



# ***Star Ratings Timeline***

## ***Medicare Advantage and Part D Star Ratings Enhancements and Updates***

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- **Call Letter Updates**
  - 2019 Star Ratings Measure Set Updates
  - Scaled Reductions
  - Categorical Adjustment Index (CAI)
  - Disaster Policy
- **Part C and D Regulation**
  - Adding, Updating, and Removing Measures
  - Consolidation Policy
  - Measure Weights



# ***Call Letter Updates***



# 2019 Star Ratings Measure Updates

- Statin Use in Persons with Diabetes (SUPD) (Part D)
- Statin Therapy for Patients with Cardiovascular Disease (Part C)
- Reducing the Risk of Falling



# Scaled Reductions for IRE Data Issues

- Methodology used to determine reductions for IRE data completeness issues
  - **Part C**
    - Plan Makes Timely Decisions about Appeals
    - Reviewing Appeals Decisions
  - **Part D**
    - Appeals Auto-Forward
    - Appeals Upheld



# 2019 Scaled Reductions

- 2017 Timeliness Monitoring Project (TMP) data
- Statistical criteria to reduce a contract's appeals measure-level Star Ratings
- Reductions range from 1 to 4 stars
  - More significant IRE data quality issues garner more significant reductions
  - Maximum reduction is 4 stars, which results in a 1-star measure rating



# Categorical Adjustment Index (CAI)

- CAI values published in the final 2019 Call Letter include Reducing the Risk of Falling as an adjusted measure
- The 2021 CAI values will be determined by adjusting all measures that remain after the exclusion criteria are applied

## Exclusion Criteria:

- Measure is already case-mix adjusted for SES,
- Focus of the measurement is not a beneficiary-level issue but rather a plan or provider-level issue,
- Measure is scheduled to be retired or revised during the Star Rating year in which the CAI is being applied, or
- Measure is applicable to only Special Needs Plans (SNPs).





# Additional Work Related to SES

- The Office of the Assistant Secretary for Planning and Evaluation (ASPE), second Report to Congress due Fall 2019
- 2019 HEDIS Volume 2: *Breast Cancer Screening, Colorectal Cancer Screening, Comprehensive Diabetes Care – Eye Exam Performed, and Plan All-Cause Readmissions*
- 2018 Pharmacy Quality Alliance: *Medication Adherence for Diabetes Medications, Medication Adherence for Hypertension, and Medication Adherence for Cholesterol*





# ***Disaster Policy – Affected Contracts***

- **Contracts operating solely in Puerto Rico**
- OR**
- **Contracts that meet all of these criteria**
  - Service area is within an “emergency area” during an “emergency period” as defined in Section 1135(g) of the Act
  - Service area is within a county, parish, U.S. territory, or tribal area designated in a major disaster declaration
  - At least one enrollee under the contract resides in a FEMA-designated Individual Assistance area at either the time of the survey (for CAHPS and HOS adjustments to survey responses) or the time of the disaster (for all other adjustments)



# CAHPS Adjustments

## **Puerto Rico**

- Higher of 2018 or 2019 measure-level Star Rating

## **Other affected contracts**

- Survey results adjusted
- Additional adjustment for contracts with  $\geq 25\%$  of beneficiaries residing in Individual Assistance areas at the time of the disaster
  - Higher of 2018 or the adjusted 2019 measure-level Star Rating for each CAHPS measure



# *HOS Adjustments*

- Similar data adjustments to CAHPS, BUT adjustment will be first seen in the 2020 Star Ratings due to data collection timeframes for HOS
- Will take the higher of the 2019 or 2020 measure-level Star Rating when comparison is done



## Puerto Rico

- Optional reporting
- Higher of 2018 or 2019 measure-level Star Rating

**Other affected contracts with  $\geq 25\%$  of beneficiaries residing in Individual Assistance areas at the time of the disaster**

- Higher of 2018 or 2019 measure-level Star Rating



# Other Star Ratings Measure Adjustments

- Other measures for affected contracts with  $\geq 25\%$  of beneficiaries residing in Individual Assistance areas at the time of the disaster, including appeals measures:
  - Higher of 2018 or 2019 measure-level Star Rating except for Call Center measures (Part C and D)

