



Medicare Part C & D Star Ratings: Update for 2014



***August 7, 2013
Part C & D User
Group Call***

Session Overview

- 2014 Star Ratings
 - Changes announced in Call Letter
 - FAQs: CAHPS and i-Factor
 - HPMS Plan Previews
- 2014 Display Measures
- Marketing/Outreach Updates
- MTM Enhancements on Plan Finder
- Display of Estimated Full Drug Costs
- Request for Comments for 2015 and Beyond



2014 Star Ratings

Changes Announced in 2014 Call Letter

- Changes as described in the final 2014 Call Letter (p100-114) will be implemented.
- No other methodological changes will be implemented.
- Proposed changes for 2015 and beyond will be included in a Request for Comments in October 2013.

Changes Announced in 2014 Call Letter

Topic	Change
Call Center - Foreign Language Interpreter and TTY Availability	Affects Puerto Rico contracts only; English listed as a foreign language in Puerto Rico
Quality Improvement	Contracts held harmless if individual measure stars are 5 stars in the 2 measurement years
Rounding of measure data	Measure data and cut points rounded to whole numbers, except for Part C and D Complaints about the Health and Drug Plan, Health and Drug Plan Quality Improvement, and Part D Appeals Auto-Forward
Enrollment Timeliness	Removed from Star Ratings and Transferred to Display Page
Getting Information from Drug Plan	
Call Center – Pharmacy Hold Time	
Four-Star Thresholds	Previously pre-set 4-star thresholds remain; no new thresholds
Low Performer Icon (LPI)	Contracts rated 2.5 stars or lower for any combination of their Part C or D summary ratings for 3 consecutive years will receive an LPI

High-Risk Medication (HRM)

- As stated in the 2014 Call Letter, we will continue to use PQA's original HRM list (i.e., same list used for the 2013 Star Ratings).
- No predetermined 4-star threshold.
- Not included in the Part D Improvement measure.
- For the 2015 Star Ratings (using 2013 PDE), PQA's updated list will be applied.

Weighting of Measures

- As stated in the 2014 Call Letter, we will continue the current weighting categories.
- New measures receive a weight of “1” in the first year, and then assigned the weight per their weighting categories.
 - The Health and Drug Plan Quality Improvement measures introduced last year are weighted as Outcome measures (weight of 3) in 2014.

Integrity of Star Ratings

- Star Ratings data must be accurate and reliable.
- A contract's measure rating is reduced to **1 star** if biased or erroneous data are identified.
 - Includes cases where plans mishandled data, or implemented inappropriate processes that resulted in biased or erroneous data.
 - Failure to
 - adhere to HEDIS, HOS, or CAHPS reporting requirements or Plan Finder data requirements
 - process coverage determinations, organization determinations, and appeals.
 - adhere to CMS approved POS edits

Disaster Implications

- Following Hurricane Sandy, plans were given directions for requesting special considerations for disruption in medical and drug services via a Special User Call on 11/29/12, a HPMS memo on 12/10/12, and in the 2014 Call Letter.
- CMS' reviews based on the direct impact on plans' operations, clinical and pharmacy network
- Adjustments that will be included have been finalized for 2014 Star Ratings.

CAHPS and Hurricane Sandy

- The CAHPS analytic team investigated the possible impact of Hurricane Sandy on response rates and scores:
 - No evidence of a substantial systematic effect of Sandy on CAHPS unit response rates or scores
 - Case-mix adjustment would increase the scores of plans in Sandy-affected plan areas on some CAHPS measures, but decrease scores on other measures
- As a result, we will not be conducting any form of adjustment for respondents living in a Hurricane Sandy area.

FAQ: CAHPS Reports

- When will reports be available?
 - CAHPS preview reports will be sent to each contract's Medicare Compliance Officer in early August.
 - CAHPS plan reports will be sent to CAHPS contact designated by plan in late September.

