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Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

VIA EMAIL: PartCandDStarRatings@cms.hhs.gov

Re: **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**

Dear Administrator Tavenner:

We are providing the attached information in response to the Centers for Medicare & Medicaid Services (CMS) request for data on differences in Medicare Advantage (MA) and Part D Star Rating quality measurements for dual-eligible versus non-dual-eligible enrollees.

SCAN is a not-for-profit health plan that serves seniors through Medicare Advantage (MA) plans and institutional, chronic care, and dual eligible special needs plans (SNPs). Approximately 175,000 Medicare beneficiaries are enrolled in SCAN's MA plans in California and Arizona, making it the fourth largest not-for-profit MAPD plan in the country. Since 1985, SCAN has focused on providing comprehensive, high-quality care to the most vulnerable Medicare beneficiaries – those who live with multiple chronic conditions, those who are eligible for nursing home care, and those who experience difficulty performing activities of daily living. This includes a significant population of dual-eligible beneficiaries. Enrollees benefit from SCAN's partnerships with health care providers that engage with plan members to provide the right care at the right time, while maximizing their ability to maintain their independence. SCAN's recommendations related to the on the Proposed Rule reflect this experience.

As requested, SCAN's internal healthcare informatics team performed an analysis of the difference in measurement scores between dual and non-dual (or low-income subsidy (LIS) and non-LIS) enrollees in the same contract. Statistical tests used to evaluate the significance of the differences in measurement scores between these enrollees are described below.

Method

In this analysis, we used data for SCAN members enrolled in contract H5425. Members in the following four groups are mutually exclusive:

1. Dually Eligible & Dually Enrolled (D-SNP): Members who enrolled in D-SNP plans.
2. Dually Eligible & Singly Enrolled (Medicaid): Members who were Medicaid eligible, but not enrolled in D-SNP plans.
3. Low Income Subsidy (LIS): Members who were not Medicaid eligible, but eligible for the Part D LIS.

4. Non-Dual non-LIS: Members who were not eligible for either Medicaid or LIS.

All four groups of members share the same provider networks under the same contract (H5425).

Demographic and disease burden were examined for the four groups of members respectively. Star measures for measurement year 2013, including eleven Part C measures and five Part D measures, were calculated for each group of members based on administrative data including claims, encounters, pharmacy, lab, and eligibility. The Chi-square test was performed to test the statistical significance in terms of the rate difference between groups.

Logistic regression was used to examine the difference between groups while controlling for the following factors: age; gender (when applicable); disease part RAF; number of chronic health care conditions (HCCs).

Highlight of Findings

1. A greater percentage of Medicaid members and LIS members are female as compared with non-dual, non-LIS members. Members in the Medicaid group and LIS group are younger; however disease burden is higher among these two groups. Members with four or more chronic conditions represent 6.9%, 6%, and 3.7% of members for Medicaid, LIS, and Non-dual non-LIS respectively. *See Table 1 for details.*
2. Medicaid members had lower compliance rates in six out of eleven Part C star measures, lower adherence rates in all three medication adherence measures, and higher usage of high risk medication as compared with non-dual non-LIS members. All these differences are shown to be statistically significant by the Chi-square test in absence of any adjustment. *See Table 2 for details.*
3. LIS members have a significantly lower compliance rate in seven out of eleven Part C star measures, and a significantly lower adherence rate in all three medication adherence measures as compared with non-dual non-LIS members in absent of any adjustment. *See Table 2 for details.*
4. Table 3 presents the result of logistic regression models for each of the star measures included in the analysis to examine if the difference in compliance rate or adherence rate between Medicaid/LIS and non-dual, non-LIS members remains after controlling for demographic characteristics and disease burden. The odds ratio for Medicaid over non-dual non-LIS is less than one and statistically significant in models for five Part C measures and one adherence measure. This suggests Medicaid status is still associated with lower compliance rate and adherence rate for these six measures after adjustment.
5. The odds ratio for LIS over non-dual/LIS is less than one and statistically significant in models for two Part C measures and all three medication adherence measures; it is greater than one in the model for the high risk medication measure. This suggests LIS status is still associated with lower compliance rate and adherence rate for these five measures, and with more usage of high risk medication after adjustment.

Study Limitations and Recommendations

The analysis is an observational study by nature, as the health plan does not have control of the group allocation for an enrolled member, should it be in the D-SNP, Medicaid, LIS, or non-dual non-LIS group. In an observational study, the external causal effect cannot be evened out. Therefore, a multivariate approach was employed in the analysis to remove some of the biases. While it is almost impossible to establish causal effect based on a single observational study, our analysis does show strong correlation between Medicaid or LIS status and low rating in some Part C star rating measures after controlling for some known confounding factors. In addition, a recent analysis performed by Inovalon in collaboration with multiple industry partners showed similar findings.

When Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures are used for purposes of star ratings, case mix adjustments are applied to adjust for Medicaid and LIS status. Our analyses suggests that Medicaid-eligible or LIS-eligible members have lower scores on Part C and Part D clinical measures even after adjusting for demographic and clinical characteristics. **Therefore, we recommend that CMS consider applying adjustments for Medicaid and LIS status on Part C and Part D clinical measures when determining star rating. In addition, we recommend that CMS consider applying adjustments for disease burden on Part C and Part D clinical measures, as supported by the analyses.**

These adjustments would allow plans serving dual-eligible seniors to continue to be rated under the current system, but to have star ratings that more appropriately reflect the quality of care provided to the population they serve.

Thank you for your consideration of these comments. Please do not hesitate to contact SCAN if you would like to discuss these findings further.

Sincerely,



Moon Leung, Ph.D.
Senior Vice President, Healthcare Informatics
SCAN Health Plan

Table 1. Member Characteristics by Group

Demographics	1. DSNP	2. Medicaid	3. LIS	4. Non-Dual/LIS
# Members (%)	9,334 (6.71%)	11,200 (8.06%)	6,323 (4.55%)	11,2167 (80.68%)
Gender				
Female	64%	64%	64%	58%
Age				
Below 65	0.0%	16.6%	11.6%	4.2%
65-69	19.5%	21.7%	24.5%	23.9%
70-74	28.4%	19.5%	21.1%	24.0%
75-79	22.8%	15.9%	17.0%	18.1%
80-84	16.1%	12.3%	12.1%	14.1%
85+	13.2%	14.1%	13.7%	15.7%
# of Chronic Conditions				
0	39.1%	41.5%	42.7%	52.0%
1-3	54.6%	51.6%	51.3%	44.3%
4-5	5.3%	5.5%	5.0%	3.3%
6+	1.0%	1.4%	1.0%	0.4%
Disease RAF				
Median	0.371	0.458	0.385	0.187

Table 2. Part C and Part D Star Measures by Group

Measure ID	Measure Description	Group1 DSNP	Group2 Medicaid	Group 3 LIS	Group 4 Non Dual Non- LIS	P value from Chi-square Test	
# Member (%)		9,334 (6.71%)	11,200 (8.06%)	6,323 (4.55%)	11,2167 (80.68%)	Group 2 vs. Group 4	Group 3 vs. Group 4
C01	Breast Cancer Screening	74.98%	72.31%	75.00%	77.92%	0.000*	0.006*
C02	Colorectal Cancer Screening	72.06%	65.39%	66.34%	67.48%	0.028*	0.000*
C03	Cholesterol Management for Patients with Cardiovascular Conditions	91.78%	93.93%	94.09%	93.60%	0.826	0.000*
C04	Diabetes Care - Cholesterol Screening	94.13%	91.93%	92.88%	94.44%	0.000*	0.429
C14	Osteoporosis Management in Women who had a Fracture	44.16%	34.44%	40.74%	36.13%	0.677	0.030*
C15	Diabetes Care - Eye Exam	86.35%	76.97%	76.31%	79.10%	0.046*	0.028*
C16	Diabetes Care - Kidney Disease Monitoring	96.18%	94.64%	95.19%	94.90%	0.663	0.664
C17	Diabetes Care - Blood Sugar Controlled	80.13%	75.37%	77.03%	83.09%	0.000*	0.000*
C18	Diabetes Care - Cholesterol Controlled	58.27%	56.03%	57.52%	60.96%	0.000*	0.023*
C20	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	68.14%	66.12%	75.25%	71.57%	0.206	0.762
C23	Plan All-Cause Readmissions	8.93%	8.95%	9.58%	9.20%	0.264	0.309
D09	High Risk Medication	13.08%	12.62%	13.24%	10.56%	0.000*	0.716
D10	Diabetes Treatment	89.39%	87.71%	87.73%	87.46%	0.200	0.000*
D11	Medication Adherence for Oral Diabetes Medications	72.95%	73.00%	71.42%	75.65%	0.017*	0.000*
D12	Medication Adherence for Hypertension (RAS antagonists)	75.27%	76.70%	73.68%	79.06%	0.001*	0.335
D13	Medication Adherence for Cholesterol (Statins)	69.86%	72.08%	68.99%	73.90%	0.011*	0.020*

