

Philip Renner:

Thanks. And it's challenging to be the last one on such a long panel, especially right after lunch. So hopefully we can pep things up a little bit. But, yeah, like Alice, I didn't slip a lot of fun stuff in here either.

But I'm hoping to spend a little bit of time pulling back the curtain on what we're doing with measurement and assessment programs for Special Needs Plans. And so I'll talk a little bit about how we got to the strategy, and the way we're thinking about the approach, talk about the Phase 1 measures, which is what we're collecting in 2008, then talk about what we're thinking about and planning for 2009 and beyond in terms of further measure collection.

You know, we came at measurement for Special Needs Plans based out of the desire for CMS and Congressional mandates for a report on the Special Needs Plans. And so what we needed to do was come up with a strategy that allowed for a comprehensive and robust assessment of Special Needs Plans that applies to all Special Needs Plans.

For those of you who aren't familiar with them, they deal with three types of members, dual, Medicare-Medicaid-eligible, people with certain chronic conditions, and nursing home-eligible. And so, we're looking at measures and a measurement approach that can work across all of those populations.

We're trying to be responsive to the "Special" in Special Needs Plans. But, at the same time, we also need to strive to be able to answer the question, "How do SNPs compare to regular MA plans?" And then, on top of all of this, as those of you who are in SNPs and who are trying to work with us on this, there's a certain amount of time pressure to get the report to Congress by the end of the year. And so, we needed something that could be implemented soon. And we've developed a phased approach that allows us to use measures and assessment tools that we have in place now, and then build up a more and more robust approach over time.

So for the current landscape, there is, when we started to look at the Special Needs Plans and get an understanding of what's out there, we see that there's a large number of plans with small enrollment. Almost 200 of the 477 plans that were active as of January 1, '07, have fewer than 500 members. So you can imagine the type of impact this would have on a typical HEDIS reporting, where we're looking to hit a population, you know, measure a population with fewer than 500 members, and then applying continuous enrollment in other population criteria, to potentially end up with very few people eligible for regular HEDIS measures, the likelihood of that happening is quite high.

There's a few large plans, but not many. We're also expecting, if you look at the second bullet down at the bottom, that this is a program that is growing in terms of numbers of plans that are participating in this, so almost doubling, between '06 and '07, and then almost doubling again into the number of plans in '08. So this is a large number of plans. But we're expecting a large number of plans with relatively low enrollment. So we needed to come up with an approach that can work in relatively small plans.

So that gets to, "How are we building our approach and phasing it in?" The approach we have has three components to it. First, we have a set of structure and process measures. And this examines what sort of structures and processes that are in place in your organization, and how are they being used. They look like and can feel like some of the other accreditation requirements or standards that we have where we're rolling this into an overall measurement approach.

One of the challenges that we're facing in here is that we'll often look back for compliance on a structure and process measure for, "Have you had this in place? Can you demonstrate that you've had it in place for a year or 18 months?" Given the length of time between the release of the requirements and then submission, we're having to shorten some of that to look at in some cases, "Is it just --" the newer plans don't have time to demonstrate sustained compliance. So we've had to be flexible around that.

We've selected a subset of the HEDIS effectiveness of care, and measures from a couple of other domains, as well, aiming at measures that are relevant to the SNP population. And I'll talk about those measures, themselves, in a few moments.

Again, I talked a little bit about the small eligible population for each of the measures being a challenge. But, at the same time, we want to understand what's going on in all SNPs, large and small.

Finally, we're also working on a set of measures that we've been calling benchmark measures, mainly for lack of being able to generate a better term for it. But these are measures that would look at utilization and other indicators where we may not know the ideal or the right rate, but that the SNPs are able to impact performance on these rates and to provide benchmarks or appropriate ranges of measurement. You know, examples are some of the measures that we see being put out by some of the Special Needs Plans now around admissions, preventable hospitalizations, readmissions, some things that they can have an impact on but that you wouldn't necessarily expect the rate to be driven down to zero or up to 100 percent.

So I'm not going to read this to you or require you to read all these small words on the screen. You know, it's in your book. But rest assured, we have a great advisory panel that we're relying on for this, several folks on the panel, who I've seen in the room here today. And so we appreciate it. And I just want to acknowledge that we're very appreciative to these folks for helping us develop this approach.

I talked about phasing. So we have a three-year strategy that we're pursuing to develop and implement measures. So Phase 1, which is the 2008 reporting that we're in the midst of now, we base this on the 13 existing HEDIS measures, as well as structure and process measures that we had already developed and tested and used in other types of healthcare organizations, particularly around case management and care management services. In 2009, we're still developing and finalizing these measures. But we're looking at expanding the number of HEDIS measures that we're looking at here.

We have some additional first year measures that apply to older adults, some specifically developed that may only be used in Special Needs Plans, as well as considering measures from and implementation of caps on HOS. And let me just be really clear that the word is “considering.” Nobody has made any decisions on that. That’s ultimately a CMS decision. But this could sort of pull back the curtain and provide some additional measurement and transparency on the Special Needs Plans.

We’re also looking at additional structure and process measures. Plan design really gets to the -- and I’ll talk about each of these in a little bit more detail, about plan design for dual eligibles, care transitions, and then assessing caregiver experience. And then we’re also looking to develop and test the benchmark measures that I described, as well as in rolling that out beyond, into 2010.

