

20.7 – CMS Performance Measures

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CMS believes that utilization of specific performance measures help ensure Medicare beneficiaries receive the highest quality prescription drug coverage and services. Publicly available measures encourage Part D sponsors to improve the quality of services and to maximize their ratings in an effort to attract new enrollees through the competitive nature of the Part D program. To facilitate this process, CMS continuously reviews various data sources to refine and identify new performance measures. CMS generally relies upon data received from internal CMS systems, the complaints tracking module (CTM), the Medicare Prescription Drug Plan Finder Tool, Appeals Data, and Call Center statistics. As well, CMS also integrates information into the measures from the Medicare Part D Reporting Requirements (see Appendix A).

After a comprehensive analysis of these various data streams, CMS has identified several key Part D performance areas CMS believes are the basis for evaluating prescription drug coverage across the Part D program. Some of these areas include customer service, complaints, appeals, data systems, *member* satisfaction, and drug pricing. While these measures are broad, elements of each can be integrated together to ensure beneficiaries receive superior services. For instance, independent review entity (IRE) data *are* used in conjunction with information from CTM and the sponsors' self reported appeals information to assess whether plan enrollees are obtaining access to the Part D drugs they need to sustain or improve their health. Star ratings are assigned and displayed on plan finder. While CMS investigates and audits those plans with lower than average ratings, beneficiaries will likely migrate to those plans with the highest ratings and highest quality prescription drug coverage. *Plans with sustained low performance may be subject to compliance actions.*

The development of performance measures is a particularly dynamic process based upon the availability of new information. As continuing analyses are completed and show promise in improving the quality of drug coverage, additional measures will be *incorporated* to the existing inventory of measures.

In addition to the plan ratings displayed on plan finder, CMS will post information on operational and clinical measures on the CMS Web site <http://www.cms.hhs.gov>. These data include selected measures that are not ready for Medicare Options Compare (MOC) or the Medicare Prescription Drug Plan Finder (MPDPF), that are in development, are duplicative, or are limited by a small sample size. In contrast to the Plan Ratings available on the MOC or MPDPF on <http://www.medicare.gov>, information about sponsors' performance on these measures are displayed without any assignment of star ratings.

CMS provides preview periods for Part D sponsors' review of individual contract data and ratings as part of the performance measures. Sponsors are required to review and notify CMS of any data inaccuracies during these periods, as well as submit any questions or issues identified by the sponsors' preview.

Finally, CMS is committed to working with external stakeholders, such as the Pharmacy Quality Alliance, to establish industry wide strategies for measuring and reporting data that will help consumers make informed choices and appropriate healthcare decisions.