



2025 Star Ratings: Unpacking the Data

November 2024



Today's speakers

MODERATOR



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D-SNP

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FEP

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Today's agenda

1. Introductions
2. Review of 2025 results
3. Measure performance thresholds (cut points)
4. Preparing for upcoming changes

Review of 2025 results

2025 MA-PD market movement

102

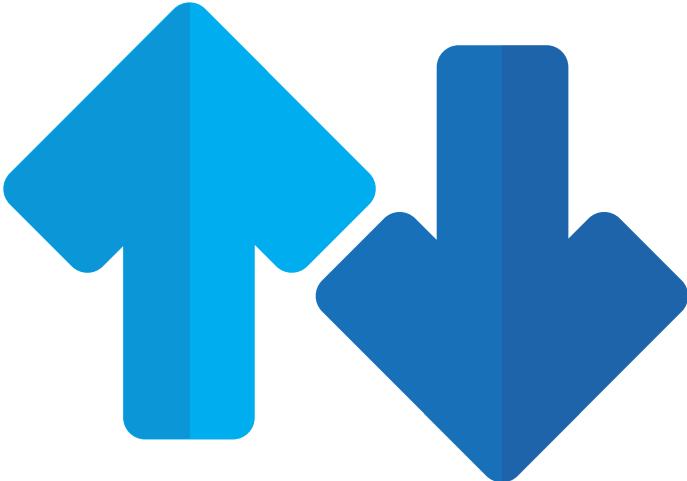
Overall plan rating increases

24

Plans gained 4th star

15

Plans increased ≥ 1 full star



169

Plan rating decreases

58

Plans lost 4th star

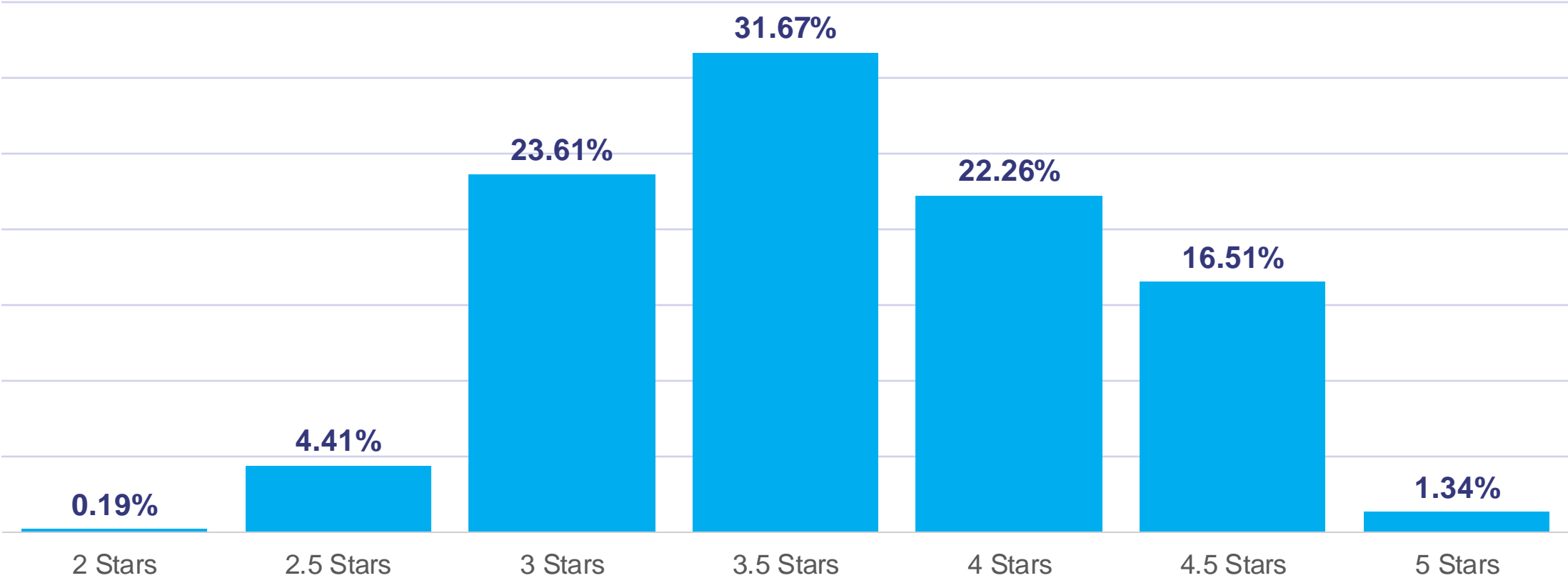
37

Plans decreased ≥ 1 full star (4 decreased 1.5 stars)

