages) show fewer improved scores in MA:

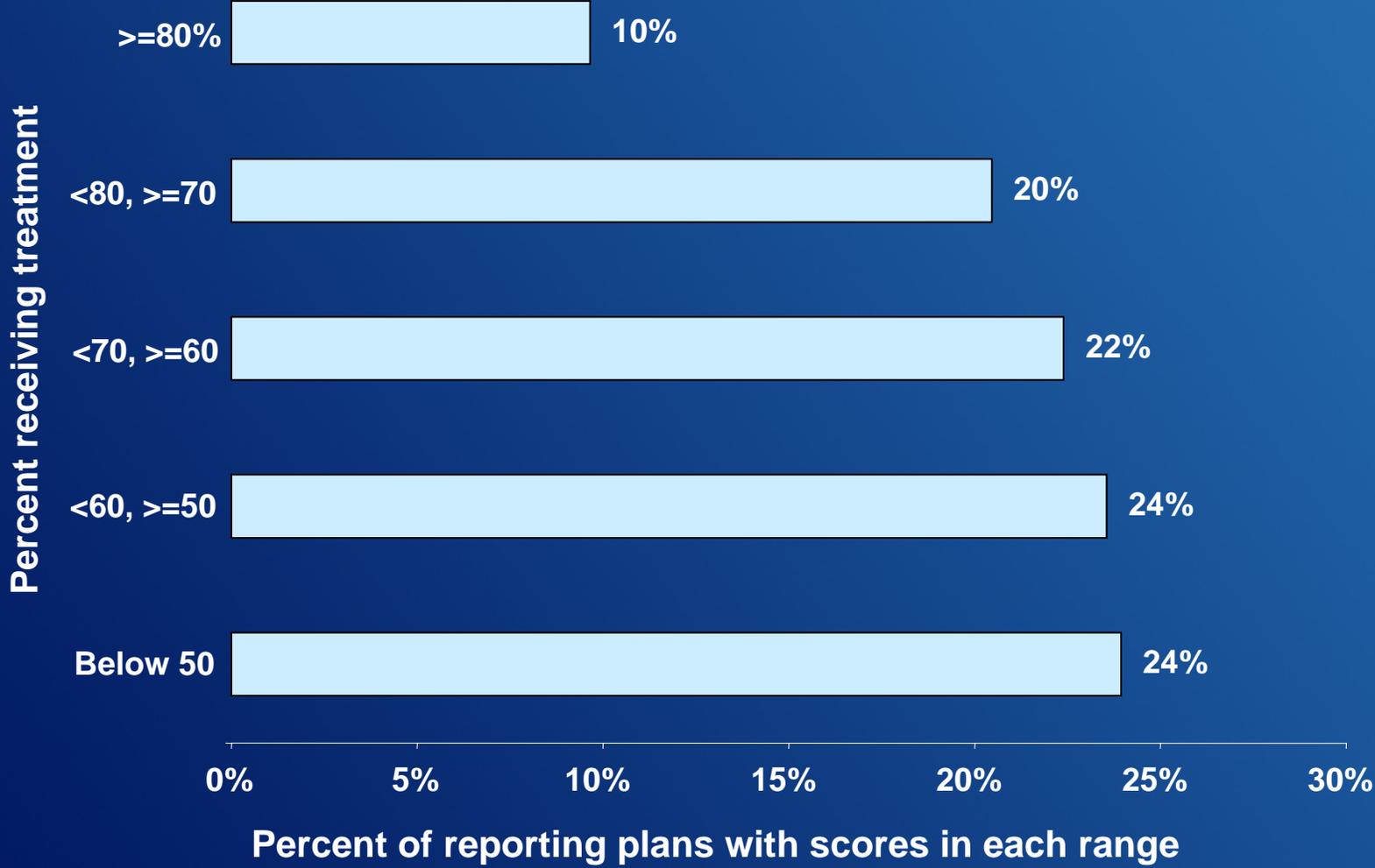
Measures improved from 2005 to 2006

▪ MA	7 (out of 38)
▪ Commercial	30 (out of 44)
▪ Medicaid	34 (out of 43)