So the Phase 1 structure and process measures, these have all been released to you who are in SNPs. You should have the actual detail on these. But I just want to talk through it at a high level -- we’re looking at a couple of key things here. First of all, how does the SNP manage and coordinate care for people with complex conditions? We want to see use of evidence-based guidelines in this case management. We want to see assessment and reassessment of the member as part of the process, and incorporation of the member’s preferences and goals as part of that case management, so that this isn’t just sort of a cookie cutter, one size fits all. We’re also looking for, “How does the SNP assess member experience with the case management process?” as well as, “Is there a process in place?” Both the member experience and the measuring effectiveness is about, “Is there a process in place where you evaluate your own effectiveness?” In the future we might move to also then reporting the results of that. But for right now, it’s just, “Is there a process?” We’ll evaluate, “Is there a process in place?”

Oh, okay. So we got to pick up the pace here a little bit. The HEDIS measures we have, these are the 13 that we have. We selected these based on, “Are these measures relevant to older adults?” We wanted to look at those, that many of these don’t have an upper age limit or they have a relatively high upper age limit, and that can be applicable to all types of Special Needs Plans. Based on burden, we also tried to avoid medical record review where possible. We have a couple of measures in here that require medical record review. But those were thought to be some of the more critical or important measures.

I believe Abby talked a little bit about who’s reporting. And we’ve got some tables on our Web site and frequently asked questions. But what we are looking for is to add “From All SNPs” at both the structure and process, as well as on the HEDIS measures. If we said, “Well, we’re only going to look at the larger ones, only the ones that have more than, you know, 1,000, 5,000 members,” CMS would not be able to then come out with a report that comprehensively talks about the whole SNP program since, as we talked about earlier, so many of the plans have relatively small enrollment.

So the next two slides -- I’ll actually skip over these relatively quickly -- but we’ve gotten a number of questions about, you know, “How can I be sure that we’re getting the right people in the measures, and that, you know, we have institutionalized our nursing home members who shouldn’t receive, you know, X or Y services that we’re talking about?” And so, I just want to

remind everybody that the measures specifications themselves have certain criteria around age, around continuous enrollment, so the example, you know, here is, is, you know, we just began enrolling people. We haven't had enough time to engage and start to try to get people into colorectal cancer screening in this case. There's a two-year continuous enrollment period. If they were enrolled less than two years, they're not eligible for the measure. Similar exclusions on some of the measures for people who are in long term care facilities, the measures you can see here in the top section, and then other measures exclude people with certain conditions where we've excluded people with ESRD from the blood pressure control measure. So we've tried to be responsive to and aiming the measures towards the right populations, but still trying to get a picture of the Special Needs Plans.

I'll talk real quickly about where we want to go next, and sort of pull back the curtain on what you might see next year. One of the important things we want to address and one of the comments that we got in the public comment for the measures that we have out, that you'll be reporting in, in 2008 here is, we don't really have anything that talks to the dual-eligible Medicare-Medicaid programs. And so, we're developing a series of structure and process measures that get at, essentially, "Is the dual SNP able to integrate the Medicare and Medicaid benefits such that it looks like one plan to the beneficiary, and that the beneficiary isn't having to sort of navigate the two sets of benefits?"

We're also trying to translate the work of Eric Coleman and others around assessing effectiveness of care transitions, around things like, "How are you proactively identifying and establishing criteria for safe and effective transitions, ultimately avoiding hospitalizations and identifying those who might need care transition planning down the road?"

We have two new HEDIS measures that'll be collected for the first time in 2009. These recently went out for public comment. And actually, we have recommended them to be collected in 2009. We're taking the recommendation of our committee on performance measurement, who makes the decision next month. But the first measure looks at what we're calling Care for Older Adults, has four components, looking at those who've gotten functional status assessment, pain screening, advanced care planning, and an annual medication review. Many of these are based on the ACOVE measures. We also have the Medication Reconciliation Measure that looks at, for those who were hospitalized, "Do they have a reconciliation of their discharge medications with their most recent ambulatory medication list?" to enable that as part of a safe transition.

So next steps, like I said, we're all on a relatively tight timeline here: but March 14th, so last month, we released the final structure and process measures, so you should all have those; April 15th, so just next week, we'll be releasing the data collection tools so that you can begin collecting the structure and process data and putting it into the data collection tool; 10 days later we release the data collection tool for the HEDIS measures; and then we've also been conducting a very intense schedule of training last month and this month. And so, there's still some trainings left. Hop onto the NCQA Web site if you have not attended those. We're doing those virtually all by Web X with live Q&A. There's no cost for SNPs to attend. And so, again, if you haven't done these yet, get on our Web site, sign up for these. People I've talked to said that they've been extremely helpful.

So for questions, comments, first of all, you know, check out our Web site. We have our list of frequently asked questions, other information. Our policy clarification support system, for those of you who have used those in other areas, that's the place to ask the detailed technical questions that you'll stump me with next, here, in a couple of minutes. I'll say, "Why don't you send that to PCS, and they'll be able to manage that through..."

And then if you have any questions about your audit, we have a separate Web site on the NCQA site about audit. Contact information, like everybody else, is, you can get in touch with me or Brett Kay, who's our Director for SNP Assessment. Either of us can --

[end of transcript]