

MIPPA § 168 – Comparing quality in MA and FFS Medicare

Carlos Zarabozo and John Richardson

November 6, 2009

Report on how to compare quality: MA-to-FFS and MA plan-to-plan

- MIPPA Section 168
- Report due March 2010
- How should quality be compared and reported starting in 2011:
 - Between Medicare Advantage (MA) and FFS Medicare
 - Among MA plans
- Address data needs, benchmarking
- Recommend legislative and administrative policy changes as appropriate

1: Define “meaningful use” of EHRs to support quality measurement

- Medical record data can enhance quality measurement, risk adjustment
- Forthcoming Medicare subsidies expected to accelerate EHR adoption rates
- Key policy: Definition of “meaningful use”
 - CMS regulations will define criteria to qualify for EHR subsidies, avoid payment penalties
 - Criteria expected to evolve over time

2: Geographic reporting unit

- Plans currently report at MA contract level
- Contracts can cover wide, diverse geographic areas
- Comparisons should pertain to specific comparable geographic areas
- True for both MA-to-MA and MA-to-FFS comparisons

3: Level playing field among plan types in MA

- Lack of comparability among plan measures
- HMOs can use medical record review for certain measures; PPOs and private fee-for-service (PFFS) plans cannot
- PPOs and PFFS exempt from reporting on results from non-contracted providers

4: Health Outcomes Survey

- HOS currently fielded only in MA
- MA HOS results often show no distinctions among plans (all plans have outcomes within expected ranges)
- Need to examine
 - Ways of differentiating results among MA plans
 - Utility of undertaking FFS survey if possible that no distinctions will be found

5: Obtain encounter data to measure outcomes

- Outcome measures that can be computed with hospital claims or encounter data
 - Admissions for ambulatory care-sensitive conditions
 - Readmissions
 - Potentially preventable emergency dept. use
 - Mortality rates for selected conditions
- CMS plans to require MA encounter data submissions starting in 2011

6: HEDIS-based measures in FFS

- HEDIS process measures in FFS as companion piece to new outcome measures
 - HEDIS hybrid measures involve medical record review; not contemplating medical record review in FFS
- Subset of HEDIS administrative-only measures can potentially be computed in FFS using claims data
 - For some measures, certain bias possible favoring one sector or the other (e.g., richer data sources in MA, including electronic health records; some FFS results consistently better than MA)

7: Expand scope of quality measures

- Few HEDIS measures of care quality for older beneficiaries, those with disabilities, or certain conditions (mental health, geriatric)
- Importance of outcome measures:
 - Indicators of health system performance
 - Indicators of potential value-added impact from MA plan care coordination and management

8: Provide CMS with sufficient resources for quality comparisons

- Resources to implement recommendations likely would be substantial
- Critical importance of accurate quality comparisons for beneficiaries, providers, and policymakers
 - Unintended consequences of inaccurate comparisons would be costly and detrimental
- Necessary to take unusual step of recommending dedicated resources for implementation