Medicare Part C & D Star Ratings: Update for 2015

August 6, 2014

Part C & D

User Group Call

- 2015 Star Ratings
  - Changes announced in Call Letter
  - HPMS Plan Previews

- 2015 Display Measures

- Anticipated Changes for 2016 and Beyond – Stakeholder Feedback

2015 Star Ratings

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Accountability

- CMS aims to raise the quality of care for Medicare enrollees.
- Sponsors are accountable for the care provided by physicians, hospitals, and other providers to their enrollees.

Quality Improvement Strategies

- Plans' quality improvement (QI) strategies should focus on improving overall care that Medicare enrollees are receiving across the full spectrum of services.
- QI strategies should not be limited to only the Star Ratings measures.

Changes Announced in 2015 Call Letter

- Changes as described in the final 2015 Call Letter will be implemented.
  - http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2015.pdf
- Proposed changes for 2016 and beyond will be included in the Request for Comments in Fall 2014.

Changes for 2015 Ratings

- **Addition of 1 new measure**
  - SNP Care Management – first plan-reported data measure
- **Increase weight of the Part C/D Quality Improvement measures**
  - 5x process measure
- **Retirement of 1 measure**
  - Glaucoma Screening

Changes for 2015 Ratings (cont.)

- **Methodology Changes**
  - Flu Vaccine – CAHPS question revised
  - HRM – Apply updated PQA list
  - Medication Adherence (ADH) for DM – Add meglitinides and incretin mimetic agents
  - Medication Adherence Measures (All 3) – Apply hospice/SNF adjustment

Changes for 2015 Ratings (cont.)

- **Account for obsolete NDCs** using PQA specifications and NDC lists:
  - 2015: Include NDCs if their obsolete dates are within the measurement year as reported by PQA.
  - 2016: Implement PQA's 2014 obsolete date methodology, notably an NDC will be included if the obsolete date is within 6 months prior to the beginning of the measurement year.

New 2015 Part C Measure
Special Needs Plan (SNP) Care Management

- As CMS adds new measures to the Star Ratings, we test the language descriptions with beneficiaries and caregivers.
- Testing allows CMS to determine whether measures are understood, important, and ultimately impact consumers when selecting or changing health/drug plans.
- Based on feedback received from testing, CMS modifies or creates new language.

Special Needs Plan (SNP) Care Management: Current Language Being Tested

Measure Label	Measure Definition	Data Source
Members Whose Plan Did a Review of Their Health Needs and Risks (Special Needs Plans Only)	The percent of members whose plan did a review of their health needs and risks in the past year. The results of this review are used to help the member get the care they need. (Medicare collects this information only from Medicare Special Needs Plans. Medicare does not collect this information from other types of plans.)	This information is from data for calendar year 2013 submitted by Medicare health plans to Medicare. The results have been independently validated.

Integrity of Star Ratings

- CMS continues to identify risks for inaccurate or unreliable Star Ratings data.
- A contract's measure rating is reduced to **1 star** if biased or erroneous data are identified.
  - Plans may have mishandled data, or used inappropriate processes.
  - Past instances include failure to:
    - adhere to HEDIS reporting requirements or Plan Finder data requirements.
    - process coverage determinations, organization determinations, and appeals.
    - adhere to CMS approved POS edits.

CAHPS Reports

- CAHPS preview reports emailed to Medicare Compliance Officers this year around August 8th.
  - Email will come from Westat (one of our CAHPS contractors).
- Full CAHPS Plan Reports will be available in late September.

1st HPMS Plan Preview Period

- Provides data for all Part C & D measures except the Quality Improvement measures.
- Critical for contracts to preview their individual measure data in HPMS and alert CMS of any questions or data issues.
- No stars are assigned for this preview.
- Draft Technical notes, including draft website language, will be available.
- 2 week period: August 8th – 19th

2nd HPMS Plan Preview Period

- Provides Part C & D measure data and stars, domain, summary and overall level (as applicable).
- Critical for plans to preview their data and star assignments in HPMS and alert CMS of any questions or data issues.
- Technical notes will include star cut points.
- Will be held in early September.

More Information

- Technical notes for the Part C & D Star Ratings provide detailed specifications, definitions, and other key information:
  - http://go.cms.gov/partcanddstarratings
- NEW joint CMS mailbox for questions:
  - PartCandDStarRatings@cms.hhs.gov

Take advantage of both preview periods!

2015 Star Ratings Go Live

October 9, 2014

2015 Display Measures

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Star Ratings Measures Transitioned to 2015 Display

- **Due to specification changes:**
  - Breast Cancer Screening
    - HEDIS 2014 revised age range from 40 to 69 years of age to 50 to 74 years of age and increased the time frame for documentation of a mammogram from 24 months to 27 months.
  - Beneficiary Access and Performance Problems
    - 2013 CMS Audit methodology changes.

