# Mapping the Health Equity Index: Insights for MA Plans

June 2024

# Hi, We're Healthmine

## We deliver personalized engagement that matters.

### Leading QRM® Platform

Our always-on, HITRUST CSF® Certified platform centralizes and blends plan and member data, powering personalized, continuous engagement that drives care gap closure.

### Purpose-Built by Experts

Healthmine's solutions are built by our team of industry thought leaders, regulatory experts, behavioral scientists and healthcare technologists to align data-driven personalization with performance and revenue goals.

### Success that Scales

Our 95% client retention rate represents our ability to deliver flexible and scalable solutions based on the specific needs and priorities of each client to achieve their in-year and long-term goals.

# Why Healthmine?

## Integrated & Impactful Engagement

**40% cost savings with digital-first approach**

Healthmine's tailored content exceeds all industry engagement benchmarks – including open rates 166% higher than industry average.

## Fully Engaged & Activated Members

**Engaged members close 4X more gaps with Healthmine**

We foster lasting behavior change by continuously building trust and motivating members. Getting members to the doc 93% faster and driving 113% more HRA completions.

## Delivering Lasting Results

**26% increase in HCCs identified**

By getting members to their AWV quickly, we're avoiding more costly interventions later in the year, and those members are closing 3.1X additional gaps.

**QUALITY RETURN**

**1.13 Star measure lift**
for engaged members

**RISK RETURN**

**4.2:1**
risk adjustment ROI

**MEMBER RETURN**

**230% higher**
member NPS than industry average

# Agenda

1. Healthmine Introduction
2. Review health equity regulatory changes
3. HEI Index: Calculation and reward points
4. Strategy and addressing social drivers of health

# Today's Presenters

MODERATOR

## Kimberly Swanson

### Chief of Staff

Kimberly leads administrative operations, consulting and professional services, and steers strategy and product design. She has over 15 years of healthcare, health plan, and consulting experience.

## Mallory Mueller

### VP, Population Health and Equity

Mallory leads health equity initiatives, ensuring health plans have access to technology that reinforces positive population health outcomes. She has 15 years of leadership, quality and clinical experience bringing 5-Star care for senior populations.

## Dwight Pattison

### Executive Advisor

Dwight has led consulting engagements for the past 10 years with a focus on operational improvements and organizational redesign. He has health plan experience in quality improvement, population health, HEDIS and plan performance ratings for Medicare and Medicaid.

# In the News...

## 2024 Star Ratings Republished

MH Illustration/Getty Images

The Centers for Medicare and Medicaid Services must recalculate Anthem Blue Cross and Blue Shield of Georgia's Medicare Advantage star ratings, a federal court ruled Friday.

Parent company Elevance Health sued over its scores in December, alleging CMS did not follow proper procedures when it modified how it assesses quality and distributes bonus payments to the highest-performing Medicare Advantage plans. SCAN Health Plan won a similar case before the same court last week.

Getty Images

SCAN Health Plan has prevailed in a widely watched federal lawsuit brought last year against the Centers for Medicare and Medicaid Services that alleged regulators did not appropriately calculate the insurer's Medicare Advantage star rating.

Judge Carl J. Nichols, of the U.S. District Court for the District of Columbia, on Monday sided with SCAN and wrote that regulators violated the Administrative Procedure Act when calculating the company's star ratings scores last year.

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850

CMS

**DATE:** June 13, 2024

**TO:** Medicare Advantage Organization Compliance Officers

**FROM:** Kathryn A. Coleman
Director, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare

Vanessa S. Duran
Director, Medicare Drug Benefit and C & D Data Group, Center for Medicare

Jennifer Lazio
Director, Parts C & D Actuarial Group, Office of the Actuary

**SUBJECT:** Update to 2025 Quality Bonus Payment Determinations

In light of recent court decisions,[1] CMS is recalculating the 2024 Star Ratings for 2025 Quality Bonus Payment (QBP) purposes to address the application of Tukey outlier deletion and guardrails as codified at 42 C.F.R. §§ 422.166(a)(2)(i) and 423.186(a)(2)(i). CMS is not announcing here any policy or position with regard to the calculation of the 2025 Star Ratings, to be issued in October 2024.

Specifically, we have recalculated the 2024 Star Ratings using the published 2023 Star Ratings cut points to determine the guardrails for the 2024 Star Ratings (i.e., Tukey outliers were not removed from the 2023 Star Ratings). We have assigned all contracts the recalculated 2024 overall and/or summary Star Ratings if those recalculated ratings result in higher QBP Ratings than what was previously assigned based on the contract's overall and/or summary 2024 Star Ratings that were released in October 2023. If this recalculation would result in a contract's QBP Rating decreasing compared to the ratings previously assigned, CMS is not implementing

