CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Part C & D Star Ratings: Update for 2016

August 5, 2015

Part C & D User Group Call

Session Overview

- 2016 Star Ratings
  - Changes announced in Call Letter.
  - HPMS Plan Previews.

- 2016 Display Measures.

- Anticipated Changes for 2017 and Beyond – Stakeholder Feedback.

2016 Star Ratings

Accountability

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

Quality Improvement Strategies

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

Changes Announced in 2016 Call Letter

- Changes as described in the final 2016 Call Letter will be implemented.
  - http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2016.pdf
- Proposed changes for 2017 and beyond will be included in the Request for Comments in Fall 2015.

Changes for 2016 Ratings

- Removal of Pre-set 4-star Thresholds.
- HEDIS Low Enrollment Contracts.
- Returning and New Measures.
- Temporarily Removed Measures and Retired Measures.
- Changes to CAHPS methodology.

Removal of Pre-set 4-star Thresholds

- All cut points for a measure will be determined using the previous methodology (e.g., relative distribution and clustering of the data).
  - Reduces misclassification in the Stars Program.
  - Resolves conflict with CMS' principle to maximize differences between star categories.
  - Promotes continued improvement in performance.
- We will continue to use the "Reward Factor" for contracts with consistently high performance.

HEDIS Low Enrollment Contracts

- Contracts with 500 or more enrollees* will be eligible for inclusion in 2016 Star Ratings, and for MA Quality Bonus Payments to be made in 2017.
- Contracts with less than 500 enrollees* will be classified as low enrollment contracts, and excluded from receiving an Overall Rating for the Star Ratings.

*as of July 2014

Contracts with Low Reliability - Cut Points and Overall Ratings

- HEDIS measures for contracts whose enrollment was at least 500 but less than 1,000* will be included in the 2016 Star Ratings when the contract-specific measure score reliability is equal to or greater than 0.7.

*as of July 2014

Changes for 2016 Measures

Returning

- Breast Cancer Screening (Part C) (weight of 1).
- Call Center – Foreign Language Interpreter and TTY Availability (Part C & D) (weight of 1.5).
- Beneficiary Access and Performance Problems (Parts C & D) (weight of 1 in 2016, then 1.5 in 2017).

New

- Medication Therapy Management Program Completion Rate for Comprehensive Medication Reviews (Part D) (weight of 1).

Changes for 2016 Measures (cont.)

Temporarily Moving to Display Page

- Improving Bladder Control (Part C).

Retiring

- Cardiovascular Care: Cholesterol Screening (Part C).
- Diabetes Care: Cholesterol Screening (Part C).
- Diabetes Care: Cholesterol Controlled (Part C).
- Appropriate Treatment of Hypertension in Diabetes (Part D).

CAHPS:
Changes in Assignment of 1 and 5 Stars

- Prior to 2015, low reliability scores could not receive 1 or 5 stars.
- Starting in 2015,
  - Scores significantly below average and more than 1 SE below the 15th percentile receive 1 star.
  - Scores significantly above average and more than 1 SE above the 80th percentile receive 5 stars.
  - In these instances, there is strong evidence that the score is in the 1 star or 5 star range.

CAHPS:
2016 Star Assignment Rules

Star	Criteria for Assigning Star Ratings
1	A contract is assigned one star if both criteria (a) and (b) are met plus at least one of criteria (c) and (d): (a) its average CAHPS measure score is lower than the 15th percentile; AND (b) its average CAHPS measure score is statistically significantly lower than the national average CAHPS measure score; (c) the reliability is not low; OR (d) its average CAHPS measure score is more than one standard error (SE) below the 15th percentile.
2	A contract is assigned two stars if it does not meet the one-star criteria and meets at least one of these three criteria: (a) its average CAHPS measure score is lower than the 30th percentile and the measure does not have low reliability; OR (b) its average CAHPS measure score is lower than the 15th percentile and the measure has low reliability; OR (c) its average CAHPS measure score is statistically significantly lower than the national average CAHPS measure score and below the 60th percentile.
3	A contract is assigned three stars if it meets at least one of these three criteria: (a) its average CAHPS measure score is at or above the 30th percentile and lower than the 60th percentile, AND it is not statistically significantly different from the national average CAHPS measure score; OR (b) its average CAHPS measure score is at or above the 15th percentile and lower than the 30th percentile, AND the reliability is low, AND the score is not statistically significantly lower than the national average CAHPS measure score; OR (c) its average CAHPS measure score is at or above the 60th percentile and lower than the 80th percentile, AND the reliability is low, AND the score is not statistically significantly higher than the national average CAHPS measure score.
4	A contract is assigned four stars if it does not meet the five-star criteria and meets at least one of these three criteria: (a) its average CAHPS measure score is at or above the 60th percentile and the measure does not have low reliability; OR (b) its average CAHPS measure score is at or above the 80th percentile and the measure has low reliability; OR (c) its average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score and above the 30th percentile.
5	A contract is assigned five stars if both criteria (a) and (b) are met plus at least one of criteria (c) and (d): (a) its average CAHPS measure score is at or above the 80th percentile; AND (b) its average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score; (c) the reliability is not low; OR (d) its average CAHPS measure score is more than one standard error (SE) above the 80th percentile.

