

# How States Can Monitor Dual Eligible Special Needs Plan Performance: A Guide to Using CMS Data Resources

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**IN BRIEF:** The Centers for Medicare & Medicaid Services regularly reports data on health plan enrollment, quality, and compliance that states can use to monitor the performance of the Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) they contract with to serve Medicare-Medicaid enrollees. This technical assistance tool shows how states can use these data to create tables, graphs, and figures and interpret their meaning in order to assess D-SNP performance. Using data effectively can help state decision makers and external stakeholders better understand D-SNPs and how they serve Medicare-Medicaid enrollees in their states.

## Introduction

This resource guide presents an overview of the various data sources available on the Centers for Medicare & Medicaid Services (CMS) [website](#) that may be useful to states in designing, developing, refining, and monitoring programs that use contracts with D-SNPs to coordinate Medicare and Medicaid services for Medicare-Medicaid enrollees.<sup>1</sup> CMS regularly reports data collected from health plans and other sources, and publishes guidance documents on its website. The data include health plan enrollment, quality measures, compliance information, payment information and other useful information that states can use as to monitor performance of the D-SNPs with which they contract. Using this guide, states can find out important information about D-SNPs in their state, such as:

- Which D-SNPs are growing their enrollment the most each year, and in what counties?
- How do the D-SNPs in a state compare to each other in terms of their performance on various measures, such as “Care for Older Adults?”
- What percentage of D-SNP enrollees in the state are assessed for functional status?
- Which D-SNPs in the state have the highest percentage of enrollees who are voluntarily choosing to leave their plans?
- Which D-SNPs in a state submitted Corrective Action Reports?
- How much are the D-SNPs in a state receiving in Medicare rebates that can be used to provide benefit enhancements such as vision and dental benefits?

The purpose of this guide is to help states effectively interpret and use this information. The guide can help state Medicaid staff locate, sort, and manipulate relevant data to develop user-friendly and accessible tables, graphs, and figures. The data available on CMS.gov can help state decision makers and external stakeholders to better understand D-SNPs and their Medicare-Medicaid enrollees, and identify areas for improvement. State staff can use CMS data sources to access current information, identify trends over

<sup>1</sup> Also called “dually eligible beneficiaries” or “dual enrollees.” This guide uses the same terminology used in each file.

time, compare D-SNPs to each other, monitor and assist low-performing plans, target areas to enhance integration, and learn from the experience of other states.

## Guide Overview

This guide provides summaries of relevant CMS data files, their locations, availability, frequency and data lags, and the information in each file. The guide also includes screenshots that show what the files look like and tips on how to make the data relevant for each state. The “Using the Data” subsections show examples of tables, figures, charts, and graphics that states can develop to show trends and compare relevant information on D-SNPs.<sup>2</sup> This guide focuses on the following types of data:

- **Health Plan Enrollment**: Monthly enrollment in Special Needs Plans (SNPs), by state, county, contract, and other variables.
- **Quality Measures**: D-SNP Healthcare Effectiveness Data and Information Set (HEDIS) and Star Rating Measures.<sup>3</sup>
- **Audits and Compliance Actions**: Health plan program audit results, corrective action plans, and past performance outlier results.
- **Payment**: Plan-level risk scores, Medicare per-member per-month payments, and Medical Loss Ratio revenue and cost Information.

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<sup>2</sup> The “Using the Data” subsections of this guide assume a working knowledge of Microsoft Excel, specifically how to manipulate data and create formulas and graphs to display data fields. **Appendix A** provides a few examples of basic tips for working with Microsoft Excel.

<sup>3</sup> HEDIS measures health plan performance on dimensions of care and services. Star Ratings measure Medicare Advantage quality of care and customer service performance.

## Health Plan Enrollment

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CMS publishes monthly data on Medicare and Medicaid health plan enrollment. Each health plan organization has a specific contract or contracts that it operates, and there are various plan types within each overall contract. The following section highlights a few data sources that provide contract- and plan-level information.

### Data Source: Special Needs Plan (SNP) Comprehensive Report

- **File Name and Location:** “*SNP Comprehensive Report*” (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/Special-Needs-Plan-SNP-Data.html>)
- **What it Contains:** Monthly SNP enrollment data.
- **Why It Is Useful:** To track enrollment at the plan level.
- **Description:** Provides the most current data on D-SNP enrollment. This report shows monthly enrollment data for all three Medicare Advantage SNP types (chronic condition, dual eligible, and institutional) by contract, plan, and state. While this data source contains information on all three types, this guide focuses on D-SNPs, which only enroll dually eligible beneficiaries. The report also indicates which D-SNPs are Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs). **Exhibit 1** includes an example.

## Exhibit 1. Special Needs Plan (SNP) Comprehensive Report

Data is as of January 2018  
 The data source for this report is the CMS Health Plan Management System.  
 Records with enrollment between 1 and 10 (inclusive) are set to blank in order to comply with privacy law requirements.  
 A record with fictitious contract number "Under-11" has been added for each SNP type, aggregating all records of that type with 1-10 enrollment.  
 Employer-only group plans are omitted from this report.

Aggregate Information				Under - 11		
SNP Type	Number of Contracts	r of Plans	Enrollment	SNP Type	Enrollment	Number of Plans
Chronic or Disabling Condition	58	132	347,509	Chronic or Disabling Condition	43	12
Dual-Eligible	190	412	2,129,837	Dual-Eligible	32	14
Institutional	49	97	72,235	Institutional	22	21
<b>Totals</b>	<b>297</b>	<b>641</b>	<b>2,549,581</b>	<b>Under - 11 Totals</b>	<b>97</b>	<b>47</b>

Contract Number	Contract Name	Organization Type	Plan ID	Segment ID	Plan Name	Plan Type	Plan Geographic Name	State(s)	Plan Enrollment	Special Needs Plan Type	Specialty Diseases
H0294	CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY	Local CCP	002	0	Care Improvement Plus Gold Rx (PPO SNP)	Local PPO	Select counties in Wisconsin	WI	2,135	Chronic or Disabling Condition	Cardio DIS CHF and Diabetes
H0294	CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY	Local CCP	010	0	Care Improvement Plus Gold Rx (PPO SNP)	Local PPO	Select counties in Wisconsin	WI	102	Chronic or Disabling Condition	Cardio DIS CHF and Diabetes
H0351	HEALTH NET OF ARIZONA, INC.	Local CCP	038	0	Allwell CHF/Diabetes Medicare (HMO SNP)	HMO	Maricopa and Pinal Counties	AZ	1,998	Chronic or Disabling Condition	CHF Diabetes
H0321	ARIZONA PHYSICIANS IPA, INC.	Local CCP	002	0	UnitedHealthcare Dual Complete (HMO SNP)	HMO	Select counties in Arizona	AZ	47,749	Dual-Eligible	
H0321	ARIZONA PHYSICIANS IPA, INC.	Local CCP	004	0	UnitedHealthcare Dual Complete ONE (HMO SNP)	HMO	Select counties in Arizona	AZ	2,668	Dual-Eligible	FIDE SNP
H4931	UNIVERSITY CARE ADVANTAGE, INC.	Local CCP	013	0	University Care Advantage (HMO SNP)	HMO	ALTCs: Cochise, Gila, Graham, Greenlee, La Paz	AZ	57	Dual-Eligible	FIDE SNP

- **Keep in Mind:** The *SNP Comprehensive Report* does NOT include the parent organization for each plan. Refer to the information on Monthly Enrollment by Plan (see page 7) for the parent organization's name. A handful of contracts span multiple states, and therefore total enrollment includes enrollment for the entire contract across all covered states.
- **Using the Data:** There are many ways states can use the *SNP Comprehensive Report* to monitor current enrollment in their state, and compare enrollment to other states. The following figures include a few examples.
  - **D-SNP enrollment in a state by contract:** To find total enrollment for each plan in your state, sort or filter the data by SNP type and state. **Exhibit 2**, for example, shows D-SNP enrollment by state and contract.

### Exhibit 2. Example of D-SNP Enrollment in a State by Contract

Contract Numl	Contract Name	Organi zation Tyt	Plan	Segment ID	Plan Name	Plan Ty	Plan Geographic Name	State	Plan Enrollment	Special Needs Plan Type
H0150	HEALTHSPRING OF ALABAMA, INC.	Local CCP	007	0	Cigna-HealthSpring TotalCare (HMO SNP)	HMO	Select Alabama Counties	AL	19,663	Dual-Eligible
H0154	VIVA HEALTH, INC.	Local CCP	012	0	VIVA Medicare Extra Value (HMO SNP)	HMO	Central Alabama and Mobile Area	AL	18,310	Dual-Eligible
H2012	HUMANA HEALTH PLAN, INC.	Local CCP	070	0	Humana Gold Plus SNP-DE H2012-070 (HMO SNP)	HMO	Greater Alabama	AL	2,779	Dual-Eligible

