



MATHEMATICA
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Medicare Advantage Quality Bonus Payment Demonstration: Survey of Health Plan Contract Holders

NAME OF MEDICARE ADVANTAGE CONTRACT

February 1, 2013

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OVERVIEW AND IMPORTANT INSTRUCTIONS: PLEASE READ

This survey has been designed to collect information from organizations with Medicare Advantage (MA) contracts about quality improvement (QI) efforts; the populations they serve; the methods they use to communicate their star ratings; and their perceptions of the quality ratings and the Quality Bonus Payment (QBP) demonstration and its effect on quality. The survey is being conducted for the Centers for Medicare & Medicaid Services (CMS) by Mathematica Policy Research (Mathematica).

Individual responses to this survey will be kept private to the fullest extent permitted by law. 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, organizations, or respondents.

OVERVIEW OF THE SURVEY

Section A, the first section of this survey, asks about the contract's QI activities. By QI activities, we mean any activities implemented to improve patient outcomes, improve system performance, or improve professional development.

Section B asks about the types and characteristics of the population the contract serves.

Section C asks about the types and frequency of communications about QI and star ratings that the organization has with its providers, other individuals, and organizations.

Section D asks about the organization's perceptions towards quality ratings and the QBP demonstration.

Section E asks for the respondent's contact information in case we have a question about any of the responses.

IMPORTANT INSTRUCTIONS: PLEASE READ

1. You have received this questionnaire because you are the contact person for the Medicare Advantage (MA) contract specified on the cover of this document. Please answer the questions only about this contract and its associated plans.
2. All questions in this document refer to the current status of your Medicare Advantage contract, unless otherwise noted.
3. When filling out this questionnaire, always proceed to the next question unless special instructions tell you to go elsewhere.
4. Most questions can be answered by simply checking the appropriate box. For a few questions you will be asked to write in a response. Feel free to elaborate on any responses or to provide additional thoughts or documentation about your contract at the end of the questionnaire.
5. If you do not know the answer to a question, feel free to consult with others at your organization who may have the information requested.
6. If completing a mailed questionnaire, please remove the inner adhesive label on the cover page of the questionnaire that contains your health plan and MAO contract identifying information and leave the outer label that contains only a tracking identification number. Please return the completed questionnaire within the next two weeks in the enclosed return mail envelope to Mathematica Policy Research, P.O. Box 2393, Princeton, New Jersey 08543-2393, ATTN: QBP Survey, or fax it to (609) 799-0005. To return an electronic questionnaire, or if you have any questions, please email QBPSurvey@mathematica-mpr.com.

Throughout the questionnaire, “QI activities” refers to any activities implemented to improve patient outcomes, improve system performance, or improve professional development.

A1. What types of QI activities does your organization currently engage in for this contract?

MARK ALL THAT APPLY

- 1 Provider and/or patient portal systems (any online applications for appointment and/or follow-up reminders, communication between providers, patients and/or hospitals, and/or access to clinical information)
 - 2 Audit and feedback (e.g., feedback of performance to individual providers, quality indicators and reports, publicly released performance data)
 - 3 Provider education (e.g., workshops or educational materials)
 - 4 Patient education (e.g., classes, pamphlets)
 - 5 Changes in operations (organizational structure, process improvements)
 - 6 Information systems (e.g., use of EHRs, integration or upgrading of data systems)
 - 7 Identification of care gaps
 - 8 Facilitating access to services (e.g., using mobile mammography units)
 - 9 Incentivizing members to get needed services (if permitted)
 - 10 Other methods of member engagement
 - 11 Benefit modifications
 - 12 Formulary modifications
 - 13 Provider incentive programs
 - 14 Compliance with NCQA accreditation standards
 - 15 Compliance with state and federal regulations for various QI programs
 - 16 Physician credentialing and medical affairs, supporting evidence based practices
 - 17 Overall utilization management (including for pharmacy and therapeutics and behavioral health)
 - 18 Service QI improvement activities (member complaints and grievances, etc.)
 - 19 Optimizing medical loss ratio – working to ensure safe, efficient and effective care delivery (to include risk management)
 - 20 Other (*Specify*)
-

A2. Do the QI efforts vary for different beneficiary populations?

- 1 Yes
- 0 No → **GO TO A3**

A2a. Which ones?