**Note:**

- The Call Center measures for all non-Puerto Rico contracts will receive the Star Ratings based on the data for the 2019 Star Ratings
- The Call Center measures will be excluded for all contracts operating solely in Puerto Rico



# *Hold Harmless Provision for New Measures*

- Affected contracts with  $\geq 25\%$  of beneficiaries residing in Individual Assistance areas at the time of the disaster
  - New measures excluded from highest rating if their inclusion decreases the highest Star Rating





# Improvement Measures

- Improvement measure scores and associated Star Ratings
  - A contract must have measure scores for both years in at least half of the required improvement measures

*If a measure uses data from the 2018 Star Ratings, there will be no measure score from the 2019 Star Ratings, so the usual rule would eliminate the measure from consideration in the improvement measure calculations.*





# *Cut Point Determination for non-CAHPS Measures*

- Numeric scores of **affected contracts with  $\geq 60\%$**  of their enrollees in the FEMA-designated Individual Assistance area at the time of the disaster will be excluded from the clustering algorithm

## Note:

- Affected contracts with  $\geq 60\%$  enrollees will be excluded from the determination of the Reward Factor thresholds for performance and variance



# ***Part C and D Regulation***



# *Adding Measures*

- CMS will continue to review measures for possible inclusion
- In advance of the measurement period, CMS will announce potential new measures and solicit feedback
- New measures added to the Part C and D Star Ratings program will be on the display page for a minimum of 2 years prior to becoming a Star Ratings measure



# Updating Measures: Non-Substantive Changes

- CMS will announce non-substantive updates to measures that occur (or are announced by the measure steward) during or in advance of the measurement period through the Call Letter process, such as those that:
  - Narrow the denominator or population covered by the measure
  - Do not meaningfully impact the numerator or denominator of the measure
  - Update the clinical codes with no change in the target population or intent of the measure
  - Provide additional clarifications
  - Add alternative data sources



# Updating Measures: Substantive Changes

- CMS will propose and finalize these measures through rulemaking similar to the process for adding new measures
  - CMS will solicit initial feedback on substantive measure updates through the Call Letter process
  - Updated measure will be on display page for at least 2 years



# *Removing Measures*

- Removal of a measure from the Star Ratings program
  - Clinical guidelines change
  - Measure shows low statistical reliability
- Announced in advance of the measurement period



# *Timeline for New Consolidation Policy*

- Implemented for consolidations approved on or after January 1, 2019, following the Bipartisan Budget Act provisions
  - 2020 QBP and Star Ratings





# Updated Consolidation Policy

- CMS assigns Star Ratings for the first and second years following the consolidation based on the enrollment-weighted mean of the measure scores of the surviving and consumed contract(s)
- **First year after consolidation**
  - Enrollment-weighted measure scores using July enrollment of the measurement period, except survey-based and Call Center measures
    - Survey-based measures use enrollment at the time the sample is pulled for the rating year
    - Call Center measures use average enrollment during the study period
- **Second year after consolidation**
  - Enrollment-weighted measure scores using July enrollment of the measurement year, except measures from HEDIS, HOS, and CAHPS
    - HEDIS and HOS measure data will be scored as currently reported
    - CAHPS survey sample will include enrollees from both the surviving and consumed contracts



# QBP Ratings for Consolidated Contracts

- First year after a consolidation
  - CMS will use the enrollment-weighted means of what would have been the QBP ratings of the surviving and consumed contracts
    - Based on the contract enrollment in November of the year the preliminary QBP ratings were released in the Health Plan Management System (HPMS)
- In subsequent years
  - CMS will determine QBP status based on the consolidated entity's Star Ratings displayed on Medicare Plan Finder



# Measure Weights

- Starting with the 2021 Star Ratings, the weight of patient experience and access measures will increase to 2
  - This will further reflect the voice of the beneficiary in the Star Ratings



# Questions?

## **General Star Ratings:**

[PartCandDStarRatings@cms.hhs.gov](mailto:PartCandDStarRatings@cms.hhs.gov)

## **Data Integrity Issues for the Appeals Measures:**

[PARTCDQA@cms.hhs.gov](mailto:PARTCDQA@cms.hhs.gov)