New 2015 Display Measures

- CAHPS measures about contact from a doctor's office, health plan, pharmacy, or prescription drug plan (Part C)
- CAHPS EHR measures (Part C)
- Transition Monitoring (Part D)
- Disenrollment Reasons (Part C and D)
- Display measures and technical notes are posted at http://go.cms.gov/partcanddstarratings

Low Performing Display Measures

- This year, we identified contracts with low performing display measures (i.e., approximately in the bottom fifth percentile) relative to other contracts.
- We sent email notifications to 88 contracts for having multiple low performing display measures and/or data integrity issues
- Our goal is to assist with your efforts to continually improve the quality of care (this letter is not a compliance notice)

Additional Data Available

- We will again be providing simulated data in HPMS showing the impact of removing the pre-determined 4-star thresholds for each contract.
- We will post simulated Star Ratings for contracts with 500 to 999 enrollees on the display page.
- We will also update our cut point trend document.

2016 and Beyond – Request for Comments

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2016 Star Ratings: Two Anticipated Changes

- **Inclusion of low enrollment contracts**
  – Contracts with 500+ enrollees as of July 2014 will be in the 2016 Star Ratings. Ratings will be used for QBPs.
- **Removal of pre-determined 4 star thresholds**
  – Reduces misclassification in the Star Program.
  – Resolves conflict with CMS' principle to maximize differences between star categories.
  – Promotes continued improvement in performance.
  – CMS will continue the "Reward Factor" for consistently high performance.

Request for Comments

- Proposed changes for Star Ratings in 2016 and beyond will be included in the annual Request for Comments.
- Projected to be released in Fall 2014.

Appendix:
2015 Part C and D Star Ratings Measures

Part C Domain:

Staying Healthy: Screenings, Tests and Vaccines

- C01 - Colorectal Cancer Screening
- C02 - Cardiovascular Care – Cholesterol Screening
- C03 - Diabetes Care – Cholesterol Screening
- C04 - Annual Flu Vaccine
- C05 - Improving or Maintaining Physical Health
- C06 - Improving or Maintaining Mental Health
- C07 - Monitoring Physical Activity
- C08 - Adult BMI Assessment

Part C Domain:

Managing Chronic (Long Term) Conditions

- C09 - SNP Care Management
- C10 - Care for Older Adults – Medication Review
- C11 - Care for Older Adults – Functional Status Assessment
- C12 - Care for Older Adults – Pain Screening
- C13 - Osteoporosis Management in Women who had a Fracture
- C14 - Diabetes Care – Eye Exam
- C15 - Diabetes Care – Kidney Disease Monitoring
- C16 - Diabetes Care – Blood Sugar Controlled
- C17 - Diabetes Care – Cholesterol Controlled
- C18 - Controlling Blood Pressure
- C19 - Rheumatoid Arthritis Management
- C20 - Improving Bladder Control
- C21 - Reducing the Risk of Falling
- C22 - Plan All-Cause Readmissions

Part C Domain:
Member Experience with Health Plan

- C23 - Getting Needed Care
- C24 - Getting Appointments and Care Quickly
- C25 - Customer Service
- C26 - Rating of Health Care Quality
- C27 - Rating of Health Plan
- C28 - Care Coordination

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

- C29 - Complaints about the Health Plan
- C30 - Members Choosing to Leave the Plan
- C31 - Health Plan Quality Improvement

Part C Domain:
Health Plan Customer Service

- C32 - Plan Makes Timely Decisions about Appeals
- C33 - Reviewing Appeals Decisions
- C34 - Call Center – Foreign Language Interpreter and TTY Availability

Part D Domain:
Drug Plan Customer Service

- D01 - Call Center – Foreign Language Interpreter and TTY Availability
- D02 - Appeals Auto-Forward
- D03 - Appeals Upheld

Part D Domain:

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

- D04 - Complaints about the Drug Plan
- D05 - Members Choosing to Leave the Plan
- D06 - Drug Plan Quality Improvement

Part D Domain:
Member Experience with Drug Plan

- D07 - Rating of Drug Plan
- D08 - Getting Needed Prescription Drugs

Part D Domain:
Patient Safety and Drug Pricing

- D09 - MPF price Accuracy
- D10 - High Risk Medication
- D11 - Diabetes Treatment
- D12 - Medication Adherence for Diabetes Medications
- D13 - Medication Adherence for Hypertension (RAS Antagonists)
- D14 - Medication Adherence for Cholesterol (Statins)