



# ***Medicare Part C & D Star Ratings: Update for 2018***



***August 9, 2017  
Part C & D User Group Call***

# Session Overview

- Overview of Star Ratings
- Changes for 2018 Star Ratings
- HPMS Plan Preview and Reminders
- Discussion: Open Q & A
- Appendix: 2018 Part C and D Star Ratings Measures



# Overview of the Star Ratings

# Background

- Provide beneficiaries a true reflection of the plan's quality; encompasses multiple dimensions of high quality care.
  - Measures are relevant and important to beneficiaries.
  - While improving health outcomes of beneficiaries in an efficient, patient-centered, equitable, and high quality manner is one of the primary goals of the ratings, they also provide feedback on specific aspects of care that directly impact outcomes, such as process measures and the beneficiary's perspective.
- Focus on aspects of care within the control of the plan.
- Data used in the ratings must be complete, accurate, reliable, and valid.

# 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.

# 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 are 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 20, 2017 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.



# MPF Price Accuracy Measure

- CMS finalized enhancements in the 2018 Call Letter. All measures are reviewed prior to making a final decision for inclusion in Star Ratings.
- We identified a measurement error with the enhanced specifications where some claims may be falsely marked as inaccurate.
- We will therefore maintain the current (2017) methodology for 2018 Star Ratings.
- Starting with Plan Preview #1, contracts can access their individual MPF Price Accuracy reports in the Download Files section of the MPF Communications Web Portal.

# Data Accuracy

- CMS continues to identify risks for inaccurate or unreliable Star Ratings data.
- A contract's measure rating is reduced 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).

# 2018 Call Letter

- Some sponsors concerned about basing Star Rating reductions on audits as only a subset of contracts are audited each year,
- CMS implemented an industry-wide Appeals Timeliness Monitoring Project to evaluate 2016 IRE data.
- 2018 Final Call Letter:
  - Findings would be assessed, and CMS may incorporate into reviews as early as the 2018 Star Ratings.
  - Findings may provide a possible method for scaled reductions instead of the standard reduction to 1 star, and that we would seek input from stakeholders.

# 2018 Star Ratings

- 1<sup>st</sup> year of TMP data collection successful in many aspects:
  - All Sponsors submitted Part C and D 2016 universes.
  - Analysis by both Audit and Star Ratings teams to determine contract-level results.
- Reductions for appeals/data accuracy issues for 2018 Star Ratings:
  - will not apply TMP findings from the 1st year of data collection.
  - will continue to use information from audits and data issues identified from other means.
  - will be communicated during the 1st plan preview to the respective sponsors for review and discussion.
- Methodology for scaled reductions will be contemplated for future years.

# **Changes for 2018 Star Ratings and Beyond**

# Changes Announced in 2018 Call Letter

- Changes as described in the final 2018 Call Letter will be implemented.
  - <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2018.pdf>

# New and Returning Measures

- **Medication Reconciliation Post Discharge (Part C):** Assesses the percentage of discharges from acute or non-acute inpatient facilities for members 66 years of age and older for whom medications were reconciled within 30 days of discharge; classified as a process measure with a weight of 1.
- **Improving Bladder Control (Part C):** Collected through the Health Outcomes Survey (HOS), assesses the percentage of beneficiaries with urine leakage who discussed treatment options for their urinary incontinence with a provider. This process measure will revert to its original weight of 1.

# Measure Specification Changes

- **Improvement measures (Part C & D).** Getting Care Quickly, Customer Service, and Care Coordination will be excluded from the Part C improvement measure for the 2018 Star Ratings due to wording changes.
- **SNP Care Management (Part C) and MTM Program Completion Rate for CMR Measure (Part D).** Changed the display from a percentage with one decimal point to an integer.
- **Call Center – Foreign Language Interpreter and TTY Availability (Part C & D).** When testing interpreter availability, CMS allows the interpreter an extra 60 seconds to answer an introductory question.



# Removal of Measures from Star Ratings

- **High Risk Medication (Part D).** This measure will be moved to the display page for 2018. We will continue to provide HRM measure reports to Part D sponsors through the Patient Safety Analysis website to identify outliers.

# Socioeconomic/Disability Adjustment Categorical Adjustment Index (CAI)

- An interim analytical adjustment.
- Adjusts for average within-contract performance disparity of LIS/DE and/or disabled status beneficiaries and non-LIS/DE and/or non-disabled status beneficiaries.
  - The adjustment varies by a contract's final adjustment category that is based on the contract's percentages of Low Income Subsidy/Dual Eligible (LIS/DE) and disability status beneficiaries.
- Factor added to or subtracted from a contract's overall and/or summary Star Rating.
  - MA contracts may have up to three mutually exclusive and independent adjustments – one for the overall Star Rating and one for each of the summary ratings (Part C and Part D). PDPs have one adjustment for the Part D summary rating.

