

APPENDIX A:

MAIL SURVEY OF PLAN QUESTIONNAIRE

OMB No.: XXXX-XXXX
Expiration Date: XX/XX/20XX



MPR ID Number: |_|_|_|_|_|_|_|_|_|_|

Medicare Advantage Contract Number: |_|_|_|_|_|_|_|_|_|_|

Evaluation of Care and Disease Management under Medicare Advantage

Mail Survey

April 2, 2008

Draft

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850.

OVERVIEW AND IMPORTANT INSTRUCTIONS: PLEASE READ

This survey has been designed to collect information on care and disease management programs provided by Medicare Advantage contractors. The survey is being conducted for the Centers for Medicare & Medicaid Services (CMS) by Mathematica Policy Research, Inc. (MPR).

Individual responses to this survey will be kept confidential. Answers from all responding contract holders will be tabulated and provided to CMS in aggregate form only. Responses will not be linked to individual contracts, plans, or respondents.

OVERVIEW OF THE SURVEY

The first section (A) of this survey asks a few questions about the contract holder's arrangements with providers and the maintenance of member-level electronic data.

Sections B and C ask about care and disease management interventions with members, respectively. For the purposes of this survey we draw the following distinction between care management and disease management:

First, **care management**, sometimes referred to as care coordination, case management, or complex case management. For the purposes of our survey, by care management we mean:

A group of services for members who have multiple medical or behavioral health conditions or who are medically complex. It often involves assigning a member to a single staff person or team to monitor the member's clinical care and services, to assist with transitions between care settings, and to help the member access needed health and support services.

By contrast, by **disease management** we mean:

Services that: teach members how to adhere to their physicians' treatment plans; monitor member clinical status and adherence to treatment recommendations; and monitor provider adherence to evidence-based practice guidelines. Disease management is typically targeted to members with specific chronic diseases, such as heart failure or diabetes. Such diseases often have complex treatment regimens, and maintaining adherence requires the sustained efforts of patients and physicians.

Section D asks about care and disease management interventions with physicians.

Section E asks contractors operating Special Needs Plans (SNPs) to compare care and disease management programs under the SNP with programs offered under regular Medicare Advantage plans.

Section F asks how your organization assesses the effectiveness of its care and disease management programs.

INSTRUCTIONS

1. Please answer only about the care or disease management programs provided under the contract with Medicare specified on the cover to this document.
2. If your organization contracts out some or all of its care or disease management services (for example, to a disease management vendor), please answer questions both in terms of your organization AND others with whom you contract.
3. We recognize that some contract holders may view their care and disease management services as a single program. If this is the case for your organization, we nevertheless request that you make the operational distinction inherent in the working definitions provided above, and answer both survey sections B and C.
4. All questions in this document refer to the **current** status of your Medicare Advantage contract, unless otherwise noted.
5. When questions refer to interactions with “members” please also include members’ health care decision makers, as appropriate.
6. When filling out this questionnaire, always proceed to the next question unless special instructions tell you to go elsewhere.
7. Most questions can be answered by simply placing a check mark in the appropriate box. For a few questions you will be asked to write in a response. Feel free to elaborate on any responses in the questionnaire margins or to provide additional thoughts or documentation about your program at the end of the questionnaire.
8. Please return the completed questionnaire **within the next two weeks** in the enclosed return mail envelope to Mathematica Policy Research, Inc., P.O. Box 2393, Princeton, New Jersey 08543-2393, ATTN: Todd Ensor, or fax it to (609) 799-0005. If you have any questions, please call Todd Ensor at (609) 275-2326.

PLEASE FILL IN:

TODAY'S DATE: |_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR

YOUR NAME AND TITLE: _____

WORK TELEPHONE NUMBER/EXT.: (|_|_|_|)-|_|_|_|-|_|_|_|_|-|_|_|_|_|

YOUR E-MAIL ADDRESS: _____@_____

Section A: Background on Provider Arrangements and Electronic Data Systems

A1. For this Medicare Advantage contract, please check whether each of the following types of arrangements with *primary care* physicians represents a majority, a minority, or is never used by your organization.

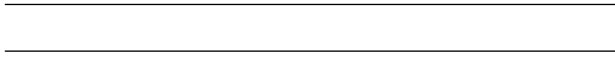
MARK FOR EACH TYPE OF ARRANGEMENT

Primary Care Physicians	<u>Majority</u>	<u>Minority</u>	<u>Never Used</u>	<u>Don't Know</u>
a. Hiring staff physicians.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Contracting directly with individual physicians.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Contracting for physician services through a medical group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Contracting for physician services through an Individual Practice Association (IPA)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contracting for physician services through a Physicians Health Organization (PHO) or Integrated Delivery Service (IDS)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Please list and rate other types of contracting arrangements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

A2. For this Medicare Advantage contract, please check whether each of the following types of arrangements with *specialty care* physicians represents a majority, a minority, or is never used by your organization.

MARK ONE FOR EACH TYPE OF ARRANGEMENT

Specialty Care Physicians	<u>Majority</u>	<u>Minority</u>	<u>Never Used</u>	<u>Don't know</u>
a. Hiring staff physicians.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Contracting directly with individual physicians.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Contracting for physician services through a medical group.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Contracting for physician services through an Individual Practice Association (IPA).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contracting for physician services through a Physicians Health Organization (PHO) or Integrated Delivery Service (IDS).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Please list and rate other types of contracting arrangements.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



A3. Which of the following types of providers share financial risk with your plan? (Please exclude pay for performance arrangements here; these are addressed in A4.)

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Physicians.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Hospitals.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Nursing homes.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Home health agencies.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Pharmacy benefit manager (PBM).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Disease or care management vendor.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Please list other types of providers.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

A4. For which types of providers are payments adjusted based on attaining care quality or efficiency goals (sometimes referred to as “pay for performance or P4P”)?

