Navigating CMS' Proposed Star Ratings Program Changes & Technical Updates

February 2, 2023

Who is Healthmine?

Member Engagement

Conduct outreach to engage members in self-managing health risk and conditions using omnichannel communications including in-app enablement, texts, email, phone calls and mailers.

Member Experience

Keep up with member satisfaction through digital surveys, such as Pulse Surveys, mock CAHPS, mock HOS and NPS©.

Digital HRA

Uncover new or unidentified risk in your population from self-reported data in an NCQA-certified digital HRA supporting race, ethnicity and language data gathering.

Smart Rewards & Incentives

Motivate members with the right rewards to encourage the right actions that enable continuous health improvement and better clinical outcomes.

Medicare Insights

Effectively measure, monitor, and manage your Star Rating performance across all measures, with real-time identification of the measure- and member-level improvements needed to impact your Star score.

Expert Advisory

Leverage our team of industry experts to guide strategy and implement our technology tools in ways that best meet your unique needs.

Today's Speakers

MELISSA SMITH

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Chief Growth Officer

Key 2024 Stars Proposals: Proposed Rule & Advance Notice

MY2022/SY2024

Codify Tukey Cutpoint Calculations[PR]
Remove CDC-Nephropathy[PR]

MY2023/SY2025

Add web-based surveying to CAHPS[AN]
Remove 15-minute wait time CAHPS question[AN]
Change optional exclusions to required for CBP, COL, KED and member deaths for HEDIS[AN]

MY2024/SY2026

Reduce CAHPS & Administrative measure weights to 2x[PR]

Remove Med Rec Post-Discharge as Stand-alone Measure[PR]

Apply Improvement measure Hold Harmless solely to 5-star plans[PR]

Remove cutpoint guardrails[PR]

Add to Stars:
Kidney Health for Pts w/Diabetes[PR]
COA Functional Status Assessment[PR]
Concurrent Use Opioids & Benzos[PR]
PolyRx Mult Anticholinergics[PR]
PolyRx Mult CNS Meds[PR]

Add ages 45-49 to Colorectal Cancer Screening[PR]
Expand required MTM eligibility criteria[PR]
Add transgender and gender diverse members to Breast Cancer Screening[AN]

Change CDC-Eye, CDC-A1c Control to ECDS[AN]
Add glucose management indicator to CDC-A1c Control[AN]

Use Continuous Enrollment for Medication Adherence/SUPD denominator inclusion[PR, AN]

Add to Display:
Adult Immunization Status[AN]
Screening for Depression & FollowUp[AN]
Timely Follow-up After Acute Exacerbations of Chronic Conditions[AN]

- Provide materials on standing basis in non-English/alternate format for languages >5% of pbp service area on request or after learning of enrollee preference
- Develop/maintain procedures identify members w/low digital health literacy & offer digital health education to help access telehealth
- Notify members annually of ability to opt out of phone calls for plan business
- Provide full LIS subsidy for members currently only qualifying for partial LIS subsidy

MY2025/SY2027

Replace Reward Factor with Health Equity Index Factor[PR]
Explore retiring COA Pain Assessment[AN]
Explore replacing current Controlling Blood Pressure with new longitudinal measure[AN]
Explore replacing COA Functional Status Assessment & Med. Review with new measures[AN]
Explore adding Unfair Treatment CAHPS measure[AN]
Explore adding Initiation & Engagement of Substance Use Disorder Treatment[AN]
Explore adding new Kidney Health & Chronic Pain Assessment and FollowUp measures[AN]

MY2026/SY2028

Risk-adjust Med Adherence measures[PR]
Remove IP/SNF Med Adherence adjustments[PR]
Explore adding Adult Immunization Status[AN]
Explore adding Screening for Depression and Follow-up Plan[AN]
Explore adding Timely Follow-up After Acute Exacerbations of Chronic Conditions[AN]