- 7 contracts received a 5 Star Rating
- 521 MA-PD plans received an overall rating
- 216 contracts were too new or too small to be rated

- 8 contracts received the low performing icon
- 9 contracts received the high performing icon

Distribution of contracts by star level

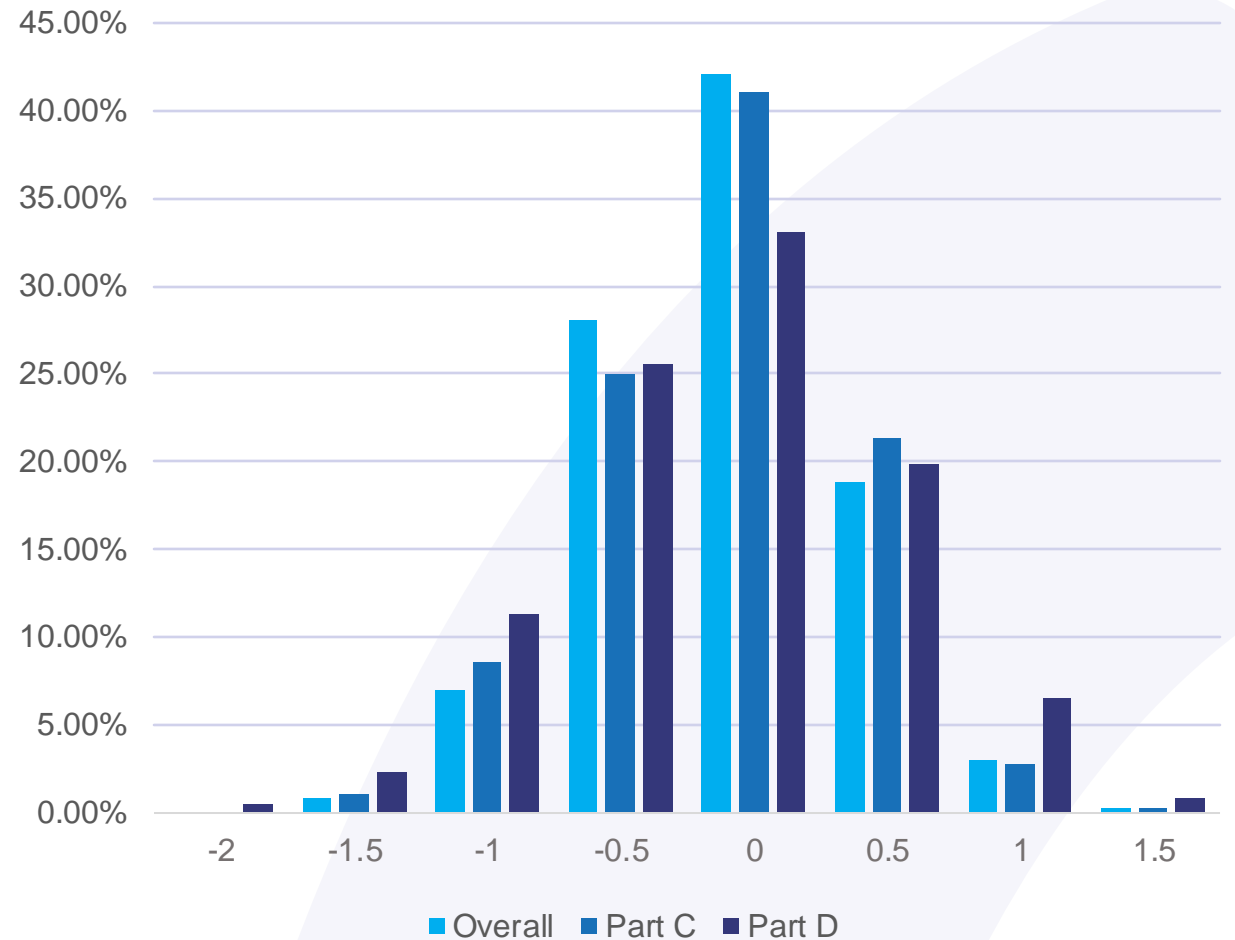


Year-over-year changes

Most health plans did not have a change in their Star Ratings.

There were more health plans that decreased stars (37%) than increased (24%) on average across the three summary ratings.

