



Medicare Part C & D Star Ratings: Update for 2019



***August 8, 2018
Part C & D User Group Call***

Session Overview

- Overview of Star Ratings
- Changes for 2019 Star Ratings
- HPMS Plan Preview and Reminders
- Discussion: Open Q & A
- Appendix: 2019 Part C & D Star Ratings Measures



Overview of Star Ratings

Background

- Support CMS's efforts to transform the health care delivery system by putting a strong focus on person-centered care.
- Provide beneficiaries a true reflection of the plan's quality.
 - Measures are relevant and important to beneficiaries.
- Encompass multiple dimensions of high quality care.
 - 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's 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's display page are still used for compliance and monitoring.

Quality Improvement Strategies

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

Ongoing Monitoring of Star Ratings Data

April 13, 2018 HPMS memo

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

Changes for 2019 Star Ratings

Changes Announced in 2019 Call Letter

- Changes as described in the final 2019 Call Letter will be implemented:
 - <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf>

New Measures

- Part C: Statin Therapy for Patients with Cardiovascular Disease (HEDIS).
- Part D: Statin Use in Persons with Diabetes (PQA).

Measure Specification Changes

- **Members Choosing to Leave the Plan (Part C & D):** Added exclusions for PBP service area reductions that result in the unavailability of PBPs the enrollee is eligible to move to within the contract.
- **Improvement measures (Part C & D):** Added Improving Bladder Control, Medication Reconciliation Post-Discharge, Getting Care Quickly, Customer Service, Care Coordination to measure calculation.
- **Adherence measures (Part D):**
 - Excluded beneficiaries with ESRD for Hypertension and Diabetes Adherence measures.
 - Day of discharge counted in Proportion of Days Covered adjustment in all Adherence measures.

Removal of Measure from Star Ratings

- Part C & D: Beneficiary Access and Performance Problems (BAPP)

Scaled Reductions for IRE Data Issues

- Part C:
 - Plan Makes Timely Decisions about Appeals
 - Reviewing Appeals Decisions
- Part D:
 - Appeals Auto-Forward
 - Appeals Upheld

2019 Scaled Reductions

- 2017 Timeliness Monitoring Project (TMP) data.
- Statistical criteria to reduce a contract's appeals measure-level Star Ratings.
- Reductions range from 1 to 4 stars:
 - More significant IRE data quality issues garner more significant reductions.
 - Maximum reduction is 4 stars, which results in a 1-star measure rating.

2019 Socioeconomic/Disability Adjustment Categorical Adjustment Index (CAI)

- The measures used to determine the 2019 CAI adjustment are:
 - Annual Flu Vaccine
 - Breast Cancer Screening
 - Diabetes Care – Blood Sugar Controlled
 - Medication Reconciliation Post-Discharge
 - Osteoporosis Management in Women who had a Fracture
 - Reducing the Risk of Falling
 - Plan All-Cause Readmissions
 - Part D Medication Adherence for Hypertension
 - MTM Program Completion Rate for CMR

Disaster Policy: Affected Contracts

- Contracts operating solely in Puerto Rico.
OR
- Contracts that meet all of these criteria:
 - Service area is within an “emergency area” during an “emergency period” as defined in Section 1135(g) of the Act.
 - Service area is within a county, parish, U.S. territory, or tribal area designated in a major disaster declaration.
 - At least one enrollee under the contract resides in a FEMA-designated Individual Assistance area at either the time of the survey (for CAHPS and HOS adjustments to survey responses) or the time of the disaster (for all other adjustments).

Disaster Policy: CAHPS

- Adjustment for contracts with $\geq 25\%$ of beneficiaries residing in Individual Assistance areas at the time of the disaster.
 - Higher of 2018 or 2019 measure-level Star Rating for each CAHPS measure.

Disaster Policy: HOS

- Similar data adjustments to CAHPS, but adjustment will be first seen in the 2020 Star Ratings due to data collection timeframes for HOS.
- Will take the higher of the 2019 or 2020 measure-level Star Rating when comparison is done.

Disaster Policy: HEDIS

- Puerto Rico:
 - Optional reporting.
 - Higher of 2018 or 2019 measure-level Star Rating.
- Other affected contracts with $\geq 25\%$ of beneficiaries residing in Individual Assistance areas at the time of the disaster:
 - Higher of 2018 or 2019 measure-level Star Rating.

Disaster Policy: Other Star Ratings Measures

- Other measures for affected contracts with $\geq 25\%$ of beneficiaries residing in Individual Assistance areas at the time of the disaster:
 - Higher of 2018 or 2019 measure-level Star Rating except for Call Center measures (Part C & D).
 - The Call Center measures for all non-Puerto Rico contracts will receive the Star Ratings based on the data for the 2019 Star Ratings.
 - The Call Center measures will be excluded for all contracts operating solely in Puerto Rico.

Disaster Policy: Hold Harmless Provision for New Measures

- For affected contracts with $\geq 25\%$ of beneficiaries residing in Individual Assistance areas at the time of the disaster, a hold harmless rule is applied at the overall and/or summary ratings level:
 - New measure(s) excluded from overall and/or summary ratings if their inclusion decreases the applicable rating.

Disaster Policy: Improvement Measures

- Improvement measure scores and associated Star Ratings:
 - A contract must have measure scores that are being used in the 2019 Star Ratings for both applicable measurement periods.
 - There must be scores in at least half of the required attainment measures.

Disaster Policy: Cut Point Determination for non-CAHPS Measures

- Numeric scores of affected contracts with $\geq 60\%$ of their enrollees in the FEMA-designated Individual Assistance area at the time of the disaster will be excluded from the clustering algorithm.

Note:

- Affected contracts with $\geq 60\%$ enrollees will be excluded from the determination of the Reward Factor thresholds for performance and variance.

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 9th – 17th.

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
 - MTM data
 - CAHPS data
 - Scaled Reductions for the Appeals measures
 - Enrollment and Measure Details for Major Disasters
 - CAI value
 - HEDIS low enrollment
 - Improvement
 - Call Center monitoring data
 - Overall and Summary Ratings

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 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
- 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

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

***2019 Star Ratings
Go Live October 10, 2018.***

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: 2019 Part C & 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
- Reducing the Risk of Falling
- Improving Bladder Control
- Medication Reconciliation Post-discharge
- Plan All-Cause Readmissions
- Statin Therapy for Patients with Cardiovascular Disease

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
- 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
- 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
- Statin Use in Persons with Diabetes