



Medicare Part C & D Star Ratings: Update for 2017



***August 3, 2016
Part C & D User Group Call***

Session Overview

- Overview of Star Ratings
- Changes for 2017 Star Ratings and beyond
- HPMS Plan Preview and reminders
- Discussion: Open Q & A
- Appendix: 2017 Part C and D Star Ratings measures



Overview of Star Ratings

Impact of Star Ratings

- **Public Reporting:**
 - Displayed on Medicare Plan Finder (MPF) so beneficiaries may consider both quality and cost in enrollment decisions.
- **Marketing/Enrollment:**
 - 5-star plans can market year-round. Beneficiaries can join these plans at any time via a special enrollment period (SEP).
 - MPF online enrollment disabled for consistently Low Performing Plans.
- **Financial:**
 - Affordable Care Act established CMS' Star Ratings as the basis of Quality Bonus Payments to MA plans.

Accountability

- CMS aims to raise the quality of care for all Medicare enrollees, including those with unique challenges.
- CMS holds sponsors accountable for the care provided to their enrollees by physicians, hospitals, and other providers.

Measure Development

- CMS looks to consensus-building entities such as NCQA and PQA for measure concept development, specifications, and endorsement.
- Measure set reviewed each year; move towards more outcome measures.
- Measures transitioned from the Star Ratings to CMS' display page still used for compliance and monitoring.

Quality Improvement Strategies

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

Ongoing Monitoring of Star Ratings Data

April 8, 2016 HPMS memo

- Sponsors should routinely review underlying measure data used for the Part C and D Star Ratings, and communicate errors or anomalies ASAP.
- Issues or problems should be raised in advance of CMS' plan preview periods especially for measures based on data reported directly from sponsors.

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.
 - pass Data Validation of plan-reported data (SNP and MTM measures).

Changes for 2017 Star Ratings and beyond

Changes Announced in 2017 Call Letter

- Changes as described in the final 2017 Call Letter will be implemented.
 - <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2017.pdf>

Socioeconomic/Disability Adjustment - Categorical Adjustment Index (CAI)

- Interim analytical adjustment.
- Factor added to or subtracted from a contract's overall and/or summary Star Rating.
 - Varies by a contract's composition of Low Income Subsidy/Dual Eligible (LIS/DE) and disability status beneficiaries.
- Adjusts for average within-contract performance disparity associated with a contract's final adjustment category.
 - Based on a contract's percentages of LIS/DE and disabled beneficiaries.

Contracts Operating Solely in Puerto Rico

- The final adjustment categories for the CAI rely on both the use of a contract's percentage of LIS/DE and disabled beneficiaries.
- An additional adjustment is done for contracts whose non-employer service area only covers Puerto Rico to address the lack of LIS.
 - The adjustment results in a modified percentage of LIS/DE beneficiaries that is subsequently used to categorize a contract in its final adjustment category for the CAI.
 - The methodology for the LIS/DE Indicator will be detailed in the 2017 Star Ratings Technical Notes, Attachment O.

Contracts Operating Solely in Puerto Rico (cont.)

- Additionally, for the three Part D Medication Adherence measures:
 - Weights reduced to 0 for the calculation of the overall and summary ratings.
 - Weight of 3 retained for the Part D improvement measure.

Application of the CAI

- As done previously, the summary and overall ratings are calculated twice - once including the improvement measures and once without including the improvement measures.
- Based on the rules for applying the improvement measure results, a decision is made on which calculation result will be used for the contract's interim summary and overall ratings.
- If applicable, the reward factor is added to the interim values.
- Next, the associated values of the CAI based on a contract's categorization into final adjustment categories are applied to the unadjusted summary and overall ratings and become the 2017 final summary and overall ratings.

Note: There is a different CAI value for each Star Rating – Part C Summary, Part D Summary, Overall.