FAQ: CAHPS – Adjustments for Case Mix

- Why are these necessary?
 - Certain patient characteristics may impact survey responses.
- How often are they reviewed?
 - Adjustments are updated annually, and published in the CAHPS Plan Reports and Star Rating Technical Notes.
- What are the case-mix adjustment variables?
 - Age
 - Education
 - Health rating
 - Mental health rating
 - Proxy response
 - Dual status
 - Low income subsidy

Is the Adjustment for Self-reported Health Status Sufficient?

- CMS revises case mix adjustments to identify characteristics that would impact response tendencies.
 - For example, we currently adjust for self-reported health status and mental health status.
 - We have looked at controlling also for self-reported health conditions and functional status items from SF-36.
 - These items do not add to the adjustment beyond the self-assessment of overall health/mental health.
- How people perceive their own health is what impacts response tendencies.
- More positive perceptions of health consistently produce higher ratings in patient experience surveys.

How Are Adjustments Made?

- Adjustments based on *coefficients* obtained in linear regression models that estimate the tendency of patients to respond more positively or negatively.
- Scores adjusted upward or downward for a given measure depending not only on these case-mix adjustments, but also on the case-mix of a contract relative to the national average for these case-mix characteristics.

FAQ: Reward for Consistent High Performance ('i-Factor')

- Why is this necessary?
 - To incorporate a contract's consistently high performance into its Summary and Overall Star Ratings.
- How is it determined?
 - We evaluate both the mean and the variance of individual performance ratings for a specific contract.
 - We add the integration factor (i-Factor) to a contract's mean score as a reward for both high and stable relative performance.

1st HPMS Plan Preview Period

- Provides data for all Part C & D measures except the Quality Improvement measure.
- Critical for contracts to preview their individual measure data in HPMS, and alert CMS of any data errors or questions.
- No stars are assigned for this preview.
- Technical notes, including draft website language, will be available.
- 2 week period: August 9th – 22nd.

2nd HPMS Plan Preview Period

- Provides Part C & D measure data and stars, domain, summary and overall level (as applicable) Star Ratings by contract.
- 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 <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html>
- Send questions to these CMS mailboxes:
 - Part C Measures: PartCRatings@cms.hhs.gov
 - Part D Measures: PartDMetrics@cms.hhs.gov

***Take advantage of both preview periods!
2014 Star Ratings Go Live
October 8, 2013***

New 2014 Display Measures

- Pharmacotherapy Management of COPD Exacerbation (PCE) (Part C)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) (Part C)
- HEDIS Scores for Low Enrollment Contracts (Part C)
- Variation of MPF Price Accuracy (Part D)
- Display measures and technical notes are posted at <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html>

Marketing/Outreach

Marketing of Star Ratings

- Revised 2014 Star Ratings Marketing template will also include Summary Rating.
- Contracts cannot refute their LPI status by showcasing a higher Overall Star Rating.
- 5-star contracts may not target marketing activities to enrollees in LPI contracts nor direct them to request an SEP.

Impact of CMS' Outreach

- Starting last Fall, notices sent to enrollees in LPI contracts to consider better performing plans.
- From 2012 to 2013, more beneficiaries switched out of low performing contracts.
- Of the beneficiaries in LPI contracts that switched in 2013:
 - 9% enrolled in 4+ star contracts
 - 19% enrolled in 3.5 star contracts
 - 52% enrolled in 3 star contracts
 - 11% enrolled in contracts rated less than 3 stars
 - 9% enrolled in contracts not rated

MTM Program Enhancements on MPF

Medication Therapy Management (MTM) Tab

- New tab added to the Plan Details and Plan Compare page listing information about a Part D plan's Medication Therapy Management program.
- This replaces the popup and link where MTM information is currently located, and allows side-by-side comparison of plans' MTM programs.
- A link to each plan's MTM website is also provided.

Plan A
(S0000-000-0)

Organization: Plan A
Plan Type: PDP



P O Box 1
City, USA 55555

Members:
1-800-555-5555
1-800-555-5555 (TTY/TDD)

Non Members:
1-800-555-5555
1-800-555-5555 (TTY/TDD)

Overall Star Rating: [?]