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Primary care physicians.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Specialty physicians.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Hospitals.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Nursing homes.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Home health agencies.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Pharmacy benefit manager (PBM).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Disease or care management vendor.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Please list other types of providers.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

A5. Which of the following types of member-level electronic data are directly maintained by your organization?

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Enrollment or disenrollment dates.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Service use or charges.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Prescription drug use or charges.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Procedure codes, such as CPTs.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Clinical indicators, such as lab test results.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Quality-related process of care information, such as receipt of prevention screening or immunizations.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Assessments or care plans.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Please list other types of member-level electronic data your plan maintains.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

For the purposes of this survey we draw the following distinction between care management and disease management:

By **care management** (sometimes referred to as care coordination, case management, or complex case management) we mean:

A group of services for members who have multiple medical or behavioral health conditions or who are medically complex. It often involves assigning a member to a single staff person or team to monitor the member's clinical care and services, to assist with transitions between care settings, and to help the member access needed health and support services.

By **disease management** we mean:

Services that: teach members how to adhere to their physicians' treatment plans; monitor member clinical status and adherence to treatment recommendations; and monitor provider adherence to evidence-based practice guidelines. Disease management is typically targeted to members with specific chronic diseases, such as heart failure or diabetes. Such diseases often have complex treatment regimens, and maintaining adherence requires the sustained efforts of patients and physicians.

Section B asks about care management and Section C asks about disease management. If plans under your contract provide both care and disease management, please answer the questions in both Sections B and C.

Section B: Characteristics of Care Management Programs

B1. Is care management available to members served under this contract? *Please do not include as care management short-term or single-event services available to all members, such as pre-admission screening or the services of a health advocate.*

- ₁ Yes — **Go to B2**
 ₀ No — **Go to Section C**

B2. Is care management provided by staff employed by the contract holder, a vendor, network providers (such as primary care physicians), or others not directly employed by the contract holder?

MARK ALL THAT APPLY

- ₁ Contract holder staff
 ₂ Vendor
 ₃ Plan network provider
 ₄ Provided by other non-contract holder staff (*Please specify*)

B3. If NON-contract holder staff provide care management, are they responsible for any of the following?

MARK YES OR NO FOR EACH

	<u>Yes</u>	<u>No</u>
a. Initial identification of members for care management.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Ongoing identification of members for care management.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Feeding back member data to the contract holder.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Communicating with other providers that serve members (such as hospitals, nursing homes, or pharmacy benefits managers).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. None of the above; contract holder staff provide all care management.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

Remember, if your organization contracts out some or all of its care management services, please answer the remaining questions in Section B both in terms of your organization AND others with whom you contract.

B4. Typically, care management involves direct intervention with members. But it may also involve working with members' physicians (for example, by promoting adherence to evidence-based care guidelines).

Does care management under this contract include patient-oriented intervention, physician-oriented intervention, or both?

MARK ONE

- 1 Physician-oriented intervention only — **Go to C1 (the rest of the questions in Section B pertain to interventions with members)**
- 2 Member-oriented intervention only — **Go to B5**
- 3 Both physician- and member-oriented intervention — **Go to B5**

B5. Approximately what percentage of members who were enrolled under this contract in 2007 used care management (that is, they were directly contacted by care managers)? Your best estimate is fine.

|_|_|_| % Percent using care management in 2007

B6. Please indicate the criteria used to determine member eligibility for care management.

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. High cost of care or high service use (past or expected in the future).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Specific health events or procedures (such as surgeries).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Gaps in care (such as the lack of needed diagnostic testing).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. High prescription drug use.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Functional limitations.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Specific diagnoses or conditions, or medical complexity.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Specific lab values or clinical indicators out of range.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Need for palliative or end-of-life care.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Please list other criteria used to determine eligibility for care management.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B7. Please indicate the approaches used to identify members for care management.

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Claims review or predictive model (based on service or prescription drug use, costs, diagnoses, or procedures).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Clinical or diagnostic data review (including review of Medicare Advantage risk scores).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Provider referral.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Nonclinical staff referral (including customer service or pre-certification staff).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Member self-referral.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Administration of a health risk assessment.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Please list other approaches used to identify members for care management.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B8. Please indicate the criteria your organization uses to exclude members from care management.

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Terminal illness or participation in hospice.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Dementia.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. End Stage Renal Disease (ESRD).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Please list other criteria used to exclude members from care management.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
<hr/>		
<hr/>		
e. No exclusion criteria used.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B9. How often does your organization (proactively) identify members who may need care management?

MARK THE MOST COMMON

- 1 At enrollment only
- 2 Daily
- 3 Weekly
- 4 Monthly
- 5 Several times a year
- 6 Annually
- 7 Other (*Please specify*)

B10. Please indicate the types of professional staff providing care management under this contract. (Please remember to include any staff NOT directly employed by your organization who provide such care.)

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Nurses:		
1. Advance practice nurses.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Registered nurses.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3. Licensed practical or vocational nurses.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Staff other than nurses:		
1. Social workers.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Physical, occupational, speech, or respiratory therapists.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3. Behavioral health specialists or therapists.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
4. Pharmacy staff.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
5. Registered dietician.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
6. Primary care physicians.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
7. Please list other types of staff providing care management....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B10a. Do care managers serve only members covered under this (Medicare) contract, or do they also serve members covered under other (non-Medicare) contracts?

- 1 Care managers serve only members with Medicare
- 2 Care managers also serve younger members covered under commercial contracts or other non-Medicare covered members

B11. Some care management programs formally assign members receiving care management to levels, for example depending on the complexity of the members' problems. Does your care management program have different levels?

- 1 Yes — Please answer questions in the rest of Section B for the care management level to which most members are assigned. (Continue to B12)
- 0 No — Continue to B12

B12. Does care management include a *comprehensive* assessment of member health and health-related needs (for example, an assessment that goes beyond a brief health risk assessment)?

- 1 Yes — Go to B13
- 0 No — Go to B17

B13. Please indicate the types of staff who conduct comprehensive assessments.