MARK ALL THAT APPLY

- 1 Dual eligibles
- 2 Patients with chronic conditions
 - 3 Diabetes
 - 4 Coronary artery disease (CAD)
 - 5 Congestive heart failure (CHF)
 - 6 Chronic obstructive pulmonary disease (COPD)
 - 7 Depression
 - 8 End-stage renal disease
 - 9 Other (*Specify*)

- 10 Institutionalized (an MA eligible individual who continuously resides, or who is expected to continuously reside, for 90 days or longer in a long-term care facility which is a skilled nursing facility [SNF] nursing facility [NF]; SNF/NF; an intermediate care facility for the mentally retarded [ICF/MR]; or an inpatient psychiatric facility)
- 11 Age 64 and under and eligible because of a disability
- 12 Age 80 and older
- 13 Persons of a particular racial or ethnic group (*Specify*)

- 14 Persons with English as a second language (*Specify*)

- 15 Other populations (*Specify*)

A2b. How do you tailor your QI efforts to different populations?

A3. Have you worked to contract with providers that have cultural and linguistic competencies for the particular beneficiary populations you are targeting?

- 1 Yes
- 0 No → GO TO A4

A3a. Please describe how you work with these providers.

A4. Do your QI efforts vary by product or plan?

- 1 Yes
- 0 No → GO TO A5
- 2 Plan does not have multiple contracts

A4a. How do your QI efforts vary?

MARK ALL THAT APPLY

- 1 Variation for plans/product types where we are more likely to succeed in changing provider behavior via better collaboration, information, and contracts
- 2 Variation in maintenance of existing QI efforts unless we are close to reaching the next highest star rating
- 3 Variation in efforts for products/plans with lower ratings
- 4 Variation for plans where we expect to get the highest return on our investment (including non-monetary factors such as member retention, stability in benefits, competition, etc.)
- 5 Variation for plans with lower ratings for domains and/or measures considered more actionable, starting with those domains and/or measures that have more actionability
- 6 Variation for plans with lower ratings for domains and/or measures considered to have greater weight, starting with those domains and/or measures that have greater weight
- 7 Other (*Specify*)

A5. Has your organization implemented any QI efforts specifically related to improving star ratings for the contract named on the cover page of this questionnaire?

- 1 Yes
- 0 No → GO TO A6

A5a. To what extent do the star ratings drive your overall QI efforts for this contract?

MARK ONE ONLY

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 0 No extent

A6. As a subset of its general QI activities for this contract, does your organization have a specific star rating strategy to improve its overall star ratings through targeted efforts?

- 1 Yes
- 0 No → GO TO A7

A6a. In what year was your organization's star rating strategy first implemented for this contract?

|_|_|_|_| YEAR

A7. Still thinking about this contract, do your QI efforts vary for any particular domains or measures that are part of the star rating system?

- ¹ Yes
⁰ No → GO TO A9

A7a. Which ones?

MARK ALL THAT APPLY (NOTE: THE FOLLOWING IS A COMPREHENSIVE LIST OF MEASURES FROM 2012 AND 2013)

Part C

Domain 1: Staying Healthy: Screenings, Tests, and Vaccines

- Breast Cancer Screening
- Colorectal Cancer Screening
- Cardiovascular Care—Cholesterol Screening
- Diabetes Care—Cholesterol Screening
- Glaucoma Testing
- Annual Flu Vaccine
- Pneumonia Vaccine
- Improving or Maintaining Physical Health
- Improving or Maintaining Mental Health
- Monitoring Physical Activity
- Adult BMI Assessment
- Access to Primary Care Doctor Visits

Domain 2: Managing Chronic (Long Term) Conditions

- Care for Older adults—Medication Review
- Care for Older adults—Functional Status Assessment
- Care for Older Adults—Pain Screening
- Osteoporosis Management in Women who had a Fracture
- Diabetes Care—Eye Exam
- Diabetes Care—Kidney Disease Monitoring
- Diabetes Care—Blood Sugar Controlled
- Diabetes Care—Cholesterol Controlled
- Controlling Blood Pressure
- Rheumatoid Arthritis Management
- Improving Bladder Control
- Reducing the Risk of Falling
- Plan All-Cause Readmissions

A7a. Which ones?

(
{ MARK ALL THAT APPLY
)

Part C

Domain 3: Member Experience with Health Plan

- Getting Needed Care
- Getting Appointments and Care Quickly
- Customer Service
- Overall Rating of Health Care Quality
- Overall Rating of Plan
- Care Coordination

Domain 4: Member Complaints, Problems Getting Services, and Improvement in the Health Plan's Performance

- Complaints about the Health Plan
- Beneficiary Access and Performance Problems
- Members Choosing to Leave the Plan
- Health Plan Quality Improvement

Domain 5: Health Plan Customer Service

- Plan Makes Timely Decisions about Appeals
- Reviewing Appeals Decisions
- Call Center-Foreign Language Interpreter and TTY/TDD Availability
- Enrollment Timeliness