Measure Specification Changes

- Appeals Timeliness/Reviewing Appeals Decisions measures (Part C) and Appeals Upheld measure (Part D): Include reopenings up to May 1, 2016.
- Appeals Upheld measure (Part D): Hospice exclusion not continued.
- Medication Adherence for Hypertension (RAS Antagonists): Align with PQA change to exclude patients with 1+ claims for sacubitril/valsartan from the denominator.

Measure Specification Changes (cont.)

- Improvement Measures (Part C & D):
 - Updates to measures used to calculate the 2017 improvement measures.
 - Due to updates in the weights as a result of updated HCC risk scores, we will remove the PCR measure from the improvement measure for the 2017 Star Ratings.
- Transition from ICD-9 to ICD-10 (Part C).
- Beneficiary Access and Performance Problems (Part C & D): Weight of 1.5 (as an access measure) now that revised measure is in its 2nd year.

HPMS Plan Preview and reminders

HPMS Enhancements

- We will add additional detail data files to HPMS:
 - Part C appeals data
 - MTM data
 - CAI value
 - CAHPS data (available in 2nd Plan Preview)
- Other data now available on HPMS:
 - CAMS data
 - Call Center monitoring data
- MPF Price Accuracy data:
 - See June 29, 2016 HPMS memo for new process for Part D sponsors to obtain detailed files related this measure (request via email after August 8).

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 – 18th

1st Plan Preview and the CAI

For 2017, a separate CAI page will be present that provides the following information based on a contract's enrollment during the measurement year:

- Enrolled
- Number of LIS/DE Beneficiaries
- Number of Disabled Beneficiaries
- % LIS/DE
- % Disabled

1st Plan Preview and the CAI (cont.)

The following information will be displayed for MA-PDs:

- Part C LIS/DE Decile; Part C Disabled Quintile;
Part C Final Adjustment Category (FAC); Part C CAI Value
- Part D LIS/DE Decile; Part D Disabled Quintile;
Part D FAC; Part D CAI Value
- Overall LIS/DE Decile; Overall Disabled Quintile;
Overall FAC; Overall CAI Value

The following information will be displayed for PDPs:

- Part D LIS/DE Quartile; Part D Disabled Quartile;
Part D FAC; Part D CAI Value

Example: 1st Plan Preview for Overall CAI

The information in the table below will be available during the 1st Plan Preview. The categorization of a contract into the corresponding Overall LIS/DE Decile, Disabled Quintile, and Final Adjustment Category relies on the use of Tables 12, 13, and 14 in the 2017 Star Ratings Technical Notes.*

Enrolled	48,161
Number of LIS/DE	26,898
Number of Disabled	18,578
% LIS/DE	55.850169
% Disabled	38.574780
Overall LIS/DE Decile	L8
Overall Disabled Quintile	D5
Overall Final Adjustment Category	J
Overall CAI Values	0.028531

* The CAI values for the 2017 Star Ratings were published in the Final Call Letter in April, 2016.

Example: 1st Plan Preview for Overall CAI (continued)

During the 1st Plan Preview, the counts and percentages for both LIS/DE and disabled beneficiaries will be displayed. The values are based on the enrollment data for the measurement year.

Note: The percentage of disabled for a contract is determined using the original reason for entitlement.

Enrolled	48,161
Number of LIS/DE	26,898
Number of Disabled	18,578
% LIS/DE	55.850169
% Disabled	38.574780

Example: 1st Plan Preview for Overall CAI (continued)

Using Table 12 in the 2017 Star Ratings Technical Notes, the LIS/DE percentage of 55.850169 is categorized into the eighth decile (L8).