MARK ALL THAT APPLY

- 1 Clinical staff directly employed by or contracted with your organization (such as nurses, social workers, or physicians)
- 2 Non-clinical staff directly employed by or contracted with your organizations (such as customer relations or outreach staff)
- 3 No staff involved; assessments are self-administered

B14. How is comprehensive assessment data collected?

MARK ALL THAT APPLY

- 1 In person with the member or health care decision maker
- 2 By telephone with the member or health care decision maker
- 3 By mail to the member or health care decision maker
- 4 Through records, claims, or prescription-refill review
- 5 Please list other sources of or approaches to collecting assessment data

B15. Do care managers develop care plans based on comprehensive assessments?

- 1 Yes — **Go to B16**
- 0 No — **Go to B17**

B16. How are the care plans used?

MARK ALL THAT APPLY

- 1 To guide care manager practice or make it more consistent across members
- 2 To document goals for members
- 3 To facilitate communication with physicians
- 4 To facilitate care continuity
- 5 To document compliance with accreditation requirements
- 6 Please list other ways care plans are used

B17. What is the usual mode of contact with *individual* members in care management? (Do not include mass mailings of health-related literature.)

MARK ONE

- 1 In person
- 2 Telephone
- 3 Mail
- 4 Email or internet website

B18. How is the frequency of member contact determined?

MARK ALL THAT APPLY

- 1 Pre-set minimum
- 2 Formula or algorithm-driven frequency based on claims or other records
- 3 Staff judgment based on member need
- 4 Please list other ways frequency of member contact is determined

B19. Does care management include the use of a home tele-monitoring or other similar device to monitor members' vital signs, symptoms, or clinical indicators? *Please include use of devices as part of pilot programs as well as standard operations.*

- 1 Yes — **Go to B20**
- 0 No — **Go to B22**

B20. What does the device(s) measure?

MARK YES OR NO FOR EACH

	<u>Yes</u>	<u>No</u>
a. Blood pressure.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Heart rate.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Blood glucose (glucometer readings).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Weight.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Blood oxygen saturation (pulse oxygen or O ₂ saturation).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Peak flow.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Protime (PT/INR, blood coagulation).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Patient answers to simple questions on symptoms and behavior....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Please list other types of measurements collected.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B21. How often, on average, are readings transmitted from members to care managers?

MARK ONE

- 1 More than once a day
 - 2 Daily
 - 3 Weekly
 - 4 Other (*Please specify*)
-

B22. Do members in care management receive education about how to better manage chronic conditions or disabilities?

- 1 Yes — **Go to B23**
- 0 No — **Go to B24**

B23. How is education provided to members in care management?

MARK YES OR NO FOR EACH

	<u>Yes</u>	<u>No</u>
a. Staff follow curriculum with individual members.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Staff follow curriculum addressing groups of members	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Staff follow checklists.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Staff use scripts provided by computer algorithm.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Staff use teachable moments.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Staff provide written material to members.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Staff provide videos or DVDs to members.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. On-line education available to members.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Please list other ways education is provided.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B24. Does care management include managing or assisting members with care setting transitions such as hospital or nursing home discharges?

- 1 Yes — **Go to B25**
- 0 No — **Go to B27**

B25. How do care managers identify care setting transitions?

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Staff receive information based on pre-admission screening or benefit advisory review.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Staff routinely review facility admissions logs.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Hospitals routinely notify contract holder of all members admitted or discharged.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Staff relies on primary physicians to report transition.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Staff relies on members or caregivers to report transition.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Please list other ways care transitions are identified.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B26. How do care managers respond to setting transitions such as facility discharges?

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Work with facility staff throughout stay.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Work with facility staff only in advance of discharge.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Assist with implementing facility discharge plan.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Make arrangements with providers identified in discharge plan.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Telephone members to follow up on discharge arrangements.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Visit members to follow up on discharge arrangements.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Review member medications either by telephone or visit.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Please list other ways your staff help with a facility discharge.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B27. Does care management include identifying and resolving member problems related to medications?

- 1 Yes — **Go to B28**
- 0 No — **Go to B30**

B28. How are member problems with medications identified?

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Pharmacy Benefit Manager (PBM) identifies problems.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Care managers, pharmacists, or other staff review reports on prescription drug claims (possibly using software that identifies potential problems).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Care managers administer screening instrument to members concerning medications taken.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Members discuss medications and problems with care managers during routine contacts.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Primary care physicians or other providers report medications and related problems to care managers.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Please list other ways problems with medications are identified....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B29. How do care managers respond to member problems with medications?

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Ask pharmacist to review medications to identify solution.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Notify primary care physician to resolve.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Notify all relevant physicians to resolve.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Disease manager (or pharmacist) can adjust some medications using standing protocols.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Provide member education or refer member to Medication Therapy Management Program (MTMP).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Notify member of problem and suggested solution.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Please list other ways care managers respond to problems with medications.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B30. Does care management include assisting members with access to support services such as personal care, transportation to medical appointments, assistance applying for Medicaid, or financial assistance programs?

- 1 Yes — **Go to B31**
- 0 No — **Go to B34**

B31. How do care managers identify member need for support services?

MARK ALL THAT APPLY

- 1 Periodically assess need for support services of members receiving care management
- 2 Physicians or other providers refer members requiring support services
- 3 Please list other ways members needs are identified

B32. How do care managers assist members who need support services?

MARK YES OR NO FOR EACH

- | | <u>Yes</u> | <u>No</u> |
|---|----------------------------|----------------------------|
| a. Give members a provider referral list..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Recommend certain providers to members..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Make service arrangements for members with providers..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Follow up on services provided..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Please list other ways members are assisted with support services..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

B33. Do plans operating under this contract pay for any support services not covered by Medicare?

- 1 Yes
- 0 No

B34. Do care managers assess the availability of care from family members, health care decision makers, friends, or other unpaid helpers?

- 1 Yes
- 0 No

B35. Do care managers coordinate with family members, health care decision makers, or other unpaid helpers during care setting transitions and other events?