# Socioeconomic/Disability Adjustment Categorical Adjustment Index (CAI)

The measures used to determine the 2018 CAI adjustment are:

- C01 - Breast Cancer Screening
- C12 - Osteoporosis Management in Women who had a Fracture
- C15 - Diabetes Care – Blood Sugar Controlled
- D12 - Medication Adherence for Hypertension (RAS antagonists)
- D14 - MTM Program Completion Rate for CMR

# Contracts Operating Solely in Puerto Rico

- The final adjustment categories for the CAI rely on both the a contract's percentage of LIS/DE and disabled beneficiaries.
- An additional adjustment is done for contracts whose non-employer service area covers only Puerto Rico to address the lack of LIS.
  - The methodology for the LIS/DE Indicator is detailed in the 2018 Star Ratings Technical Notes, Attachment O.
- 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

- The highest rating (overall for MA-PD and summary rating for MA only and PDP contracts) is calculated twice – including and excluding the improvement measures.
  - Based on the rules for applying the improvement measure(s), the contract's interim summary and overall ratings are identified.
- If applicable, the reward factor is added to the interim values.
- Next, a contract's final adjustment category and rating-specific CAI values are applied.
- The 2018 final highest rating is determined by applying the hold harmless provision for contracts with 4 or more stars.

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

# Update on CMS Response to SES

- CMS continues to examine the LIS/DE/Disabled effect revealed in our research and simulate recommendation of the Assistant Secretary for Planning and Evaluation (ASPE).
- Solicit feedback from our many stakeholders.
- Engage in collaborations with other federal agencies.
- Remain abreast of current and ongoing research.

# MA Star Ratings Measure Stewards

## **National Committee for Quality Assurance (NCQA)**

- Received support of the Committee on Performance Measurement (CPM) to implement stratified reporting for four HEDIS measures for the MA Star Ratings Program:
  - Breast Cancer Screening
  - Colorectal Cancer Screening
  - Comprehensive Diabetes Care – Eye Exam
  - Plan All-Cause Readmissions

Strata: LIS/DE only; Disabled only; Both LIS/DE and Disabled; and Neither LIS/DE or Disabled. (*The overall rate would also be reported.*)

## **The Pharmacy Quality Alliance (PQA)**

- Continues to comprehensively examine their measures for possible sensitivity to the composition of enrollees in a contract.

# Update on SES Research

In December 2016, the Assistant Secretary for Planning and Evaluation (ASPE) released a Report to Congress: *Social Risk Factors and Performance Under Medicare's Value-Based Payment Programs*\*

## Findings:

- (1) Beneficiaries with social risk factors had worse outcomes on quality measures, regardless of the providers they saw, and dual enrollment status was the most powerful predictor of poor outcomes.
  - (2) Providers that disproportionately served beneficiaries with social risk factors tended to have worse performance on quality measures, even after accounting for their beneficiary mix.
- ASPE supported the CMS' use of the CAI and focus on within-contract differences.
  - Next report due in Fall 2019.

*\*Required by the Improving Medicare Post-Acute Care Transformation Act of 2014 or the IMPACT Act (P.L. 113-185).*



# HPMS Plan Preview and Reminders

# 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 as early as possible.
- No stars are assigned for this preview.
- Draft Technical Notes, including draft website language, will be available.
- Will be held from August 9<sup>th</sup> – 18<sup>th</sup>

# HPMS Detail Data Files

- Detail data files available in HPMS during the plan previews include:
  - Complaints
  - Appeals
  - SNP Care Management, SNP Care for Older Adults
  - Disenrollment, Disenrollment Reasons
  - Beneficiary Access and Performance Problems
  - MTM data
  - CAHPS data
  - CAI value
  - HEDIS low enrollment
  - Improvement
  - CAMS data
  - Call Center monitoring data

# 1st Plan Preview and the CAI

For 2018, a separate CAI page will provide 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:

- Part C LIS/DE Initial Group; Part C Disabled Quintile; Part C Final Adjustment Category (FAC); Part C CAI Value
- Part D MAPD LIS/DE Initial Group; Part D MAPD Disabled Quintile; Part D MAPD FAC; Part D MAPD CAI Value
- Part D PDP LIS/DE Quartile; Part D PDP Disabled Quartile; Part D PDP FAC; Part D PDP CAI Value
- Overall LIS/DE Initial Group; Overall Disabled Quintile; Overall FAC; Overall CAI Value

# Example: 1st Plan Preview for Overall CAI

The information in the table below will be available during the 1<sup>st</sup> plan preview. The categorization of a contract into the corresponding Overall LIS/DE Initial, Disabled Quintile, and Final Adjustment Category relies on the use of Tables 12, 13, and 14 in the 2018 Star Ratings Technical Notes.\*

<b>Enrolled</b>	48,161
<b>Number of LIS/DE</b>	26,898
<b>Number of Disabled</b>	18,578
<b>% LIS/DE</b>	55.850169
<b>% Disabled</b>	38.574780
<b>Overall LIS/DE Initial Group</b>	L10
<b>Overall Disabled Quintile</b>	D4
<b>Overall Final Adjustment Category</b>	E
<b>Overall CAI Value</b>	0.037323

\* The CAI values for the 2018 Star Ratings were published in the Final Call Letter in April, 2017.