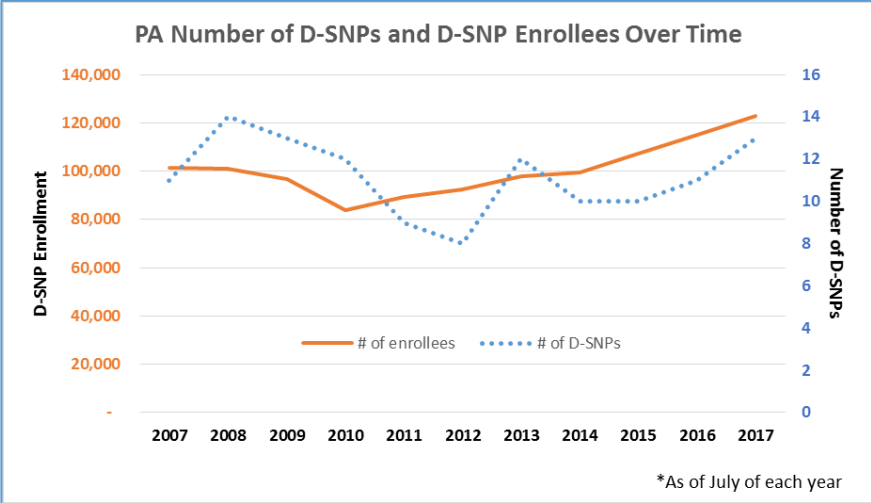
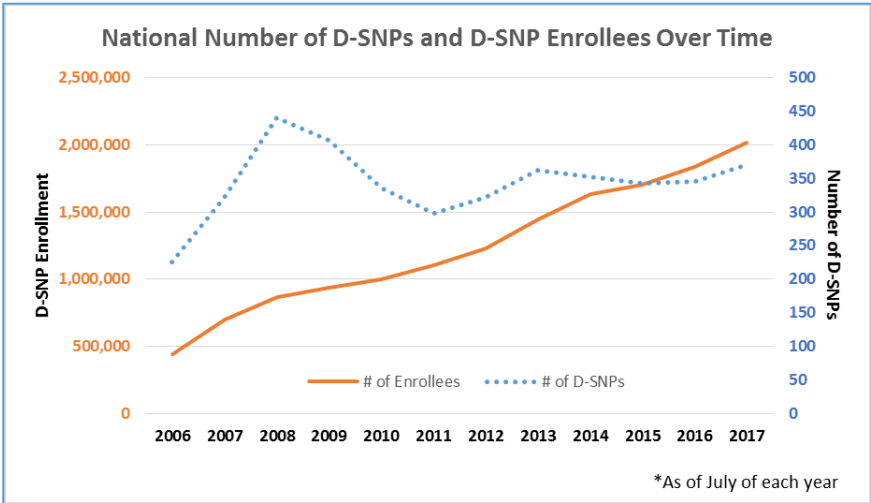
- **Total D-SNP enrollment in each state:** To compare enrollment across states, sort or filter by SNP type and create a pivot table (see **Appendix A** for an example of how to create a pivot table) to display total enrollment in each state. For example, **Exhibit 3** summarizes enrollment in the five states with the highest D-SNP enrollment as of May 2017.

### Exhibit 3. Example of D-SNP Enrollment in Each State

State	Number of D-SNP Plans	Total D-SNP Enrollment
Puerto Rico	14	283,209
Florida	64	269,981
New York	32	236,452
Texas	28	148,171
California	30	135,232

- **D-SNP enrollment in each state (or nationwide) over time:** Once the total enrollment for each month is calculated, create a graph showing enrollment growth over time by month or year. **Exhibit 4** shows monthly D-SNP enrollment between July 2006 and July 2016. States can also create a graph that includes only their own enrollment totals as well.

**Exhibit 4. Example of National D-SNP Enrollment Growth over Time and in Pennsylvania**



## Data Source: Monthly Enrollment by Contract/Plan/State/County

- **File Name and Location:** “*Monthly Enrollment by CPSC*” (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDEnrolData/Monthly-Enrollment-by-Contract-Plan-State-County.html>)
- **What it Contains:** County-level enrollment data for all plans.
- **Why it is Useful:** To track enrollment at the county level.
- **Description:** Provides enrollment data in every county for every state. This report lists enrollment in each county by contract number, plan ID, and the state where the county is located. **Exhibit 5** shows what the report looks like.
- **Keep in Mind:** This report lists all contracts, not just D-SNP contracts. Use the *SNP Comprehensive Report* above to find the specific D-SNP contracts and Plan ID numbers. Also, this report is a very large file that may not load entirely and some contracts may get cut off at the bottom of the Microsoft Excel file. To find missing contract numbers, open the file as a Microsoft Word or Notepad document.

## Exhibit 5. Monthly Enrollment by Contract/Plan/State/County Report

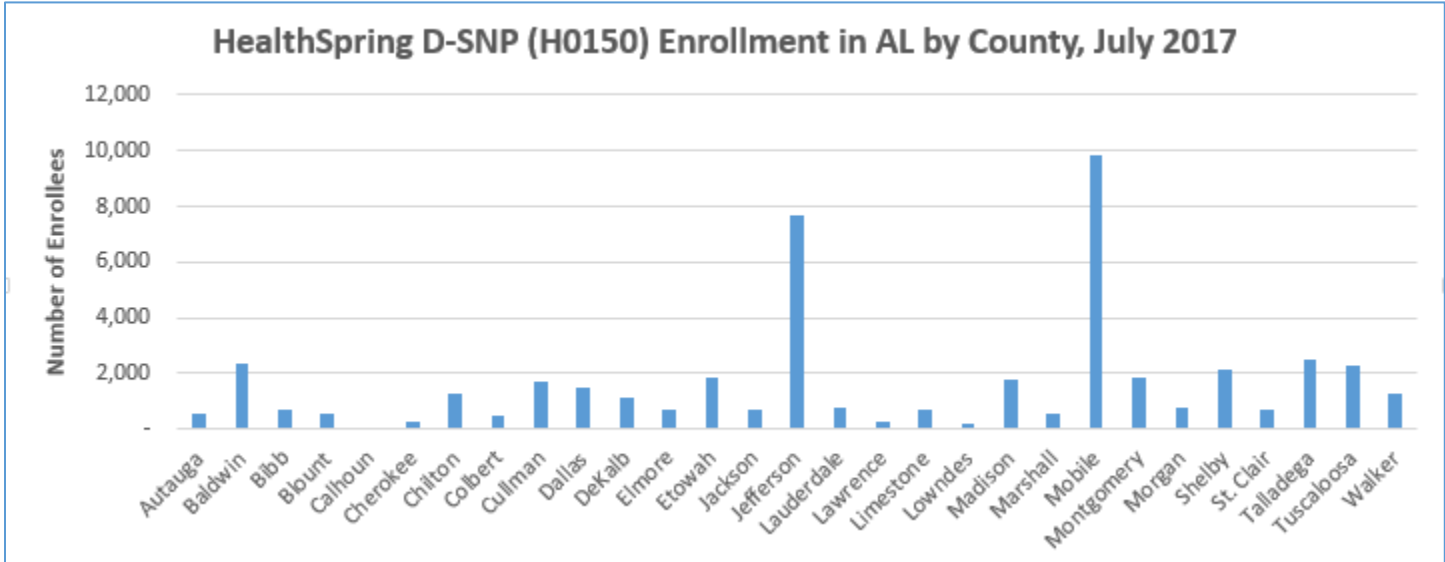
1	Contract Number	Plan ID	SSA State	FIPS State	State	County	Enrollment
2	E0654	801	2275				*
3	E0654	801	58160				*
4	E0654	801	56010				*
5	E0654	801	2198				*
6	E0654	801	1000	1001	AL	Autauga	*
7	E0654	801	1010	1003	AL	Baldwin	14
8	E0654	801	1020	1005	AL	Barbour	*
9	E0654	801	1030	1007	AL	Bibb	*
10	E0654	801	1040	1009	AL	Blount	*
11	E0654	801	1050	1011	AL	Bullock	*
12	E0654	801	1060	1013	AL	Butler	*
13	E0654	801	1070	1015	AL	Calhoun	*
14	E0654	801	1080	1017	AL	Chambers	*
15	E0654	801	1090	1019	AL	Cherokee	*
16	E0654	801	1100	1021	AL	Chilton	*
17	E0654	801	1110	1023	AL	Choctaw	*
18	E0654	801	1120	1025	AL	Clarke	*
19	E0654	801	1130	1027	AL	Clay	*
20	E0654	801	1140	1029	AL	Cleburne	*
21	E0654	801	1150	1031	AL	Coffee	*
22	E0654	801	1160	1033	AL	Colbert	*
23	E0654	801	1170	1035	AL	Conecuh	*
24	E0654	801	1180	1037	AL	Coosa	*
25	E0654	801	1190	1039	AL	Covington	*
26	E0654	801	1200	1041	AL	Crenshaw	*
27	E0654	801	1210	1043	AL	Cullman	*

CPSC Enrollment Info 2017\_07

- **Using the Data:** There are many ways states can use the enrollment data to find specific enrollment numbers in plans by the overall plan, the contract, by state, by county, etc. The following figures includes an example.
  - **D-SNP enrollment in a state by county:** To find the D-SNP enrollment in a state broken down by each specific county, use the [Monthly Enrollment by Contract/Plan/State/County](#). Sort or filter the data by state, or by specific contract number (using the *SNP Comprehensive Report* above to find the contract number for each D-SNP), and then create a pivot table to show the enrollment in each county (see **Appendix A Exhibits 20 and 25** to see how to sort or filter and create pivot tables). **Exhibit 6** below shows an example of D-SNP enrollment by the counties in that state.



Exhibit 6. Example of D-SNP Enrollment by County in Alabama



## Other Related Enrollment Data

The [Medicare Advantage/Part D Contract and Enrollment Data](#) page on the CMS website has links to other types of enrollment data. The webpage includes Medicare Advantage enrollment by contract, plan, state, and county, MA and PDP state, county, and service area penetration, and other similar reports. The landing page for [Medicare Advantage/Part D Contract and Enrollment Data](#) provides a brief description of each data source (see **Exhibit 7**).

### Exhibit 7. Medicare Advantage/Part D Contract and Enrollment Data

Home > Research, Statistics, Data and Systems > Medicare Advantage/Part D Contract and Enrollment Data > Medicare Advantage/Part D Contract and Enrollment Data

**Medicare Advantage/Part D Contract and Enrollment Data**

[Monthly Contract and Enrollment Summary Report](#)

[Monthly Enrollment by Contract](#)

[Monthly Enrollment by Contract/Plan/State/County](#)

[Monthly Enrollment by Plan](#)

[Monthly Enrollment by State](#)

[Monthly MA Enrollment by State/County/Contract](#)

[Monthly PDP Enrollment by State/County/Contract](#)

[Monthly MA Enrollment by State/County/Plan Type](#)

[Monthly PDP Enrollment by State County Plan Type](#)

[MA State/County Penetration](#)

## Medicare Advantage/Part D Contract and Enrollment Data

The Medicare Advantage (MA) / Part D Contract and Enrollment Data section serves as a centralized repository for publicly available data on contracts and plans, enrollment numbers, service area data, and contact information for MA, Prescription Drug Plan (PDP), cost, PACE, and demonstration organizations.