- 1 Yes — **Go to B36**
- 0 No — **Go to B37**

B36. What assistance do care managers provide to family members, health care decision makers, or other unpaid helpers during care setting transition and other events?

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Inform helpers of support services.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Refer helpers to respite services.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Teach or train helpers to perform specific tasks.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Please list other ways your plan coordinates with informal caregivers.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B37. What is the duration of care management, on average, for members using this service? Your best estimate is fine.

- |_|_|_| 1 Days
 Number of 2 Weeks
 3 Months
 4 Program duration is not limited — **Go to B40**

B38. Please describe one or two main criteria for discharge from your care management program.

B39. During 2007, approximately what percentage of care management program users were discharged within one year of start of care management? Your best estimate is fine.

|_|_|_| % Percentage discharged within one year

B40. Approximately what percentage of members who received care management in 2007 were in each of the following age groups? Your best estimate is fine.

	<u>PERCENT</u>
a. 18 to 64.....	_ _ _ %
b. 65 to 74.....	_ _ _ %
c. 75 to 84.....	_ _ _ %
d. 85 or older.....	_ _ _ %
e. Check here if data not available.....	<input type="checkbox"/> __

B41. Approximately what percentage of members who received care management in 2007 were female or male? *Your best estimate is fine.*

PERCENT

- a. Female..... |__|__|__| %
- b. Male..... |__|__|__| %
- c. Check here if data not available..... _

B43. Approximately what percentage of members who received care management in 2007 had none, one, two, or three or more chronic health conditions? *Your best estimate is fine.*

PERCENT

- a. No chronic conditions..... |__|__|__| %
- b. One chronic condition..... |__|__|__| %
- c. Two chronic conditions..... |__|__|__| %
- d. Three or more chronic conditions.... |__|__|__| %
- e. Check here if data not available.....

Section C: Characteristics of Disease Management Programs

C1. Is disease management available to members served under this contract?

As noted earlier in the instructions, for the purposes of this survey, by disease management we mean:

Services that: teach members how to adhere to their physicians' treatment plans; monitor member clinical status and adherence to treatment recommendations; and monitor provider adherence to evidence-based practice guidelines. Disease management is typically targeted to members with specific chronic diseases, such as heart failure or diabetes. Such diseases often have complex treatment regimens, and maintaining adherence requires the sustained efforts of patients and physicians.

- ¹ Yes — **Go to C2**
- ⁰ No — **Go to Section D**

C2. Is disease management provided by staff employed by the contract holder, a vendor, network providers (such as primary care physicians), or others not directly employed by the contract holder?

MARK ALL THAT APPLY

- 1 Contract holder staff
- 2 Vendor
- 3 Plan network provider
- 4 Provided by other non-contract holder staff (*Please specify*)

C3. If a NON-contract holder staff provide disease management, are they responsible for any of the following?

MARK YES OR NO FOR EACH

- | | <u>Yes</u> | <u>No</u> |
|---|----------------------------|----------------------------|
| a. Initial identification of members for disease management..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Ongoing identification of members for disease management..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Feeding back member data to the contract holder..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Communicating with other providers that serve members such as hospitals, nursing homes, or pharmacy benefits managers..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. None of the above; contract holder staff provide all disease management..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

Remember, if your organization contracts out some or all of its disease management services (for example, to a disease management vendor), please answer the remaining questions in Section C both in terms of your organization AND others with whom you contract.

C4. For what diagnoses is disease management offered?

MARK YES OR NO FOR EACH

- | | <u>Yes</u> | <u>No</u> |
|---|----------------------------|----------------------------|
| a. Congestive Heart Failure (CHF)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Other chronic cardiac diagnoses such as Coronary Artery Disease (CAD)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Diabetes..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Chronic Obstructive Pulmonary Disease (COPD)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Other chronic respiratory diagnoses (such as asthma)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Chronic kidney disease..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. High cholesterol..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| h. High blood pressure..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| i. Other diagnoses (<i>Please specify</i>)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

C5. Typically, disease management involves direct intervention with members. But it may also involve working with members' physicians (for example, by promoting adherence to evidence-based care guidelines).

Does disease management under this contract include patient-oriented intervention, physician-oriented intervention, or both?

MARK ONE

- 1 Physician-oriented intervention only — **Go to D1** (the rest of the questions in Section C pertain to interventions with members)
- 2 Member-oriented intervention only — **Go to C5a**
- 3 Both physician- and member-oriented intervention — **Go to C5a**

C5a. Is disease management under this contract a population-based or opt-in program?

MARK ONE

- 1 Population-based, including all members with targeted diagnoses or conditions
- 2 Population-based, with opt-out provisions for members who do not wish to participate
- 3 Opt-in (members with targeted diagnoses or conditions are invited to participate and must agree to participate)

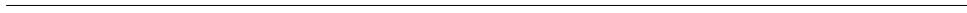
C6. Approximately what percentage of members who were enrolled under this contract in 2007 used disease management (that is, they were directly contacted by disease managers)? Your best estimate is fine.

|_|_|_| % Percent using disease management in 2007

C7. Please indicate the criteria used to determine member eligibility for disease management, in addition to medical diagnosis.

MARK YES OR NO FOR EACH

	<u>Yes</u>	<u>No</u>
a. High cost of care or high service use (past or expected in the future).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Specific health events or procedures (such as surgeries).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Gaps in care (such as the lack of needed diagnostic testing).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. High prescription drug use.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Specific diagnoses or conditions (in addition to those mentioned in C4) or medical complexity.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Specific lab values or clinical indicators out of range.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Please list other criteria used to determine eligibility for disease management.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>



C8. Please indicate the approaches used to identify members for disease management.

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Claims review or predictive model (based on service or prescription drug use, costs, diagnoses, or procedures).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Clinical or diagnostic data review (including review of Medicare Advantage risk scores).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Provider referral.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Nonclinical staff referral (including customer service or pre-certification staff).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Member self-referral.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Administration of a health risk assessment.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Please list other approaches used to identify members for care management.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

C9. Please indicate the criteria your organization uses to exclude members from disease management.