# Important Changes to Star Ratings Methodology

## Note: This is not a complete list of all methodological changes to measures

| | STARS 2025<br>Measurement Year 2023 | STARS 2026<br>Measurement Year 2024 | STARS 2027<br>Measurement Year 2025 |
|---|---|---|---|
| **SCORING METHODOLOGY** | | **Patient Experience (CAHPS) & Complaints & Access Measures:** Weighting Reduced from 4x to 2x | **Health Equity Index:** HEI Reward replaces R-Factor Reward (MY2024 & MY2025) |
| **HEDIS** | **Breast Cancer Screening:** Converted to ECDS (Low Impact) | **Colorectal Cancer Screening:** Converts to ECDS (No Hybrid Option) | **Colorectal Cancer Screening:** Expand the age band to include 45-49 |
| | **Plan All Cause Readmissions:** Weighting Increased to 3x | **Diabetes Care – Blood Sugar Controlled** Significant Methodology Changes | **Medication Reconciliation Post-discharge:** Removed as stand-alone measure |
| | | **Kidney Health Evaluation for Patients With Diabetes:** New Measure Added at 1x weight | **Care for Older Adults - Functional Status Assessment:** Returning Measure 1x weight |
| | | | **Care for Older Adults - Pain Assessment:** Retired Measure |
| **CAHPS** | **CAHPS All Measures:** Survey will include New Web Methodology | **CAHPS All Measures:** Measure Weights shift to 2x | |
| | **Getting Appointments and Care Quickly:** Remove '15-minute wait' Question | | |
| **HOS Survey** | | **Improving or Maintaining Health Measures:** Two Returning (Fall 2024 Survey) at 1x weight | **Improving or Maintaining Health Measures:** Weight Increases from 1x to 3x |
| **PART D** | | **All (3) Medication Adherence:** Change to Denominator Methodology - CE | |
| | | **SUPD-Statin Use/Diabetes:** Change to Denominator Methodology - CE | **Concurrent Use of Opioids and Benzodiazepines** - New Measure Added |
| | | | **Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults:** New Measure |
| | | | **MTM Program Completion Rate for CMR:** Moved to Display |

# What is Health Equity?

The principle of ensuring that everyone has a fair and just opportunity to attain their highest level of health.

It is a principle and a goal which acknowledges individuals should not be disadvantaged from achieving good health due to SDOH.

Health equity goes beyond providing equal access to healthcare services. It addresses the underlying social determinants of health, that contribute to health disparities.

# Social Drivers of Health

The terms “social drivers” and “social determinants” are often used interchangeably when discussing factors that impact health and well-being in communities. When it comes to advancing health equity, using clear terminology is crucial.

## Social Determinants of Health

The conditions and circumstances in which people are born, grow, live, work and age. Examples include housing, education, income and access to healthcare.

- The term “determinants” can imply a sense of finality, suggesting that these factors are fixed and unchangeable.

## Social Drivers of Health

Emphasizes the dynamic nature of these factors. It recognizes that policies, systems and structures play a role in shaping health outcomes.

- By using “drivers,” we acknowledge that individuals, communities and policymakers can actively influence and address these factors.

Recent research indicates that communities find “social drivers” to be a more accessible and understandable term.

# Social Needs: Moving Beyond Midstream

To achieve health equity plans must focus on the elimination of social drivers of health and promote fairness and justice in access to health resources and opportunities.

# CMS Health Equity Framework

Five priorities

### Priority 1

Expand the collection, reporting, and analysis of standardized data

### Priority 2

Assess causes of disparities within CMS programs, and address inequities in policies and operations to close gaps

### Priority 3

Build capacity of health care organizations and the workforce to reduce health and health care disparities

### Priority 4

Advance language access, health literacy, and the provision of culturally tailored services

### Priority 5

Increase all forms of accessibility to health care services and coverage

# Demographics

CMS is dedicated to promoting health equity for all individuals, especially those who have historically faced discrimination and disadvantage due to factors like poverty and inequality.

- Medicare Advantage (MA) plans are now required to provide culturally competent services to a broader range of populations.
- Starting in MY2024 these populations should include:
  - Individuals with limited English proficiency or reading skills
  - Ethnic, cultural, racial, or religious minorities
  - People with disabilities
  - LGBTQ+ individuals
  - Those living in rural or deprived areas
  - Others affected by persistent poverty or inequality.

# Equitable Provision of Services

Medicare Advantage health equity regulatory changes MY 2024

## Provider Directory Requirements

- Include non-English languages, spoken by each provider and provider/location accessibility for people with physical disabilities.
- Identify providers waved to treat patients with medications for opioid use disorder in the directory.

## Telehealth and Digital Literacy

- Develop and maintain procedures to identify and offer digital health education to enrollees with low digital health literacy to assist with accessing medically necessary covered telehealth benefits.
- Digital health literacy and internet connectivity have recently been acknowledged as “super social determinants of health” because of implications for the wider SDOH (Sieck et al., 2021).

## Disparity Reduction

- Requires MA organizations to incorporate disparity reduction initiatives in their QI program to reduce disparities in enrollees, such as:
- Hiring bilingual staff
- Community outreach
- Improving communication with enrollees by using linguistically and culturally appropriate materials

# Contract Year 2025

Focus on health equity

## Supplemental benefits

CMS aims to advance health equity by ensuring all Medicare Advantage (MA) enrollees, including historically underserved populations, have access to supplemental benefits. CMS proposes a minimum requirement for targeted outreach to enrollees regarding un-accessed supplemental benefits, aiming for standardized processes.

## Utilization Management changes

CMS codified changes for MY2024 to existing UM requirements which required health plans to create a UM committee to oversee policies and procedures for the prior authorization process.

Starting Jan. 1, 2025, an individual with expertise in health equity must reside on the health plan UM committee.

The individual with health equity expertise may include but not be limited to a nonphysician clinician, data analyst or researcher.