Part D

Domain 1: Drug Plan Customer Service

- Call Center—Pharmacy Hold Time
- Call Center—Foreign Language Interpreter and TTY/TDD Availability
- Appeals Auto-Forward
- Appeals Upheld
- Enrollment Timeliness

Domain 2: Member Complaints, Problems Getting Services, and Improvement in the Drug Plan's Performance

- Complaints about the Drug Plan
- Beneficiary Access and Performance Problems
- Members Choosing to Leave the Plan
- Drug Plan Quality Improvement

Domain 3: Member Experience with the Drug Plan

- Getting Information from Drug Plan
- Rating of Drug Plan
- Getting Needed Prescription Drugs

Domain 4: Patient Safety and Accuracy of Drug Pricing

- MPF Price Accuracy
- High Risk Medication
- Diabetes Treatment
- Part D Medication Adherence for Oral Diabetes Medications
- Part D Medication Adherence for Hypertension (RAS antagonists)
- Medication Adherence for Cholesterol (Statins)

A8. What are the top domains for which your QI efforts vary for the contract named on the cover page of this questionnaire? Please check up to two domains in Part C, and two domains in Part D.

PART C

- 1 Domain 1—Staying Healthy: Screenings, Tests, and Vaccines
- 2 Domain 2—Managing Chronic (Long Term) Conditions
- 3 Domain 3—Member Experience with Health Plan
- 4 Domain 4—Member Complaints, Problems Getting Services, and Improvement in the Health Plan’s Performance
- 5 Domain 5—Health Plan Customer Service

PART D

- 6 Domain 1—Drug Plan Customer Service
- 7 Domain 2—Member Complaints, Problems Getting Services, and Improvement in the Drug Plan’s Performance
- 8 Domain 3—Member Experience with the Drug Plan
- 9 Domain 4—Patient Safety and Accuracy of Drug Pricing
- 0 Our organization does not focus QI efforts at the domain level → **GO TO A9**

A8a. Why do your QI efforts vary for these domains?

MARK ALL THAT APPLY

- 1 Include measures with the most room for improvement
- 2 Include measures that are most easily impacted by our organization
- 3 Include measures that have the largest impact on the contract’s overall star rating
- 4 Include measures that require fewer resources to improve
- 5 Include measures that require the least time to improve
- 6 Include measures that are most important for member health and wellness
- 7 Include measures that are unlikely to be retired or to change significantly from year to year
- 8 Include measures that are most important for accreditation
- 9 Other (*Specify*)

A9. Which areas/departments within your organization have staff currently working on quality improvement for this contract?

A10. Has the contract’s budget for QI efforts increased, decreased, or remained the same over the past three years?

MARK ONE ONLY

- 1 Increased
- 2 Decreased
- 3 Stayed the same

A10a. To what extent is the budget increase due to expanding QI efforts related to star ratings?

MARK ONE ONLY

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 0 Not at all

A11. Are you planning to implement any new QI activities for the contract during the next 12 months?

- 1 Yes
- 0 No → GO TO A12

A11a. What new QI activities are you planning to implement?

MARK ALL THAT APPLY

- 1 Provider and/or patient portal systems (any online applications for appointment and/or follow-up reminders, communication between providers, patients and/or hospitals, and/or access to clinical information)
 - 2 Audit and feedback (e.g., feedback of performance to individual providers, quality indicators and reports, publicly released performance data)
 - 3 Provider education (e.g., workshops or educational materials)
 - 4 Patient education (e.g., classes, pamphlets)
 - 5 Changes in operations (organizational structure, process improvements)
 - 6 Information systems (e.g., use of EHRs, integration or upgrading of data systems)
 - 7 Identification of care gaps
 - 8 Facilitating access to services (e.g., using mobile mammography units)
 - 9 Incentivizing members to get needed services (if permitted)
 - 10 Other methods of member engagement
 - 11 Benefit modifications
 - 12 Formulary modifications
 - 13 Provider incentive programs
 - 14 Other methods of member engagement
 - 15 Benefit modifications
 - 16 Formulary modifications
 - 17 Provider incentive programs
 - 18 Compliance with NCQA accreditation standards
 - 19 Compliance with state and federal regulations for various QI programs
 - 20 Physician credentialing and medical affairs, supporting evidence based practices
 - 21 Overall utilization management (including for pharmacy and therapeutics and behavioral health)
 - 22 Service QI improvement activities (member complaints and grievances, etc.)
 - 23 Optimizing medical loss ratio – working to ensure safe, efficient and effective care delivery (to include risk management)
 - 24 Other (*Specify*)
-

A12. Do you have a provider payment methodology?

