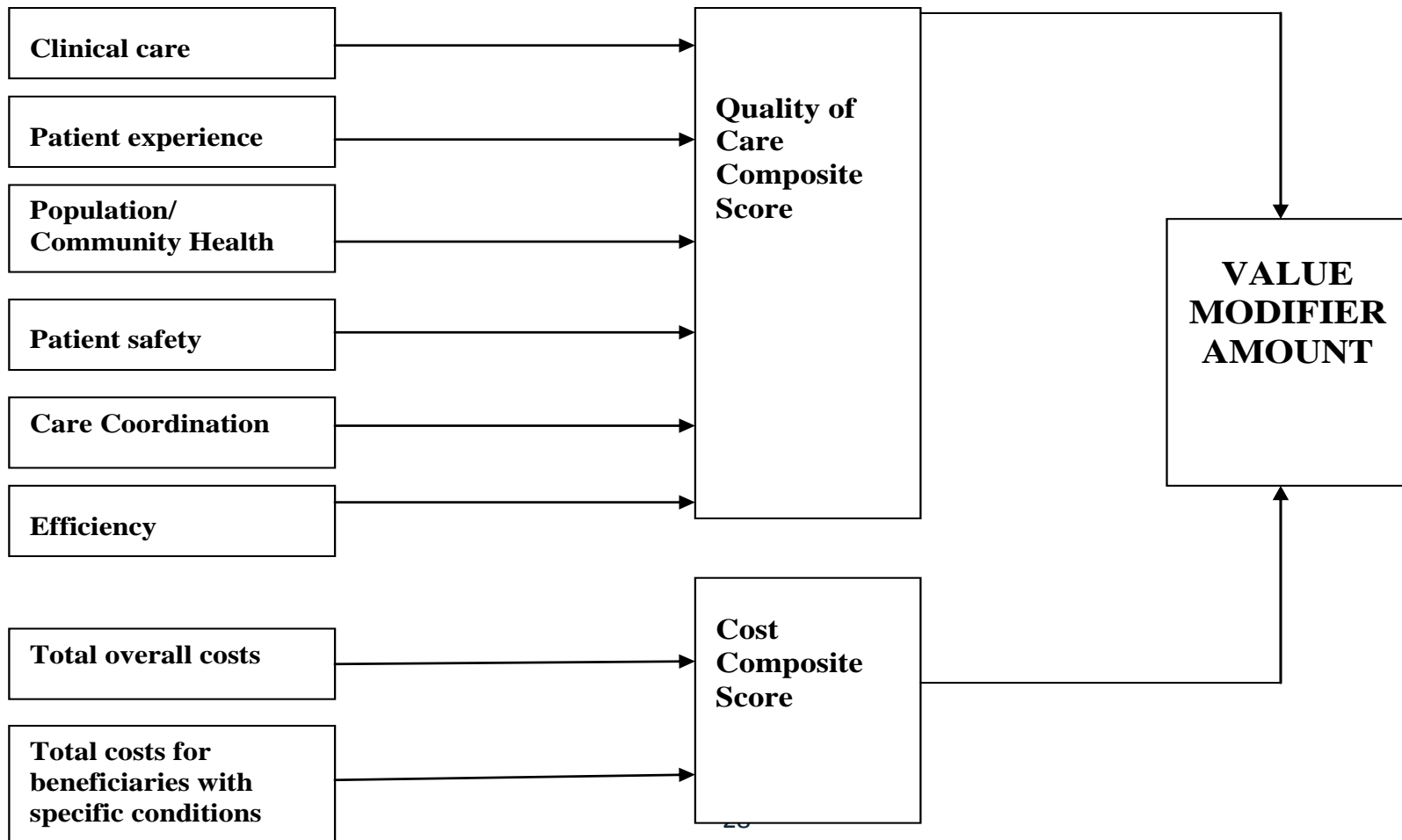


# VM: Quality-Tiering Methodology

Quality-tiering uses domains to combine each quality measure into a quality composite and each cost measure into a cost composite by using equally weighted standardized scores for each measure.