** As of February 1, 2023 **

SOURCE:
PR: December 2022 Proposed Rule
AN: February 2023 Advance Notice

Key Known & Proposed Star Ratings Changes

MY2022/SY2024

Increase Controlling Blood Pressure weight to 3x

Return Plan All-Cause Readmissions

Add Transitions of Care

Retain *Medication Reconciliation Post-Discharge* as stand-alone measure

Add Follow-Up After ED Visit for People with High-Risk Multiple Chronic Conditions

Retire Diabetes Care-Nephropathy

Cut points use Tukey Outlier Deletion

Adjust Statin Use in Persons with Diabetes inclusion and exclusion criteria

Raise MPF Price Accuracy criteria from $0.01 to $0.02

MY2023/SY2025

Increase Plan All-Cause Readmissions weight to 3x

Breast Cancer Screening transitions to ECDS

Add web-based surveying to CAHPS

Remove 15-minute wait time CAHPS question

Change optional exclusions to required for CBP, COL, KED and member deaths for HEDIS

Use >1 code for HEDIS frailty exclusions

Deny New Contracts/Service Area Expansions for legal entities with 2 years of ≤2.5 Part C, Part D or Overall rating

MY2024/SY2026

Reduce CAHPS & Admin weights to 2x

Return Improving or Maintaining Physical Health & Improving or Maintaining Mental Health

Add *KED, COA-FSA, Concurrent Use of Opioids & Benzos, PolyRx Mult Anticholinergics, PolyRx Mult CNS Meds* to Stars

Remove hybrid reporting from Colorectal Cancer Screening & transition to ECDS

Remove hybrid reporting from *Diabetes Care-Eye Screening and Diabetes Care-A1C Control* & transition to ECDS

Allow States to require separate H-contract with only that state's D-SNP members

Retire *Med Rec Post-Discharge* as stand-alone measure

Add ages 45-49 to *Colorectal Cancer Screening*

Expand required MTM eligibility criteria

Add glucose management indicator to *Diabetes Care-A1c Control*

Expand *Breast Cancer Screening* criteria to include others at risk (transgender, gender diverse)

Use Continuous Enrollment for *Med Adherence* & *SUPD* denominator inclusion

Apply *Improvement* measure Hold Harmless solely to 5-star plans

Remove cutpoint guardrails

Use MY2024 results in Health Equity Index

Add *Adult Immunization Status, Screening & Follow-up for Depression, Timely Follow-up After Acute Exacerbations of Chronic Conditions* to Display

Part D Price Concessions applied at point of sale

MY2025/SY2027 & Beyond

FIDE SNPs must have exclusively aligned enrollment (i.e., only enrollment of individuals in the affiliated Medicaid MCO contract; MY2025)

HIDE SNP state contracts must apply to the entire service area for the D-SNP (MY2025)

Implement Health Equity Index & use as replacement for Reward Factor (MY2024 & 2025/SY2027)

Sunset Reward Factor (MY2025)

Explore retiring COA Pain Assessment (MY2025)

Explore replacing current Controlling Blood Pressure with new longitudinal measure (MY2025)

Explore replacing COA Functional Status Assessment & Med. Review with new measures (MY2025)

Explore adding Unfair Treatment CAHPS measure (MY2025)

Explore adding Initiation & Engagement of Substance Use Disorder Treatment (MY2025)

Explore adding new Kidney Health & Chronic Pain Assessment and Follow-up measures (MY2025)

Use Risk-adjusted *Medication Adherence* measures (MY2026)

Remove IP/SNF adjustments from Med Adherence measures (MY2026)

Consider adding *Adult Immunization Status, Screening/ Follow-up for Depression, Timely Follow-up After Acute Exacerbations of Chronic Conditions* to Stars (MY2026)