- 1 Yes
- 0 No → GO TO A13

A12a. Are the performance measures aligned with star ratings?

- 1 Yes, all measures
- 2 Yes, some measures (*Specify*)

0 No

A13. Do you have provider incentive programs?

- 1 Yes
- 0 No → GO TO A14

A13a. Are the performance measures aligned with star ratings?

- 1 Yes, all measures
- 2 Yes, some measures (*Specify*)

0 No

A14. Have you changed your contractual arrangements with providers to better align with star ratings since [MONTH AND YEAR QBP BEGAN]?

- 1 Yes
- 0 No

A15. To what extent do efforts related to star ratings align with these other QI activities?

MARK ONE ONLY

- 1 Align a lot
- 2 Align a little
- 0 Do not align at all

A16. To what extent is the ability to improve quality and star ratings limited by the contract's population demographics (such as health status and socioeconomic status indicators)?

MARK ONE ONLY

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 0 Not at all

A17. To what extent is your ability to improve quality and star ratings limited by market features and structures (such as the presence of capitation contracts, managed care penetration)?

MARK ONE ONLY

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 0 Not at all

A18. To what extent do market features (such as degree of competition, average star ratings in your area) incentivize you to improve your star ratings?

MARK ONE ONLY

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 0 Not at all

A19. To what extent does the publicity of star ratings incentivize you to improve your star ratings?

MARK ONE ONLY

- 1 Large extent
- 2 Moderate extent
- 3 Small extent
- 0 Not at all

A19a. Is the current publicity/advertising of the star ratings sufficient?

- 1 Yes
- 0 No, more should be done to advertise what they mean and/or how to read them

B1. Please record the percentage of enrollees in your MA contract who are of Hispanic, Latino or Spanish origin.

|_|_|_| %

o Don't know

B2. Please record the percentage of enrollees in your MA contract who are of each race listed below.

a. |_|_|_|_| % White

b. |_|_|_|_| % Black or African American

c. |_|_|_|_| % Asian

d. |_|_|_|_| % American Indian or Alaska Native

e. |_|_|_|_| % Native Hawaiian or other Pacific Islander

o Don't know

B3. Please record the percentage of enrollees in your MA contract who are of each type listed below.

a. |_|_|_|_| % Dual eligible (i.e., have Medicare and Medicaid)

b. |_|_|_|_| % Institutionalized (an MA eligible individual who continuously resides, or who is expected to continuously reside, for 90 days or longer in a long-term care facility which is a skilled nursing facility [SNF] nursing facility (NF); SNF/NF; an intermediate care facility for the mentally retarded [ICF/MR]; or an inpatient psychiatric facility)

c. |_|_|_|_| % 64 and under and eligible because of a disability

d. |_|_|_|_| % 80 and older

o Don't know

B4. Do you use star ratings as a marketing tool to attract beneficiaries to the contract named on the cover page of the questionnaire?

1 Yes

0 No → GO TO B5

B4a. To what extent do you use star ratings as a marketing tool to attract beneficiaries?

MARK ONE ONLY

1 Large extent

2 Moderate extent

3 Small extent

IF YOU ANSWERED B4a, PLEASE GO TO B6

B5. What are the reasons your MA contract does not find star ratings useful as a marketing tool to attract beneficiaries?

MARK ALL THAT APPLY

- 1 Beneficiaries don't understand star ratings
 - 2 Beneficiaries do not think star ratings are important for making a plan choice
 - 3 Our star ratings are the same as or lower than our competitors
 - 4 Other methods for recruiting beneficiaries are more effective
 - 5 Not sure how to use star ratings to attract beneficiaries
 - 6 Other (*Specify*)
-

B6. Do you expect that improvement in your contract's star ratings will lead to increases in beneficiary enrollment?

- 1 Yes
- 0 No → **GO TO B7**

B6a. Why do you expect to see increases in beneficiary enrollment as a result of improvement in your contract's star ratings?

MARK ALL THAT APPLY

- 1 Beneficiaries care about star ratings
 - 2 Higher stars allow us to offer more competitive benefits
 - 3 Higher stars allow us to offer better prices
 - 4 Brokers more likely to recommend plans with higher star ratings
 - 5 (If yours is a 5-star plan) Five-star plans have continuous enrollment
 - 6 Other (*Specify*)
-

B6b. Are there certain domains in particular that you think will lead to increases in beneficiary enrollment if the star ratings improve?

- 1 Yes
- 0 No → **GO TO B6d**

B6c. Which domains?