# 2013 Plan Rating Weights for Part D Measures

STARS Measure	Weight in Part D STARS
<b>High Risk Medication</b>	<b>3</b>
<b>Diabetes Treatment</b>	<b>3</b>
<b>Medication Adherence for Oral Diabetic Medications</b>	<b>3</b>
<b>Medication Adherence for Hypertension (RASA)</b>	<b>3</b>
<b>Medication Adherence for Cholesterol (Statins)</b>	<b>3</b>
Call Center – Pharmacy Hold Time	1.5
Call Center – Foreign Language Interpreter and TTY/TDD Available	1.5
Appeals Auto-Forward	1.5
Appeals Upheld	1.5
Complaints about the Drug Plan	1.5
Beneficiary Access / Performance Problem	1.5
Members Choosing to Leave the Plan	1.5
Getting Information from the Plan	1.5
Rating of Drug Plan	1.5
Getting Needed Prescription Drugs	1.5
Enrollment Timeliness	1
MPF Composite	1

# Physician Compare Website

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- Search and compare information about physicians and other health care professionals
- Redesigned to make the site easier to use and provide new information for consumers
- Includes new information on physicians
  - Information about specialties offered by doctors and group practices
  - Whether a physician is using electronic health records
  - Board certification; and
  - Affiliation with hospitals and other health care professionals
- Quality data will be added in 2014

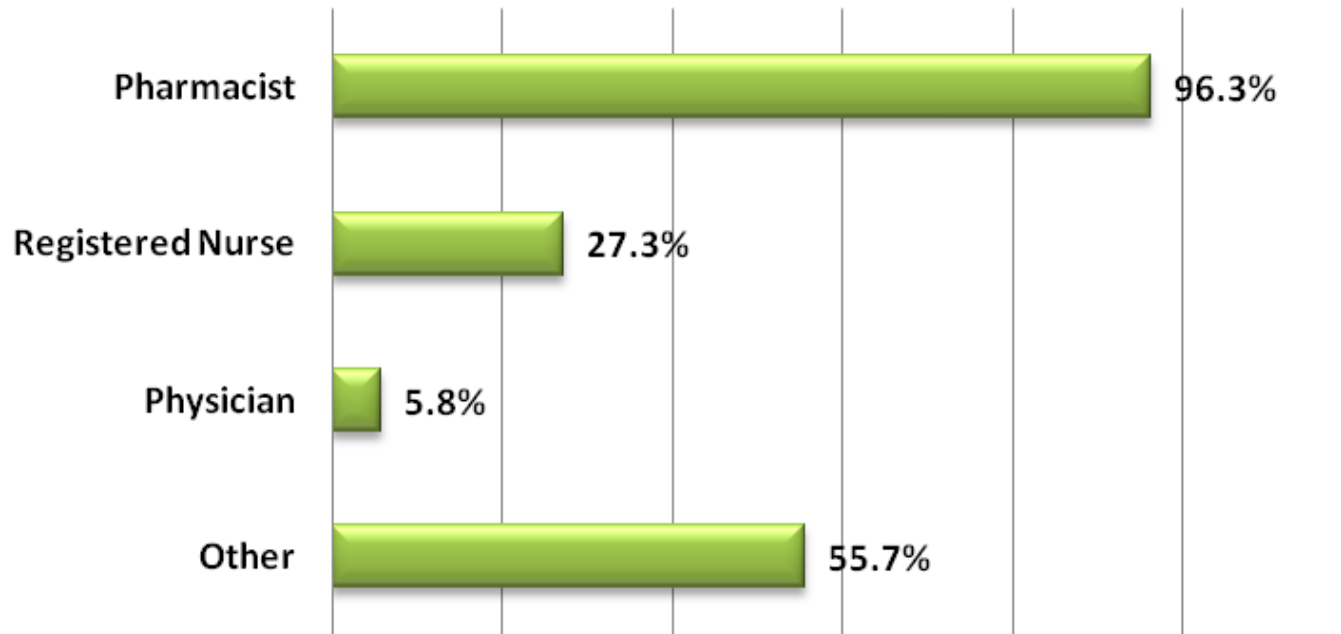
# MTM: 2013 Dollar Cost Threshold

- “Sponsors must target beneficiaries who meet the other two criteria and who **are likely to incur annual costs** for Part D drugs of **at least \$3144**.”
- The cost threshold is adjusted each year by an annual percentage based on data from the previous year’s expenditures.