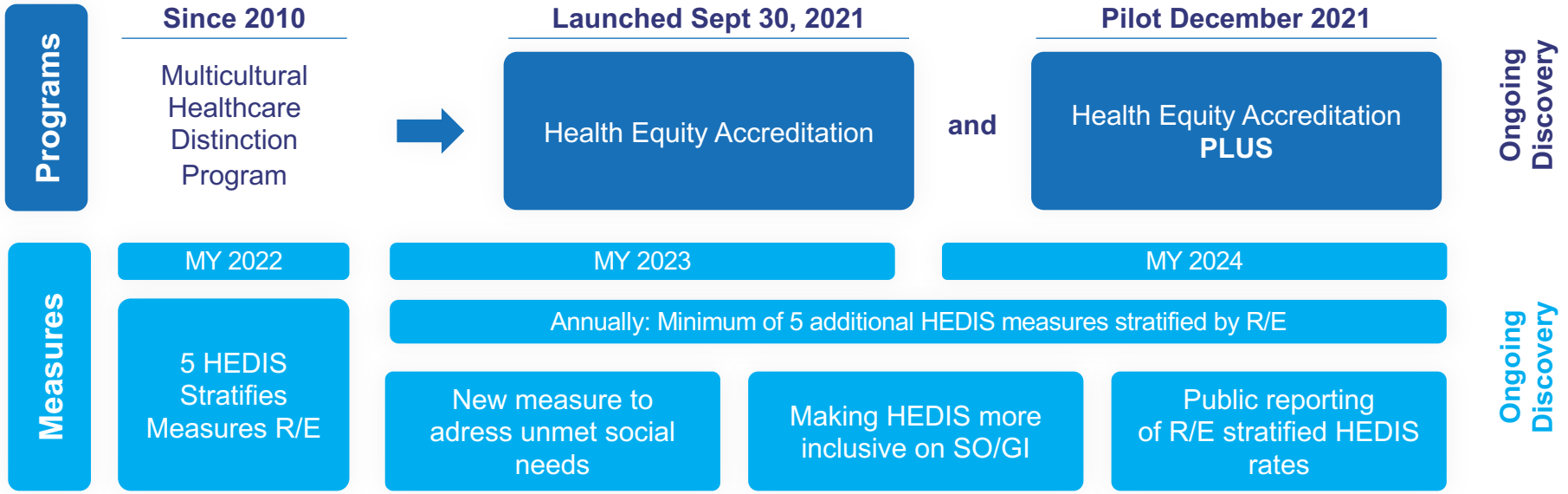
UM committee is required to conduct an annual health equity analysis of prior authorization usage at the plan level.

# Quality Care is Equitable Care

## Changing requirements from NCQA

### Health Equity Journey

Standards and Measures Evolving Together



# HEI Index: Calculation and Reward Points

# What is the Health Equity Index?

Developed to reward MA plans and PDP contract for excellent performance among enrollees with specified social risk factors (SRFs).

The HEI reward will be implemented beginning with the 2027 Star Ratings (measurement years 2024 and 2025)

Currently summarizes performance among LIS/DE and disabled status enrollees across multiple Star Ratings measures into a single score. This score is translated into a reward added to the overall and summary Star Ratings for contracts that qualify

CMS structured the HEI to ensure the right incentives by including criteria that:

1. Considers the sample size
2. Considers percentage of enrollees with SRFs
3. Determines a minimum score that must be achieved on index to receive a reward

To avoid rewarding contracts that serve very few enrollees with SRFs, CMS included thresholds for the minimum percentage of enrollees with LIS, or who are DE or disabled. Based on the number of enrollees with a specified SRF, contracts are eligible for either a ½ or full reward

# Implementation Timeline

| | CY 2024 | CY 2025 | CY 2026 | CY 2027 |
|---|---|---|---|---|
| **Stars 2025** | Stars 2025 Calculated With **REWARD FACTOR POINTS** Published October 2024 | **Star Rating Year** | | |
| **Stars 2026** | Measurement Period for Reward Factor | Stars 2026 Calculated With **REWARD FACTOR POINTS** Published October 2025 | **Star Rating Year** | |
| **Stars 2027** | Measurement Period for Health Equity Index | | Stars 2027 Calculated With **HEALTH EQUITY INDEX POINTS** Published October 2026 | **Star Rating Year** |
| **Stars 2028** | | Measurement Period for Health Equity Index | | Stars 2028 Calculated With **HEALTH EQUITY INDEX POINTS** Published October 2027 |

# Star Measures Excluded From HEI

The HEI measures are pulled from the Star Ratings measure set for the reporting year. A measure will be excluded from the calculation of the index if the measure meets any of the following:

- The focus of the measurement is not the enrollee, but rather the plan or provider. (Example: Appeals Monitoring)
- The measure is retired, moved to display, or has a substantive specification change in either year of data used to construct the HEI.
- The measure is applicable only to SNPs.
- At least 25 percent of contracts are unable to report the SRF only measure due to not meeting the criteria to be included in HEI.

# Simulation Measure Set (MY2021 & MY 2022)

| HEDIS | CAHPS | PART D | HOS |
|---|---|---|---|
| Breast Cancer Screening | Annual Flu Vaccine | Medication Adherence for Diabetes Medications | Monitoring Physical Activity |
| Colorectal Cancer Screening | Getting Needed Care | Medication Adherence for Hypertension (RAS antagonists) | Reducing the Risk of Falling |
| Osteoporosis Management in Women who had a Fracture | Getting Appointments and Care Quickly | Medication Adherence for Cholesterol (Statins) | |
| Diabetes Care – Eye Exam | Customer Service | MTM Program Completion Rate for CMR | |
| Diabetes Care – Blood Sugar Controlled | Rating of Health Care Quality | Statin Use in Persons with Diabetes (SUPD) | |
| Controlling Blood Pressure | Rating of Health Plan | | |
| Medication Reconciliation Post-Discharge | Care Coordination | | |
| Statin Therapy for Patients with Cardiovascular Disease | Rating of Drug Plan | | |
| | Getting Needed Prescription Drugs | | |