The monthly updates to these contract and enrollment reports are scheduled to be published to the web site by the 15<sup>th</sup> of each month.

An inventory of the currently available reports is provided below with a brief description of the content.

Inventory of Reports with Brief Descriptions

Report	Description
<b>Monthly Contract and Enrollment Summary Report</b>	Provides the number of contracts, MA only enrollment, Part D enrollment, and total enrollment by organization type. This report contains all organization types.
<b>Monthly Enrollment by Contract</b>	Provides monthly enrollment for each contract. This report contains all organization types.
<b>Monthly Enrollment by Contract/Plan/State/County</b>	Provides monthly enrollment at the contract/plan/state/county level for all organization types.

## QUALITY MEASURES

CMS publishes quality measure data for health plans on its website. The following sources are useful for states with D-SNPs.

### Data Source: SNP HEDIS Public Use File

- **File Name and Location:** “SNP HEDIS Public Use Files” (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDEnrolData/SNP-HEDIS-Public-Use-Files.html>)
- **What it Contains:** SNP HEDIS measures.
- **Why It is Useful:** To compare D-SNP performance on 15 quality measures to other D-SNPs in the state and to overall D-SNP performance
- **Description:** In partnership with NCQA, CMS publishes the Healthcare Effectiveness Data and Information Set (HEDIS) measures annually. The SNP HEDIS Public Use File is the dataset for all SNP plans and all measures that SNPs are required to report. This report identifies how each plan performed by specific measure. The second tab of the report is a crosswalk between each contract and plan ID, and the county and state in which the plan operates. States can easily identify and extract data on the plans in their state and how each plan scored. There are 15 SNP HEDIS measures (as of 2017), and each tab corresponds with one measure. These measures are specific to SNPs, and are measured at the plan level and thus reflect how the D-SNP performed on these measures for the Medicare-Medicaid enrollees in the plan. The measures are listed in **Exhibit 8**:

### Exhibit 8: List of all SNP HEDIS Measures (as of 2017)

Measure	Measure Name
EOC010	Follow-Up After Hospitalization for Mental Illness
EOC030	Antidepressant Medication Management
EOC035	Controlling High Blood Pressure
EOC040	Colorectal Cancer Screening
EOC045	Osteoporosis Management in Women Who Had a Fracture
EOC055	Persistence of Beta-Blocker Treatment After a Heart Attack
EOC070	Use of High-Risk Medications in the Elderly
EOC075	Annual Monitoring for Patients on Persistent Medications
EOC080	Use of Spirometry Testing in the Assessment and Diagnosis of COPD
EOC090	Potentially Harmful Drug-Disease Interactions in the Elderly
EOC105	Pharmacotherapy Management of COPD Exacerbation
EOC115	Care for Older Adults

Measure	Measure Name
EOC120	Medication Reconciliation Post-Discharge
PDI801	Board Certification/Residency Completion
UOS524	Plan All-Cause Readmissions

- CMS also publishes the *SNP HEDIS Report* (available at: <https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/SNP-HEDIS.html>) that analyzes the results each year. The report includes a table showing the average D-SNP performance on each measure, which may be useful for comparing state performance to the national average. **Exhibit 9** includes a sample of the data in the SNP HEDIS Public Use Files.

### Exhibit 9. SNP HEDIS Public Use Files

CMS Contr	Contract Name	GENERAL-10	GENERAL-11	GENERAL-12	GENERAL-13	GENERAL-14	GENERAL-50	GENERAL-60	GENERAL-70	GENERAL-80	GENERAL-90	GENERAL-95	GENERAL-100	GENERAL-105
H0150	HEALTHSPRING OF ALABAMA, INC.	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	53631	06	Dallas	Medicare	007	Cigna-HealthSprin	Yes	Dual-Eligible
H0154	VIVA HEALTH, INC.	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	43701	04	Atlanta	Medicare	012	VIVA Medicare E	Yes	Dual-Eligible
H0174	TODAY'S OPTIONS OF TEXAS, INC.	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	351	06	Dallas	Medicare	001	TexanPlus Star (H	Yes	Dual-Eligible
H0251	UNITEDHEALTHCARE PLAN OF THE	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	45562	09	San Francisco	Medicare	002	UnitedHealthcare	Yes	Dual-Eligible
H0294	CARE IMPROVEMENT PLUS WISCC	Local CCP	Local PPO	Yes	Yes	PPO	7730	09	San Francisco	Medicare	002	Care Improveme	Yes	Chronic or Disabl
H0321	ARIZONA PHYSICIANS IPA, INC.	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	42857	09	San Francisco	Medicare	002	UnitedHealthcare	Yes	Dual-Eligible
H0321	ARIZONA PHYSICIANS IPA, INC.	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	42857	09	San Francisco	Medicare	004	UnitedHealthcare	Yes	Dual-Eligible
H0351	HEALTH NET OF ARIZONA, INC.	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	25246	10	Seattle	Medicare	029	Health Net Ambe	Yes	Dual-Eligible
H0351	HEALTH NET OF ARIZONA, INC.	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	25246	10	Seattle	Medicare	038	Health Net Jade (	Yes	Chronic or Disabl
H0351	HEALTH NET OF ARIZONA, INC.	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	25246	10	Seattle	Medicare	042	Health Net Jade (	Yes	Chronic or Disabl
H0354	CIGNA HEALTHCARE OF ARIZONA,	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	49424	06	Dallas	Medicare	027	Cigna-HealthSprin	Yes	Chronic or Disabl
H0423	METROPLUS HEALTH PLAN, INC.	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	8575	02	New York	Medicare	001	MetroPlus Advan	Yes	Dual-Eligible
H0439	CIGNA HEALTHCARE OF GEORGIA,	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	37780	06	Dallas	Medicare	002	Cigna-HealthSprin	Yes	Dual-Eligible
H0490	MOLINA HEALTHCARE OF OHIO, IN	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	318	10	Seattle	Medicare	004	Molina Medicare	Yes	Dual-Eligible
H0524	KAISER FOUNDATION HP, INC.	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	1096909	09	San Francisco	Medicare	029	Senior Advantage	Yes	Dual-Eligible
H0524	KAISER FOUNDATION HP, INC.	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	1096909	09	San Francisco	Medicare	030	Senior Advantage	Yes	Dual-Eligible
H0544	CAREMORE HEALTH PLAN	Local CCP	HMO/HMOPOS	Yes	Yes	HMO	52763	05	Chicago	Medicare	020	CareMore ESRD (	Yes	Chronic or Disabl

- **Keep in Mind:** Use the HEDIS2017Doc\_SNF.rtf in the zip file to find the description of each measure code listed in the SNP HEDIS Report.
- **Using the Data:** States can use the HEDIS measures to compare how plans in their state performed against each other or against plans in other states. It also can show improvements on various measures over time. Use the GENERAL-105 column to find which contracts are D-SNPs.
- **D-SNP Contract Rates by Measure in a State:** Using the Service Area tab, first identify which contracts belong to which state. Then pick the tab for the measure you want to compare. **Exhibits 10** and **11** show an examples of measures by contract within a single state.

**Exhibit 10. Example of D-SNP Contract Rates by the Follow up After Hospitalization for Mental Illness (EOC010) Measure in Alabama**

<b>Alabama D-SNP Contracts</b>			
<b>EOC010 – Follow up after Hospitalization for Mental Illness (FUH)</b>			
<b>Contract #</b>	<b>Contract Name</b>	<b>Rate - 7 Days EOC010-0011</b>	<b>Rate - 30 Days EOC010-0012</b>
H0150	HEALTHSPRING OF ALABAMA, INC.	18%	34%
H0151	UNITEDHEALTHCARE OF ALABAMA, INC.	25%	44%
H0154	VIVA HEALTH, INC.	16%	34%
H2012	HUMANA HEALTH PLAN, INC.	NA	NA

**Exhibit 11. Example of D-SNP Contract Rates by the Care for Older Adults (EOC115)<sup>4</sup> Measure in Massachusetts**

Massachusetts D-SNP Contracts EOC115- Care for Older Adults						
			Advanced Care Planning	Medication Review	Functional Status Assessment	Pain Assessment
Contract #	Contract Name	Plan ID	EOC115- 0010	EOC115- 0040	EOC115- 0070	EOC115- 0100
H2224	SENIOR WHOLE HEALTH, LLC	1	98%	97%	98%	100%
H2224	SENIOR WHOLE HEALTH, LLC	3	100%	96%	99%	99%
H2225	COMMONWEALTH CARE ALLIANCE, INC.	1	90%	96%	98%	99%
H2256	TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION	29	97%	95%	99%	99%
H9001	FALLON COMMUNITY HEALTH PLAN	19	81%	95%	99%	97%

<sup>4</sup> The Care for Older Adults measure is the percentage of adults 66 years and older who had each of the following during the measurement year: advance care planning, medication review, functional status assessment, and pain assessment.

