



CENTER FOR MEDICARE

DATE: April 10, 2019

TO: Part C and D Sponsors, excluding PACE organizations

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

SUBJECT: Sponsors' review of data used for Medicare Part C and D Star Ratings and display measures

It is important that Part C and D sponsors regularly review their underlying measure data that are the basis for the Part C and D Star Ratings. The purpose of this memo is to remind sponsors of the various datasets and reports available for ongoing monitoring purposes. CMS expects sponsors to routinely monitor these data and immediately alert CMS if errors or anomalies are identified. Sponsors who wait to raise issues with their data until CMS's Star Ratings plan preview periods may find there is inadequate time to investigate and resolve them within the production schedule for the fall release of the Star Ratings. For measures that are based on data reported directly from sponsors, any issues or problems should be raised well in advance of CMS's plan preview periods.

The pages that follow provide information about data available for ongoing review of many of the Star Ratings and display measures. Most of the data are posted in HPMS, under "Quality and Performance," then "Performance Metrics." We provide the paths to each dataset when available. Please note that these datasets often provide much more information than what is used for CMS's Star Ratings and display measures. 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.

CAHPS measures (Part C and D)

Official CAHPS preview reports will be emailed to the Medicare Compliance Officer in August. Official CAHPS plan reports will be mailed (on a CD) to the Medicare Compliance Officer in October. Contracts are reminded that any results they receive from their vendor may differ from CMS results and are not to be considered official.

If you have questions about MA and/or PDP CAHPS data please contact:

MP-CAHPS@cms.hhs.gov

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 18 (2015-2017) data are currently posted. The Cohort 19 (2016-2018) data will be posted by early August 2019.

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

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

On March 9, 2018, CMS released an HPMS memo on the Updated Complaints Tracking Module (CTM) 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 reiterated in the 2020 Call Letter, for the purposes of calculating the Star Ratings Complaint Rates, all Plan Request changes must be made by June 30 of the following year (e.g., requests for changes to 2018 complaint data must be made by June 30, 2019 for the 2020 Star Ratings). This provides 6 to 18 months after intake for plans to make requests. Plans should not wait to request such changes during the plan preview periods of the Star Ratings data.

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 “Complaint Tracking,” then “Complaint Rates.” Select the appropriate report period.

The 2018 reports are currently posted. We expect to release the 1st quarter 2019 report by the end of April 2019.

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 Data (Part C) Independent Review Entity (IRE) data

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 2020 Call Letter, any necessary changes to IRE data must be made by June 30 of the following year in order for the changes to be reflected in a contract’s Star Ratings data (e.g., changes to 2018 IRE data must be made by June 30, 2019 for the 2020 Star Ratings).

Appeals measures (Part D) Independent Review Entity (IRE) data

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 “Appeals (Part D),” and then select the appropriate report period.
- The 2018 reports are currently posted. The 1st quarter 2019 report will be released mid-May 2019.

As stated in the 2020 Call Letter, any requests for necessary changes to IRE data must be made by June 30 of the following year in order for the changes to be reflected in a

contract's Star Ratings data (e.g., changes to 2018 IRE data must be made by June 30, 2019 for the 2020 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 – 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 “Call Center Monitoring” and then Part C prospective beneficiary customer service and/or Part D prospective beneficiary customer service.”

The next set of FL/TTY reports will be released in late July 2019. 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. We encourage plans/sponsors to contact CMS via CallCenterMonitoring@cms.hhs.gov if they believe an error occurred.

Part C and D Reporting Requirements

Measures:

- SNP Care Management (Part C)
- MTM program completion rate for CMR (Part D)

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 (e.g. Medication Therapy Management Program).

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

If you have questions about the Part C or Part D Plan Reporting data please contact:

- Part C: Partcplanreporting@cms.hhs.gov
- Part D: Partd-planreporting@cms.hhs.gov

Patient Safety measures (Part D)

Monthly reports are available for Part D sponsors through the Patient Safety Analysis Web Portal - <https://PartD.ProgramInfo.US/PatientSafety>.

Includes Star Rating, display page, and other patient safety measure reports:

- Medication Adherence for Cholesterol (Statins) (ADH-Statins)
- Medication Adherence for Hypertension (RAS Antagonists) (ADH-RAS)
- Medication Adherence for Diabetes Medications (ADH-Diabetes)
- Medication Adherence for HIV/AIDS (Antiretrovirals) (ADH-ARV)
- Drug-Drug Interactions (DDI)
- Statin Use in Persons with Diabetes (SUPD)

- Use of Opioids at High Dosage in Persons without Cancer (OHD)
- Use of Opioids from Multiple Providers in Persons without Cancer (OMP)
- Use of Opioids at High Dosage and from Multiple Providers in Persons without Cancer (OHDMP)
- Antipsychotic Use in Persons with Dementia (APD)
- Antipsychotic Use in Persons with Dementia, for Community-Only Residents (APD-COMM)
- Antipsychotic Use in Persons with Dementia, for Long-Term Nursing Home Residents (APD-LTNH)
- Concurrent Use of Opioids and Benzodiazepines (COB)
- Polypharmacy Use of Multiple Anticholinergic (ACH) Medications in Older Adults (Poly-ACH)
- Polypharmacy Use of Multiple Central Nervous System (CNS)-Active Medications in Older Adults (Poly-CNS)

In addition, as part of the monthly reports, exclusion files will be produced for the Star Ratings patient safety measures. Separate files will be created for the SUPD and ADH measures, and these files will contain a list of all beneficiaries excluded from the measures, as well as the reason for exclusion.

For technical questions related to the user authorization process or access to the website or reports, please contact CMS contractor, Acumen, at PatientSafety@AcumenLLC.com.

Plan Provides Accurate Drug Pricing Information for This Website

CMS will be providing 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 will be available to all contracts for download in the Download Files section of the MPF Communications Web Portal in April 2019.

The final reports will be available beginning in July 2019. All contracts receiving an MPF Price Accuracy score will have preliminary reports created and do not need to contact CMS to request a report. The methodology for calculating the scores for this 2020 Star Rating measure remains the same as 2019 Star Ratings. 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.

As discussed in the 2020 Call Letter, we will also provide information to contracts about their Accuracy scores using the new display measure specifications.

Members Choosing to Leave the Plan

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 unsecure 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.