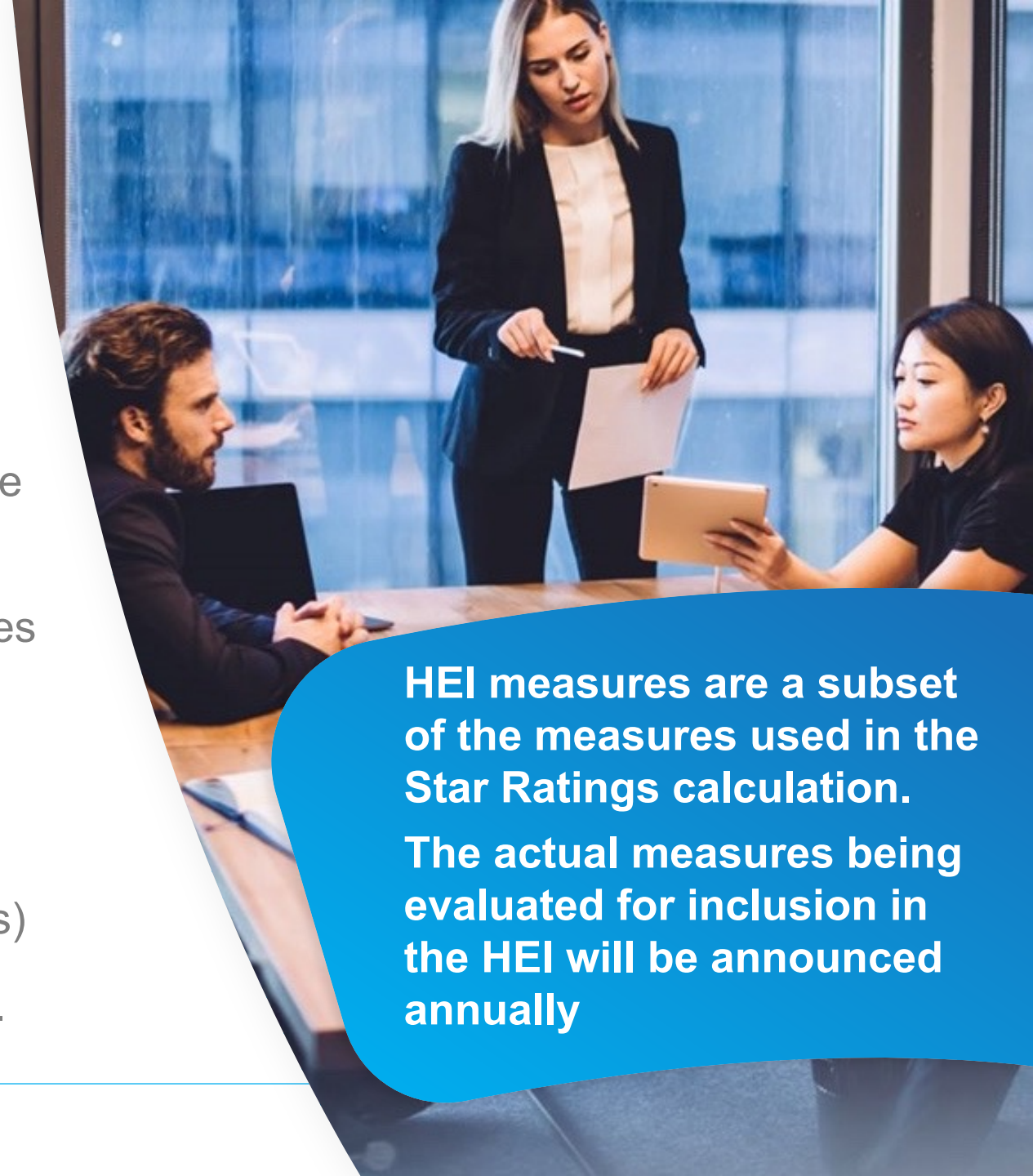
# Health Equity Index (HEI)

To Receive an HEI Score:

- Contracts must have at least 500 enrollees in the most recent measurement year used in the HEI
- Contracts must have at least half of the measures meet the criteria to be included in the HEI.

To Receive an HEI Reward:

- Contracts will first be compared based on the % of their enrollees with Social Risk Factors (SRFs)
- The Health Equity Index must be greater than 0.