** As of February 1, 2023 **

KEY:
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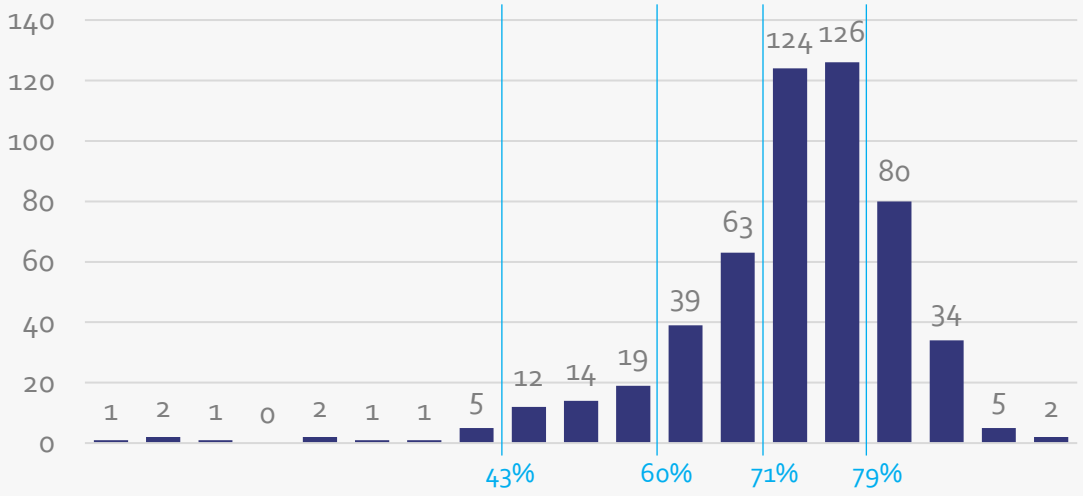
NON-BOLD: Change is unconfirmed and not currently codified.

Tukey Outlier Deletion Will Suppress Star Ratings

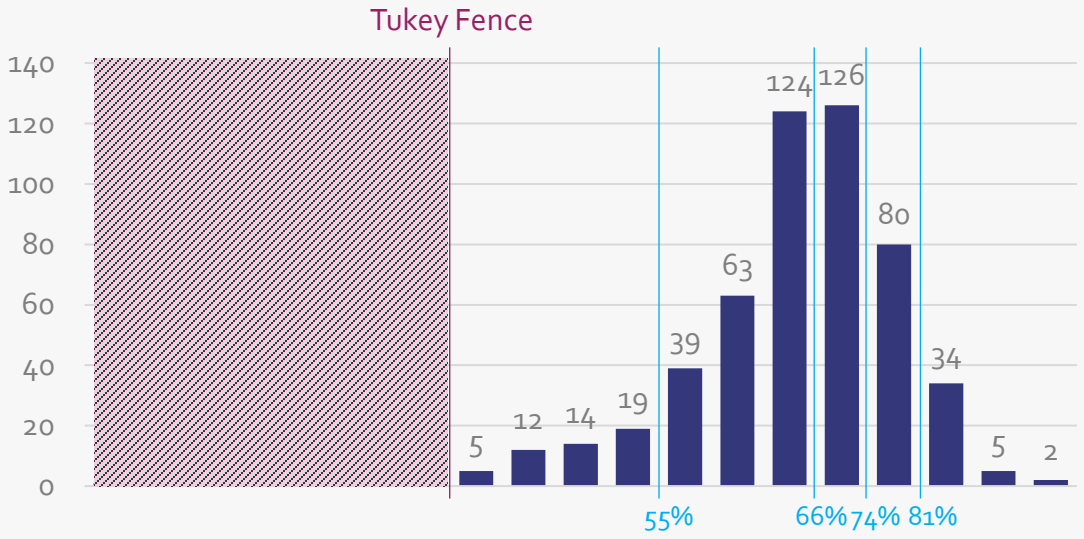
CMS has selected a validated statistical model (the Tukey outlier deletion methodology) to eliminate the impact of outliers on cut points.

- CMS will identify and remove outliers prior to clustering contract scores to determine measure cut points.
- CMS' goal is to stabilize cut points and prevent large year-to-year fluctuations in caused by outlier scores of a few contracts.

Pre-Tukey SY2023 COL cutpoints



Post-Tukey SY2023 COL cutpoints



For Year 1 (MY2022/SY2024), CMS will rerun the prior year's thresholds, using mean resampling and Tukey outer fence deletion so that the guardrails will be applied such that there is consistency between the years.

