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DATE: June 4, 2020

TO: All Medicare Advantage Organizations, Prescription Drug Plans, and Section 1876 Cost Plans

FROM: Amy Larrick Chavez-Valdez, Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Information to review data used for Medicare Part C and D Star Ratings and display measures

The purpose of this memo is to remind sponsors of the various datasets and reports available to review their underlying measure data that are the basis for the Part C and D Star Ratings and display measures. Please alert CMS of potential errors or anomalies in advance of CMS's plan preview periods to allow time to investigate and resolve before the release of the Star Ratings.

The pages that follow provide information about the available datasets and reports for ongoing review. Many of the datasets are posted in HPMS, under "Quality and Performance," then "Performance Metrics." In many cases, these datasets provide more detailed information than what is used for CMS's Star Ratings and display measures.

In addition, previous years' Star Ratings and Display Measure Technical Notes and data can be found at <http://go.cms.gov/partcanddstarratings>. The Technical Notes provide detailed information about each of the measure calculations.

Health Outcomes Survey (HOS) measures (Part C)

HPMS HOS Star Ratings Validation page:

- To access HOS Star Ratings Validation, from the top navigation bar select: "Quality and Performance," then "HOS," then "Star Ratings Validation." Select the appropriate cohort and contract number/name.

The Cohort 19 (2016-2018) data are currently posted. The Cohort 20 (2017-2019) data will be posted by early August 2020.

If you have questions about HOS data please contact: HOS@cms.hhs.gov.

Complaints about the Health/Drug Plan measure (Part C and D)

On May 10, 2019, CMS released an HPMS memo with updated Complaints Tracking Module (CTM) Plan Standard Operating Procedures (SOP). Plans should review all complaints at intake and verify the contract assignment and issue level. The memo

details how sponsors may submit a Plan Request (e.g., to request a change in contract assignment, change issue level from Plan Issue to CMS Issue, or change in category/subcategory).

As stated in the 2021 Rate Announcement, all plan requests for changes must be made by June 30, 2020 (i.e., requests for changes to 2019 complaint data must be made by June 30, 2020 for the 2021 Star Ratings). This provides 6 to 18 months after intake for plans to make requests.

CMS provides quarterly reports which provide plans additional information on the data used to calculate the Complaint Rates on the HPMS Performance pages:

- To access the Complaint Rates Reports, from the top navigation bar select: “Quality and Performance,” then “Performance Metrics,” then from the left navigation bar select “Reports.” From the drop-down menu, select from the list of reports, “Complaint Tracking.” Under “Report Type” select the “Complaint Rates” and select the appropriate report period.

The 2019 reports and the 1st quarter 2020 report are currently posted.

Technical data questions related to your plan’s CTM performance should be sent to PartCandDStarRatings@cms.hhs.gov, with a copy to your Account Manager.

Appeals measures – Independent Review Entity (IRE) data (Part C)

Measures:

- Plan Makes Timely Decisions about Appeals
- Reviewing Appeals Decisions

Information regarding the Part C reconsideration process is available to Medicare Advantage (MA) organizations on the www.medicareappeal.com website (see HPMS memo “Changes to the MAXIMUS Website” dated 09/27/2012).

The data available on this website, <http://www.medicareappeal.com/AppealSearch>, are updated daily; therefore, MA organizations that notice discrepancies or have questions about the data should bring these issues to the attention of MAXIMUS as they arise. MAXIMUS has added an additional field to the appeal case search indicating whether the appeal was on time or not. This will make it easier for plans to monitor the timeliness of their cases. Plans can view all of their cases by Received Date or look up by a specific appeal number. MA organizations are encouraged to submit any questions they may have about the data to the email box linked under the ‘Contact Us’ tab on the MAXIMUS Part C appeals website or on the Contact Information page in the Medicare Advantage Reconsideration Process Manual.

As stated in the 2021 Rate Announcement, any requests for changes to IRE data must be made by June 30, 2020 (i.e., requests for changes to 2019 IRE data must be made by June 30, 2020 for the 2021 Star Ratings).