MARK ALL THAT APPLY

PART C

- 1 Domain 1—Staying Healthy: Screenings, Tests, and Vaccines
- 2 Domain 2—Managing Chronic (Long Term) Conditions
- 3 Domain 3—Member Experience with Health Plan
- 4 Domain 4—Members Complaints, Problems Getting Services, and Improvement in the Health Plan's Performance
- 5 Domain 5—Health Plan Customer Service

PART D

- 6 Domain 1—Drug Plan Customer Service
- 7 Domain 2—Member Complaints, Problems Getting Services, and Improvement in the Drug Plan's Performance
- 8 Domain 3—Member Experience with the Drug Plan
- 9 Domain 4—Patient Safety and Accuracy of Drug Pricing

IF YOU ANSWERED B6c, PLEASE GO TO C1

B6d. Why will there be no domains in particular that will lead to increases in beneficiary enrollment if the star ratings improve?

IF YOU ANSWERED B6d, PLEASE GO TO C1

B7. Why do you expect not to see an increase in beneficiary enrollment as a result of improvement in your contracts star ratings?

MARK ALL THAT APPLY

- 1 Beneficiaries do not prioritize star ratings when making a plan selection
- 2 Beneficiaries make enrollment decisions based on whether their provider is in the plan network
- 3 Beneficiaries make enrollment decisions based on price
- 4 Beneficiaries make enrollment decisions based on benefits
- 5 Beneficiaries make enrollment decisions based on the plan's formulary
- 6 Beneficiaries are not aware of the star ratings
- 7 Other (*Specify*)

C1. How often is feedback on quality performance for your contract shared with the following types of individuals or organizations? If the frequency for different providers or staff varies by measure or different subsets of providers, please specify.

MARK ONE RESPONSE PER ROW

	MONTHLY	QUARTERLY	ONCE/ TWICE A YEAR	NEVER	N/A
Providers:					
a. Primary care providers in our network..... (Specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
b. Specialists in our network..... (Specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
c. Employed providers..... (Specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
d. Hospitals..... (Specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
e. Other institutions..... (Specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
f. QI staff employed by providers..... (Specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
g. Pharmacists..... (Specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
MAO Staff:					
h. QI staff employed by the MAO..... (Specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
i. Member outreach services..... (Specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
j. Provider relations..... (Specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>

)					
k. Senior managers and executive level staff.... (Specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
l. Other (Specify)..... _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>

C2. Does the MAO distribute educational materials, tools, or information about star ratings to this contract's providers?

- 1 Yes
- 0 No → GO TO C2c

C2a. Does your organization target certain types of providers with its star rating education materials, tools or information?

- 1 Yes
- 0 No → GO TO D1

C2b. Which types of providers does your organization target for this contract?

MARK ALL THAT APPLY

- 1 Primary care providers in our network
- 2 Specialists in our network
- 3 Staff providers
- 4 Hospitals
- 5 Other institutions
- 6 Other (*Specify*)

AFTER ANSWERING C2b, GO TO D1

C2c. Why doesn't your organization educate this contract's providers about the star ratings?

MARK ALL THAT APPLY

- 1 Providers already know about the star ratings
- 2 Star ratings won't change provider behavior
- 3 Not a good use of MAO resources
- 4 Other (*Specify*)

D1. What do you think are the main challenges to improving star ratings for your contract? (COLUMN D1 BELOW) If the challenges vary across measures, please identify the main challenges across all the measures.

D2. What are the top three challenges to improving star ratings for your contract? (COLUMN D2 BELOW)

	D1. MARK ALL THAT APPLY	D2. MARK UP TO <u>THREE</u> ROWS BELOW
a. Lack of staff trained in QI.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Resource constraints, other than staffing.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Lack of member engagement.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Lack of parent organization interest or involvement.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Disagreement with selection of domains or measure(s).....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Insufficient senior management leadership and support.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Ability to influence measure(s) is out of our control.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
h. MAO or providers lack sufficient data systems.....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
i. Lack of provider engagement.....	9 <input type="checkbox"/>	9 <input type="checkbox"/>
j. Inaccurate reporting of measures.....	10 <input type="checkbox"/>	10 <input type="checkbox"/>
k. Our geographic region faces different and more challenging circumstances.....	11 <input type="checkbox"/>	11 <input type="checkbox"/>
l. Measures are not appropriate for specialized populations that we serve (e.g., SNPs).....	12 <input type="checkbox"/>	12 <input type="checkbox"/>
m. Measures are often changing or are “moving targets”.....	13 <input type="checkbox"/>	13 <input type="checkbox"/>
n. Our organization is not able to take “actionable steps” toward improvement.....	14 <input type="checkbox"/>	14 <input type="checkbox"/>
o. We focused on becoming compliant with state and federal regulations first.....	15 <input type="checkbox"/>	15 <input type="checkbox"/>
p. Population demographics.....	16 <input type="checkbox"/>	16 <input type="checkbox"/>
q. Socioeconomic status indicators.....	17 <input type="checkbox"/>	17 <input type="checkbox"/>
r. Health status of plan enrollees.....	18 <input type="checkbox"/>	18 <input type="checkbox"/>
s. Other challenge (<i>Specify</i>).....	19 <input type="checkbox"/>	19 <input type="checkbox"/>

D3. Has the QBP demonstration helped improve the contract's star ratings?