3 out of 5 stars

[Enroll](#)

NOTE: Health Plan Benefits are based on Original Medicare

Medication Therapy Management (MTM) Program Information

PLAN A

If you are in a Medicare drug plan and take medications for different medical conditions, you may be eligible to receive free services through an MTM program. These services help make sure that your medications are working to improve your health. You can talk with a pharmacist or other health professional and find out how to get the most benefit from your medications. You can ask questions about costs, drug reactions, or other problems. You will get your own action plan and medication list after the discussion. These can be shared with your doctors or other health care providers.

You may qualify if you meet three (3) requirements:

REQUIREMENT 1: Your Health Conditions

You must have AT LEAST this many health conditions: **3**

You must have some of THESE SPECIFIC health conditions:

- health condition 1

REQUIREMENT 2: Drugs You Take

You must be taking AT LEAST this many Part D drugs: **6**

You must be taking some of THESE SPECIFIC types of drugs:

- Specific classes of Part D drugs

REQUIREMENT 3: Your Drug Spending

Your total drug costs must be AT LEAST this much each year: **\$3017.00**

This drug cost dollar amount is estimated based on your out-of-pocket costs and the costs your plan pays for the medications for the calendar year. Your plan can help you determine if you may reach this dollar limit.

Contact the drug plan for more information about their MTM program and if you may qualify for it.

[View plan MTM website](#)

Medication Therapy Management (MTM) Program Information

Plan Medication Therapy Management (MTM) Program Eligibility Information:

Plan A

If you are in a Medicare drug plan and take medications for different medical conditions, you may be eligible to receive free services through an MTM program. These services help make sure that your medications are working to improve your health. You can talk with a pharmacist or other health professional and find out how to get the most benefit from your medications. You can ask questions about costs, drug reactions, or other problems. You will get your own action plan and medication list after the discussion. These can be shared with your doctors or other health care providers.

You may qualify if you meet three (3) requirements:

REQUIREMENT 1: Your Health Conditions

You must have AT LEAST this many health conditions: **3**

You must have some of THESE SPECIFIC health conditions:

Chronic Heart Failure (CHF)
Chronic Obstructive Pulmonary Disease (COPD)
Diabetes
Dyslipidemia
Hypertension
Osteoporosis

REQUIREMENT 2: Drugs You Take

You must be taking AT LEAST this many Part D drugs: **8**

You must be taking some of THESE SPECIFIC types of drugs:

Any Part D drug

REQUIREMENT 3: Your Drug Spending

Your total drug costs must be AT LEAST this much each year: **\$3017.00**

This drug cost dollar amount is estimated based on your out-of-pocket costs and the costs your plan pays for the medications for the calendar year. Your plan can help you determine if you may reach this dollar limit.

Contact the drug plan for more information about their MTM program and if you may qualify for it.

[View plan MTM website](#)

Plan Medication Therapy Management (MTM) Program Eligibility Information:

Plan B

If you are in a Medicare drug plan and take medications for different medical conditions, you may be eligible to receive free services through an MTM program. These services help make sure that your medications are working to improve your health. You can talk with a pharmacist or other health professional and find out how to get the most benefit from your medications. You can ask questions about costs, drug reactions, or other problems. You will get your own action plan and medication list after the discussion. These can be shared with your doctors or other health care providers.

You may qualify if you meet three (3) requirements:

REQUIREMENT 1: Your Health Conditions

You must have AT LEAST this many health conditions: **3**

You must have some of THESE SPECIFIC health conditions:

Chronic Heart Failure (CHF)
Diabetes
Dyslipidemia
Hypertension
Rheumatoid Arthritis

REQUIREMENT 2: Drugs You Take

You must be taking AT LEAST this many Part D drugs: **8**

You must be taking some of THESE SPECIFIC types of drugs:

Any chronic or maintenance drug

REQUIREMENT 3: Your Drug Spending

Your total drug costs must be AT LEAST this much each year: **\$3017.00**

This drug cost dollar amount is estimated based on your out-of-pocket costs and the costs your plan pays for the medications for the calendar year. Your plan can help you determine if you may reach this dollar limit.