Appeals measures – IRE data (Part D)

Measures:

- Appeals Auto-Forward
- Appeals Upheld

Part D plan sponsors should use the www.medicarepartdappeals.com website to monitor their appeal timeliness and effectuation compliance data to ensure accuracy (see HPMS memo “Changes to the MAXIMUS Website” dated 09/27/2012).

The data available on this website are updated daily; therefore, plan sponsors that notice discrepancies or have questions about the data should bring these issues to the attention of MAXIMUS as they arise. Plan sponsors are encouraged to submit any questions about the data to the email box linked under the ‘Contact Us’ tab on the Part D website.

HPMS Performance pages:

- To access the Part D Appeals Reports, from the top navigation bar select: “Quality and Performance,” then “Performance Metrics,” then from the left navigation bar select “Reports.” From the drop-down menu, select “Appeals (Part D)” and select the appropriate report period.
- The 2019 reports are currently posted. As stated in the 2021 Rate Announcement, any requests for changes to IRE data must be made by June 30, 2020 (i.e., requests for changes to 2019 IRE data must be made by June 30, 2020 for the 2021 Star Ratings).

Sponsors should send questions about Part C and D appeals measure data integrity reviews to the PARTCDQA@cms.hhs.gov mailbox.

Call Center measures – Foreign Language Interpreter and TTY Availability (Part C and D)

HPMS Performance pages:

- To access the Part C or D Call Center Reports, from the top navigation bar select: “Quality and Performance,” then “Performance Metrics,” then select from the left navigation bar “Reports” and then “Call Center Monitoring.” Under “Report Type,” from the drop-down menu select Part C prospective beneficiary customer service and/or Part D prospective beneficiary customer service. Choose the 2020 study dates under “Report Period” in the drop-down menu, select your contract ID, and click “Create Report” or “Download.”

The next set of FL/TTY reports will be released in late July to early August 2020. In addition, plans/sponsors may download and review their raw call data directly from HPMS to validate the results. A data dictionary and technical notes for the Accuracy & Accessibility Study are also available via the Part C or Part D Performance Metrics page under the “Download” option. We encourage plans/sponsors to contact CMS via CallCenterMonitoring@cms.hhs.gov if they believe an error occurred.

Special Needs Plan (SNP) Care Management and Medication Therapy Management (MTM) program completion rate for Comprehensive Medication Review (CMR) measures – Part C and D Reporting Requirements data (Part C and D)

The Part C SNP Care Management measure and Part D MTM CMR measure are calculated using validated plan reported data.

For more information about data validation, please see the Medicare Part C and Part D Reporting Requirements Data Validation documents posted at <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartCDDDataValidation>.

Section 6 of the Data Validation Procedure Manual outlines the Pass/Not Pass Determination process. Please contact the PartCandD_Data_Validation@cms.hhs.gov email box for questions or concerns about your data validation results.

HPMS Plan Reporting Data Validation page:

- To access this page, from the top menu select “Monitoring,” then “Plan Reporting Data Validation.” Select the appropriate contract year. Select the PRDVM Reports. Select “Score Detail Report.” Select the applicable reporting section.

If you do not see this module in HPMS, contact CMSHPMS_Access@cms.hhs.gov.

A contract will be assigned 1 star in the following measures if these criteria are met:

SNP Care Management measure – if the contract 1) did not score at least 95% on data validation for the SNP Care Management reporting section, or 2) was not compliant with data validation standards/sub-standards for any the following SNP Care Management data elements:

- Number of new enrollees due for an initial HRA (Element 13.1)
- Number of enrollees eligible for an annual HRA (Element 13.2)
- Number of initial HRAs performed on new enrollees (Element 13.3)
- Number of annual reassessments performed (Element 13.6)

MTM CMR measure – if the contract 1) failed to submit their MTM file and pass system validation by the reporting deadline, 2) had a missing data validation score for MTM, 3) did not score at least 95% on data validation for the MTM program reporting section, or 4) was not compliant with data validation standards/sub-standards for any the following MTM program data elements:

- HICN (or MBI) or RRB Number (Element B)
- Met the specified targeting criteria per CMS – Part D requirements (Element F)
- Date of MTM program enrollment (Element I)

- Date met the specified targeting criteria per CMS – Part D requirements (Element J)
- Date of MTM program opt-out, if applicable (Element K)
- Received annual CMR with written summary in CMS standardized format (Element P)
- Date(s) of CMR(s) (Element Q)

Parts C & D Reporting Web Portal:

Contracts will receive email notifications about the MTM Program Completion Rate for CMR Measure Report availability on or about July 31, 2020. Plans may download and review their data to validate the results. Reports will contain summary and beneficiary-level information for the records excluded from the calculation for their MTM CMR measure.

- To access the MTM Program Completion Rate for CMR Measure Report select the “Download Files” section of this Web Portal. Only users with Summary & Confidential Beneficiary Report access permissions will be allowed to download reports.

For questions about report availability, user authorization, or access to the Web Portal, please contact CDReporting@AcumenLLC.com.

Patient Safety measures (Part D)

Please refer to the HPMS memorandum dated April 20, 2020 for updates to the Medicare Part D Patient Safety measures. In addition, the 2020 Patient Safety Analysis Report User Guides and the monthly reports are available for the Patient Safety measures through the Patient Safety Analysis Web Portal at <https://account.programinfo.us/>.

For technical questions related to the user authorization process or access to the Web Portal or reports, please contact PatientSafety@AcumenLLC.com.

Plan Provides Accurate Drug Pricing Information for This Website measure (Part D)

CMS will provide contracts with preliminary as well as final Medicare Plan Finder (MPF) Price Accuracy reports. These reports will contain claim level information used for calculating their preliminary MPF Price Accuracy score. The preliminary reports were made available to all contracts for download in the Download Files section of the MPF Communications Web Portal in April 2020.

The final reports will be available beginning in July 2020. Only users with Summary & Confidential Beneficiary Report access permissions will be allowed to download reports. To update or confirm your level of access or to add users to a contract, please contact your Medicare Compliance Officer. For all technical questions related to downloading the files, please contact PlanFinder@AcumenLLC.com. For all questions related to the Accuracy Measure detail data, contact PartCandDStarRatings@cms.hhs.gov.

Members Choosing to Leave the Plan measure (Part C and D)

CMS provides contracts with the source beneficiary-level disenrollment detail files used for the measure numerator prior to the first plan preview upon request. **The specific date when these files will be available for transfer will be announced in a future HPMS email; no requests can be accepted prior to that HPMS email.**

Prior to requesting the disenrollment detail data files, we request that you identify the person in your organization with access to the mainframe file transfer (MFT) link your organization has with CMS. The MFT link goes by a few different names, such as GENTRAN, Connect:Direct, and TIBCO. This MFT link is the method used to transfer enrollment/disenrollment data between your organization and CMS. Your knowledge of who can retrieve the data is necessary because the files auto-expire after a set period of time and are deleted.

When you are ready to receive the disenrollment detail files, please send an email to PartCandDStarRatings@cms.hhs.gov requesting the files. Your email should indicate that you know who can retrieve the data and list the specific contract numbers for which data are needed.

The Star Ratings mailbox will create and ship the files through MFT. Once the files are shipped, we will reply with the MFT file naming convention, a file layout document, and the summary level numerator and denominator data for the requested contracts.

Please submit general questions about Part C and D Star Ratings measures or methodology to PartCandDStarRatings@cms.hhs.gov. Please do not submit secure emails requiring CMS to login to access the questions as multiple staff triage your emails, and it is difficult to create and share login information. If you need to share personally identifying information (PII) with us, please contact us with an email to discuss a safe way to transfer the secure data. You should add the ratings mailbox to your safe sender list so our messages are not flagged as spam.

Thank you for your continued support of CMS's Part C and D Star Ratings.