# Special Needs Plan Alliance

Working to Change Policy and Practice for High-Risk Beneficiaries

1. **Meaningful & Relevant –** Measures and measure specifications reflect the dual and complex care population's needs and characteristics.

2. **Equal Access –** Dually eligible, high social risk, and complex care beneficiaries have equal access to participate in the quality measurement process as individuals who do not have these complexity issues.

3. **SDOH & Risk Factors Recognized –** Social determinants of health risk factors are fully considered when analyzing outcomes.

4. **Standards for Developers –** Minimum standards are set by CMS for measuring developers and stewards for testing and adjusting measures for social risk factors.

5. **Balance –** There is a balance of process and outcome measures, but any measure used is objective, valid, and reliable, where results can be replicated and can be used to enhance quality improvement.

6. **Peer Grouping –** Plans serving similar populations are compared with each other, with cut points, ratings, and bonus payments adjusted appropriately.

7. **Attribution –** Actions by the entity responsible for the measurement result are attributed to that entity, but characteristics impacting the result independent of action of the entity are discerned and considered.

8. **Utility of Reporting –** Quality reporting displays results by plan peer group cohort (e.g. all plans divided into three or more groups based on percentage of their enrolled population that is low-income, disabled, or dually eligible) so that consumers and plans have the information they need to make relevant comparisons.

9. **Alignment –** There is attention to measure alignment–so that plans serving beneficiaries with specific conditions and care management needs can maintain a consistent and effective approach–across settings, over time, and across states.

10. **Do No Harm –** Providers and plans disproportionately serving high-risk, high-need dually eligible and complex care beneficiaries are not harmed by the quality measurement and reporting system because of the underlying characteristics of the people they serve.

11. **Fairness/Equity –** Fairness and attention to measurement burden is demonstrated.

In working with special needs health plans and analyzing the current quality measurement system under Medicare, we identified three priority issues and are working to educate and advocate for ways to address and remedy these issues:

- **Measures are "one size fits all"–** These quality measures have not been adequately tested in the diverse, complex, and high SDOH groups and there is evidence they are not well-matched to these groups. The resulting scores (such as the PCS and MCS generated from the Health Outcomes Survey) may not provide useful information.
- **Limited Methods & Adjustments** – Methods to collect data and conduct adjustments have limitations which are more likely to negatively impact high risk complex special needs populations.
- **Scoring & Reporting Limitations** – Because all MA plans are combined in a single group, plans with high enrollment of high risk and complex individuals are treated the same as plans with very few complex individuals. Given that complexity and SDOH risk factors have been shown by multiple independent experts and research panels and committees to be one of the largest predictors of poor health outcomes, independent of provider or plan action—this is a serious limitation in the scoring and reporting under Medicare Stars.

Another substantial limitation is that reporting is at the organizational, not geographic level—so that it is difficult to discern if the results reported are in fact accurate for the location where a person would receive care. When non-contiguous regions and plans of different size enrollment are combined, the findings have limited utility for the consumer, provider, or plan—as it does not provide information needed to guide plan selection or quality improvement.