# Provider of MTM Services

- “May be furnished by a pharmacist or other qualified provider;”

Figure 6. Provider of MTMP Services:  
Percent of 2011 MTM Programs



Percent of plans utilizing each provider type

# MTM Services 2013

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- Must target beneficiaries **AND** prescribers
- Offer a Comprehensive Medication Review (CMR) by a pharmacist or other qualified provider at least annually to all targeted beneficiaries enrolled in the MTM program (including LTC beneficiaries)
- Interactive, person-to-person or telehealth consultations
- Quarterly targeted medication reviews (TMRs) with follow-up interventions when necessary

# Written Summary of CMR

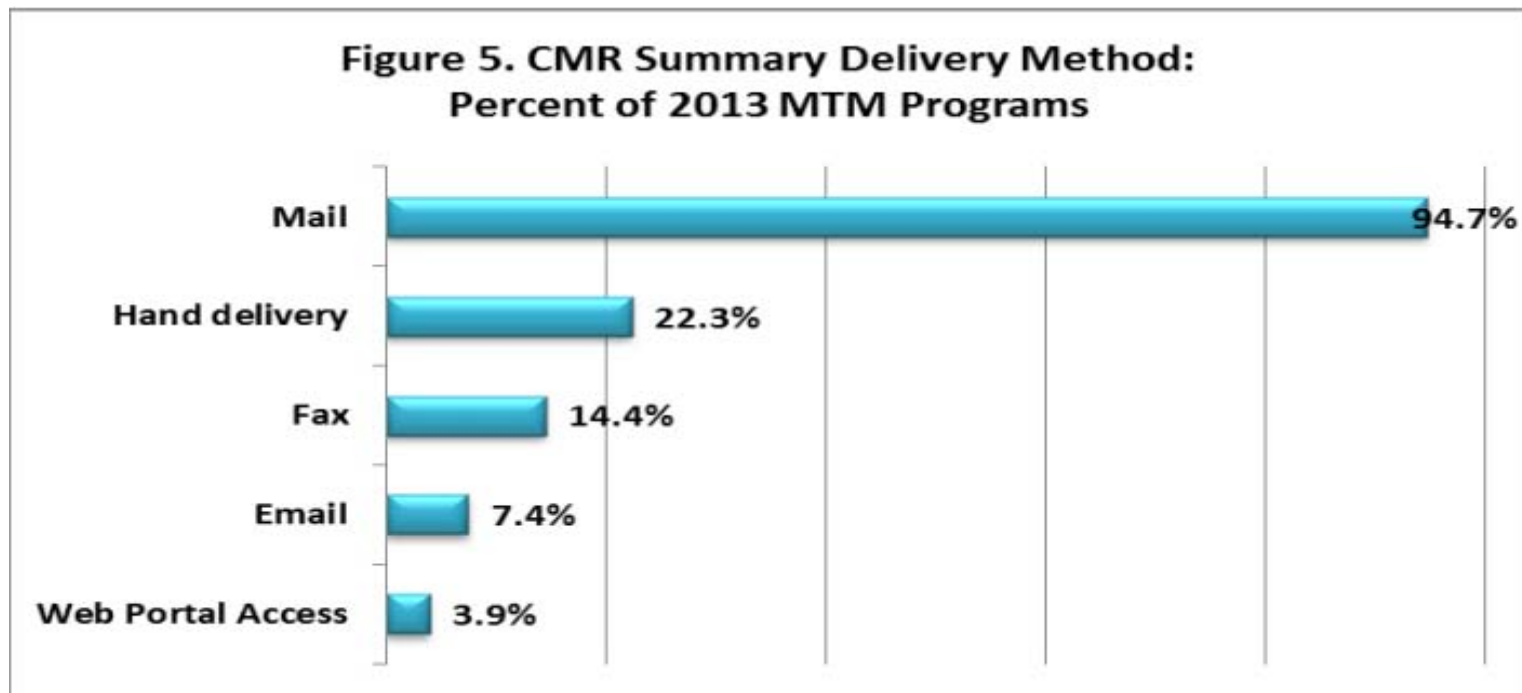
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- An individualized, written summary using CMS' **standardized format** must be provided to the beneficiary, or to the beneficiary's prescriber, caregiver, or other authorized representative
- Includes three components:
  - Cover Letter
  - Medication Action Plan
  - Personal Medication List