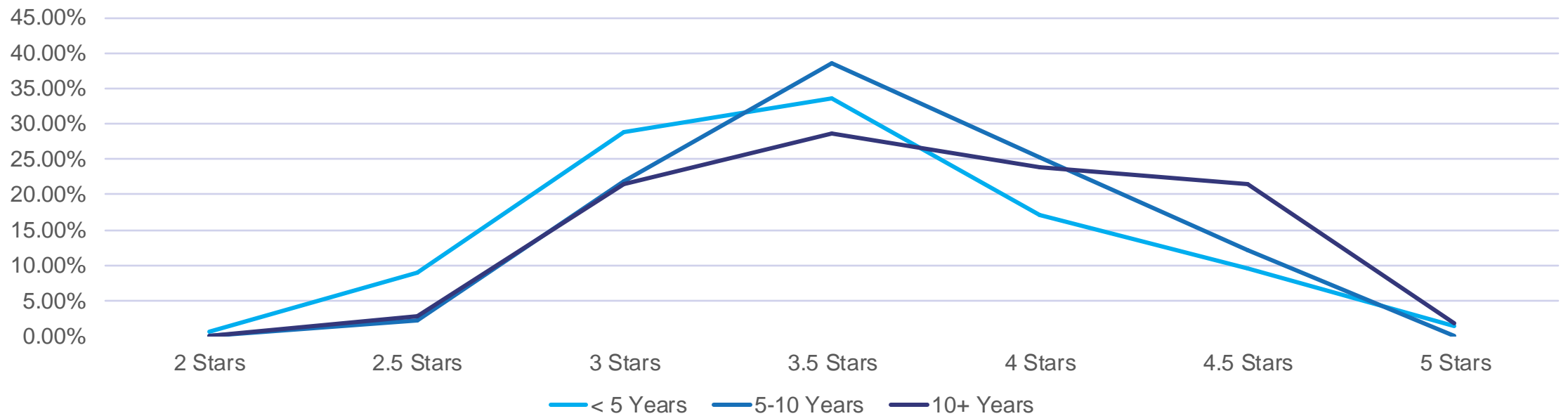
40% of health plans had a decrease in their Part D summary rating.