- 1 Yes
- 0 No → GO TO D4
- 2 Too soon to tell → GO TO D5

D3a. In what ways has the QBP demonstration helped improve the contract's star ratings?

MARK ALL THAT APPLY

- 1 The QBP provides funding to implement or expand QI activities
 - 2 The QBPs have given senior management an incentive to focus on improving the star ratings
 - 3 The QBPs have given QI staff incentive to focus on improving star ratings
 - 4 Other (*Specify*)
-

AFTER ANSWERING D3a, GO TO D5

D4. Why do you think the QBP demonstration hasn't helped improve the contract's star ratings?

MARK ALL THAT APPLY

- 1 Our organization was unable to make changes in time to affect the data used to calculate the QBP
 - 2 There are insufficient resources to make improvements in star ratings
 - 3 Star ratings do not fully reflect quality areas our organization feels are important
 - 4 These QI initiatives were already in place before the QBP demonstration
 - 5 Other (*Specify*)
-

D5. Has your contract improved quality in any areas not covered by the star ratings?

- 1 Yes
- 0 No → GO TO D6

D5a. Which areas?

MARK ALL THAT APPLY

- 1 Compliance with NCQA accreditation standards
 - 2 Compliance with state and federal regulations for various programs
 - 3 Other HEDIS performance and compliance
 - 4 Physician credentialing and medical affairs, supporting evidence based practices
 - 5 Overall utilization management (including for pharmacy and therapeutics and behavioral health)
 - 6 Optimizing medical loss ratio – working to ensure safe, efficient and effective care delivery (to include risk management)
 - 7 Other (*Specify*)
-

D6. Do you think the QBP demonstration has had more impact, less impact, or about the same impact on improving quality and star ratings as the other CMS initiatives listed below?

MARK ONE RESPONSE PER ROW

	QBP HAS HAD MORE IMPACT	QBP HAS HAD LESS IMPACT	QBP HAS HAD ABOUT THE SAME IMPACT
a. Special enrollment period for 5-star plans.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Possibility of losing MA contract for low performance.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Higher percentage of rebate available to higher performing plans.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Other (<i>Specify</i>).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

D7. Has your contract received a bonus payment from the QBP demonstration?

- 1 Yes
- 0 No → GO TO D9

D7a. How did you primarily spend the bonus payment?

MARK ALL THAT APPLY

- 1 Toward lowering premiums
 - 2 Toward enriching benefits for Part A/B covered services
 - 3 Toward adding/enriching benefits for services not covered under Part A/B
 - 4 Toward augmenting or implementing QI efforts
 - 5 Other (*Specify*)
-

D7b. Will you use the payment on improving quality in specific domains?

- 1 Yes
- 0 No → GO TO D8

D7c. Which domains?