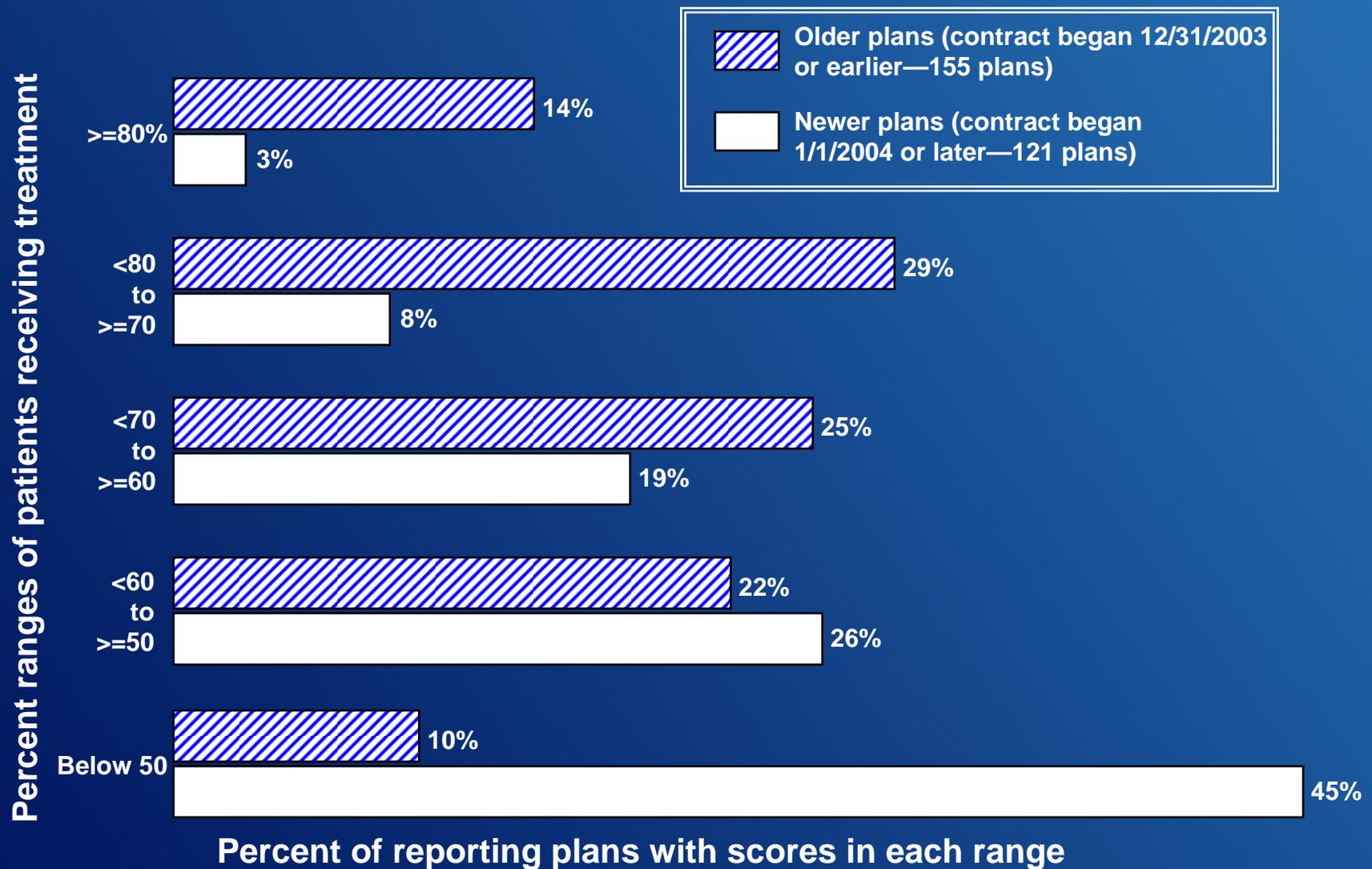
- For the 30 measures common to MA and commercial plans, commercial plans had better scores than Medicare on 16 measures.

Source: NCQA State of Health Care Quality 2007

Range of Medicare plan scores, eye exams for diabetics, 2006



Eye exams for diabetics, 2006: differences in scores for older versus newer plans



Older plans versus newer plans

- On almost all measures, average scores for older plans (plans with contracts beginning before 2004) are better.
- For a few measures, newer plans have better scores, but in most cases only a small percentage of new plans report on these measures.
- New plans are smaller and are more likely to be PPOs, but these factors do not explain lower scores.

Commission position

- Collect data on Medicare Advantage (MA) plans and on fee-for-service Medicare
 - Enables beneficiaries to make choices based on quality in each sector
- Have all plan types in MA report on quality—a level playing field
 - Statute (MMA) excludes private fee-for-service and medical savings account plans
- Tie payments to quality—pay for performance in FFS and in MA