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Terminal illness or participation in hospice.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Dementia.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. End Stage Renal Disease (ESRD).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Please list other criteria used to exclude members from disease management.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

e. No exclusion criteria used.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
------------------------------------	----------------------------	----------------------------

C10. How often does your organization (proactively) identify members who may need disease management?

MARK THE MOST COMMON

- 1 At enrollment only
- 2 Daily
- 3 Weekly
- 4 Monthly
- 5 Several times a year
- 6 Annually
- 7 Other (*Please specify*)

C11. Please indicate the types of professional staff providing disease management under this contract. (Please remember to include any staff NOT directly employed by your organization who provide such care.)

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Nurses:		
1. Advance practice nurses.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Registered nurses.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3. Licensed practical or vocational nurses.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Staff other than nurses:		
1. Social workers.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Physical, occupational, speech, or respiratory therapists.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3. Behavioral health specialists or therapists.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
4. Pharmacy staff.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
5. Registered dieticians.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
6. Primary care physicians.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
7. Please list other types of staff providing disease management.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

C11a. Do disease managers serve only members covered under this (Medicare) contract, or do they also serve members covered under other (non-Medicare) contracts?

- Disease managers serve only members with Medicare
- Disease managers also serve younger members covered under commercial contracts or other non-Medicare covered members

C12. Some disease management programs formally assign members receiving disease management to levels, for example depending on the severity of the members' conditions. Does your disease management program have different levels?

- Yes — Please answer questions in the rest of Section C for the disease management level to which most members are assigned. (Continue to C13)
- No – Continue to C13

C13. Does disease management include a comprehensive assessment of member health and health related needs (for example, an assessment that goes beyond a brief health risk assessment)?

- Yes — Go to C14
- No — Go to C18

C14. Please indicate the types of staff who conduct comprehensive assessments.

MARK ALL THAT APPLY

- 1 Clinical staff directly employed by or contracted with your organization (such as nurses, social workers, or physicians)
- 2 Non-clinical staff directly employed by or contracted with your organizations (such as customer relations or outreach staff)
- 3 No staff involved; assessments are self-administered

C15. How is comprehensive assessment data collected?

MARK ALL THAT APPLY

- 1 In person with the member or health care decision maker
- 2 By telephone with the member or health care decision maker
- 3 By mail to the member or health care decision maker
- 4 Through records, claims, or prescription-refill review
- 5 Please list other sources of or approaches to collecting assessment data

C16. Do disease managers develop care plans based on comprehensive assessments?

- 1 Yes — **Go to C17**
- 0 No — **Go to C18**

C17. How are the care plans used?

MARK ALL THAT APPLY

- 1 To guide disease manager practice or make it more consistent across members
- 2 To document goals for members
- 3 To communicate with physicians
- 4 To facilitate care continuity
- 5 To document compliance with accreditation requirements
- 6 Please list other ways care plans are used

C18. What is the usual mode of contact with individual members in disease management? (Please do not include mass mailings of health-related literature.)

MARK ONE

- 1 In person
- 2 Telephone
- 3 Mail
- 4 Email or internet website

C19. How is the frequency of member contact determined?

MARK ALL THAT APPLY

- 1 Pre-set minimum
- 2 Formula or algorithm-driven frequency based on claims or other records
- 3 Staff judgment based on member need
- 4 Please list other ways frequency of member contact is determined

C20. Does disease management include the use of a home tele-monitoring or other similar device to monitor members' vital signs, symptoms, or clinical indicators? Please include use of devices as part of pilot programs as well as standard operations.

- 1 Yes — **Go to C21**
- 0 No — **Go to C23**

C21. What does the device(s) measure?

MARK YES OR NO FOR EACH

	<u>Yes</u>	<u>No</u>
a. Blood pressure.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Heart rate.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Blood glucose (glucometer readings).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Weight.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Blood oxygen saturation (pulse oxygen or O ₂ saturation).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Peak flow.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Protime (PT/INR, blood coagulation).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Patient answers to simple questions on symptoms and behavior....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Please list other types of measurements collected.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

C22. How often, on average, are readings transmitted from the member to disease managers?

MARK ONE

- 1 More than once a day
 - 2 Daily
 - 3 Weekly
 - 4 Other (*Please specify*)
-

C23. Do members in disease management receive education about how to better manage chronic conditions?

- 1 Yes — **Go to C24**
- 0 No — **Go to C25**

C24. How is education provided to members in disease management?

MARK YES OR NO FOR EACH

	<u>Yes</u>	<u>No</u>
a. Staff follow curriculum with individual members.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Staff follow curriculum addressing groups of members	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Staff follow checklists.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Staff use scripts provided by computer algorithm.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Staff use teachable moments.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Staff provide written material to members.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Staff provide videos or DVDs to members.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. On-line education available to members.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Please list other ways education is provided.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

C25. Does disease management include managing or assisting members with care setting transitions such as hospital or nursing home discharges?

- 1 Yes — **Go to C26**
- 0 No — **Go to C28**

C26. How do disease managers identify care setting transitions?

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Staff receive information based on pre-admission screening or benefit advisory review.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Staff routinely review facility admissions logs.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Hospitals routinely notify contract holder of all members admitted or discharged.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Staff relies on primary physicians to report transition.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Staff relies on members or caregivers to report transition.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Please list other ways care transitions are identified.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

C27. How do disease managers respond to setting transitions such as facility discharges?

MARK YES OR NO FOR EACH	<u>Yes</u>	<u>No</u>
a. Work with facility staff throughout stay.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Work with facility staff only in advance of discharge.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Assist with implementing facility discharge plan.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Make arrangements with providers identified in discharge plan.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Telephone members to follow up on discharge arrangements.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Visit members to follow up on discharge arrangements.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Review member medications either by telephone or visit.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Please list other ways your staff help with a facility discharge.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

C28. Does disease management include identifying and resolving member problems related to medications?