Cutpoint Rebasing: Tukey Impact At-A-Glance

2023 Star Measure ID	Measure	Tukey Cutpoint Impact: 2 stars	3 stars	4 stars	5 stars
C01	Breast Cancer Screening	5	0	0	-2
C02	Colorectal Cancer Screening	17	8	3	3
C04	Monitoring Physical Activity	-2	-2	-1	0
C05	Special Needs Plan Care Management	-1	-3	-2	2
C06	Care for Older Adults – Medication Review	35	13	11	5
C07	Care for Older Adults – Pain Assessment	28	17	6	3
C08	Osteoporosis Management in Women who had a Fracture	-5	-5	-5	-5
C09	Diabetes Care – Eye Exam	6	1	0	0
C10	Diabetes Care – Kidney Disease Monitoring	7	-3	1	2
C11	Diabetes Care – Blood Sugar Controlled	25	8	2	1
C12	Controlling Blood Pressure	NA	NA	NA	NA
C13	Reducing the Risk of Falling	2	2	4	3
C14	Improving Bladder Control	3	2	1	0
C15	Medication Reconciliation Post-Discharge	-4	-1	0	0
C16	Statin Therapy for Patients with Cardiovascular Disease	5	3	0	0
C23	Complaints about the Health Plan	-1	-1	-0	-0
C24	Members Choosing to Leave the Plan	3	5	1	2
C26	Plan Makes Timely Decisions about Appeals	35	23	17	3
C27	Reviewing Appeals Decisions	13	8	4	0
C28	Call Center – Foreign Language Interpreter and TTY Availability	35	18	1	1
D01	Call Center – Foreign Language Interpreter and TTY Availability	33	12	15	9
D02	Complaints about the Drug Plan	-1	-1	-0	-0
D03	Members Choosing to Leave the Plan	3	5	1	2
D07	MPF Price Accuracy	16	2	0	1
D08	Medication Adherence for Diabetes Medications	3	0	-1	-1
D09	Medication Adherence for Hypertension	0	-4	-2	-1
D10	Medication Adherence for Cholesterol	-3	-2	-1	-1
D11	MTM Program Completion Rate for CMR	26	16	2	2
D12	Statin Use in Persons with Diabetes	-4	-4	-2	-2

	Simulated Cutpoint Increases	Simulated Cutpoint Decreases	No Change in Simulated Cutpoints
1-to-2 stars	19	8	1
2-to-3 stars	16	10	2
3-to-4 stars	14	7	7
4-to-5 stars	14	6	8

At a Glance: Measure Updates and Returning Measures

CHANGES PROPOSED TO EXISTING MEASURES

Colorectal Cancer Screening (HEDIS)

- *Timing: Measurement Year 2024/Star Year 2026*
- Measure will transition from hybrid to ECDS measure with denominator criteria updated age range of 45-75.
- CMS proposes expanding their regulatory definition of colorectal screening services to include screening colonoscopies that are performed to follow up on positive Medicare covered stool-based colorectal screening tests.

Medication Therapy Management (Pharmacy)

- *Timing: Measurement Year 2024/Star Year 2026*
- Several changes proposed to eligibility criteria intended to improve access to MTM services and increase number and percentage of Part D enrollees eligible for MTM services.
- Proposed changes include: (1) requiring plan sponsors to target all core chronic diseases identified by CMS, codifying the current 9 core chronic diseases in regulation, and adding HIV/AIDS for a total of 10 core chronic diseases; (2) lowering the maximum number of covered Part D drugs a sponsor may require from 8 to 5 drugs and requiring sponsors to include all Part D maintenance drugs in their targeting criteria; and (3) revising the methodology for calculating the cost threshold to be commensurate with the average annual cost of 5 generic drugs.

