

Female Speaker:

Hi. My name is Mary Alice Burso [spelled phonetically]. And I work for a local health plan in Tulsa, Oklahoma. And my question has to do with the performance assessment system in general. Each of you have talked about the components, three of the components anyway, of the system. And I'm wondering about the relative value between the components. I know there's another components called TAMS, which we haven't really talked about. And then I know there's some financial information about health plans. But how do these compare with each other? I know they all have their own rating system or their number value system in and of themselves. But are some of these components weighed more when they all roll up to that overall rating score?

Male Speaker:

We've over the years talked about weighting different measures that go into performance assessment. And for a variety of reasons have not done so. So the relative value of one measure to the other is equal. You know, we do form composite scores out of each of the general measurement sets, out of HEDIS, out of HOS, out of the CAPS Survey. We used to do so with the Disenrollment Survey, but obviously can't do so anymore. There is TAMS, as you mentioned, Targeted Appeals Monitoring, which looks at measures from the IRE, appeals-related data. They do roll into an overall composite. And they're considered equally. The financial data is sort of considered on its own. It is not factored into the overall composite score. And to the extent you would like additional information on how the composite scores are calculated, there is an HPMS under the audit module, a fly out that will give you the Performance Assessment Users Guide.

Female Speaker:

Hi. I'm Cynthia Polly Martin [spelled phonetically]. I'm from Blue Cross Blue Shield of Florida. And I have a couple of questions. One is, in general, related to HEDIS. And I know you all have seats at the table when they start developing some of the new HEDIS measures. And I see that they're going to be putting some of, you know, the care of older adults also into the SNP HEDIS. And I'm wondering if you all have discussions related to -- it seems that a lot of these measures are going to even more hybrid, which puts a lot of burden on the client, rather than to go towards measures that are more administrative. And I'm wondering if you all have discussions or any comments on that because, you know, it seems to be getting more time and resource intensive for us to get this done.

[applause]

Thank you. That's one.

[laughter]

And then I have a question related to the Health Outcome Survey. But let's talk about that one first.

Male Speaker:

Well I can go ahead and take that question. And we take the burden of medical record review measures very seriously. And the measures are reviewed both by the Geriatrics Measurement Advisory Panel that I talked about in our committee on performance measurement that includes health plans, and purchasers, and consumers, and researchers, that tries to balance the importance of the measures with the burden and feasibility. And we felt so far that the importance of these measures warrants the burden of and expense of medical record review.

We've really tapped out the measures that we can collect without going to other data sources beyond administrative data. And there's some other methods on the horizon, I mean, one that's closer to the horizon is the use of Category 2, CPT codes, that can collect some of this information. They're not widely used now beyond the Physician Quality Reporting Initiative, but we're hoping that, that gains some penetration. The other thing we've done, are specifying more of our measures to also be able to be collected through electronic health records. I know that there's also sort of that last mile between -- or the connectivity between the EHR and the health plan isn't totally there yet either. But the effort and expense of medical record review is absolutely considered.

Female Speaker:

Right, okay. Just as an FYI, we are working on trying to engage with one of our larger groups around the PQRI and try to focus on having them report to help us gather some of that information, too.

My next question is around the Health Outcome Survey and about the outcome measure itself. And can you talk a little bit because you talked about how, you know, from the two cohorts, how there's some risk in case adjustment, and how we adjust for enrollees that are leaving the plan, from that, you know, between those two years, and then, also, the ones that die, and how the death effects that?

Female Speaker:

Okay. We don't actually follow those who disenroll from the plan because we can't ask plans to follow members, to pay for members that have left the plan. So we don't look at them. Although just as a note, CMS studied disenrollees in general a few years ago from CAPS and from HOS, to try to get a sense of whether they looked different from the people who stayed in the plans. And there were some differences but not so much so that the differences were clinically meaningful. And then the other, what was the second question?

Cynthia Martin:

About the deaths --

Female Speaker:

Oh, we do --

Cynthia Martin:

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-- you know, of the members that do die.

Female Speaker:

Okay, we do account for expected mortality. That's part of the adjustment that's made, is looking at expected mortality.

Cynthia Martin:

So there's a level of expectation that a certain percentage will.

Female Speaker:

Absolutely.

Cynthia Martin:

Okay.

Female Speaker:

See, we look at expected decline, as well as expected mortality, and take that into account.

Cynthia Martin:

Okay. Great, thank you.

Alison King:

Alison King, P&G. Two questions also. First, a question for Alice on the Part D data. There's, as I'm sure you're aware, tremendous interest in utilization and how people are moving through the benefit, who hits the coverage gap and when. Are those data on an aggregate basis publicly available or will they be?

Female Speaker:

At this point, that data have not been shared publicly. I think that once the analyses has continued a little bit further, specifically for '08, being able to capture the entire enrollee population, for example, we will look towards that.

Alison King:

So you're not planning to make, like, '07 data available?

Female Speaker:

At this point, I'm not aware of that plan.

Alison King:

Okay. The second question for broader group on the panel is in the translation of these measures for consumer use, can you talk a bit about the research behind your choice of what's reported, say, on Medicare.gov, and how it's reported? Are those the things that your research shows that consumers care about and that those are the things that are going to help guide their decisions or healthy behaviors?

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Female Speaker:

There's a session tomorrow, I think it's at 8:30, that's going to be talking about Part C and Part D plan ratings. And part of that will talk about some of the consumer testing that's fed, to date, into what's on the Web site, and future testing that's going to be going on for those tools.

Alison King:

Thanks.

Female Speaker:

Hi. This is Carla Parks again. And I have a question for Phil about the structure and process measures, specifically the term, "integration of Medicare and Medicaid benefit and services." I don't know about other states, but in Michigan and Ohio the Medicaid recipients are not necessarily, in fact, they're not enrolled with the Special Needs Medicare Advantage Plan. They're in a different plan. So we can certainly coordinate benefits and services. But I wondered if this term, "integration," was what you truly meant. In that case, we would need to have both the coverages in the same plan.

Male Speaker:

That and several other issues have come up around, "What does that really mean in the variety of Medicaid environments that everybody has to work in?" And I think integration is the ideal. And it's hard to put on a PowerPoint slide, integration in the last -- you know. There's all these other extenuating circumstance. I think what we really want to get at is, "What are the capabilities that a plan has to be able to make this integration happen, given the environment that you're in?" And it's one of the trickier areas that we're still working on right now. But, yeah, I don't want to oversell the sort of degree of integration that we're looking for, or sort of under-recognize the amount of variation that's around the country. It's a fair point. Thanks.

[end of transcript]