## Data Source: Part C and D Medicare Star Ratings Data

- **File Name and Location:** “*Year Part C and D Medicare Star Ratings Data (v [month day year])*” (<https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovgenin/performance.html>)
- **What it Contains:** Medicare Star Ratings and performance on quality measures for Medicare Advantage contracts (including contracts with D-SNPs).
- **Why it is Useful:** To track the overall star ratings of the MA contracts that include D-SNPs in a state as well as these contracts’ performance on specific measures of interest to the state. MA star ratings impact eligibility for quality bonus payments, and persistent low star rating can result in termination of contracts by CMS.
- **Description:** Provides Star Ratings scores for all Medicare plans based on outcomes, patient experience, access and process measures. The report - also called the Report Card Master Table -- is made available biannually, (Rates are published in the fall and updated with more current data in the spring), and provides the contract name and number, performance data for each contract by measure, the star rating for each measure, as well as the overall summary Star Rating and the high and low performing contracts. [The Fact Sheet – 2018 Star Ratings and the Medicare 2018 Part C & D Star Rating Technical Notes](#) within the Star Ratings Data zip file provides an overview and explanation of each measure and provide detailed information on how CMS calculates each measure and star rating. **Exhibit 12** is a table of each Part C domain and one example measure from each. **Exhibit 13** shows what the Part C and D Medicare Star Ratings data looks like.

## Exhibit 12: Examples of Ratings Domains and Measures

Measure	Measure Name	Primary Data Source
<b>PART C DOMAINS AND MEASURES</b>		
<b>Domain 1: Staying Health: Screenings, Tests and Vaccines</b>		
C02	Colorectal Cancer Screening	Healthcare Effectiveness Data and Information Set (HEDIS)
C04	Improving or Maintaining Physical Health	Health Outcomes Survey (HOS)
<b>Domain 2: Managing Chronic (Long Term) Conditions</b>		
C08	Special Needs Plan (SNP) Care Management	Part C Plan Reporting
C10	Care for Older Adults – Functional Status Assessment	HEDIS
C15	Diabetes Care – Blood Sugar Controlled	HEDIS
C21	Plan All-Cause Readmissions	Plan All-Cause Readmissions (PCR) data
<b>Domain 3: Member Experience with Health Plan</b>		
C26	Rating of Health Plan	Consumer Assessment of Healthcare Providers and Systems (CAHPS)
C27	Care Coordination	CAHPS
<b>Domain 4: Member Complaints and Changes in the Health Plan's Performance</b>		
C29	Member Choosing to Leave the Plan	Medicare Beneficiary Database Suite of Systems (MBDSS)
C30	Beneficiary Access and Performance Problems	Sanctions, CMP, and CAM data <sup>5</sup>
<b>Domain 5: Health Plan Customer Service</b>		
C32	Plan Makes Timely Decisions about Appeals	Independent Review Entity (IRE)
<b>PART D DOMAINS AND MEASURES</b>		
<b>Domain 1: Drug Plan Customer Service</b>		
D03	Appeals Upheld	IRE
<b>Domain 2: Member Complaints and Changes in the Drug Plan's Performance</b>		
D05	Members Choosing to Leave the Plan	MBDSS
<b>Domain 3: Member Experience with the Drug Plan</b>		
D08	Rating of Drug Plan	CAHPS
D09	Getting Needed Prescription Drugs	CAHPS
<b>Domain 4: Drug Safety and Accuracy of Drug Pricing</b>		
D11	Medication Adherence for Diabetes Medications	PDE Data

<sup>5</sup> This measure is based on CMS' sanctions, civil money penalties (CMP) as well as Compliance Activity Module (CAM) data, which includes: notices of non-compliance, warning letters (with or without business plan); and ad-hoc corrective action plans (CAP) and the CAP severity.



## Exhibit 13. Part C and D Medicare Star Ratings Data

Contract	Organization	Organization Marketing Name	Contract Name	Parent Organization	State	2018 Part C Summary	2018 Part D Summary	2018 Overall
H0028	Local CCP	CHA HMO, Inc.	Cha Hmo, Inc.	Humana Inc.	Yes	3.5	5	4
H0150	Local CCP	Cigna-HealthSpring	Healthspring Of Alabama, Inc.	CIGNA	Yes	3.5	3	3.5
H0154	Local CCP	VIVA Medicare	Viva Health, Inc.	UAB Health System	Yes	4.5	4	4.5
H0169	Local CCP	UnitedHealthcare	Unitedhealthcare Of The Midwest, Inc.	UnitedHealth Group, Inc.	Yes	Plan too new to be measured	Plan too new to be measured	Plan too new to be measured
H0174	Local CCP	Universal American, A WellCare C	Today's Options Of Texas, Inc.	WellCare Health Plans, Inc.	Yes	Not enough data available	3	Not enough data available
H0251	Local CCP	UnitedHealthcare	Unitedhealthcare Plan Of The River Valley, Inc.	UnitedHealth Group, Inc.	Yes	3.5	4	3.5
H0294	Local CCP	UnitedHealthcare	Care Improvement Plus Wisconsin Insurance Company	UnitedHealth Group, Inc.	Yes	4	4.5	4
H0321	Local CCP	UnitedHealthcare	Arizona Physicians Ipa, Inc.	UnitedHealth Group, Inc.	Yes	3.5	3.5	3.5
H0351	Local CCP	Allwell	Health Net Of Arizona, Inc.	Centene Corporation	Yes	3	3	3
H0354	Local CCP	Cigna	Cigna Healthcare Of Arizona, Inc.	CIGNA	Yes	3.5	3	4
H0423	Local CCP	MetroPlus Health Plan	Metroplus Health Plan, Inc.	New York City Health and Hospitals Corporation	Yes	3.5	3.5	3.5

- Keep in Mind:** The Summary Rating tab lists whether or not a contract has a SNP. However, the report only provides the measure data and star ratings at the contract level, and does not list the percentage of dually eligible individuals enrolled in each plan that are in a SNP, or which type of SNP. Therefore, the data applies exclusively to D-SNPs (and not other types of plans under the same contract) only when a contract has 100 percent D-SNP enrollment. See **Appendix B** for instructions on how to find the percentage of D-SNP enrollees in Medicare Advantage contracts. For contracts that operate other plans in addition to D-SNPs under the same contract number, the Star Ratings results apply to the contract overall, and not just the D-SNP(s) in the contract. However, this data is still useful as an indicator to the state as to how a company that operates a D-SNP is operating its plans in general. The Report Card Master Table also does NOT list the state in which each contract operates. You can look up the specific contracts in your state using the *SNP Comprehensive Report* (see page 3).
- Using the Data:** States can use the Star Ratings data to determine how D-SNPs in their state scored on specific SNP measures for dually eligible beneficiaries. For example, measures such as “C08: Special Needs Plan (SNP) Care Management,” may be of particular interest to states since states may use similar care management measures in Medicaid.<sup>6</sup> The measure is the percent of members whose plan did an assessment of their health needs and risks in the past year, and is only collected from SNPs under the contract. Other measures, such as the Part C and D appeals Measures (i.e., “C31: Reviewing Appeals Decisions” and “D03: Appeals Upheld”) could indicate how well the Part C and D benefit is being administered within a specific D-SNP. An example of how to identify trends in Star Ratings measures for dually eligible beneficiaries follows.
  - Measure Percentages and Star Ratings for D-SNPs:** Identify the contracts in your state that include D-SNPs (see **Appendix A** for an example of how to match contracts and other data) and pull the measure you want to see (for example, “Measure C27: Members Choosing to Leave the Plan”) by the percentage and by the star rating. **Exhibit 14** is an example of how the plans in a state performed on a few measures.

<sup>6</sup> There are currently no nationally standardized care coordination measures for Medicaid managed long-term supports and services (MLTSS) plans. However, some states require MLTSS plans to report state-specific quality measures related to assessment and care plan completion.

**Exhibit 14. Example of Measures and Star Ratings for D-SNPs in a State**

<b>Contract #</b>	<b>Plan Name</b>	<b>SNP Care Management % (C08)</b>	<b>SNP Care Management Star Rating (C08)</b>	<b>Diabetes Care – Blood Sugar Controlled % (C15)</b>	<b>Diabetes Care – Blood Sugar Controlled Star Rating (C15)</b>	<b>Voluntary Disenrollment % (C27)</b>	<b>Voluntary Disenrollment Star Rating (C27)</b>	<b>Overall Star Rating</b>
H0321	ARIZONA PHYSICIANS IPA	67%	3	74%	4	7%	5	3.5
H4931	UNIVERSITY CARE	35%	2	77%	4	13%	4	3
H5430	ONECARE BY CARE1ST	67%	3	72%	3	12%	4	3.5
H5580	SOUTHWEST CATHOLIC	No data	1	76%	4	6%	5	3.5
H5587	HEALTH CHOICE ARIZONA	28%	1	64%	3	11%	4	3

## AUDITS and COMPLIANCE ACTIONS

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States can identify how their D-SNPs performed and complied with CMS regulations through the [Part C and Part D Compliance Actions](#) page on the CMS website. This page lists the results from past performance reviews, poor performing Medicare Advantage plans, particular areas of poor performance, and any required corrective actions. In addition, the page provides the past performance methodology CMS uses to determine poor performance.

CMS issues different types of compliance notices to organizations if there are performance issues. The notices document the problem and may request details on how the organization will address the problem. The Notice of Non-Compliance (NONC) is issued to document small or isolated problems. Warning Letters are issued if an organization has previously received a NONC and has not resolved the problem, or if the first offense is a more concerning issue. Sometimes Warning Letters require a written Business Plan from the organization. CMS issues Corrective Action Plan (CAP) Requests (data source below) for persistent or very serious concerns that require further review and continued monitoring. Organizations can be identified by CMS as “outliers” (data source below) for poor performance. CMS has the authority to impose sanctions, terminations and non-renewals, civil money penalties or other enforcement actions for plans with very poor performance.

States can also obtain compliance-related data from D-SNPs through their D-SNP contracts. States should specifically outline exactly what type of compliance information the D-SNPs are required to report, and the D-SNPs must also agree to provide this information upon signing the contract. This could include reports resulting from CMS audits, warning letters, corrective action plans, deficiency notices, and low star ratings. For specific examples of these types of requirements that states are currently including in their D-SNP contracts, see the [ICRC State Contracting with Medicare Advantage Dual Eligible Special Needs Plans: Issues and Options](#) brief.