Contact the drug plan for more information about their MTM program and if you may qualify for it.

[View plan MTM website](#)

Plan Medication Therapy Management (MTM) Program Eligibility Information:

Plan C

If you are in a Medicare drug plan and take medications for different medical conditions, you may be eligible to receive free services through an MTM program. These services help make sure that your medications are working to improve your health. You can talk with a pharmacist or other health professional and find out how to get the most benefit from your medications. You can ask questions about costs, drug reactions, or other problems. You will get your own action plan and medication list after the discussion. These can be shared with your doctors or other health care providers.

You may qualify if you meet three (3) requirements:

REQUIREMENT 1: Your Health Conditions

You must have AT LEAST this many health conditions: **3**

You must have some of THESE SPECIFIC health conditions:

Chronic Heart Failure (CHF)
Diabetes
Dyslipidemia
Hypertension
Rheumatoid Arthritis

REQUIREMENT 2: Drugs You Take

You must be taking AT LEAST this many Part D drugs: **8**

You must be taking some of THESE SPECIFIC types of drugs:

Any chronic or maintenance drug

REQUIREMENT 3: Your Drug Spending

Your total drug costs must be AT LEAST this much each year: **\$3017.00**

This drug cost dollar amount is estimated based on your out-of-pocket costs and the costs your plan pays for the medications for the calendar year. Your plan can help you determine if you may reach this dollar limit.

Contact the drug plan for more information about their MTM program and if you may qualify for it.

[View plan MTM website](#)

Estimated Full Cost of Drugs

Estimated Full Cost Plan Charges Medicare

- New enhancement shows the full estimated drug costs charged by each drug plan to Medicare.
 - Includes drug costs paid by beneficiary.
- Supports Open Government and Transparency.
- Encourages price competition among Part D plans.

Estimated Full Cost Plan Charges Medicare

<input type="checkbox"/> Fixed Costs	
Monthly Drug Plan Premium [?]	\$38.00
Monthly Health Plan Premium [?]	N/A
Annual Drug Deductible [?]	\$0.00
Medicare costs at a glance	
<input type="checkbox"/> Estimate of What YOU Will Pay for Premium and Drug Costs	
	Full Year Cost (based on January enrollment) [?]
SAFEWAY	\$3,540.39
Mail Order Pharmacy	\$3,399.63
Lower your drug costs	
<input type="checkbox"/> Estimated Full Cost Plan Charges Medicare for Your Drugs	

Note: This section is collapsed/hidden by default. To view this section, user must click on the "+" to expand and display information.

<input type="checkbox"/> Estimated Full Cost Plan Charges Medicare for Your Drugs	
	Full Year Cost (based on January enrollment) [?]
SAFEWAY	\$9,963.72
Mail Order Pharmacy	\$9,772.72

2015 and Beyond – Request for Comments

Request for Comments

- Proposed changes to measures and methodology for 2015 and beyond will be included in the annual Request for Comments to be released in late October 2013.

Appendix: 2014 Part C and D Star Ratings Measures

Part C Domain:

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
- Improving or Maintaining Physical Health
- Improving or Maintaining Mental Health
- Monitoring Physical Activity
- Adult BMI Assessment

Part C Domain:

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

Part C Domain:

Member Experience with Health Plan

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

Part C Domain:

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

Part C Domain:

Health Plan Customer Service

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

Part D Domain: Drug Plan Customer Service

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

Part D Domain:

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

Part D Domain:

Member Experience with Drug Plan

- Rating of Drug Plan
- Getting Needed Prescription Drugs

Part D Domain:

Patient Safety and Drug Pricing

- MPF price Accuracy
- High Risk Medication
- Diabetes Treatment
- Medication Adherence for Diabetes Medications
- Medication Adherence for Hypertension (RAS Antagonists)
- Medication Adherence for Cholesterol (Statins)