- 1 Yes — **Go to C29**
- 0 No — **Go to C31**

C29. How are member problems with medications identified?

- | MARK YES OR NO FOR EACH | <u>Yes</u> | <u>No</u> |
|---|----------------------------|----------------------------|
| a. Pharmacy Benefit Manager (PBM) identifies problems..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Disease managers, pharmacists, or other staff review reports on prescription drug claims (possibly using software that identifies potential problems)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Disease managers administer screening instrument to members concerning medications taken..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Members discuss medications and problems with disease managers during routine contacts..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Primary care physicians or other providers report medications and related problems to disease managers..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Please list other ways problems with medications are identified.... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

C30. How do disease managers respond to member problems with medications?

- | MARK YES OR NO FOR EACH | <u>Yes</u> | <u>No</u> |
|--|----------------------------|----------------------------|
| a. Ask pharmacist to review medications to identify solution..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Notify primary care physician to resolve..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Notify all relevant physicians to resolve..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Disease manager (or pharmacist) can adjust some medications using standing protocols..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Provide member education or refer member to Medication Therapy Management Program (MTMP)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Notify member of problem and suggested solution..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Please list other ways disease managers respond to problems with medications..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

C31. What is the duration of disease management, on average, for members using this service? Your best estimate is fine.

- | | |
|-----------|---|
| _ _ _ | 1 <input type="checkbox"/> Days |
| Number of | 2 <input type="checkbox"/> Weeks |
| | 3 <input type="checkbox"/> Months |
| | 4 <input type="checkbox"/> Program duration is not limited — Go to C34 |

C32. Please describe the one or two main criteria for discharge used by your disease management program.

C33. During 2007, approximately what percentage of disease management program users were discharged within one year of start of disease management? *Your best estimate is fine.*

|_|_|_| % Percentage discharged within one year

C34. Approximately what percentage of your current disease management program members are in each of the following age groups? *Your best estimate is fine.*

PERCENT

- a. 18 to 64..... |_|_|_| %
- b. 65 to 74..... |_|_|_| %
- c. 75 to 84..... |_|_|_| %
- d. 85 or older..... |_|_|_| %
- e. Check here if data not available.....

C35. Approximately what percentage of your current disease management program members are female or male? *Your best estimate is fine.*

PERCENT

- a. Female..... |_|_|_| %
- b. Male..... |_|_|_| %
- c. Check here if data not available.....

C36. Approximately what percentage of members in your disease management program have none, one, two, or three or more chronic health conditions? *Your best estimate is fine.*

PERCENT

- a. No chronic conditions..... |_|_|_| %
- b. One chronic condition..... |_|_|_| %
- c. Two chronic conditions..... |_|_|_| %
- d. Three or more chronic conditions... |_|_|_| %

e. Check here if data not available.....

Section D: Physician Interventions under
Care or Disease Management

D1. Are physicians expected to collaborate with your care or disease managers, for example, by calling them with new information about patients or participating in multi-disciplinary team meetings?

- Yes, required by contract
 Yes, encouraged to collaborate (but not contractually required)
 No, not expected

D2. Are physicians provided with decision support tools such as evidence-based practice guidelines or patient-specific reports showing gaps in care?

- Yes
 No

D3. Does your organization offer feedback on provider performance concerning patients receiving care or disease management services?

- Yes
 No

Section E: Care and Disease Management Differences Between
Regular Medicare Advantage Plans and Special Needs
Plans (SNPs)

E1. Does this contract include one or more regular (traditional) Medicare Advantage (MA) plans AND one or more Special Needs Plans (or SNPs) that offer care management or disease management?

- Yes, contains regular MA plan and SNP — **Go to E2**
 No, contains just regular MA plan(s) or just SNP(s) — **Go to Section F**

E2. What are the main differences between care and disease management under the contract's SNP compared to under the contract's regular Medicare Advantage plans?

- No difference — **Go to E4**
 Some differences — **Go to E3**

E3. Please indicate the main differences between your care or disease management under SNP and under the contract's regular Medicare Advantage plans.

MARK ALL THAT APPLY

- 1 Higher proportions of SNP members use services (or use services at higher levels of complexity, if use of such levels reported above)
- 2 Services are of longer duration under the SNP
- 3 Staff have smaller caseloads under the SNP
- 4 Services are more structured under the SNP (for example, staff rely more on written protocols)
- 5 Please describe other differences with your SNP

E4. Is one of your SNPs designated by CMS as a dual-eligible plan? (Dual-eligibles are those who are eligible for both Medicare and Medicaid.)

- 1 Yes — **Go to E5**
- 0 No — **Go to F1**

E5. Does this dual-eligible SNP have a contract with the Medicaid program in the state which includes its service area?

- 1 Yes — **Go to E6**
- 0 No — **Go to F1**

E6. Please indicate how having a Medicaid contract has affected SNP members?

MARK ALL THAT APPLY

- 1 Provides better access to home- and community-based services
- 2 Provides an incentive to move members from nursing homes to the community
- 3 Provides better coordination of services covered by Medicare and Medicaid
- 4 Please describe other ways that the Medicaid contract has affected SNP members

Section F: Evidence of Effectiveness and Assessment of Costs

F1. Does your organization determine the success of its care and disease management services using any of the following criteria?

- | MARK YES OR NO FOR EACH | <u>Yes</u> | <u>No</u> |
|---|----------------------------|----------------------------|
| a. Reduced costs of care..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Reduced rates of preventable admissions..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. By whether specific care is received, such as diagnosis-specific screenings or immunizations..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. By specific health outcomes, such as improved clinical indicators for levels of blood pressure, cholesterol, or blood glucose..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Improved member satisfaction..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. By meeting operational performance standards, such as care or disease manager frequency of contact with members..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Please describe other ways your plan may define success..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

F2. What data (or other information) does your organization use to determine the success of care and disease management?