### Data Source: Program Audit Results

- **Webpage Name and Location:** “*Program Audit Results*” (<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ProgramAuditResults.html>)
- **What it Contains:** Health plan program audit results.
- **Why it is Useful:** To identify D-SNP audit results and the number and types of Corrective Actions Required (CAR).
- **Description:** CMS conducts performance audits of a certain number of organizations offering Part C and D plans, including D-SNPs, each year for compliance with the core program requirements, such as the organization’s ability to provide beneficiaries with access to medically necessary services and prescription drugs. For organizations that offer SNPs, CMS audits compliance with the SNP Model of Care, including timely performance of health risk assessments, completion of individualized care plans, and management of care by an interdisciplinary care team and implementation of care transition protocols. The audit protocols, including the protocol for audits of the SNP Model of Care is available at: <https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ProgramAudits.html>

For each audit, CMS provides the audited organization with an audit score based on compliance with core program requirements. The audit score is based on the number of Corrective Action Required (CARs) and Immediate Corrective Actions Required (ICARs) and the number of audit elements tests. **Exhibit 15** is an example of program audit results. The Program Audit Enforcement Report shows more recently audited organizations and the overall and individual program area audit scores (available at: <https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ProgramAudits.html>).

### Exhibit 15. Program Audit Results

Sponsor Name	Overall Audit Score	Number of CARs	Number of ICARs	Number of Audit Elements Tested	Audit Year	Enforcement Action Issued?	Audit Status
<a href="#">Advantage Health Solutions</a>	1.00	27	1	29	2012	No	Closed
<a href="#">Aegon N.V.</a>	1.06	13	2	16	2014	No	Audit Closed and Corrected
<a href="#">Aetna, Inc.</a>	1.62	30	2	21	2013	Yes	Audit Closed and Corrected
<a href="#">Aetna, Inc.</a>	0.82	8	3	17	2015	No	Audit Closed and Corrected

- **Keep in Mind:** The Program Audit Results do NOT list the contract number or state(s) in which a plan operates, since the report is at the overall parent organization level, and a parent organization may have multiple contracts among multiple states that consist of multiple legal entities that may or may not include D-SNPs.
- **Using the Data:** States can search for the status of the audit and the score of the organization that operates in their state. States can work with those organizations to identify any Corrective Actions Required applied to a particular D-SNP plan in their state and how best to remedy the issue.

## Data Sources: Ad Hoc Corrective Action Plans (CAPs)

- **File Name and Location:** “*Ad-Hoc CAP [Month\_Year]*” (<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/PartCandPartDComplianceActions.html>)
- **What it Contains:** Ad hoc Corrective Action Plans.
- **Why the Data is Useful:** To identify which sponsors of D-SNP plans in their state were issued an ad hoc Corrective Action Plan for persistent and/or serious plan performance issues.
- **Description:** Ad hoc Corrective Action Plans are issued on an ad hoc basis to address persistent and/or serious performance issues. These compliance standards apply to all MA Organizations, Prescription Drug Plan Sponsors, Cost Plans, Employer Contracts, and MMPs. **Exhibit 16** includes an example of an ad hoc corrective action plan summary report.

### Exhibit 16. Ad Hoc CAP Summary Report

Ad-Hoc CAP Summary Report - January 2017									
Contract ID(s) and Names	Parent Organization Name	Organization Contact Name	Organization Contact Phone	Compliance Issue ID	Date Letter Sent	Issue Type	Issue Topic	Issue Summary	Letter Name
H0028 - CHA HMO INC. H0108 - HUMANA HEALTH PLAN OF CALIFORNIA INC. H0336 - HUMANA HEALTH PLAN INC. H1019 - CAREPLUS HEALTH PLANS INC. H1036 - HUMANA MEDICAL PLAN INC.	Humana Inc.	Pamela Wilson	8004486262	42899	31-AUG-2016	Drug Benefit	Marketing--Website and Social Media	During the 2015 plan year, Humana maintained for all of its Part D contracts three online sources of information concerning its network pharmacies: the pharmacy search tool (PST), the pharmacy directory search tool (PDST), and the annual price estimate tool (PET). With the PST, beneficiaries could	Humana Pharmacy Website CAP August 31 2016.pdf

- **Keep in Mind:** The *Ad Hoc CAP Summary Report* lists the contract name and number. States can look up the specific contracts in their state using the *SNP Comprehensive Report* (listed above).
- **Using the Data:** States can search for Corrective Action Plans for plans in their state. States can then identify which, if any, of those companies offer D-SNP contracts. States can work with these plans to identify the root cause of the issues, and what steps the plan would need to take to rectify the issues according to CMS standards to protect a plan from further enforcement actions.

## Data Source: Past Performance Outlier Results

- **File Name and Location:** “[Season]\_Year\_PastPerformance\_Outlier\_Results” (<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/PartCandPartDComplianceActions.html>)
- **What it Contains:** Health plan past performance outlier results.
- **Why it is Useful:** To determine if the organizations that operate D-SNPs performed poorly on quality measures or compliance with Medicare requirements. If a review of an organization’s past performance finds that the organization has been out of compliance with any requirement, CMS may deny an organization’s application either to offer Medicare benefits under a new contract or in an expanded service area during the subsequent contract year, potentially impacting the state’s D-SNP contracting strategy.
- **Description:** *Past Performance Outlier Results* are available biannually (in the spring and fall). The past performance is conducted for all MA Organizations, Prescription Drug Plan Sponsors, Cost Plans, Employer Contracts, and MMPs. CMS publishes the [methodology](#) for evaluating past performance annually. CMS publishes the methodology for determining past performance annually (available at: [https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/Final\\_2018\\_Application\\_Cycle\\_Past\\_Performance\\_Methodology.pdf](https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/Final_2018_Application_Cycle_Past_Performance_Methodology.pdf)). Page 5 of the past performance methodology lists the 11 performance categories that are included in the CY 2018 application review cycle that CMS uses to analyze the performance of all contracts in each performance category. These categories include compliance letters, performance metrics (Star Ratings), multiple ad hoc corrective action plans (CAPs), ad hoc CAPs with beneficiary impact, failure to maintain fiscally sound operation, one-third financial audits, program audits, exclusions, enforcement actions, terminations and non-renewals, and outstanding compliance concerns not otherwise captured. Although only outlier results are posted publicly, legal entities offering D-SNPs receive their specific past performance results from CMS as well. **Exhibit 17** shows a sample public posting of the Past Performance Review.

## Exhibit 17. Public Past Performance Outlier Results

**Outlier Results from the Spring 2017 MA and Part D  
Past Performance Review**  
(Review period of January 2016 through February 2017)

The table below lists MA organizations and Part D sponsors identified as poor performing or "outlier" organizations during the period from January 2016 through February 2017. The report lists the name of the organization, whether its performance problems were related to Part C, Part D, or both, and the areas of poor performance. The detailed methodology is available at [cms.gov](http://cms.gov). The process of identifying and holding accountable poor performing organizations improves the beneficiary experience as a whole, insuring better quality, greater adherence to Medicare standards, and fulfilling the need for better beneficiary protection.

Parent Organization	Legal Entity(ies)	Outlier for Part C and/or Part D	Areas of Poor Performance
CIGNA	<ul style="list-style-type: none"> <li>• Bravo Health Mid-Atlantic, Inc.</li> <li>• Bravo Health Pennsylvania, Inc.</li> <li>• CIGNA Health and Life Insurance Company</li> <li>• CIGNA Healthcare of Arizona, Inc.</li> <li>• CIGNA Healthcare of Georgia, Inc.</li> <li>• CIGNA Healthcare of</li> </ul>	C and D	<ul style="list-style-type: none"> <li>• Part C Compliance Letters</li> <li>• Part D Compliance Letters</li> <li>• Part C Star Ratings</li> <li>• Part D Star Ratings</li> <li>• Performance Audit</li> <li>• Intermediate Sanction</li> </ul>

- **Keep in Mind:** The *Past Performance Review* does NOT list the contract number or state(s) in which a plan operates, since CMS analysis is conducted at the legal entity level, and a legal entity may have multiple contracts. In addition, a parent organization may operate several legal entities, and only legal entities that are designated outliers are included in the *Past Performance Review* that is shared publicly. Since this file only contains outliers, states should also include a request in their contracts for the biannual past performance results to see all contracts performance.
- **Using the Data:** States can search for previous areas of poor performance for plans in their state. States can then identify which, if any, of those companies offer D-SNP contracts, and can work with the organizations to identify the causes of the issues and what is necessary to rectify the issues before more serious enforcement actions take place.

## PAYMENT

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States can identify the amounts that CMS paid D-SNPs for Medicare Part A and B services based on factors such as the plan-level risk scores and Medical Loss Ratio. The reports also show the rebate payments each plan received, which can be used for supplemental benefit such as vision and dental benefits.

### Data Source: Plan-Level Risk Scores and Per-Member Per-Month Medicare Payments

- **File Name and Location:** “[Year] Plan Payment Data” (<https://www.cms.gov/Medicare/Medicare-Advantage/Plan-Payment/Plan-Payment-Data.html>)
- **What it Contains:** Plan-level risk scores and per-member per-month (PMPM) Medicare Payments
- **How States can use the data:** To view the amounts CMS paid D-SNPs PMPM for providing Medicare Parts A and B services, the average rebate the plan received that can be used to provide supplemental benefits, and the average risk score of the D-SNP’s enrollees.
- **Description:** The Part C plan-level data provide plan-level average PMPM Medicare Parts A and B payments from CMS to each plan. The file also contains plan-level average PMPM Medicare rebate payments and average Part C risk scores per plan.<sup>7</sup> This data is available annually, with a 2-year lag. The payments are standardized to the risk-adjusted 1.0 risk score. States can identify the plans by contract number, plan number, contract name and plan type. The Part C county-level data is similar to the Part C plan-level data, but presents data at the county level, listing the state and county code, as well as the plan type and the SNP type. However, this county-level file does not identify the contract number or contract name to use to identify specific plans. The files also include prospective and retrospective payments for administering the Medicare Part D drug benefit. The Plan Payment Data Elements technical notes in the zip file are available at: <https://www.cms.gov/Medicare/Medicare-Advantage/Plan-Payment/Plan-Payment-Data.html>) lists all of the variables in the files. **Exhibit 18** is what the plan-level data looks like.