RETURNING MEASURES PREVIOUSLY CODIFIED

Improving or Maintaining Physical Health (HOS)

Improving or Maintaining Mental Health (HOS)

- *Timing: Measurement Year 2024/Star Year 2026*
- CMS finalized substantive changes to two Medicare Health Outcomes Survey (HOS) measures: the Improving or Maintaining Physical Health Measure, and the Improving or Maintaining Mental Health Measure for Part C Star Ratings. The measures are on display for 2024 and 2025 MA Star Ratings and will return for 2026 MA Star Ratings.
- Both measures have been modified in two ways:
  - A change to the case mix adjustment methodology affects calculations that capture how individual beneficiaries' physical health and mental health change over time. The methodology has been updated to allow the use of a mean value drawn from other beneficiary records when an adjuster value, such as income level, is missing from a beneficiary record.
  - The other change simply aligns the measures with their respective HEDIS measures by increasing the denominators from 30 to 100.

At a Glance: Proposed New Star Measures (MY 2024/SY2026)

PART C

Kidney Health Evaluation for Persons with Diabetes (KED)

- Percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.
- Measure aligns with recommendations from the American Diabetes Association and provides critical information for screening and monitoring of kidney health for patients with diabetes. This measure would replace the prior related measure, Diabetes Care – Kidney Disease Monitoring.

Care for Older Adults: Functional Status Assessment (COA-FSA)

- Percentage of Medicare Advantage Special Needs Plan enrollees 66 years and older (denominator) who received at least one functional status assessment (Functional Status Assessment Value Set) during the measurement year (numerator).
- With the updated specification, documentation of a complete functional status assessment must include: (1) notation that Activities of Daily Living (ADLs) were assessed; (2) notation that Instrumental Activities of Daily Living (IADLs) were assessed; or (3) result of assessment using a standardized functional assessment tool.

PART D

Concurrent Use of Opioids and Benzos (COB)

- Percentage of Medicare Part D beneficiaries 18 years and older with concurrent use of prescription opioids and benzodiazepines.

Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)

- Percentage of Medicare Part D beneficiaries, 65 years or older, with concurrent use of two or more unique ACH medications during the measurement period.

Polypharmacy Use of Multiple Central Nervous System Active Medications in Older Adults (Poly-CNS)

- Percentage of Medicare Part D beneficiaries, 65 years or older, with concurrent use of three or more unique CNS-active medications during the measurement period.

These three measures will align with the PQA measure specifications to use continuous enrollment (CE) and no longer adjust for member-years (MYs) to account for beneficiaries who are enrolled for only part of the contract year.

Proposed MY2024 Improvement Measure Hold Harmless Change

CMS proposes applying the Improvement Measure Hold Harmless only to determine 5-star ratings.

- CMS currently computes overall ratings with and without the Improvement measures. If Improvement measure ratings cause the contract to fall <4 stars overall, CMS holds the contract harmless and ignores the Improvement measures to determine the final overall rating.
- CMS proposes application of this Hold Harmless provision only to determine 5-star overall ratings beginning in 2024.
- If codified, CMS will no longer apply the Hold Harmless provision to contracts earning 4 or 4.5 stars.

This is the single most impactful change in the Proposed Rule and Advance Notice. And the least discussed.

- *Improvement measures will be used in the computation of overall ratings even if these measures cause plans to earn a lower rating.*
- *Consistently highly-rated measures can negatively impact Improvement measures if numerator improvements stagnate or decline.*
- *This proposal is projected to reduce CMS' QBP spending by $19 billion over 10 years. All other 2024 proposals combined reduce QBPs by only $5 billion more.*

THINKING POSITIVELY:

- This change helps plans who are truly committed to continuous quality improvement.
- This change may help plans who naturally perform well and improve year-over-year in measures. These plans may not need to use scarce resources to keep improving.
- New measures generally experience more consistent improvement in the early years of inclusion in Stars. The large number of new measures offers strong measure Math Path lever to earn compounded value from measure-level investments.
- Continued improvement on measures such as Colorectal Cancer Screening or Breast Cancer Screening where 5-star cutpoints have hit a ceiling can continue to be leveraged in Improvement measure calculations to maintain 5-star overall ratings.
- Measures are designed to help new contracts earn 4+ stars in early years of operation.