- | MARK YES OR NO FOR EACH | <u>Yes</u> | <u>No</u> |
|---|----------------------------|----------------------------|
| a. Claims for covered services..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Clinical data collected directly..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Clinical data providers report to the plan..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Self-reported (member) health or satisfaction..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Please describe other ways your plan measures success..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

- | | | |
|---|----------------------------|----------------------------|
| f. Does not formally determine success..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
|---|----------------------------|----------------------------|

F3. To determine success, do you compare these measures to the following values?

- MARK YES OR NO FOR EACH
- | | <u>Yes</u> | <u>No</u> |
|---|----------------------------|----------------------------|
| a. National or local managed care benchmarks.... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. National or local fee-for-service benchmarks.... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Members' baseline values..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Please describe other bases for comparisons... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| <hr/> | | |
| <hr/> | | |
| e. Does not formally determine success..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

F4. Is your care or disease management program viewed as a separate marketable plan benefit, a management tool, or both?

MARK ALL THAT APPLY

- 1 Separate marketable plan benefit
 - 2 Utilization and risk management tool
 - 3 Quality management tool
 - 4 Please describe other purposes for care and disease management under this contract
-
-

F5. Please describe how the estimated costs of care or disease management are represented in the organization's Medicare contract bid.

MARK ALL THAT APPLY

- 1 Costs spread across several medical service categories
 - 2 Costs spread across several administrative categories
 - 3 Costs appear in a single category (*Please specify* _____)
 - 4 Please describe other approaches to representing costs in the contract bid
-

F6. Does your organization account for the actual costs of care or disease management separately from other plan costs?

- 1 Yes
- 0 No

F7. Does your organization contract to a vendor for all or part of its care or disease management program?

Please check response to B2 or C2

- Yes, either B2 or C2 indicates use of a vendor — **Go to F8**
- No, neither B2 nor C2 indicates use of vendor — **Go to F10**

F8. Does your contract with the vendor guarantee your organization savings?

- Yes — **Go to F9**
- No — **Go to F10**

F9. How are these savings computed?

F10. Does your organization also provide care or disease management in the fee-for-service sector?

- Yes — **Go to F11**
- No — **Go to F12**

F12. Please indicate barriers your organization may have encountered in implementing care or disease management programs in a fee-for-service environment.

MARK ALL THAT APPLY

- Inadequate information available to manage of all Medicare services
- Insufficient control over provider behavior
- Inability to negotiate with support service providers
- Please describe other barriers you face in implementing these programs under fee-for-service

F13. Please attach examples of internal evaluations of care or disease management your organization has conducted, if willing to share them with CMS.

F14. Thank you for completing the questionnaire. Please return it in the enclosed postage paid envelope. If you have additional information about your care or disease management program that you think may be of interest to this evaluation, please include it with the completed questionnaire.

**If you have misplaced the envelope, please send your completed questionnaire to:
Todd Ensor at Mathematica Policy Research, Inc. (MPR), P.O. Box 2393, Princeton, NJ
08543-2393.**

APPENDIX B:
PRE-SURVEY INITIAL CALL FORM

OMB No.: XXXX-XXXX
Expiration Date: XX/XX/20XX
MPR Reference No.: 6387-201

MATHEMATICA
Policy Research, Inc.

MPR ID Number: |__|__|__|__|__|__|__|__|__|

Medicare Advantage Contract Number: |__|__|__|__|__|

**Evaluation of Care and
Disease Management
Under Medicare
Advantage**

Initial Call Form

Draft

December 17, 2007

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850.

Hello, my name is INTERVIEWER'S FULL NAME. I am calling from Mathematica Policy Research on behalf of the Medicare program. May I please speak to PERSON LISTED ON CONTACT SHEET of CONTRACTOR ORGANIZATION NAME?

REASON FOR THE CALL

We recently sent (you/PERSON) a letter describing the survey we are conducting as part of a Centers for Medicare & Medicaid Services (CMS) study of Medicare Advantage care and disease management programs. I would like to ask you a few questions about the plans operating under this Medicare Advantage contract. I would also like your help in identifying the person at your organization to whom our survey should be sent.

Q1. According to information provided by CMS, this contract includes NUMBER OF PLANS health plans. Is that correct?

Number of Plans under this contract will be fed in to this form from HPMS

YES.....(GO TO Q3)
1
NO
0

Q2. How many health plans operate under this contract?

|_|_| Health Plans

Q3. DISTINCTION BETWEEN CARE AND DISEASE MANAGEMENT

The next questions are about care management and disease management programs operated by plans under this contract and how they may vary across those plans.

For the purposes of this survey we draw the following distinction between care management and disease management:

First, **care management**, sometimes referred to as care coordination, case management, or complex case management. For the purposes of our survey, by care management we mean:

A group of services for members who have multiple medical or behavioral health conditions or who are medically complex. It often involves assigning a member to a single staff person or team to monitor the member's clinical care and services, to assist with transitions between care settings, and to help the member access needed health and support services.

By contrast, by **disease management** we mean:

Services that: teach members how to adhere to their physicians' treatment plans; monitor member clinical status and adherence to treatment recommendations; and monitor provider adherence to evidence-based practice guidelines. Disease management is typically targeted to members with specific chronic diseases, such as heart failure or diabetes. Such diseases often have complex treatment regimens, and maintaining adherence requires the sustained efforts of patients and physicians.

(Do any of the health plans/Does the health plan) operating under this Medicare Advantage contract offer care management to its members? *Please do **not** include short-term or single-event services available to all plan members, such as pre-admission screening or the services of a health advocate.*

YES
1
NO.....(GO TO Q7)
0

Q4. **INTERVIEWER: CHECK QUESTION Q2. IS THERE MORE THAN ONE PLAN?**

YES
1
NO.....(GO TO Q7)
0

Q5. Does care management differ in any meaningful way across plans under this contract?

YES

1

NO.....(GO TO Q7)

0

Q6. What are two or three main ways it differs?

Q7. Next, disease management. [REPEAT DEFINITIONS IF NECESSARY]

(Do any of the health plans/Does the health plan) operating under this Medicare Advantage contract offer disease management to its members?