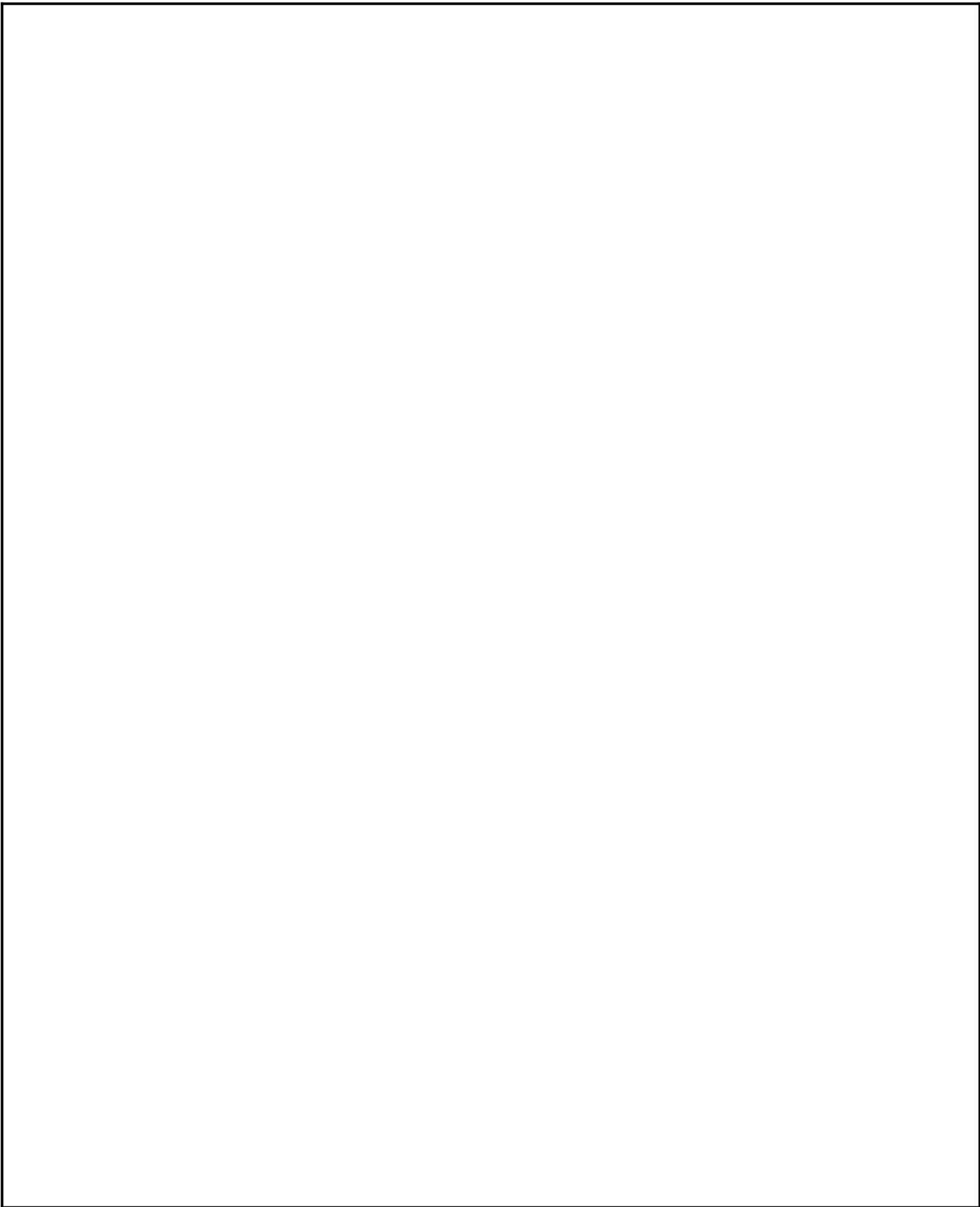
MARK ALL THAT APPLY

PART C

- 1 Domain 1—Staying Healthy: Screenings, Tests, and Vaccines
- 2 Domain 2—Managing Chronic (Long Term) Conditions
- 3 Domain 3—Member Experience with Health Plan
- 4 Domain 4—Member Complaints, Problems Getting Services, and Improvement in the Health Plan’s Performance
- 5 Domain 5—Health Plan Customer Service

PART D

- 6 Domain 1—Drug Plan Customer Service
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- 9 Domain 4—Patient Safety and Accuracy of Drug Pricing



D7d. Why will you apply the payment to these specific domains?

MARK ALL THAT APPLY

- 1 Include measures with the most room for improvement
 - 2 Include measures that are most easily impacted by our organization
 - 3 Include measures that have the largest impact on the contract's overall star rating
 - 4 Include measures that require fewer resources to improve
 - 5 Include measures that require the least time to improve
 - 6 Include measures that are most important for member health and wellness
 - 7 Include measures that are unlikely to be retired or to change significantly from year to year
 - 8 Include measures that are most important for accreditation
 - 9 Other (*Specify*)
-

D8. Will you monitor how the bonus payment is applied to QI efforts to see if quality improves in the targeted areas?

- 1 Yes
- 0 No

D9. What do you think is the main reason that your contract was unable to attain a star rating that would qualify for a bonus payment?

D10. Do you think any changes that your MAO has made to QI activities in response to the QBP demonstration will cease once the demonstration ends?

- 1 Yes
- 0 No → GO TO D11
- 2 Unsure → GO TO D12

D10a. Which QI activities will cease once the QBP demonstration ends and why?

IF YOU ANSWERED D10a, PLEASE GO TO D12

D11. Why do you think the changes will remain in place once the demonstration ends?

D12. What is this plan's perspective on how the plan will proceed once the QBP demonstration ends (e.g., if the plan does not become a 4-star plan)?

PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE:

Date: |__|_| / |__|_| / |__|_|_|_|
Month Day Year

E1. What is your name?