# Required MTM Services

## CMR Summary Delivery Method

- Almost 95% of programs provide the CMR summary in CMS' standardized format by mail. Over 22% also provide the summary in person after the CMR



# Required MTM Services

## CMR Delivery Method

- 92.4% of programs offer the interactive, person-to-person CMR consultation via the phone.
- Over 40% (42.4%) of programs also offer face-to-face consultations (up from 28.4% in 2012)
- 16% of programs offer CMRs through telehealth technologies (up from 1% in 2012).

# Outcomes Measurement

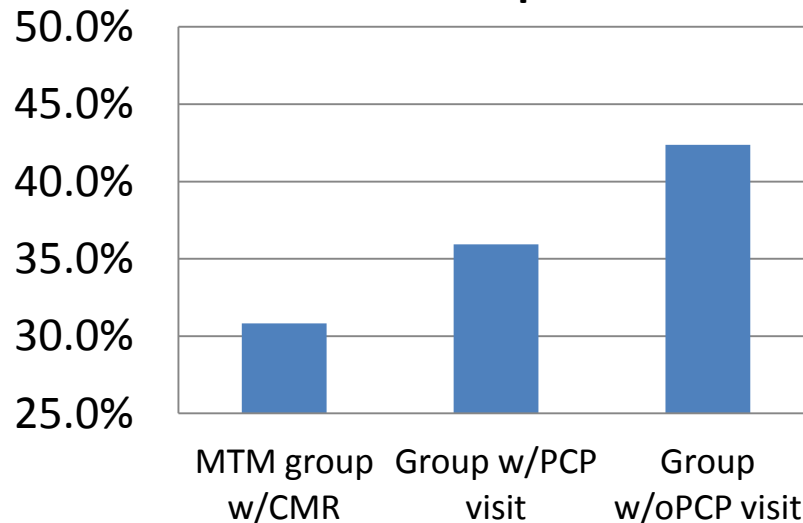
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- “Sponsors are expected to have a process in place to:
  - measure, analyze, and report the outcomes of their MTM programs,
  - determine whether or not goals of therapy have been reached;
  - capture drug therapy recommendations and resolutions made as a result of the MTM recommendations; and
  - capture beneficiary satisfaction with MTM services, providers, and outcomes.”

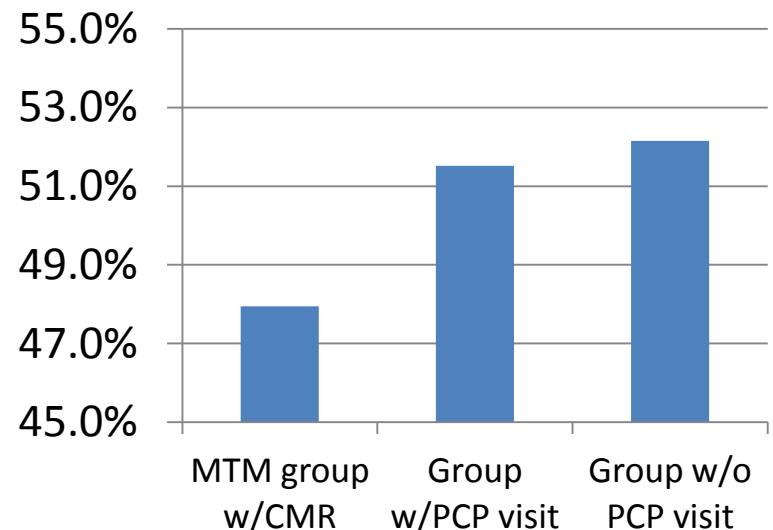
# Outcomes Measures - Hospital and ER Utilization