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<sup>7</sup> These Part C rebates include Part A and Part B payments only. These Part C rebates are not related to the rebates drug manufacturers may provide under the Part D drug benefit.



## Exhibit 18. Part C Plan-Level Average PMPM Payment Report

1	Plan Level Average Per Member Per Month (PM/PM) Payment for 2015						
2							
3	Contract Number	Plan Benefit Package	Contract Name	Plan Type	Average Part C Risk Score	Average A/B PM/PM Payment	Average Rebate PM/PM Payment
4	H0028	1	CHA HMO, INC.	HMO	0.915	\$616.06	\$69.39
5	H0028	2	CHA HMO, INC.	HMO	1.006	\$641.86	\$70.00
6	H0028	3	CHA HMO, INC.	HMO	1.031	\$688.10	\$53.31
7	H0028	4	CHA HMO, INC.	HMO	0.812	\$584.41	\$92.08
8	H0084	1	CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY	Local PPO	0.927	\$690.51	\$33.03
9	H0084	4	CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY	Local PPO	1.54	\$681.62	\$61.90
10	H0084	14	CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY	Local PPO	2.145	\$718.56	\$35.97
11	H0104	10	BLUE CROSS AND BLUE SHIELD OF ALABAMA	Local PPO	1.103	\$740.01	\$2.59
12	H0104	11	BLUE CROSS AND BLUE SHIELD OF ALABAMA	Local PPO	0.9	\$668.41	\$31.86
13	H0107	1	HEALTH CARE SERVICE CORPORATION	Local PPO	0.683	\$668.56	\$33.10
14	H0107	2	HEALTH CARE SERVICE CORPORATION	Local PPO	0.899	\$693.94	\$31.25
15	H0108	4	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	HMO	0.91	\$655.09	\$78.50
16	H0108	5	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	HMO	1.197	\$593.79	\$152.38
17	H0108	6	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	HMO	1.189	\$587.38	\$157.10
18	H0108	8	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	HMO	1.099	\$597.86	\$122.88
19	H0108	9	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	HMO	1.361	\$630.90	\$103.27
20	H0108	10	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	HMO	1.112	\$691.07	\$65.45
21	H0108	11	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	HMO	1.125	\$616.48	\$141.36
22	H0108	21	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	HMO	1.006	\$665.91	\$84.93
23	H0108	22	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	HMO	0.944	\$674.54	\$69.86

- **Keep In Mind:** The plan-level report does not list the state where the plan operates, or whether or not the plan is a D-SNP. To find just the D-SNP plans, use the *SNP Comprehensive Report* to identify the contract number and plan number of D-SNPs in your state, and then look up those specific plans in the Payment data.
- **Using the Data:** States can use this data to identify the average risk scores and payments to D-SNPs in their state, and compare the payments and risk scores in each plan to other D-SNPs in a state, or to other states, or identify trends over time. **Exhibit 19** shows an example of one state's risk score and payment data. Payments for Medicare Parts A and B services are standardized to a 1.0 risk score; to obtain the actual PMPM payment to the plan, multiply the Average A/B PMPM payment by the Average Risk Score. States can also use the average rebate PMPM payments to determine the level of funding available to their contracted D-SNPs for supplemental benefits.

**Exhibit 19. Average Risk Score and PMPM Payment and Rebate Payment in MA Plans in a State**

<b>Contract #</b>	<b>Plan Benefit Package</b>	<b>Contract Name</b>	<b>Average Part C Risk Score</b>	<b>Average A/B PMPM Payment</b>	<b>Average Rebate PMPM Payment</b>
H5608	1	DENVER HEALTH MEDICAL PLAN, INC.	1.318	\$682.53	\$29.15
H0621	10	COLORADO ACCESS	1.356	\$696.33	\$30.07
H0630	14	KAISER FOUNDATION HP OF CO	1.555	\$733.23	\$71.35
H0624	1	UNITEDHEALTHCARE INSURANCE COMPANY	1.594	\$700.24	\$25.91

## Data Source: Medical Loss Ratio Data Public Use File

- **File Name and Location:** “*Public Use File for CY [Year]*” (<https://www.cms.gov/Medicare/Medicare-Advantage/Plan-Payment/MedicalLossRatio.html>)
- **What it Contains:** Contract-level total and PMPM revenue, payments, medical loss ratio and other related cost data.
- **Why it is Useful:** Identify particular costs and payments related to specific D-SNPs and/or specific types of accounting.
- **Description of the data:** Provides contract-level total and PMPM revenue, payments, and other related cost data from the plans medical loss ratio (MLR) report. This report is available annually, with a 3-year data lag. All MA plans are required to submit their Medical Loss Ratio report to CMS. D-SNPs’ Medicaid costs are not included in the MLR calculation. The MLR reporting tool and instructions for plans and all of the data fields is available at: <https://www.cms.gov/Medicare/Medicare-Advantage/Plan-Payment/MedicalLossRatio.html>. **Exhibit 20** shows what the data look like.

**Exhibit 20. Medical Loss Ratio Data Release File**

	A	B	C	D	E	F	G	H	I	J	K	CY	DB	DE	DF	DG	DH
	Contract Number	Contract Year	Organization Name	1.1a Beneficiary Premium (MA)	1.1a Beneficiary Premium (MA) PMPM	1.1b Beneficiary Premium (Part D)	1.1b Beneficiary Premium (Part D) PMPM	1.2 MA Plan Payments including 3 MA rebates	1.2 MA Plan Payments including 3 MA rebates PMPM	1.3 MA Rebate for Part B Premium Reduction	1.3 MA Rebate for Part B Premium Reduction PMPM	1.3 MLR Numerator	2.3 MLR Denominator	3.3 Credibility adjustment	4.1 Unadjusted MLR	4.2 Credibility adjustment	4.3 Adjusted MLR
1																	
2	H0028	2014	CHA HMO, INC.	\$767,802.47	\$15.99	\$359,154.57	\$7.48	\$29,970,433.08	\$624.19	\$0.00	\$0.00	\$32,813,231.43	\$35,085,983.88	2.0%	93.5%	2.0%	95.5%
3	H0084	2014	CARE IMPROVEMENT PLUS O	\$0.00	\$0.00	\$6,331.10	\$0.02	\$202,293,262.49	\$691.07	\$0.00	\$0.00	\$221,523,301.23	\$229,793,961.21	0.0%	96.4%	0.0%	96.4%
4	H0104	2014	Blue Cross Blue Shield of A	\$19,035,336.30	\$35.85	\$7,434,729.18	\$14.00	\$349,875,346.00	\$658.93	\$0.00	\$0.00	\$383,129,757.05	\$417,000,041.48	0.0%	91.9%	0.0%	91.9%
5	H0107	2014	Health Care Service Corpora	\$30,756.44	\$10.96	\$87,219.76	\$31.08	\$1,486,649.92	\$529.81	\$0.00	\$0.00	\$1,936,872.70	\$2,069,664.95	8.1%	93.6%	8.1%	101.6%
6	H0108	2014	HUMANA HEALTH PLAN OF C	\$6,381,043.34	\$14.43	\$54,434.78	\$0.12	\$311,410,853.71	\$704.11	\$52,771.28	\$0.12	\$348,453,054.93	\$351,364,471.07	0.0%	99.2%	0.0%	99.2%
7	H0117	2014	WellCare of Ohio, Inc.	\$0.00	\$0.00	\$0.00	\$0.00	\$43,399,306.96	\$871.82	\$0.00	\$0.00	\$44,709,531.17	\$47,932,767.77	2.0%	93.3%	2.0%	95.2%
8	H0141	2014	McLaren Health Plan	\$80,971.60	\$13.60	\$0.00	\$0.00	\$4,682,663.35	\$786.61	\$0.00	\$0.00	\$8,358,235.33	\$6,323,339.05	5.3%	132.2%	5.3%	137.5%
9	H0150	2014	HealthSpring of Alabama, I	\$0.00	\$0.00	\$623,444.03	\$1.12	\$484,993,081.69	\$871.84	\$0.00	\$0.00	\$486,551,436.93	\$539,256,459.00	0.0%	90.2%	0.0%	90.2%
10	H0151	2014	UNITEDHEALTHCARE OF ALA	\$110,832.21	\$0.25	\$0.00	\$0.00	\$383,107,140.55	\$856.66	\$0.00	\$0.00	\$336,782,901.34	\$406,023,119.24	0.0%	82.9%	0.0%	82.9%
11	H0154	2014	VIVA Health, Inc.	\$2,916,641.20	\$5.65	\$2,023,825.75	\$3.92	\$450,876,849.45	\$872.93	\$0.00	\$0.00	\$480,040,945.32	\$539,132,221.31	0.0%	89.0%	0.0%	89.0%
12	H0294	2014	CARE IMPROVEMENT PLUS W	\$0.00	\$0.00	\$5,669.06	\$0.09	\$41,141,270.34	\$643.74	\$0.00	\$0.00	\$44,704,416.41	\$47,877,455.80	1.7%	93.4%	1.7%	95.0%
13	H0302	2014	Medisun, Inc.	\$471,495.00	\$1.72	\$6,167,393.20	\$22.44	\$211,343,314.21	\$769.10	\$0.00	\$0.00	\$205,966,352.33	\$233,034,114.56	0.0%	88.4%	0.0%	88.4%
14	H0303	2014	PACIFICARE OF ARIZONA, IN	\$8,509,693.17	\$7.65	\$5,596,201.92	\$5.03	\$873,683,515.18	\$785.27	\$0.00	\$0.00	\$810,672,265.06	\$927,044,257.52	0.0%	87.4%	0.0%	87.4%
15	H0316	2014	UNITEDHEALTHCARE OF ARI	\$1,340,714.08	\$4.75	\$624,963.39	\$2.21	\$189,497,141.05	\$671.05	\$0.00	\$0.00	\$174,780,865.71	\$203,940,840.01	0.0%	85.7%	0.0%	85.7%
16	H0317	2014	HUMANA INSURANCE COMP	\$6,662,961.48	\$59.56	\$5,264,784.51	\$47.06	\$89,498,226.62	\$800.01	\$0.00	\$0.00	\$97,170,760.94	\$108,579,466.28	1.3%	89.5%	1.3%	90.8%
17	H0318	2014	AETNA HEALTH, INC. (PA)	\$66,884.22	\$2.65	\$0.00	\$0.00	\$17,431,408.18	\$690.87	\$0.00	\$0.00	\$19,804,826.18	\$20,915,619.29	2.6%	94.7%	2.6%	97.3%
18	H0320	2014	WellCare of Texas, Inc.	\$775,031.00	\$28.96	\$0.00	\$0.00	\$21,042,571.84	\$786.23	\$39,116.70	\$1.46	\$19,830,171.13	\$22,450,835.25	2.5%	88.3%	2.5%	90.9%
19	H0332	2014	KS Plan Administrators, LLC	\$486,243.50	\$1.48	\$1,166,266.30	\$3.56	\$267,257,286.27	\$815.55	\$1,272,843.60	\$3.88	\$265,450,446.57	\$288,604,575.79	0.0%	92.0%	0.0%	92.0%
20	H0351	2014	Health Net of Arizona, Inc.	\$258,538.00	\$0.47	\$5,802,281.00	\$10.58	\$460,315,785.00	\$839.22	\$0.00	\$0.00	\$544,777,488.00	\$528,739,790.00	0.0%	103.0%	0.0%	103.0%
21	H0354	2014	Cigna HealthCare of Arizon	\$1,686,085.00	\$3.82	\$45,288.00	\$0.10	\$367,592,672.00	\$833.77	\$0.00	\$0.00	\$382,883,630.00	\$396,539,555.00	0.0%	96.6%	0.0%	96.6%
22	H0423	2014	METROPLUS HEALTH PLAN. II	\$101,259.87	\$1.03	\$182,408.07	\$1.86	\$91,105,987.90	\$929.70	\$0.00	\$0.00	\$114,027,756.73	\$121,913,617.15	1.4%	93.5%	1.4%	94.9%

