

## **Frequently Asked Questions**

### **Reporting of National Medicare Advantage Quality Scores by Race, Ethnicity, and Gender**

#### **1. What is CMS announcing today?**

CMS is announcing the release of a national-level report detailing the health care experiences and quality of care received by Medicare beneficiaries enrolled in Medicare Advantage (MA). The report looks at racial and ethnic differences in health care experiences and clinical care received in 2018, compares quality of care for women and men, and looks at racial and ethnic differences in quality of care among women and men separately. The release of this report is traditionally timed to coincide with Minority Health Month in April. Each year at this time CMS will make additional reports available to the general public on the [CMS OMH](#) website.

#### **2. Why is CMS highlighting this information?**

Despite advances in health care access, increases in spending, and improvements in quality over the last decade, there is well-documented evidence that members of racial and ethnic minority groups continue to experience worse health outcomes (*2018 National Healthcare Quality and Disparities Report* - <https://www.ahrq.gov/research/findings/nhqdr/nhqdr18/index.html>). To comprehensively address and eliminate health disparities, it is first necessary to be able to measure and publicly report – in a standardized and systematic way – the nature and extent of these differences. Additionally, the IMPACT Act of 2014 requires the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) to examine the differential effect of several demographic variables, including race and ethnicity, on Medicare payment policy and the reporting of additional quality measures.

#### **3. What do these data represent?**

The data presented in the report indicate overall differences in the care delivered to Medicare beneficiaries who identify as American Indian or Alaska Native, Asian or Pacific Islander, Black/African American, Hispanic, or White. The data also indicate overall differences in the quality of care for women and men as well as how racial and ethnic differences in the care delivered to Medicare beneficiaries vary for women and men.

#### **4. How can MA contracts use this information to improve performance?**

The data presented here focus on the analysis, reporting, display, and dissemination of existing quality measures aggregated at the national level, stratified by race and ethnicity, by gender, and by race and ethnicity within gender. This information may be useful for targeting quality improvement activities and resources, monitoring health and drug plan performance, and advancing the development of culturally appropriate quality improvement interventions and strategies.

#### **5. Are these results included in the MA and Part D Star Ratings Program?**

NO. This effort is entirely separate from the MA and Part D Star Ratings program. These scores are intended to be used for health and drug plan quality improvement and accountability purposes.

**6. Do the data presented in this release suggest that CMS' Categorical Adjustment Index used to account for differences in performance among enrollees with low income subsidy and/or dual eligible and disability status in the Part C and D Star Ratings programs should be modified?**

NO. The descriptive data in this release do not suggest that use of the Categorical Adjustment Index in the Part C and D Star Ratings is inappropriate. The analyses released today examine racial, ethnic, and gender differences in CAHPS and HEDIS scores.

**7. Do these results affect MA contract payments?**

NO. These results are not used for payment purposes of any sort. As required by the IMPACT Act of 2014, the HHS ASPE has examined the differential effect of a number of demographic variables, including race and ethnicity, on Medicare payment policy and the reporting of additional quality measures. Results from the ASPE Report to Congress on *Social Risk Factors and Performance Under Medicare's Value-Based Purchasing Programs* can be found [here](#).

**8. How is gender reported?**

For both the patient experience (CAHPS) measures and the clinical care (HEDIS) measures, scores are reported for women and men.

**9. How is race and ethnicity reported?**

For the racial and ethnic group comparisons that combine data from women and men, scores on patient experience (CAHPS) measures are provided for five racial and ethnic groups: (1) American Indians or Alaska Natives, (2) Asians or Pacific Islanders (including Native Hawaiians), (3) Blacks, (4) Hispanics, and (5) Whites. These racial and ethnic groups were chosen because enough information was available to describe the experiences of beneficiaries in these groups. Scores on clinical care (HEDIS) measures are provided for the same groups except American Indians or Alaska Natives because the clinical care data lack information that allows us to reliably determine if a beneficiary is in this group. For the racial and ethnic group comparisons within gender, scores on patient experience measures and clinical care measures are provided for all five racial and ethnic groups for women but are limited to Asians or Pacific Islanders, Blacks, Hispanics, and Whites for men. Scores on patient experience measures are not presented for American Indian or Alaska Native men because sample sizes for that group are insufficient for reliable reporting.

**10. If the score for a particular racial or ethnic minority group is lower than the score for Whites, what does that mean?**

At the national level, for patient experience measures, a lower score for a particular racial or ethnic minority group means that members of that group reported worse experiences than Whites (either overall or for a particular gender) after adjustment for other characteristics, such as age and education. Scores on clinical care measures, including the flu immunization measure, are not adjusted for these other characteristics. At the national level, for clinical care measures, a lower score for a particular racial or ethnic minority group means that members of that group received worse care than Whites (either overall or for a particular gender).