**HEI measures are a subset of the measures used in the Star Ratings calculation.**

**The actual measures being evaluated for inclusion in the HEI will be announced annually**

# Social Risk Factors

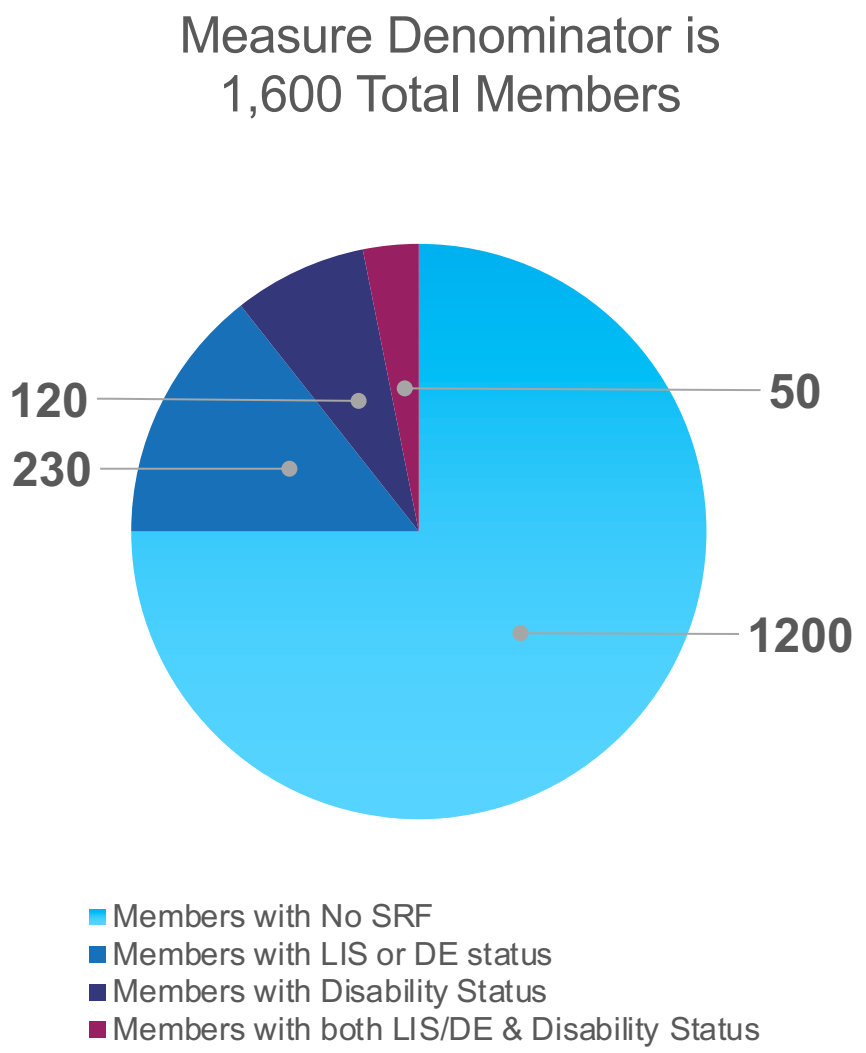
Members may qualify under both LIS/DE and Disability status but will be counted only once in the HEI based measure denominator

1. Members who are considered low-income subsidy (LIS) or dually eligible (DE) for Medicaid.
   - CMS defines an LIS/DE beneficiary as one who was designated as a full-benefit or partial-benefit dually eligible individual or who received a low-income subsidy (LIS) at any time during the applicable measurement period.
   - Conditions of 2-Year Period:  If a person meets the LIS/DE criteria for only one of the two measurement years included in the HEI, the data for that person for just that year are used.
2. Members who qualified for Medicare due to a disability.

# Example

## Breast Cancer Screening Measure Denominator

- For HEI, the measure denominator will include all members with 1 or more of the defined SRFs.
- If a member has multiple SRFs they will only be counted once.
- In this example, the original measure denominator is 1,600.
- For HEI Breast Cancer Screening Measure denominator will be 230+120+50 = 400