YES

1

NO.....(GO TO Q11)

0

Q8. **INTERVIEWER: CHECK QUESTION Q2. IS THERE MORE THAN ONE PLAN?**

YES

1

NO.....(GO TO Q11)

0

Q9. Does disease management differ in any meaningful way across plans under this contract?

YES

1

NO.....(GO TO Q11)

0

Q10. What are two or three main ways it differs?

Q11. We would like to send you a mail survey which will ask you to describe the (care/disease/care and disease) management programs offered under this contract. The survey is meant to take roughly 45 minutes to complete.

Individual responses to this survey will be kept confidential. Answers from all responding contract holders will be tabulated and provided to CMS in aggregate form only. Responses will not be linked to individual contracts, plans, or respondents.

To whom should the survey be sent, keeping in mind that that person may need to gather information for particular responses from other contract holder staff? (In particular, a few questions ask about the proportions of care and disease management users by age, sex, and number of chronic conditions.)

INTERVIEWER: IF THE PERSON TO WHOM YOU ARE SPEAKING WANTS THE QUESTIONNAIRE SENT TO HIM OR HER, VERIFY (AND CORRECT) ADDRESS AND OTHER CONTACT INFORMATION ON THE CONTACT SHEET.

ASK WHETHER THE PERSON WOULD LIKE TO HAVE THE DOCUMENT SENT VIA EMAIL AND IF SO, GET THE PERSON'S EMAIL ADDRESS.

IF THE QUESTIONNAIRE IS TO BE SENT TO ANOTHER PERSON, RECORD THE NAME AND MAILING INFORMATION UNDER Q12. ASK WHETHER THAT PERSON SHOULD ALSO RECEIVE THE QUESTIONNAIRE VIA EMAIL AND IF SO, MAKE SURE TO FILL IN THE EMAIL ADDRESS BELOW.

Q12. NAME: _____
TITLE: _____
ORGANIZATION: _____
ADDRESS 1: _____
ADDRESS 2: _____
CITY: _____
STATE: _____
ZIP CODE: _____
TELEPHONE NUMBER: _____
EMAIL ADDRESS: _____

Q13. IF MORE THAN ONE QUESTIONNAIRE SHOULD BE SENT BECAUSE CARE OR DISEASE MANAGEMENT DIFFER SUBSTANTIALLY ACROSS PLANS WITHIN THIS CONTRACT, RECORD THE ADDITIONAL RESPONDENT'S MAILING INFORMATION HERE. BRING THIS CASE TO THE ATTENTION OF YOUR SURVEY SUPERVISOR.

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____

STATE: _____

ZIP CODE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

APPENDIX C:
LETTERS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop N2-04-27
Baltimore, Maryland 21244-1850



CMS PRIVACY OFFICER

Month day, 2008

Mr./Ms. First and Last Name
Title
Company Name
Address
City, State, Zip code

Dear Mr./Ms. Last Name:

The Centers for Medicare & Medicaid Services (CMS) is conducting an evaluation of care and disease management programs provided by Medicare Advantage plans. As part of this evaluation, Mathematica Policy Research, Inc. (MPR) is conducting a survey of all Medicare Advantage plans operating in 2008. The survey is designed to learn about the availability of care and disease management programs and some of their key features.

You have received this questionnaire because you were named as the contact person for MA CONTRACTOR NAME which holds a Medicare Advantage contract covering COVERAGE AREA. The contract number is CONTRACT NUMBER; this contract covers the following plans: PLAN ID NUMBERS. Please only report on this MA contract and its associated plans when you complete the enclosed questionnaire.

Your participation in this survey is voluntary, but vital to CMS's understanding of care and disease management programs. Please complete the enclosed questionnaire and return it in the self-addressed, stamped envelope by **[DATE]**. Individual responses to this survey will be kept confidential. Answers from all responding contract holders will be tabulated and provided to CMS in aggregate form. Responses will not be linked to individual contracts or persons.

Please take the time to complete the enclosed questionnaire. If you have questions about CMS's evaluation, please feel free to call the evaluation's CMS project officer, Noemi Rudolph, at (410) 786-6662. For specific questions about the questionnaire, please call Todd Ensor, MPR's Survey Director at (609) 275-2326. We look forward to learning about your program.

Sincerely,

[NAME]
CMS Project Officer

Enclosure: Survey Questionnaire



CMS PRIVACY OFFICER

Month day, 2008

Mr./Ms. First and Last Name
Title
Company Name
Address
City, State, Zip code

Dear Mr./Ms. Last Name:

The Centers for Medicare & Medicaid Services (CMS) is conducting an evaluation of care and disease management programs provided by Medicare Advantage plans. As part of this evaluation, Mathematica Policy Research, Inc. (MPR) is conducting a survey of all Medicare Advantage plans operating in 2008. The survey is designed to learn about the availability of care management and disease management programs and some of their key features.

An interviewer from MPR will call you in the next few days to conduct the first part of this survey, a very short telephone interview. The interviewer will ask you for some basic information about the health plans and programs offered under your organization's Medicare contract. The interviewer will also ask you to identify the person at your plan who would be most appropriate for responding to the mail portion on the survey. The questionnaire will then be mailed to that person to complete it and return it to MPR.

Your participation in this survey is voluntary, but is never the less vital to developing a comprehensive understanding of care and disease management programs offered by Medicare Advantage plans. The telephone interview will only take about five minutes. All individual responses will be kept confidential. Answers from all responding contract holders will be tabulated and provided to CMS in aggregate form. Responses will not be linked to individual contracts or persons.

If you have questions about CMS's evaluation, please feel free to call the evaluation's CMS project officer, Noemi Rudolph, at (410) 786-6662. For specific questions about the MPR's upcoming telephone call or questionnaire, please call Todd Ensor, MPR's Survey Director at (609) 275-2326. We look forward to receiving your valuable input.

Sincerely,

[NAME]
CMS Project Officer