	HospDC flag (%)	p value		ER visit(%)	p value
MTM group (w/CMR)	7,286 (30.82%)	<0.001	MTM group (w/CMR)	11,334 (47.95%)	<0.001
Group w/PCP visit	5,115 (35.94%)		Group w/PCP visit	7,333 (51.52%)	
Group w/o PCP visit	767 (42.38%)		Group w/o PCP visit	944(52.15%)	

**Incidence of Hospitalization**



**Percent ER Visits**



# Historic Expansion of Coverage

## Increased Availability of Private Coverage

- Health Insurance Marketplaces
  - Enrollment open on October 1, 2013
  - Coverage starting as soon as January 1, 2014

## Expansion of Medicaid Eligibility

- Starting January 1, 2014
- Coverage for individuals under 133% of federal poverty level
- States receive additional federal funding
  - 100% funding for first three years
  - 90% funding subsequent years

# Before the Affordable Care Act...

- Insurance companies could turn away the 129 million Americans with pre-existing conditions
- Premiums had more than doubled over the last decade, while insurance company profits were soaring
- Tens of millions were underinsured, and many who had coverage were afraid of losing it
- 50 million Americans had no insurance at all



# Affordable Care Act – Coverage Accomplishments

- 3.1 million young adults have gained insurance through their parents' plans
- 6.1 million people with Medicare through 2012 received \$5.7 billion in prescription drug discounts
- 34 million people with Medicare received a free preventive service
- 71 million privately insured people gained improved coverage for preventive services
- 105 million Americans have had lifetime limits removed from their insurance



