

# **2018 Part-D CMS PERFORMANCE MEASURES**

## **MEASURE D01: Call Center – Foreign Language Interpreter and TTY Availability**

Percent of time that TTY services and foreign language interpretation were available when needed by prospective members who called the drug plan's prospective enrollee customer service phone number.

SOURCE: CMS Call Center

**4-Star Threshold:  $\geq 83\%$  to  $< 95\%$  Weight= 1.5**

## **MEASURE D02: Appeals Auto-Forward**

Percent of plan members who failed to get a timely response when they made an appeal request to the drug plan about a decision to refuse payment or coverage.

SOURCE: CMS Data (IRE Contractor)

**4-Star Threshold:  $\geq 11.6$  to  $< 25$  Weight= 1.5**

## **MEASURE D-03: Appeals Upheld**

How often an Independent Reviewer thought the drug plan's decision to deny an appeal was fair. This includes appeals made by plan members and out-of-network providers. (This rating is not based on how often the plan denies appeals, but rather how fair the plan is when they do deny an appeal.)

SOURCE: Independent Review Entity (IRE)

**4-Star Threshold:  $\geq 79\%$  to  $< 89\%$  Weight= 1.5**

## **MEASURE D-04: Complaints about the Drug Plan**

How many complaints Medicare received about the drug plan.

SOURCE: CTM

**4-Star Threshold:  $> 0.14$  to  $\leq 0.31$  Weight= 1.5**

## **MEASURE D-05: Members Choosing to Leave the Plan**

Percent of members who chose to leave the plan. The percent is calculated as the number of members who chose to leave the plan between January 1, 2015–December 31, 2015 (numerator) divided by all members enrolled in the plan at any time during 2015 (denominator).

SOURCE: Medicare Beneficiary Database Suite of Systems

**4-Star Threshold:  $\geq 8\%$  to  $< 13\%$  Weight= 1.5**

## **MEASURE D-06: Beneficiary Access and Performance Problems**

Each year, Medicare checks each plan to see if there are problems with the plan. For example, Medicare checks whether: Members are having problems getting services, and Plans are following all of Medicare's rules. Medicare gives the plan a lower score (on a 0 to 100 scale) if there are problems. The score combines how serious the problems are, how many there are, and how directly they affect members. A higher score is better because it means Medicare found less serious or fewer problems, or they affected fewer members directly.

SOURCE: CMS DATA

**4-Star Threshold:  $\geq 80$  Weight= 1.5**

## **MEASURE D-07: Drug Plan Quality Improvement**

This shows how much the drug plan's performance has improved or declined from one year to the next year. To calculate the plan's improvement rating, Medicare compares the plan's previous scores to its current scores for all of the topics shown on this website, then averages the results to give the plan its improvement rating. Keep in mind that a plan that is already doing well in most areas may not show much improvement. It is also possible that a plan can start with low ratings, show a lot of improvement, and still not be performing very well.

- If a plan receives 1 or 2 stars, it means, on average, the plan's scores have declined (gotten worse).
- If a plan receives 3 stars, it means, on average, the plan's scores have stayed about the same.
- If a plan receives 4 or 5 stars, it means, on average, the plan's scores have improved.

SOURCE: 2016 and 2017 Star Ratings

**4-Star Threshold:  $\geq 0.438$  to  $< 0.605$  Weight= 5.0**

**MEASURE D-08: Rating of Drug Plan**

This case-mix adjusted measure is used to assess members' overall view of their prescription drug plan.

SOURCE: CHAPS QUESTION – “Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan?”

**4-Star Threshold: ≥ 85% to < 86%    Weight= 1.5**

**MEASURE D-09: Getting Needed Prescription Drugs**

This case-mix adjusted measure is used to assess member satisfaction related to the ease with which a beneficiary gets the medicines their doctor prescribed.

SOURCE: CAHPS Survey Questions:

- In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?
- In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?
- In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?

**4-Star Threshold: ≥ 90% to < 91%    Weight= 1.5**

**MEASURE D-10: MPF (Medicare Plan Finder) Price Accuracy**

A score comparing the prices members actually pay for their drugs to the drug prices the plan provided to the MPF website.

SOURCE: PDE data, MPF Pricing Files

**4-Star Threshold: ≥ 95 to < 99    Weight= 1.0**

**MEASURE D-11: Medication Adherence for Diabetes Medications**

Percent of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy across classes of diabetes medications.

SOURCE: PDE data

**4-Star Threshold: ≥ 81% to < 86%    Weight= 3.0**

**MEASURE D-12: Medication Adherence for Hypertension (RAS antagonists)**

Percent of Medicare Part D beneficiaries 18 years and older that adhere to their prescribed drug therapy for renin angiotensin system (RAS) antagonists [angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor medications].

SOURCE: PDE data

**4-Star Threshold: ≥ 82% to < 85%    Weight= 3.0**

**MEASURE D-13: Medication Adherence for Cholesterol (Statins)**

Percent of Medicare Part D beneficiaries 18 years and older that adhere to their prescribed drug therapy for statin cholesterol medications.

SOURCE: PDE data

**4-Star Threshold: ≥ 80% to < 85%    Weight= 3.0**

**MEASURE D-14: MTM Program Completion Rate for CMR**

Percent of Medication Therapy Management (MTM) program enrollees who receive a Comprehensive Medication Review (CMR) during the reporting period.

**Metric:** This measure is defined as the percent of Medication Therapy Management (MTM) program enrollees who received a Comprehensive Medication Review (CMR) during the reporting period.

SOURCE: Part D Plan Reporting

**4-Star Threshold: ≥ 59% to < 75%    Weight= 1.0**