

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE

TO: Medicare Compliance Officer, Part C & D Sponsors

FROM: Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Parts C and D Plan Preview of CY2011 Plan Ratings Data

DATE: September 10, 2010

CMS will again release Parts C and D Plan Ratings during this fall's CY2011 open enrollment period. Medicare beneficiaries will be able to view these plan ratings via the Medicare Plan Finder (MPF) on www.medicare.gov. This memo is to inform Part C Contracts and Part D Sponsors about the preview periods so you can review, beginning on September 15, 2010, your plan ratings data and star assignments in HPMS prior to display on the MPF. Details about each plan preview period are listed below. For both Part C and Part D preview periods, CMS will display star assignments for each measure, domain, and summary level by contract. Cut-points and thresholds for each measure will also be provided. CMS has incorporated additional information about the statistical methodologies used for these ratings into the technical notes. Lastly, an indicator of whether the low performer icon will be shown on MPF is provided for each contract.

Attachment 1 of this memo lists the information necessary for CMS to process plans' comments. Please be sure to include all listed information in your email to CMS to ensure efficient processing and responses.

Part D Plan Ratings: To access the Plan Ratings Preview in HPMS, from the left navigation bar select: "Quality and Performance", then "Part D Performance Metrics and Reports" and then "Part D Report Card Master Table". Technical notes are available via the "Technical Notes" link found on the "Summary" tab of the Master Table.

Changes made to the Part D plan ratings since the 1st Plan Preview in August:

1. Results from three Part D CAHPS measures are included.
2. The Corrective Action Plans measure now excludes audit elements without the potential for beneficiary harm in terms of financial impact or access to drugs or medical services.
3. For the measure, "Drug Plan Provides Accurate Price Information for Medicare's Plan Finder Web site and Keeps Drug Prices Stable During the Year", there are changes to the methodology for measuring price accuracy and stability. These revisions are included in an updated methodology paper posted in HPMS.

4. For the measures, “Complaints about Joining and Leaving the Drug Plan and All Other Complaints”, each contract’s total enrollment is used as the denominator for each rate.
5. For the measure, “Members Choosing to Leave the Drug Plan”, changes were made to exclude enrollees that were reassigned or part of a service area reduction.

Comments or questions about Part D plan ratings should be sent to PartDMetrics@cms.hhs.gov. Comments and questions will be addressed on a rolling basis and must be received no later than 5:00 p.m. Eastern time on September 24, 2010.

Part C Plan Ratings: To access the Plan Ratings Preview in HPMS, from the left navigation bar select: “Quality and Performance”, then “Part C Performance Metrics” and then “Part C Report Card Master Table”. On the Part C Report Card Master Table page, select the year of data you would like to view (2011 for the newly released data). The technical notes are available from the link at the top of all Part C Report Card Master Table pages.

Changes made to the Part C Ratings this fall:

1. The composite HEDIS measures in the 2010 plan ratings (Cholesterol Screening and Diabetes Care) have been split back out into individual measures for 2011.
2. The Corrective Action Plans measure now excludes audit elements without potential for beneficiary harm in terms of financial impact or access to drugs or medical services.
3. Created an overall rating for MA-PD contracts that summarizes all of the combined Part C and D measures (see details in the technical notes), which is shown on the HPMS Part C Report Card Master Table summary score page.
4. Created a low performer indicator (see details in the technical notes), which is shown on the HPMS Part C Report Card Master Table summary score page.
5. Revised the format of the technical notes so that information about each measure is contiguous.

Comments or questions about Part C plan ratings should be sent to PartCRatings@cms.hhs.gov. Comments and questions will be addressed on a rolling basis and must be received no later than 5:00 p.m. Eastern time on October 1, 2010.

During these plan preview periods, CMS expects Contracts and Sponsors to closely review the methodology and their posted data for each measure. Contracts and Sponsors should immediately alert CMS of any suspected data issues or errors in order to allow sufficient time to investigate and process any necessary data corrections.

Thank you for your continued commitment to ensure the success of the Medicare health and prescription drug programs.

Attachment 1: Required Information for Plan Comments

In order for CMS to efficiently process all Plans' comments during plan preview periods, the following information must be provided by Plans when submitting comments. Failure to provide this information may prevent CMS from responding to your comments or questions.

Identifying information:

- Contract ID (s) (all that apply)
- Contract Names
- PBM/ Contractor (If applicable)
- Contact Name:
- Contact Email:
- Contact Phone:
- Plan Rating Type (Part C or D):

Detailed Information

- Measure name:
- Question/Concern: (provide as much detail as possible)