Table 12: Categorization of Contract's Members into LIS/DE Deciles for the Overall Rating

LIS/DE Decile	% LIS/DE
L1	≥ 0.000000 to < 8.944746
L2	≥ 8.944746 to < 12.686261
L3	≥ 12.686261 to < 15.774505
L4	≥ 15.774505 to < 19.045750
L5	≥ 19.045750% to < 23.977663
L6	≥ 23.977663% to < 30.370370
L7	≥ 30.370370% to < 46.358032
L8	≥ 46.358032% to < 73.915938
L9	≥ 73.915938% to < 99.017038
L10	≥ 99.017038 to ≤ 100.000000

Example: 1st Plan Preview for Overall CAI (continued)

Using Table 13 in the 2017 Star Ratings Technical Notes, the disabled percentage of 38.574780 is categorized into the fifth quintile (D5).

Table 13: Categorization of Contract's Members into Disability Quintiles for the Overall Rating

Disability Quintile	% Disabled
D1	≥ 0.000000 to < 9.001572
D2	≥ 9.001572 to < 13.108420
D3	≥ 13.108420 to < 18.863955
D4	≥ 18.863955 to < 26.517821
D5	≥ 26.517821 to ≤ 100.000000

Example: 1st Plan Preview for Overall CAI (continued)

Based on the contract's categorization for LIS/DE and disabled beneficiaries, L8 and D5 respectively, the contract is classified in the final adjustment category 'J'. The associated CAI value for the overall rating is 0.028531.

Note: The value 0.028531 will be added to the contract's unadjusted overall rating to become the final 2017 overall rating. The final overall rating will be available in Preview 2.

Table 14: Final Adjustment Categories and CAI Values for the Overall Rating

FAC	LIS/DE Decile	Disability Quintile	CAI Value
A	L1	D1	-0.015566
B	L2 - L9	D1	-0.006181
C	L1 - L6	D2	-0.006181
D	L1 - L5	D3 - D5	0.002408
E	L6	D3	0.002408
F	L7 - L8	D2 - D3	0.013514
G	L10	D1 - D4	0.02468
H	L9	D2 - D4	0.02468
I	L6 - L8	D4	0.02468
J	L6 - L8	D5	0.028531
K	L9	D5	0.05461
L	L10	D5	0.081245

2nd HPMS Plan Preview Period

- Provides Part C & D measure data and stars, domain, summary, and overall ratings (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.

CAHPS Reports

- CMS continues to provide reports to MA and PDP contracts:
 - Official CAHPS preview reports emailed to Medicare Compliance Officers in late August.
 - Official CAHPS plan reports mailed (on a CD) to Medicare Compliance Officers in October.

Note: Cut points published in the Star Ratings Technical Notes are for base group assignments, NOT final stars.

CAHPS Resources

- For more information about CAHPS, please see: www.MA-PDPCAHPs.org
- We will be adding resources to the website focused on optimizing your experience with your CAHPS survey vendor.
- Please consult HPMS and your CAHPS preview report before questioning the CAHPS cut points.

More Information

- Technical Notes for the Part C & D Star Ratings provide detailed specifications, definitions, and other key information:

<http://go.cms.gov/partcanddstarratings>

- CMS mailbox for questions:

PartCandDStarRatings@cms.hhs.gov

***Take advantage of both
preview periods!***

***2017 Star Ratings
Go Live October 13, 2016.***

Email Reminders

- Please do not submit emails requiring CMS to login to a website to access the questions.
- If you need to share personally identifying information (PII) with us, please contact us via email to discuss a safe way to transfer the data.
- If you are emailing about multiple contracts with similar issues, please group your questions into a limited number of emails.

Contracts with Low Performing Display Measures

- This year, we again notified contracts with low performing 2016 display measures relative to other contracts.
- Our goal is to assist with your efforts to continually improve the quality of care (this letter is not a compliance notice).

Proposals for 2018 and Beyond

- CAHPS measures including pneumonia (Part C & D): *2018 Display measures; 2018 Star Ratings.*
- Fall Risk Management (Part C): *Future changes pending.*
- Colorectal Cancer Screening (Part C): *Future changes pending.*
- Care Coordination Measures (Part C): *Work on-going.*
- Depression Measures (Part C): *Current NCQA development.*
- Appropriate Pain Management (Part C): *Future NCQA development.*

Proposals for 2018 and Beyond (cont.)