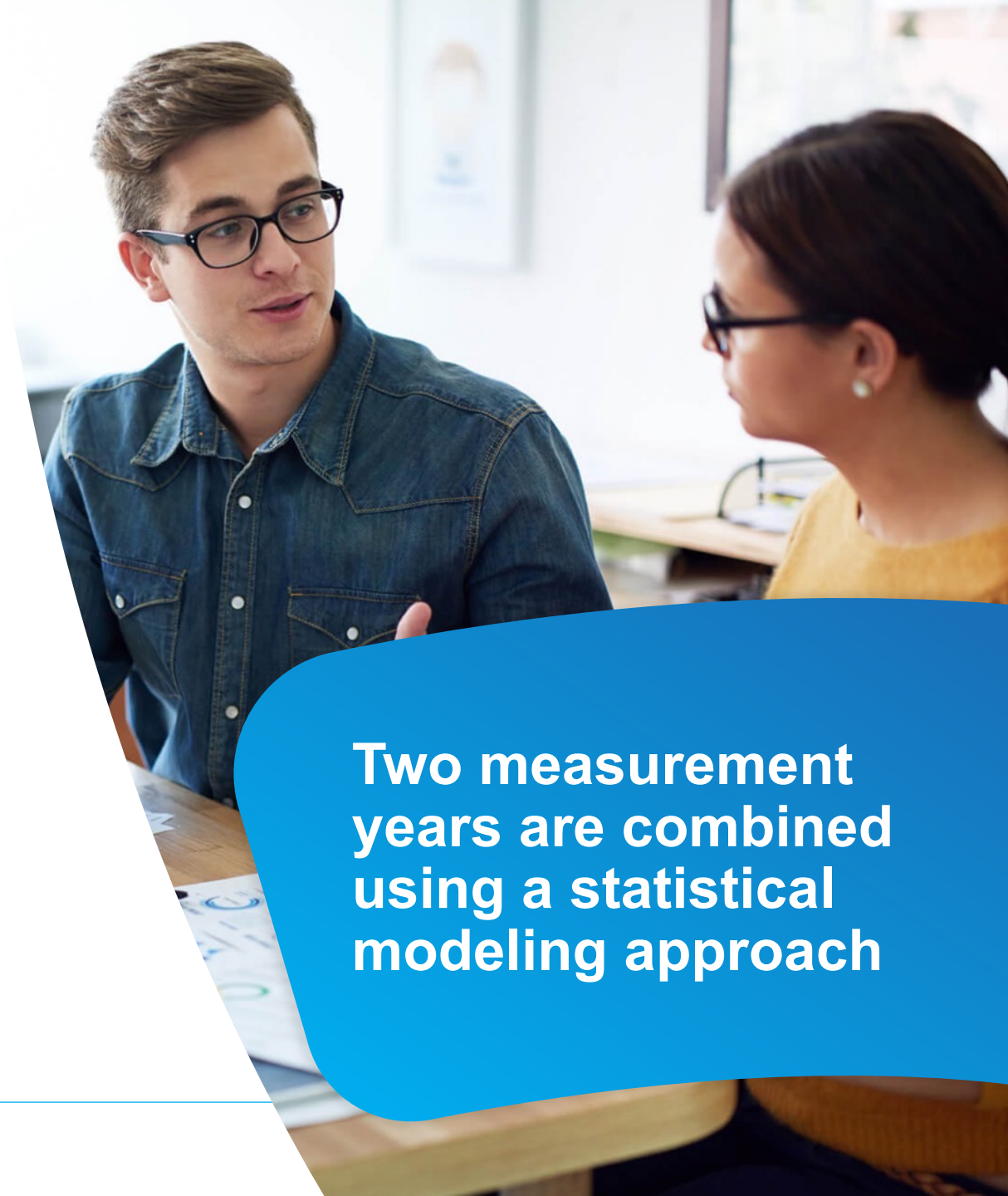


# Measure Level Calculations

Based on a two-year time frame even though measures are collected and reported annually.

The HEI is calculated by combining measure-level scores for the subset of enrollees with SRFs of interest included in the HEI **across the two most recent measurement years**

- Scores are used for contracts that have data for only the most recent of the two years,
- but measure-level scores are not used for contracts that have data for only the first of the two years.



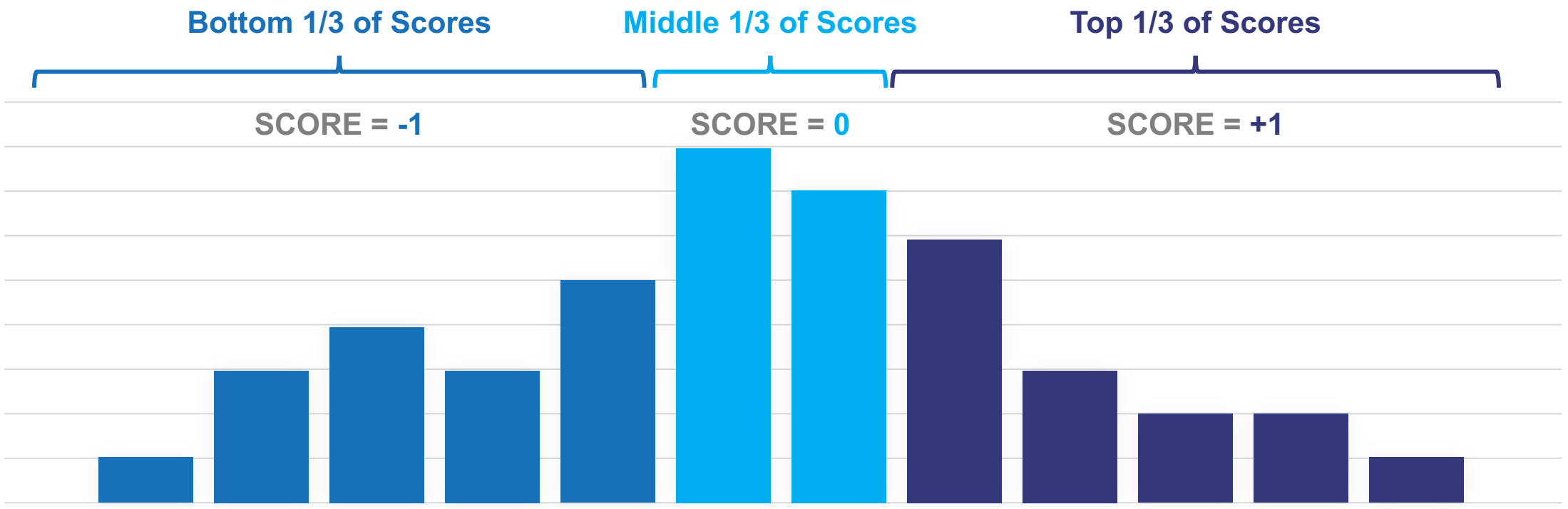
**Two measurement years are combined using a statistical modeling approach**

# Combining Two Reporting Years

| Year 1 | | Year 2 | |
|---|---|---|---|
| 70% | → | 70% | CMS has not released details on the actual model to be used for combining two separate measurements into one, They indicate rewarding improvement. |
| 68% | ↗ | 74% | |
| 74% | ↘ | 68% | |
| No Score | ⊘ | 68% | Measure will be included in HEI |
| 68% | ⊘ | No Score | Measure will not be included in HEI |

# Measure Scoring

Each measure is scored according to the distribution of all contracts reporting that measure