PREPARING FOR A RISKY REALITY:

- This change will cause many plans to lose their 4th star.
- Success requires a new Math Path with real-time attention to measure, numerator and Improvement measure math for the full population and by HEI cohorts.
- Since measure weighting applies to Improvement measure calculations, unplanned performance on even a very few measures can impact rating.
- The Health Equity Index will simultaneously require additive cohort-level math. If Reward Factor remains in place in MY2024, the expanded Improvement measure math must be done with both Reward Factor and Health Equity Index as the goal for MY2024.
- Plans who are too new or small to earn ratings on all measures will experience unusual mathematical impact based on the unique measures they earn ratings for.

Health Equity Accountability in MA Begins with MY2024 Performance

December 2022 Proposed Rule proposes replacing the "Reward Factor" with an incentive to reduce disparities.

2023 adoption is vital for plans with 4+ star goals.

Star Ratings will be a Math Labyrinth in 2024!

Add Health Equity elements to MY2023 Reporting and Dashboards at contract, summary, measure, member and provider level.

Measures relative LIS, dual-eligibility and disability performance for the full cohort of members who are DE, LIS or disabled:

Top third of contracts receive 1 point

Middle third receive 0 points

Bottom third receive -1 point

The index will then be calculated as:

$$\frac{\text{weighted sum of points across all measures included in the index}}{\text{weighted sum of the number of eligible measures}}$$

The index factor will range from 0 to 0.4.

The Health Equity Index will be calculated for Overall and Summary Ratings.

2024 Bid Enhancements Must Support Different Goals & Needs

MY2024/SY2026

Reduce CAHPS & Admin weights to 2x

Return Improving or Maintaining Physical Health & Improving or Maintaining Mental Health

Add *KED, COA-FSA, Concurrent Use of Opioids & Benzos, PolyRx Mult Anticholinergics, PolyRx Mult CNS Meds* to Stars

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Are your 2024 enhancements strong enough to support new measures, new rate goals post-Tukey, and every "new need" in 2024?

Are your 2024 enhancements targeted enough to achieve relative excellence among younger, disabled members measured by Health Equity Index?

Is MLR-eligible infrastructure adequate to support capture of race, ethnicity, language and social risk factors from all members??

Are your 2024 enhancements targeted to the right subsets of members to drive meaningful improvements?

- *Do enhancements reduce MLR or improve Star measures for members with Math Path risk?*
- *Do enhancements support collection of race, ethnicity and languages to help focus member engagement?*
- *Do enhancements support the cultures and communities where we need to improve?*

Ask the Experts: What Would You Do in Q1 While We Await the Final Rule?

MELISSA

1. Ask members in MRR sample about completed services and let no chart go uncollected; use CAHPS Pulses and Hugs to compensate for Tukey
2. Add codified changes to 2023 dashboards
3. Model impact of all known and potential changes; escalate budget/staff needed to weather changes
4. Educate staff and providers regarding known and potential changes they impact & finish workplans for each change
5. Act Fast! Embrace the need to "reimagine" 2024 Stars (vs. "tiny tweaks"), get digital quickly with members and providers, cancel unproductive meetings & redirect obsolete/redundant spending

KIMBERLY

1. Update Stars dashboards to model impact of known and proposed changes; escalate areas needing improvement and investments
2. Deploy intelligent and continuous CAHPS-friendly member outreach, customizing content based on member needs, sentiment, and communication preference
3. Test all internal or vended processes for TTY line calls, CTMs, and appeal failures
4. Develop continuous, user-friendly pulse survey approach for CAHPS, HOS, SRF
5. Begin digital measure readiness now, prioritize BCS, ,COL, and CDC Eye and A1C and prioritize Bid enhancements for measure changes and improvement

JOHN

1. Prepare for return of HOS IPH/IMH measures
2. Evaluate staffing for MTM and CCS measure changes, along with resource review for all measures
3. Develop implementation plan for new measures, particularly Part D measures, to ensure proper reporting, etc.
4. Review and modify CAHPS strategy to ensure plan has "always-on" approach to improving member experience
5. Prepare for HEDIS transition to ECDS

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