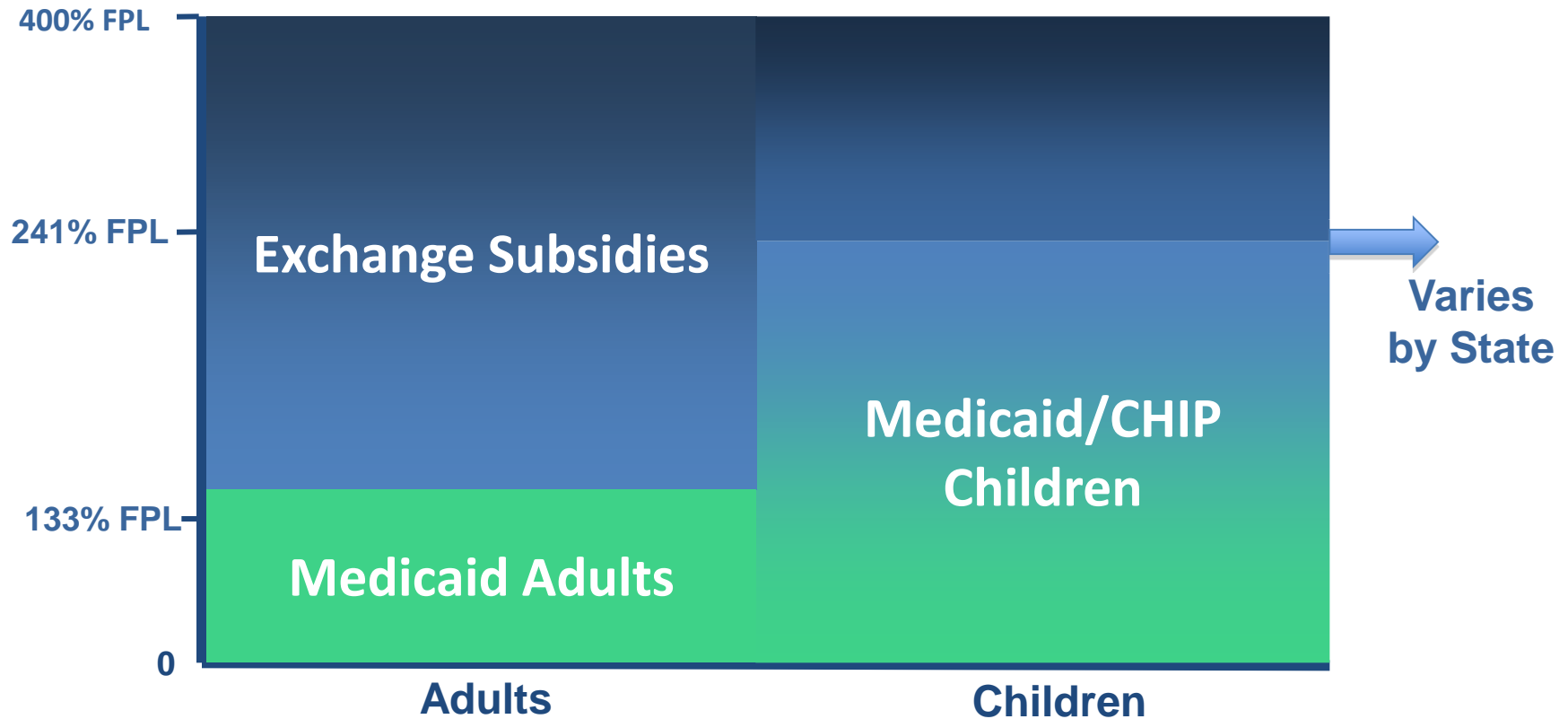
# The Health Insurance Marketplace

- Enrollment October 1<sup>st</sup>, 2013 – March 31<sup>st</sup> 2014
- Coverage begins Jan 1<sup>st</sup>, 2014