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

Using Table 12 in the 2018 Star Ratings Technical Notes, the LIS/DE percentage of 55.850169 is categorized into the 10<sup>th</sup> initial group (L10).\*

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

LIS/DE Initial Group	% LIS/DE
L1	≥ 0.000000 to < 6.188617
L2	≥ 6.188617 to < 8.110160
L3	≥ 8.110160 to < 10.344828
L4	≥ 10.344828 to < 12.224661
L5	≥ 12.224661 to < 15.456919
L6	≥ 15.456919 to < 19.752043
L7	≥ 19.752043 to < 24.168883
L8	≥ 24.168883 to < 33.968268
L9	≥ 33.968268 to < 51.805150
<b>L10</b>	<b>≥ 51.805150 to &lt; 76.665433</b>
L11	≥ 76.665433 to < 99.831252
L12	≥ 99.831252 to ≤ 100.000000

\*For 2018, the distribution of the percentages of LIS/DE was divided into 12 equal-sized groups and not deciles.

# Example: 1<sup>st</sup> Plan Preview for Overall CAI (continued)

Using Table 13 in the 2018 Star Ratings Technical Notes, the disabled percentage of 38.574780 is categorized into the fourth quintile (D4).

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

Disability Quintile	% Disabled
D1	$\geq 0.000000$ to $< 15.160537$
D2	$\geq 15.160537$ to $< 19.602284$
D3	$\geq 19.602284$ to $< 26.769989$
<b>D4</b>	<b><math>\geq 26.769989</math> to <math>&lt; 38.698266</math></b>
D5	$\geq 38.698266$ to $\leq 100.000000$



# Example: 1<sup>st</sup> Plan Preview for Overall CAI (continued)

Based on the contract's categorization for LIS/DE and disabled beneficiaries, L10 and D4 respectively, the contract is classified in the final adjustment category 'E'. The associated CAI value for the overall rating is **0.037323**.

*Note: The value 0.037323 will be added to the contract's unadjusted overall rating to become the final 2018 overall rating. The final overall rating will be available in preview 2.*

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

Final Adjustment Category	LIS/DE Initial Group	Disability Quintile	CAI Value
A	L1 - 2	D1	-0.020980
B	L3 - L7 L1 - L2	D1 - D3 D2 - D3	-0.009289
C	L8 - L10	D1 - D3	0.001019
D	L1 - L9	D4 - D5	0.011701
E	L11 - L12 <b>L10</b>	D1 - D4 <b>D4</b>	<b>0.037323</b>
F	L10 - L11	D5	0.060366
G	L12	D5	0.085606

# 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 early August.
  - Official CAHPS plan reports mailed (on a CD) to Medicare Compliance Officers in October.
- For more information about CAHPS, please see:  
[www.MA-PDPCAHPs.org](http://www.MA-PDPCAHPs.org)
- Please consult HPMS and your CAHPS preview report before questioning the CAHPS cut points.
  - *Note: Cut points published in the Star Ratings Technical Notes are for base group assignments, NOT final stars.*

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

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

***2018 Star Ratings  
Go Live October 11, 2017.***

# 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.

# **Discussion: Open Q & A**

# **Appendix: 2018 Part C and D Star Ratings Measures**

## **Part C Domain:**

# **Staying Healthy: Screenings, Tests and Vaccines**

- Breast Cancer Screening
- Colorectal Cancer Screening
- 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**

- SNP Care Management
- Care for Older Adults – Medication Review
- Care for Older Adults – Functional Status Assessment
- Care for Older Adults – Pain Assessment
- Osteoporosis Management in Women who had a Fracture
- Diabetes Care – Eye Exam
- Diabetes Care – Kidney Disease Monitoring
- Diabetes Care – Blood Sugar Controlled
- Controlling Blood Pressure
- Rheumatoid Arthritis Management
- Improving Bladder Control
- Medication Reconciliation Post-discharge
- 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 and Changes in the Health Plan's Performance**

- Complaints about the Health Plan
- Members Choosing to Leave the Plan
- Beneficiary Access and Performance Problems
- 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 and Changes in the Drug Plan's Performance**

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

# **Part D Domain: Member Experience with Drug Plan**

- Rating of Drug Plan
- Getting Needed Prescription Drugs

## **Part D Domain:**

# **Drug Safety and Accuracy of Drug Pricing**

- MPF Price Accuracy
- Medication Adherence for Diabetes Medications
- Medication Adherence for Hypertension (RAS Antagonists)
- Medication Adherence for Cholesterol (Statins)
- MTM Program Completion Rate for CMR