CAHPS:
Illustration of Star Assignment Rules

Mean Score		Base Group	Significantly below average		Not significantly different from average		Significantly above average	
			Low reliability	Not low reliability	Low reliability	Not low reliability	Low reliability	Not low reliability
<15th percentile	by > 1 SE	1	1	1	2	2	2	2
	by ≤ 1 SE		2	1	2	2	2	2
≥15th to <30th percentile		2	2	2	3	2	3	2
≥30th to <60th percentile		3	2	2	3	3	4	4
≥60th to <80th percentile		4	3	4	3	4	4	4
≥80th percentile	by ≤ 1 SE	5	4	4	4	4	4	5
	by > 1 SE		4	4	4	4	5	5

*If score is non-reportable or reliability is very low, the contract does not receive a Star Rating

Non-reportable, Very-low Reliability Scores and Low Reliability Scores for CAHPS

- Non-reportable scores:
  - Based on fewer than 11 respondents.
  - Not reported to contracts.
  - Do not affect Star Ratings.
- Very-low reliability scores:
  - At least 11 respondents.
  - Scores with reliability <0.60.
  - Do not affect Star Ratings.
- Low reliability scores:
  - At least 11 respondents.
  - Scores with reliability >0.60 but <0.75 and also in the lowest 12% of contracts ordered by reliability.
  - Publicly reported and do affect Star Ratings.

CAHPS: CMS Results Are Official

- CMS-calculated results are official results.
  - Every year some plans have inquired about discrepancies between vendor and CMS results due to vendor errors including:
    - Vendor misapplication of forward cleaning rules.
    - Vendor top-box scoring, rather than linear mean scoring.
    - Vendor errors in the determination of eligible surveys.
  - We remind plans that vendor results are unofficial and for internal/QI purposes.

CAHPS Reports

- CMS will continue to provide reports to MA and PDP contracts
  - Official CAHPS preview reports will be emailed to Medicare Compliance Officers in August.
  - Official CAHPS plan reports will be mailed (on a CD) to Medicare Compliance Officers in late September/early October.
- Reminder: cut points published in the Star Ratings Technical Notes are for base group assignments, NOT final stars.
- Please consult your preview report before questioning the CAHPS cut points. If you have not received a copy of this report, please contact your Medicare Compliance Officer.

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.

Validating Other Data Sources

Plans are able to access many star ratings measures' data directly, ahead of CMS plan preview periods.

- HPMS:
  - HOS, CTM, Call Center data.
  - Data validation results for plan-reported data, including SNP Care Management and MTM.
- Medicare Appeals System (MAS):
  - Part C and D Appeals data.
- Patient Safety Analysis Website:
  - HRM and Medication Adherence measure data.

Additional Details in April 23, 2015 HPMS memo.

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)

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 7th – 18th

2nd HPMS Plan Preview Period

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

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!

2016 Star Ratings Go Live October 8, 2015.

HPMS

- The HPMS Quality and Performance module has been redesigned.
- To access the Part C and D Star Ratings preview in HPMS, select:
  - Quality and Performance.
    - Performance Metrics.
      - Star Ratings and Display Measures.
        - Star Ratings.
          - 2016.

Reminder about Emails

- 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.

Display Measures

Low Performing Display Measures

- This year, we again identified contracts with low performing 2015 display measures (i.e., approximately in the bottom fifth percentile) 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).

Socioeconomic Factors and Quality Measurement

Dual/LIS Status

- A number of MA and Part D plans believe that plans with a high percentage of dual eligible (Dual) and/or LIS enrollees are disadvantaged in the current Star Ratings Program.
- Similar claims about other Medicare quality measurement programs.
- We are committed to exploring and examining whether the Star Ratings are sensitive to the percentage of vulnerable enrollees in the plan.

Initial Findings

- Some evidence of differential outcomes for a small subset of measures examined.
- Unclear from the preliminary research if LIS status, or other factors such as comorbidities, reason for entitlement, education, race/ethnicity, etc., are driving the observed differences.
- In some cases, LIS/Dual beneficiaries outperform nonLIS/nonDuals.

Ongoing Research

- CMS and its HHS partners in quality measurement, as well as external measure developers, continue to research the issue.
- Goal: Provide the scientific evidence as to whether sponsors that enroll a disproportionate number of vulnerable beneficiaries are systematically disadvantaged by the Star Ratings.

Future Presentations

- We will be posting a slide deck on our website with additional findings in the near future.
- We will present these results at the Fall conference – September 10th.

2017 and Beyond – Request for Comments

Request for Comments

- Proposed changes for Star Ratings in 2017 and beyond will be included in the annual Request for Comments.
- Projected to be released in Fall 2015.

Discussion: Open Q&A

Appendix:
2016 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 Screening.
- 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.