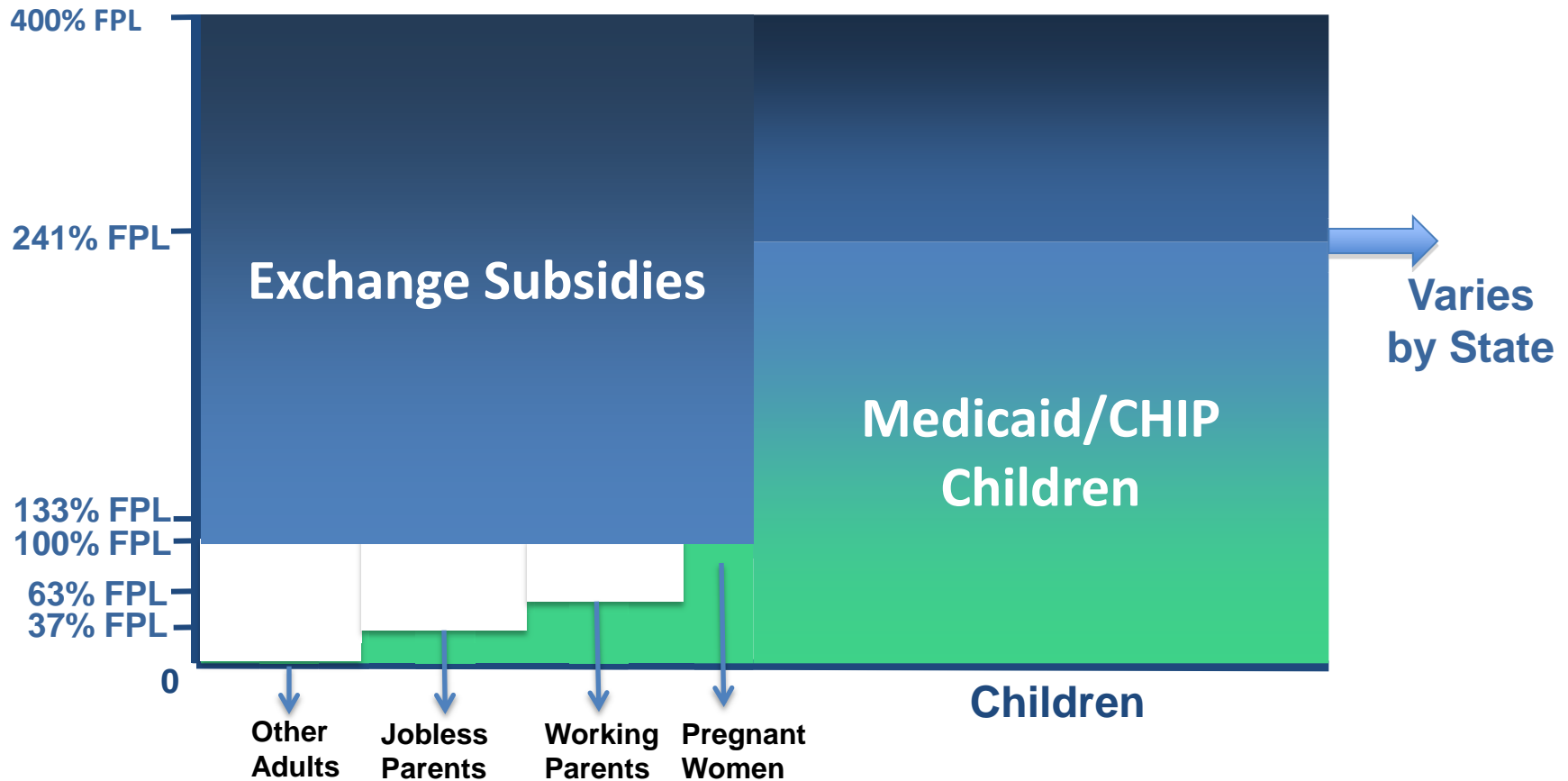
Our goal is to ensure Americans have quality, affordable health coverage.

# Affordable Insurance Programs (2014)



# Affordable Insurance Programs (2014): Without Expansion

For non-elderly, non-disabled individuals, based on current median state eligibility



# Who is Eligible?

## Americans purchasing their own health insurance

- Requirements
  - Must reside in the US
  - Citizen or lawful resident
  - Not currently incarcerated

## Small Businesses

- Up to 100 employees
- In some States, up to 50 employees (2014 and 2015)

<http://www.healthcare.gov/marketplace/about/eligibility/index.html>

<http://cciio.cms.gov/resources/files/ffe-guidance-05-16-2012.pdf>

# 3 Things to Know about the Marketplace...

## 1. It's an easier way to shop for health insurance

- Simplifies the search for health insurance
- All options in one place
- One application, one time, and an individual or family can explore every qualified insurance plan in the area

## 2. Most people will be able to get a break on costs

- 90% of people who are currently uninsured will qualify for discounted or free health insurance

## 3. Clear options with apples-to-apples comparisons

- All health insurance plans in the Marketplace present their price and benefit information in plain language

# Advantages of the Marketplace

- **Helps enhance competition** in the health insurance market
- **Increases Affordability** through premium tax credits, cost sharing reductions, or public insurance programs
- **Ensures Quality** through QHPs that must meet basic standards, including quality standards, consumer protections, and access to an adequate range of clinicians
- **Makes Costs Clear** by providing information about prices and benefits in simple terms consumers can understand, so they don't have to guess about costs

# Lower Costs

When you use the Marketplace, you may be able to get lower costs on your monthly premium and out-of-pocket costs

- Lower monthly premium
  - Family of four with annual income \$23,550\* – \$94,200\* or less
  - And not eligible for certain other insurance coverage like Medicaid
- Lower cost-sharing (like copays)
  - Family of 4 with annual income \$58,875\* or less (some other restrictions)