E2. What is your job title?

E3. Number of years in current position.

|__|_| YEARS

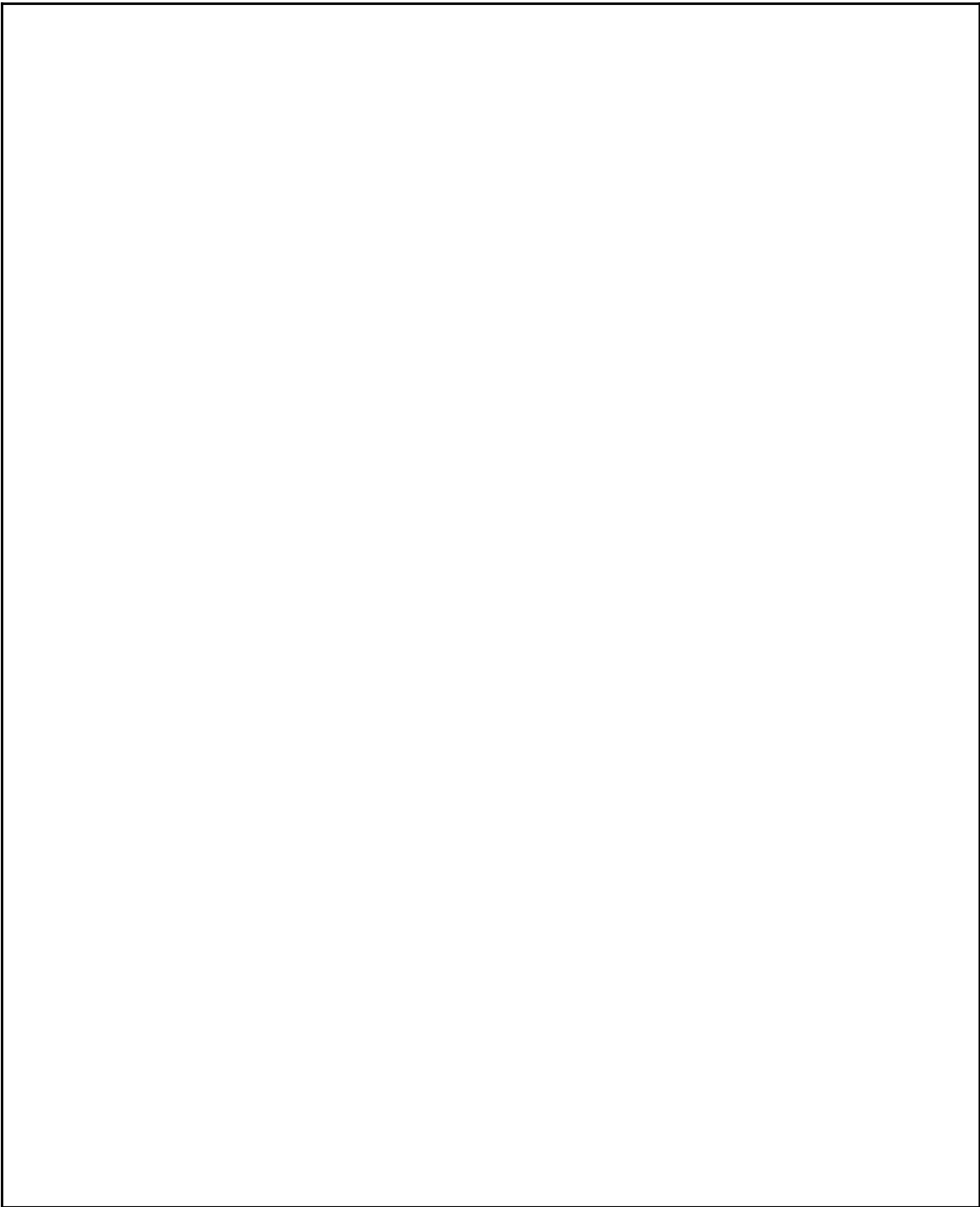
E4. Number of years at your current organization.

|__|_| YEARS

E5. Work Phone Number: |__|_|_|-|__|_|_|-|__|_|_|_| Ext. |__|_|_|_|
Area Code Number

E6. Email Address: _____ @ _____ . _____

***We will only contact you if we have a question about your responses.**



**Thank you for completing the questionnaire.
Please return it in the enclosed postage paid envelope.
If you have misplaced the envelope, please send your completed questionnaire to:**

Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543-2393
ATTN: QBP Survey

If you have additional information about your experience with the QBP demonstration that you think may be of interest to this evaluation, please include it with the completed questionnaire.