- High Risk Medication (HRM) measure (Part D): *2018 Display measure.*
- Statin Use in Persons with Diabetes (SUPD) measure (Part D): *2017 Display measure; 2019 Star Ratings.*
- Use of Opioids from Multiple Providers or at High Dosage in Persons without Cancer (Part D): *2019 Display measure.*
- Antipsychotic Use in Persons with Dementia (APD) measure (Part D): *2018 Display measure.*
- Drug-Drug Interactions (DDI) measure (Part D): *Future changes pending to Display measure.*
- Center for Medicare & Medicaid Innovation Model Tests (Part C & D): *Future changes pending.*

Request for Comments

- Proposed changes for Star Ratings in 2018 and beyond will be included in the fall Request for Comments and draft Call letter.
- After re-evaluation of the impact of sanctions, audits, and CMPs on the Star Ratings, we may propose new policy in the Request for Comments.
 - Listening session will be held at Fall Conference on September 8, 2016.
 - Stakeholder feedback welcome by September 23, 2016 to PartCDQA@cms.hhs.gov.

Discussion: Open Q & A

Appendix: 2017 Part C and D Star Ratings measures

Part C Domain:

Staying Healthy: Screenings, Tests and Vaccines

- C01 - Breast Cancer Screening.
- C02 - Colorectal Cancer Screening.
- C03 - Annual Flu Vaccine.
- C04 - Improving or Maintaining Physical Health.
- C05 - Improving or Maintaining Mental Health.
- C06 - Monitoring Physical Activity.
- C07 - Adult BMI Assessment.

Part C Domain:

Managing Chronic (Long Term) Conditions

- C08 - SNP Care Management.
- C09 - Care for Older Adults – Medication Review.
- C10 - Care for Older Adults – Functional Status Assessment.
- C11 - Care for Older Adults – Pain Assessment.
- C12 - Osteoporosis Management in Women who had a Fracture.
- C13 - Diabetes Care – Eye Exam.
- C14 - Diabetes Care – Kidney Disease Monitoring.
- C15 - Diabetes Care – Blood Sugar Controlled.
- C16 - Controlling Blood Pressure.
- C17 - Rheumatoid Arthritis Management.
- C18 - Reducing the Risk of Falling.
- C19 - Plan All-Cause Readmissions.

Part C Domain:

Member Experience with Health Plan

- C20 - Getting Needed Care.
- C21 - Getting Appointments and Care Quickly.
- C22 - Customer Service.
- C23 - Rating of Health Care Quality.
- C24 - Rating of Health Plan.
- C25 - Care Coordination.

Part C Domain:

Member Complaints and Changes in the Health Plan's Performance

- C26 - Complaints about the Health Plan.
- C27 - Members Choosing to Leave the Plan.
- C28 - Beneficiary Access and Performance Problems.
- C29 - Health Plan Quality Improvement.

Part C Domain:

Health Plan Customer Service

- C30 - Plan Makes Timely Decisions about Appeals.
- C31 - Reviewing Appeals Decisions.
- C32 - 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 and Changes in the Drug Plan's Performance

- D04 - Complaints about the Drug Plan.
- D05 - Members Choosing to Leave the Plan.
- D06 - Beneficiary Access and Performance Problems.
- D07 - Drug Plan Quality Improvement.

Part D Domain:

Member Experience with Drug Plan

- D08 - Rating of Drug Plan.
- D09 - Getting Needed Prescription Drugs.

Part D Domain:

Drug Safety and Accuracy of Drug Pricing

- D10 - MPF Price Accuracy.
- D11 - High Risk Medication.
- D12 - Medication Adherence for Diabetes Medications.
- D13 - Medication Adherence for Hypertension (RAS Antagonists).
- D14 - Medication Adherence for Cholesterol (Statins).
- D15 - MTM Program Completion Rate for CMR.