Table 3. Logistic Regression Models for Part C and Part D Star Measures

Measure ID	Measure Description	Dependent Variables	Coefficient	Pr > ChiSq	Odds Ratio
C01	Breast Cancer Screening	Medicaid/LIS Status			
		<i>DSNP</i>	-0.1048	0.1282	0.901
		<i>Medicaid</i>	-0.3441	<.0001*	0.709
		<i>LIS</i>	-0.209	0.0073*	0.811
		Age	-0.0495	<.0001*	0.952
		Disease Part RAF	-0.0484	0.3095	0.953
		Chronic HCC Count	-0.00141	0.9605	0.999
C02	Colorectal Cancer Screening	Medicaid/LIS Status			
		<i>DSNP</i>	0.1192	0.0115*	1.127
		<i>Medicaid</i>	-0.0717	0.0995	0.931
		<i>LIS</i>	-0.0258	0.6163	0.975
		Female	0.0232	0.273	1.023
		Age	0.0471	<.0001*	1.048
		Disease Part RAF	0.1232	<.0001*	1.131
		Chronic HCC Count	0.0398	0.0217*	1.041
C04	Diabetes Care - Cholesterol Screening	Medicaid/LIS Status			
		<i>DSNP</i>	-0.0883	0.4709	0.916
		<i>Medicaid</i>	-0.4169	<.0001*	0.659
		<i>LIS</i>	-0.2088	0.106	0.812
		Female	0.106	0.1115	1.112
		Age	0.0153	0.021*	1.015
		Disease Part RAF	-0.00706	0.9187	0.993
		Chronic HCC Count	-0.064	0.1466	0.938
C15	Diabetes Care - Eye Exam	Medicaid/LIS Status			
		<i>DSNP</i>	0.3979	<.0001*	1.489
		<i>Medicaid</i>	-0.1152	0.0856	0.891
		<i>LIS</i>	-0.1379	0.0751	0.871
		Female	0.1947	<.0001*	1.215
		Age	0.0323	<.0001*	1.033
		Disease Part RAF	0.1126	0.0092*	1.119
		Chronic HCC Count	-0.0741	0.006*	0.929
C17	Diabetes Care - Blood Sugar Controlled	Medicaid/LIS Status			
		<i>DSNP</i>	-0.2749	0.0001*	0.76
		<i>Medicaid</i>	-0.3621	<.0001*	0.696
		<i>LIS</i>	-0.3197	<.0001*	0.726
		Female	0.026	0.5279	1.026
		Age	0.0419	<.0001*	1.043
		Disease Part RAF	-0.1748	<.0001*	0.84
		Chronic HCC Count	0.0409	0.1396	1.042

Measure ID	Measure Description	Dependent Variables	Coefficient	Pr > ChiSq	Odds Ratio
C18	Diabetes Care - Cholesterol Controlled	Medicaid/LIS Status			
		<i>DSNP</i>	-0.0962	0.1003	0.908
		<i>Medicaid</i>	-0.1541	0.0064*	0.857
		<i>LIS</i>	-0.075	0.2562	0.928
		Female	-0.3152	<.0001*	0.73
		Age	0.0227	<.0001*	1.023
		Disease Part RAF	0.0679	0.0554	1.07
		Chronic HCC Count	-0.0257	0.2484	0.975
D09	High Risk Medication	Medicaid/LIS Status			
		<i>DSNP</i>	0.065	0.0598	1.067
		<i>Medicaid</i>	-0.00452	0.9	0.995
		<i>LIS</i>	0.1102	0.0123*	1.117
		Female	0.4455	<.0001*	1.561
		Age	-0.0151	<.0001*	0.985
		Disease Part RAF	0.1004	<.0001*	1.106
		Chronic HCC Count	0.1905	<.0001*	1.21
D10	Diabetes Treatment	Medicaid/LIS Status			
		<i>DSNP</i>	0.2245	0.0008*	1.252
		<i>Medicaid</i>	-0.026	0.6754	0.974
		<i>LIS</i>	-0.00906	0.9088	0.991
		Female	-0.0293	0.4498	0.971
		Age	-0.0308	<.0001*	0.970
		Disease Part RAF	-0.1536	0.0001*	0.858
		Chronic HCC Count	-0.1029	<.0001*	0.902
D11	Medication Adherence for Oral Diabetes Medications	Medicaid/LIS Status			
		<i>DSNP</i>	-0.1288	0.0219*	0.879
		<i>Medicaid</i>	-0.0892	0.1446	0.915
		<i>LIS</i>	-0.167	0.024*	0.846
		Female	-0.1107	0.0016*	0.895
		Age	-0.00297	0.2098	0.997
		Disease Part RAF	0.0512	0.2103	1.053
		Chronic HCC Count	-0.0934	0.0002*	0.911
D12	Medication Adherence for Hypertension (RAS antagonists)	Medicaid/LIS Status			
		<i>DSNP</i>	-0.2133	<.0001*	0.808
		<i>Medicaid</i>	-0.1409	0.0002*	0.869
		<i>LIS</i>	-0.2846	<.0001*	0.752
		Female	0.0909	<.0001*	1.095
		Age	0.00137	0.303	1.001
		Disease Part RAF	-0.0579	0.018*	0.944
		Chronic HCC Count	-0.0355	0.0155*	0.965

Measure ID	Measure Description	Dependent Variables	Coefficient	Pr > ChiSq	Odds Ratio
D13	Medication Adherence for Cholesterol (Statins)	Medicaid/LIS Status			
		<i>DSNP</i>	-0.1717	<.0001*	0.842
		<i>Medicaid</i>	-0.0386	0.3071	0.962
		<i>LIS</i>	-0.2006	<.0001*	0.818
		Female	-0.1224	<.0001*	0.885
		Age	0.0106	<.0001*	1.011
		Disease Part RAF	0.0421	0.0778	1.043
		Chronic HCC Count	-0.0307	0.0316*	0.97