\*2013 amounts



# Simplification, Modernization, Coordination

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- Single streamlined application for all programs
- New Modified Adjusted Gross Income standards aligned across programs
- Data-driven eligibility and renewal systems
- Coordination with the Exchange to ensure people can enroll and stay enrolled in the appropriate program

# Integrated Application and Enrollment Process

Individual submits single, streamlined application

- Online
- Phone
- Mail
- In-Person

Marketplace  
Medicaid/CHIP

Enroll  
(Marketplace)

Enroll  
(Medicaid/CHIP)

# HealthCare.gov

- CuidadoDeSalud.gov for Spanish
- The consumer site for info now, application and plan comparison in Oct
- Social media connections
- Responsive design
- Accessible for those with visual disabilities
- As of October 1, 2013 you can apply through this site

The screenshot shows the HealthCare.gov website homepage. At the top, there is a navigation bar with "Learn" and "Get Insurance" tabs, and a search bar. Below the navigation bar, a banner features a smiling woman and the text: "The Health Insurance Marketplace is Coming Soon. A new way to get affordable coverage launches October 1. Answer a few questions to see your options." A prominent green "START NOW" button is centered on the banner. Below the banner, there is a section for "GET IMPORTANT NEWS & UPDATES" with an email address input field and a "SIGN UP" button. A horizontal menu below that contains five categories: "What is the Health Insurance Marketplace?", "How do I find the Marketplace that serves me?", "What if I have job-based insurance?", "How can I get coverage at lower costs?", and "What do small businesses need to know?". The main content area features a "Health Insurance Marketplace" header with a countdown: "104 DAYS LEFT UNTIL OPEN ENROLLMENT". It includes a "HEALTH INSURANCE BLOG" with three articles, a "TOP CONTENT" section, and a "CONNECT WITH US" section with social media icons. At the bottom, there are sections for "QUICK INFORMATION", "RESOURCES IN OTHER LANGUAGES", and another "GET EMAIL UPDATES" section with a "SIGN UP" button. The footer contains site maps, glossary, help center, accessibility, and privacy policy links.

# In Person Assistance

- In person help will be available to help prepare electronic and paper applications to establish eligibility and to enroll in coverage through the Marketplace
  - Navigators
  - Other trained enrollment assisters
    - Local community health centers, libraries, hospitals and other locations in local communities
  - Agents and brokers



# Assistance Roles for Pharmacists

## [Apply to be a Certified application counselor organization](#)

- *If your organization is a community health center or other health care provider, hospital, or local government or non-profit organization with experience providing social services to your community and you'd like to help by training your staff or volunteers to assist people applying for coverage through the Marketplace, you can apply to be a [Certified application counselor \(CAC\) organization](#).*

## [Become a Champion for Coverage](#)

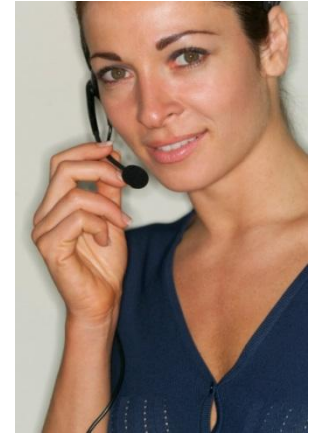
- *Does your organization or business reach consumers who may need health coverage? You have the perfect opportunity to provide information and education to help people learn more about the Marketplace and where they can enroll. [Become a Champion for Coverage](#) and help us make sure all Americans can get the care they need, when they need it, at a price they can afford.*

# National Marketplace Toll-Free Call Center

for Federally Facilitated and State-Partnership Marketplaces

- 1-800-318-2596 (TTY 1-855-889-4325)

- Customer service representatives - 24/7
- English and Spanish
  - Language line for 150 additional languages



- Provides:

- Provide general information to individuals in the Marketplace and **employees** of SHOP employers
- Help with eligibility, enrollment and referrals

# Partnership

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Join us on the journey towards coordinated, seamless, reliable, and patient-centered care.

CMS wants to support and work with you to improve health care and reduce costs.