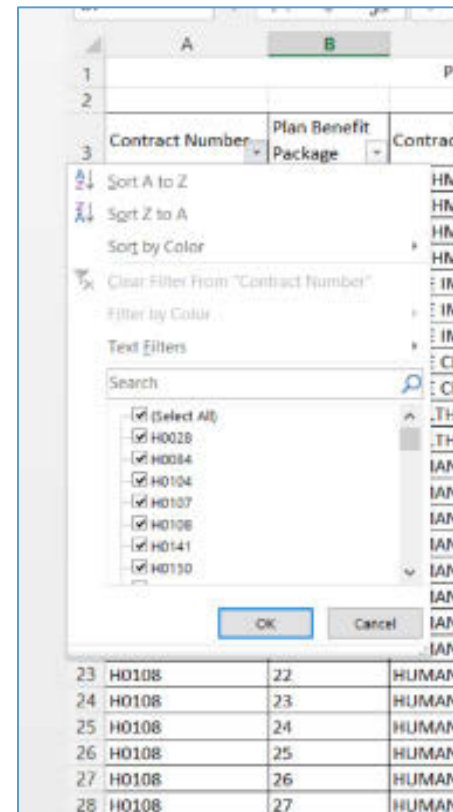
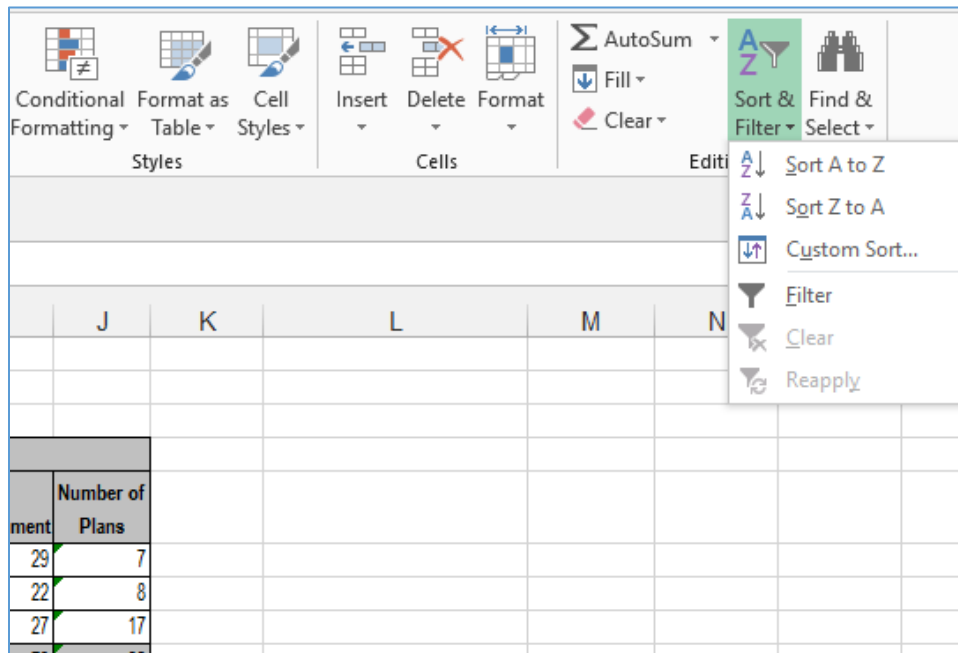
- **Keep in Mind:** This file provides information at the contract level, and therefore applies to the entire contract as a whole, which may or may not include D-SNPs. This information only applies to D-SNP plans exclusively when the contract has 100% D-SNP enrollees. See **Appendix B** for instructions on how to calculate D-SNP enrollment percentages in an MA contract.

## Appendix A: Microsoft Excel Tips for Using CMS Data

Microsoft Excel is a useful tool to manipulate and analyze data. Following are tips for using Microsoft Excel.

**Sorting or Filtering:** Sorting will display the spreadsheet rows based on the data in a specific column or columns. For example, sorting by the “State” column will sort the states in alphabetical order. Filtering will filter out all other data except for the data specified in a column. For example, filtering “SNP Types” by D-SNPs will filter out I-SNP and C-SNPs, and only show data for D-SNPs, or if you want to look up a specific contract number. See **Exhibit 21** for where to find the sort and filter buttons, and what the drop down menu looks after you sort or filter.

**Exhibit 21. Examples of Sorting and Filtering**



**Converting Text to Numbers:** Some CMS enrollment data are stored in the Excel document as text instead of a numerical value. To change the data into a number, click on the orange diamond in the tab, then click on ‘Convert to Number.’ See **Exhibit 22** for examples.

**Exhibit 22. Examples of Converting Text to Numbers**

Plan Geographic Name	State	Plan Enrollment	Special Needs Plan Type	Specialty Diseases
Various Counties in Wisconsin	WI	1,822	Chronic or Disabling Condition	Cardio DIS CHF and Diabetes Mellitus
Cocopa and Pinal Counties	AZ			Diabetes Mellitus
Cocopa and Pinal Counties	AZ			Cardiovascular Disorders
Cocopa Co. and Select Zip Codes in Pinal Co.	AZ			Diabetes Mellitus
Los Angeles and Orange Counties (partial)	CA	10,220	Chronic or Disabling Condition	Diabetes Mellitus

	2018 Part C Summary	2018 Part D Summary
Yes	0.5	0.5
Yes	0.5	0.5
Yes	4.5	4
Yes	0.5	4
Yes	4	4.5
Yes	0.5	0.5
Yes	4	0.5
Yes	0.5	0.5
Yes	4	0.5
Yes	0.5	0.5
Yes	4	0.5
Yes	0.5	0.5

**SUM Formula:** Use the formula =SUM(cell1, cell2, cell3, etc...) to add numbers quickly, or type in =SUM( and in the parenthesis select all the data you want to add. Remember to close the parentheses =SUM(L7:L10). See **Exhibit 23** for an example.

**Exhibit 23. Example of the SUM Formula**

Plan Geographic Name	State(s)	Plan Enrollment	Special Needs Plan Type
Select Alabama Counties	AL	19,663	Dual-Eligible
Central Alabama and Mobile Area	AL	18,310	Dual-Eligible
Greater Alabama	AL	2,779	Dual-Eligible
Select counties in Alabama	AL	10,677	Dual-Eligible
		=SUM(L7:L10	
		SUM(number1, [num	

**Percentages:** One way to calculate a percentage of a total is to use the formula =(cell1/cell2). See **Exhibit 24** for examples.

**Exhibit 24. Examples of Calculating Percentages**

Plan Geographic Name	State(s)	Plan Enrollment	Special Needs Plan Type
Select Alabama Counties	AL	19,663	Dual-Eligible
Central Alabama and Mobile Area	AL	18,310	Dual-Eligible
Greater Alabama	AL	2,779	Dual-Eligible
Select counties in Alabama	AL	10,677	Dual-Eligible
Total		51,429	
		=L11/L7	

Contract Number	Plan Benefit Package	Contract Name	Plan Type	Average Part C Risk Score	Average A/B PM/PM Payment	Average Rebate PM/PM Payment	
H0028	1	CHA HMO, INC.	HMO	0.915	\$616.06	\$69.39	
H0028	2	CHA HMO, INC.	HMO	1.006	\$641.86	\$70.00	
H0028	3	CHA HMO, INC.	HMO	1.031	\$688.10	\$53.31	
H0028	4	CHA HMO, INC.	HMO	0.812	\$584.41	\$92.08	=SUM(E4:E7/4)
H0084	1	CARE IMPROVEMENT PLUS OF TEXA	Local PPO	0.927	\$690.51	\$33.03	



**Pivot Table, Charts, and Other Figures:** To create a pivot table (a program tool that reorganizes and summarizes select data), chart or other figure, select the data you intend to use, then go to the “Insert” tab at the top of the screen. Select the type of figure you would like to create. See **Exhibit 25**, which shows all of the options across the top.