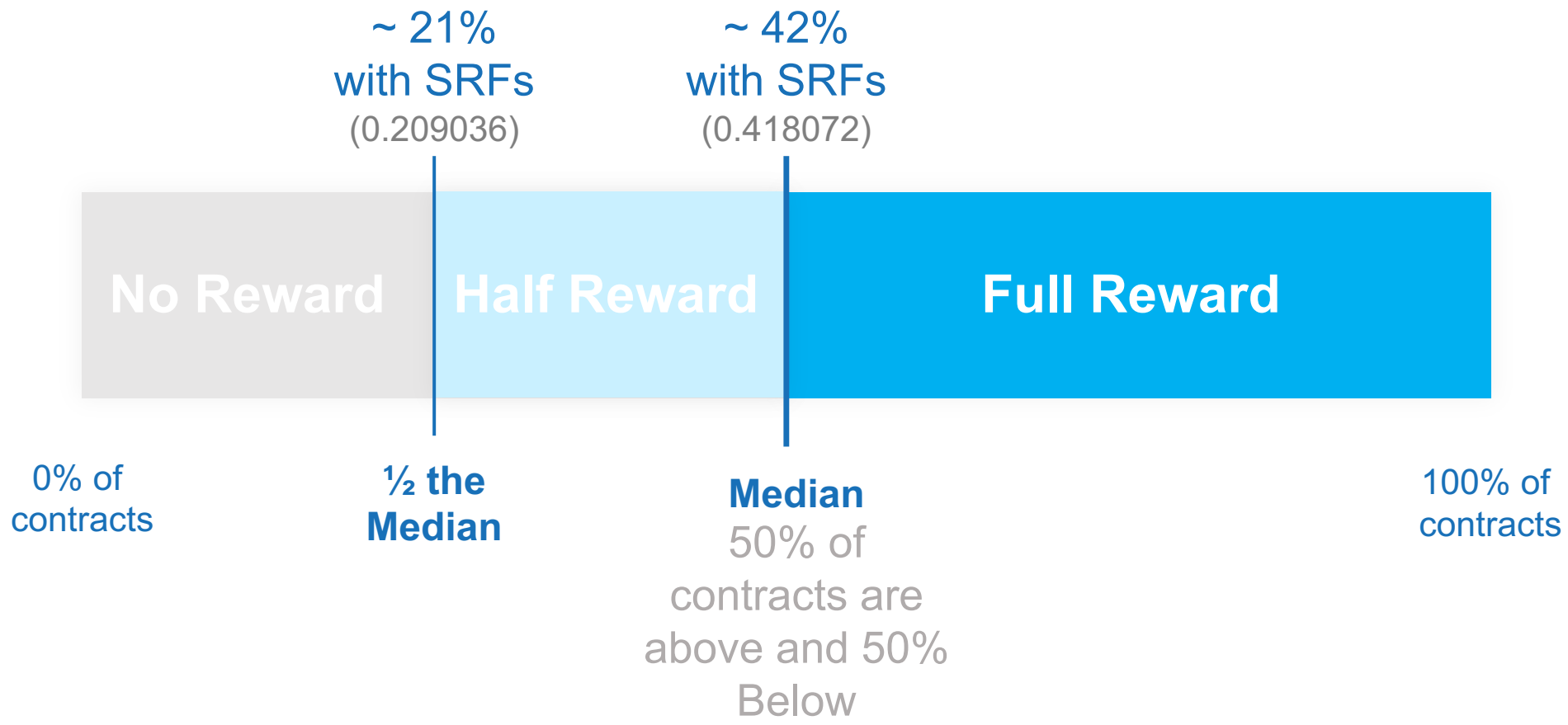
# Scoring Example

| | SRF Performance (-1, 0, +1) | Measure Weight (Star Year Weighting) | Performance x Weight |
|---|---|---|---|
| Breast Cancer Screening | -1 | 1 | -1 |
| Colorectal Cancer Screening | 1 | 1 | 1 |
| Annual Flu Vaccine | Not Scored | N/A | N/A |
| Diabetes Care - Eye Exam | 0 | 1 | 0 |
| Diabetes Care - Blood Sugar Controlled | 1 | 3 | 3 |
| Rating of Health Plan | 1 | 4 | 4 |
| Getting Needed Care | 1 | 4 | 4 |
| Medication Adherence for Hypertension | -1 | 3 | -3 |
| Statin Use for Persons with Diabetes | -1 | 1 | -1 |
| **Total:** | | 18 | 7 |

**HEI = 7 ÷ 18 = 0.388889**

*Note: More than 9 measures would be scored in the actual index*

# Distribution of Contracts (% of enrollees with SRFs)



# Health Equity Index Reward

## Example

**If the Contract's percent of total members with SRFs is >= half the median up to but below the Median across contracts:**

The contract qualifies for half the reward points (0.2)

A simplified formula for the linear scaling is to multiply the HEI by the maximum reward:

**0.388889 x 0.2 = 0.077778 Points**

**If the Contract's percent of enrollees with SRFs is greater than or equal to the median across all contracts:**

The contract qualifies for the maximum reward points (0.4)

A simplified formula for the linear scaling is to multiply the HEI by the maximum reward:

**0.388889 x 0.4 = 0.155556 Points**

# Assessing HEI Reward Eligibility

Does the H contract have at least 500 members with the specified SRFs?

Were at least ½ of the measures scored?

Is the HEI score greater than zero?

Is the % of members with the specified SRFs at least ½ of median enrollment of SRF mbrs for all plans?

Is the % of members with the specified SRFs greater than or equal to the median?

No

50%

Eligible for 50% of the HEI reward (0.2 x HEI score)

Yes

100%

Eligible for 100% of the HEI reward (0.4 x HEI score)

# HEI Strategy and Addressing SDOH

# Health Equity Index

## How to prepare

Leverage data analytics and benchmarking to understand where the largest disparities are to focus resources on areas of greatest need to have the biggest impact on the HEI score.

### Identify dual-eligible, LIS-eligible and disabled members

- CMS Monthly Membership Report (MMR) provides Medicaid Dual Status code and original reason for entitlement (OREC)
- LIS history file provides 36 months of LIS history

### Enhance contract, measure, member and provider reports

- Compute measure rates for each SRF
- Determine whether you meet HEI earning criteria
- Report measures by SRF in Stars dashboard and reports
- Account for D-SNP deconsolidation impacts

### Identify barriers to care

- Lack of food or housing?
- Lack of transportation?
- Lack of provider access?
- Language/cultural barriers?

# Health Equity Index

## How to prepare

Leverage data analytics and benchmarking to understand where the largest disparities are to focus resources on areas of greatest need to have the biggest impact on the HEI score.

### Help members break through barriers

- Connect members to resources
- Spread tactics across HEI needs
- Educate staff to better identify/support needs
- Expand and adapt benefits

### Prepare

- Communicate risk and impact of lost Reward Factor/HEI implementation
- Focus investments and effort on effectively serving poor and disabled members
- Ensure alignment of 2024 provider contracts, reports and incentive programs

# Health Equity Index Strategy

## Four focus areas

### Implement data driven HE Initiatives

Regularly evaluate the effectiveness of health equity initiatives and adjust strategies based on feedback and outcomes data.

### Leadership support

Ensure that leadership is committed to promoting health equity and provides visible support for initiatives aimed at addressing disparities.

### Provider incentives

Offer financial incentives or rewards for providers who actively participate in health equity initiatives and demonstrate improvements in member outcomes.

### Community engagement

Foster partnerships with community organizations and stakeholders to address social determinants of health and improve access to care for underserved populations.

# Health Equity Index

What if your health plan does not qualify?

## Maximize Quality Improvement measures

- Check Star dashboards to ensure they include both the Part C and Part D QI measures and that they are being calculated accurately with the right measures and the right weights.
- Quality Improvement is 13% of overall 2026-star rating.
- Review your rates and prioritize 2024 improvement tactics on measures with higher weighted values
- Monitor improvement and tweak your third and fourth quarter tactics or as needed based on performance.
- Re-educate key stakeholders on the methodology of QI measures and require review in your Stars committees

## Consider risks and benefits of HEI population growth

- Perform detailed analysis on current HEI population and consider compliance
- Extrapolate this performance calculation if xx% increase in HEI population.
- Determine impact to overall Star Rating

# Why Address Social Needs?

## Addressing social needs is essential for HEI performance

- Socioeconomic factors, physical environment and health behaviors account for 80% of health outcomes and utilization.
- Members who receive low-income subsidy or those that are partially or fully dually eligible for Medicare and Medicaid (LIS/DE) or those having a disability are at increased risk of SDOH.
- Barriers such as food insecurity, transportation, or housing instability may be preventing them from closing important clinical star measure gaps in care.

**40% Socioeconomic factors**

- Education
- Family/social Support
- Job status
- Income
- Community safety

**10% Physical environment**

**30% Health behaviors**

- Tobacco use
- Diet and exercise
- Alcohol use
- Sexual activity

**20% Health care**

- Access to care
- Quality of care

# Summary

## Key takeaways

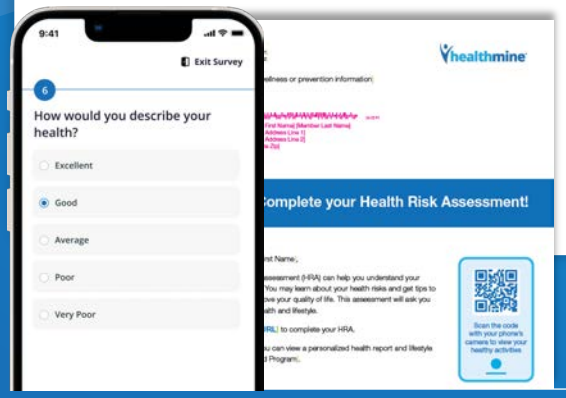
- Health inequities take a huge toll on U.S. lives and the resources dedicated to their care. By implementing the HEI, CMS is leading the way in making health equity a priority.
- Achieving health equity necessitates data integration, organizational collaboration, and a commitment to cooperation among health plans, providers, and community partners.
- Collecting impactful data and addressing SDOH needs to be a shared priority of all stakeholders.
- Determine if your health plan will be eligible for HEI reward by using stratified data from CMS. Update strategies based on eligibility.

# How Healthmine Can Help?

## Fill Critical Data Gaps

Screen members for disparities with HRAs and pulse surveys to drive engagement and care coordination strategies.

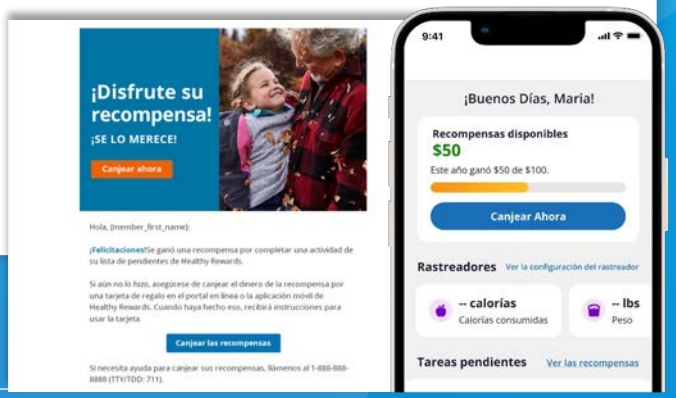
- NCQA-certified HRA (digital and paper)
- View a continuous summary of risks by level for each survey or health category




## Omnichannel Outreach to High-Priority Members

Segment member populations by SDOH to support targeted initiatives to close care gaps and connect members to relevant resources.

- Deliver to preferred channel and language (170+)
- Health equity measure catalog including SNS-E screening measures



# How Healthmine Can Help?

Our experts will help ensure you deliver the best care to your members and meet and exceed your performance goals.

- Stars assessment
- Bid and benefit optimization
- NCQA health accreditation
- SDOH/Health Equity strategy

# Contact


## Kimberly Swanson

*Chief of Staff*
*Kimberly.Swanson@Healthmine.com*

## Mallory Mueller

*VP, Population Health & Equity*
*Mallory.Mueller@Healthmine.com*

## Dwight Pattison

*Executive Advisor*
*Dwight.Pattison@Healthmine.com*


**Healthmine.com**