**Exhibit 25. Example of Pivot Tables, Charts and Other Figures**

Contract Number	Contract Name	Organization Type	Plan ID	Segment ID	Plan Name	Plan Type	Plan Geographic Name	State(s)	Plan Enrollment	Needs Plan Type	Specialty Diseases
H0150	HEALTHSPRING OF ALABAMA, INC.	Local CCP	007	0	Cigna-HealthSpring TotalCare	HMO	Select Alabama Counties	AL	19,663	Dual-Eligible	
H0154	VIVA HEALTH, INC.	Local CCP	012	0	VIVA Medicare Extra Value (HMO SNP)	HMO	Central Alabama and Mobile Area	AL	18,310	Dual-Eligible	
H2012	HUMANA HEALTH PLAN, INC.	Local CCP	070	0	Humana Gold Plus SNP-DE H2012-070	HMO	Greater Alabama	AL	2,779	Dual-Eligible	
H2802	UNITEDHEALTHCARE OF THE MIDLANDS	Local CCP	044	0	UnitedHealthcare Dual Complete (HMO SNP)	HMO	Select counties in Alabama	AL	10,677	Dual-Eligible	

**Matching Data across Data Sets:** To look up and match information about specific contracts or plans between various files and data sets, define the data table you want to match (i.e. "Star\_rating" in the example below) and use the =VLOOKUP function. See **Exhibit 26** for an example.

**Exhibit 26. Example of Matching Data across Data Sets Using "VLOOKUP"**

Contract Number	Contract Name	State(s)	Plan Enrollment	Special Needs Plan Type	Contract Number	Contract Name	2017 Overall
H0028	CHA HMO, INC.	NE	62	Dual-Eligible			
H0150	HEALTHSPRING OF ALABAMA, INC.	AL	19,458	Dual-Eligible			
H0154	VIVA HEALTH, INC.	AL	18,366	Dual-Eligible			
H0174	TODAY'S OPTIONS OF TEXAS, INC.	TX	537	Dual-Eligible			
H0251	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	TN	48,947	Dual-Eligible			
H0321	ARIZONA PHYSICIANS	AZ	43,042	Dual-Eligible			

## Appendix B: Determining the Percentage of D-SNP Enrollment in a Medicare Advantage (MA) Contract

To identify the percentage of D-SNP enrollees in each MA contract in your state, follow these steps.<sup>8</sup>

1. Open the [SNP Comprehensive Report](#) and find the contract numbers of D-SNPs in your state. Filter, sort or search by your state in the “State(s)” column, then filter or sort by D-SNPs in the “Special Needs Plan Type” column. Sum the enrollment number in each contract, if there is more than one plan. Remember, some D-SNPs may overlap over multiple states. Keep the list of Contract Numbers and Plan Enrollment to use later. See **Exhibit 27** for an example.

**Exhibit 27: Example of Plan Enrollment by D-SNP Contract in the SNP Comprehensive Report**

Contract Num	Contract Name	Organization Type	Plan	Segment ID	Plan Name	Plan Type	Plan Geographic Name	State	Plan Enrollment	Special Needs Plan Type	Specialty Diseases
H0150	HEALTHSPRING OF ALABAMA, INC.	Local CCP	007	0	Cigna-HealthSpring TotalCare (HMO SNP)	HMO	Alabama	AL	23,443	Dual-Eligible	
H0151	UNITEDHEALTHCARE OF ALABAMA, INC.	Local CCP	015	0	UnitedHealthcare Dual Complete (HMO SNP)	HMO	Select counties in Alabama	AL	7,672	Dual-Eligible	
H0154	VIVA HEALTH, INC.	Local CCP	012	0	VIVA Medicare Extra Value (HMO SNP)	HMO	Central Alabama and Mobile Area	AL	19,239	Dual-Eligible	
H2012	HUMANA HEALTH PLAN, INC.	Local CCP	070	0	Humana Gold Plus SNP-DE H2012-070 (HMO SNP)	HMO	Greater Alabama	AL	1,649	Dual-Eligible	

2. Open the [Monthly Report by Plan](#) and find the Contract Numbers of the D-SNPs in your state. Sort or filter the Contract Number column to find all of the Contract Numbers of D-SNPs in your state, and sum the enrollment in each plan in those contracts. See **Exhibit 28** for an example. You could also create a pivot table to calculate these totals.

<sup>8</sup> As an illustration, ICRC produced a list of the MA contracts with 100% D-SNP Enrollment in each state as of December 2015 in an appendix to a June 2017 TA brief. Available at: [http://www.integratedcareresourcecenter.com/PDFs/ICRC\\_Growing\\_Enrollment\\_in\\_Integrated\\_Managed\\_Care\\_Plans\\_FINAL\\_6-01-17.pdf](http://www.integratedcareresourcecenter.com/PDFs/ICRC_Growing_Enrollment_in_Integrated_Managed_Care_Plans_FINAL_6-01-17.pdf).

## Exhibit 28: Example of Medicare Advantage Total Contract Enrollment

Contract Number	Plan ID	Organization Type	Plan Type	Offers Part D	Organization Name	Organization Marketing Name	Plan Name	Parent Organization	Contract Effective Date	Enrollment
72	H0150-007	Local CCP	HMO	Yes	HEALTHSPRING OF ALABAMA, INC.	Cigna-HealthSpring	Cigna-HealthSpring TotalCare (HMO SNP)	CIGNA	3/1/1994	23,443
73	H0150-012	Local CCP	HMO	No	HEALTHSPRING OF ALABAMA, INC.	Cigna-HealthSpring	Cigna-HealthSpring Advantage (HMO)	CIGNA	3/1/1994	550
74	H0150-024	Local CCP	HMO	Yes	HEALTHSPRING OF ALABAMA, INC.	Cigna-HealthSpring	Cigna-HealthSpring Preferred (HMO)	CIGNA	3/1/1994	31,587
75	H0150-004	Local CCP	HMO	Yes	HEALTHSPRING OF ALABAMA, INC.	Cigna-HealthSpring	Cigna-HealthSpring Preferred Rx CY (HMO)	CIGNA	3/1/1994	474
76	H0150-008	Local CCP	HMOPOS	Yes	HEALTHSPRING OF ALABAMA, INC.	Cigna-HealthSpring	Cigna-HealthSpring Premier Rx CY (HMO-POS)	CIGNA	3/1/1994	-
77	H0150-009	Local CCP	HMO	No	HEALTHSPRING OF ALABAMA, INC.	Cigna-HealthSpring	Cigna-HealthSpring Preferred FY (HMO)	CIGNA	3/1/1994	-
78	H0150-010	Local CCP	HMO	Yes	HEALTHSPRING OF ALABAMA, INC.	Cigna-HealthSpring	Cigna-HealthSpring Preferred Rx FY (HMO)	CIGNA	3/1/1994	-
79	H0150-011	Local CCP	HMOPOS	No	HEALTHSPRING OF ALABAMA, INC.	Cigna-HealthSpring	Cigna-HealthSpring Premier FY (HMO-POS)	CIGNA	3/1/1994	-
80	H0150-012	Local CCP	HMOPOS	Yes	HEALTHSPRING OF ALABAMA, INC.	Cigna-HealthSpring	Cigna-HealthSpring Premier Rx FY (HMO-POS)	CIGNA	3/1/1994	-
81	H0151-001	Local CCP	HMO	Yes	UNITEDHEALTHCARE OF ALABAMA, INC.	United-healthcare	AARP MedicareComplete Plan 1 (HMO)	UnitedHealth Group, Inc.	2/1/1995	18,151
82	H0151-015	Local CCP	HMO	Yes	UNITEDHEALTHCARE OF ALABAMA, INC.	United-healthcare	UnitedHealthcare Dual Complete (HMO SNP)	UnitedHealth Group, Inc.	2/1/1995	7,672
83	H0151-025	Local CCP	HMO	Yes	UNITEDHEALTHCARE OF ALABAMA, INC.	United-healthcare	AARP MedicareComplete Plan 2 (HMO)	UnitedHealth Group, Inc.	2/1/1995	7,796
83	H0151-001	Local CCP	HMO	Yes	UNITEDHEALTHCARE OF ALABAMA, INC.	United-healthcare	UnitedHealthcare	UnitedHealth Group, Inc.	3/1/1996	18

- To find the corresponding Star Ratings for the contracts with high D-SNP enrollment percentages (for example, 75+% or 100%), use the [Part C and D Medicare Star Ratings Data](#). There is a time lag for the Star Ratings data, so check the reporting period for the measures you are examining and make sure to use the corresponding year's SNP Comprehensive Report and Monthly Enrollment by Plan files. Go to the Summary Rating tab in the Star Ratings Data, and find the D-SNP Contract Numbers in your state to find the corresponding Star Ratings.
- Once you have the total enrollment in each contract with D-SNPs, you can easily calculate the percent of the total MA contract enrollment that is comprised of D-SNP enrollees: Total D-SNP enrollment in a contract/Total MA enrollment in a contract.

### **ABOUT THE INTEGRATED CARE RESOURCE CENTER**

The ***Integrated Care Resource Center*** is a national initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided by the ***Integrated Care Resource Center*** are coordinated by [Mathematica Policy Research](#) and the [Center for Health Care Strategies](#). For more information, visit [www.integratedcareresourcecenter.com](http://www.integratedcareresourcecenter.com).