SY2025 performance

Health plans in MA longer have a higher rating distribution than the newer plans

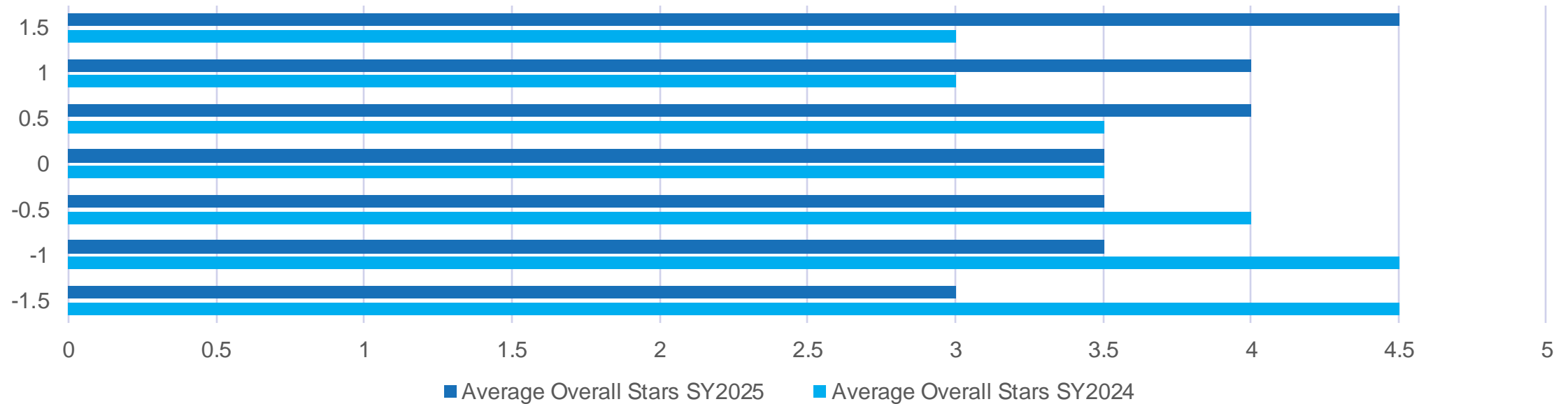
Stars distribution vs years in MA



SY2025 performance

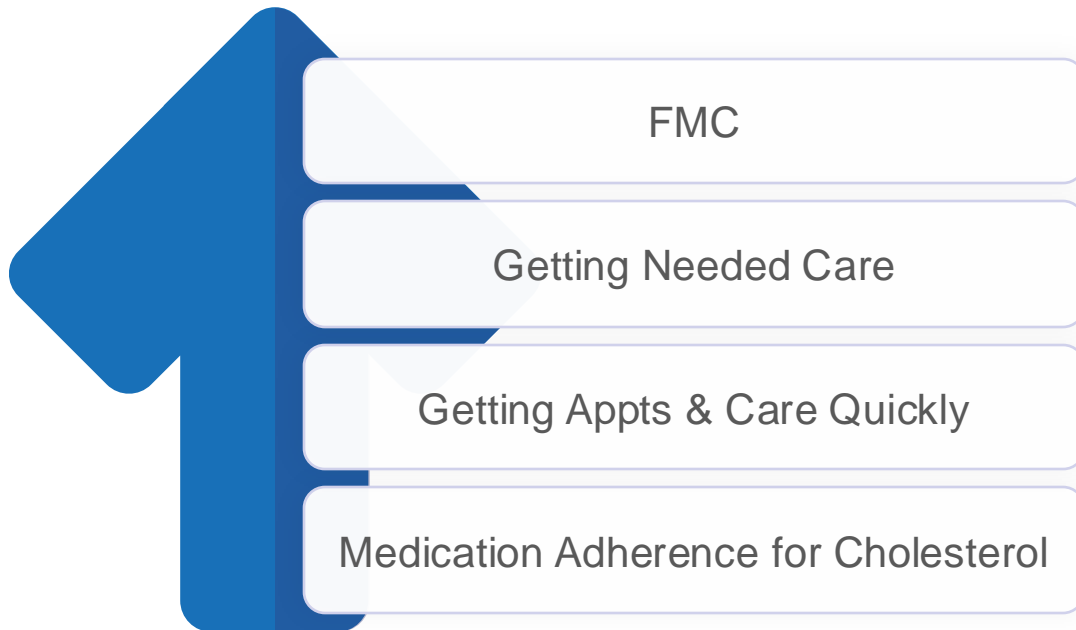
The largest drop was 4.5 to 3.5 stars for four health plans

Average overall stars change year-over-year

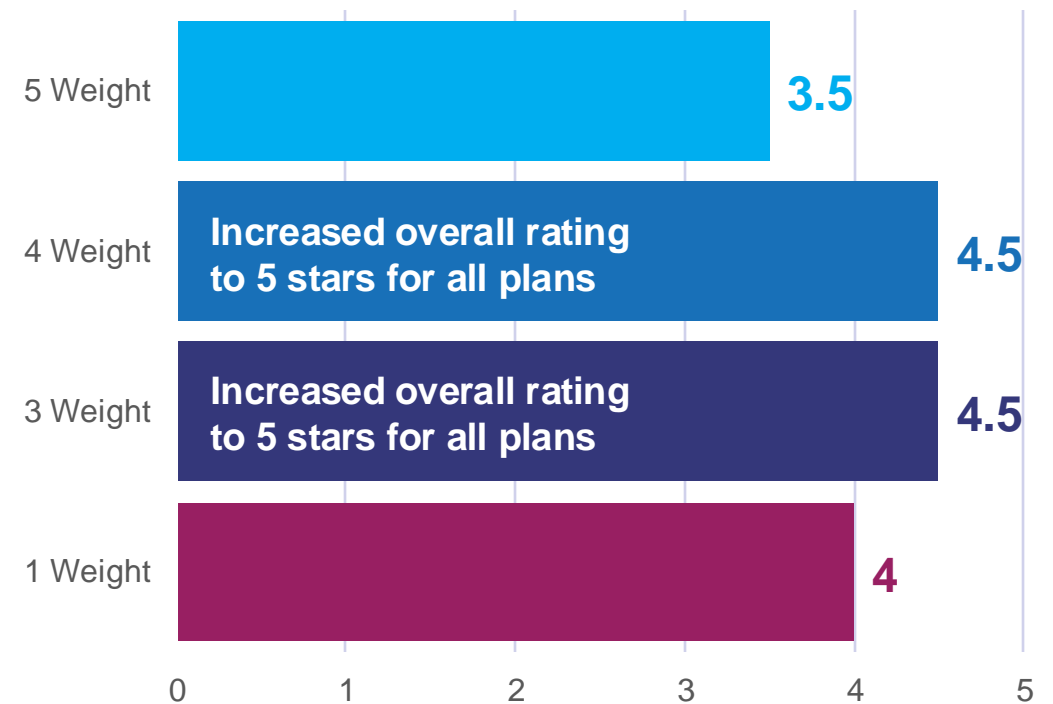


Five-star health plan trends

Top performing measures

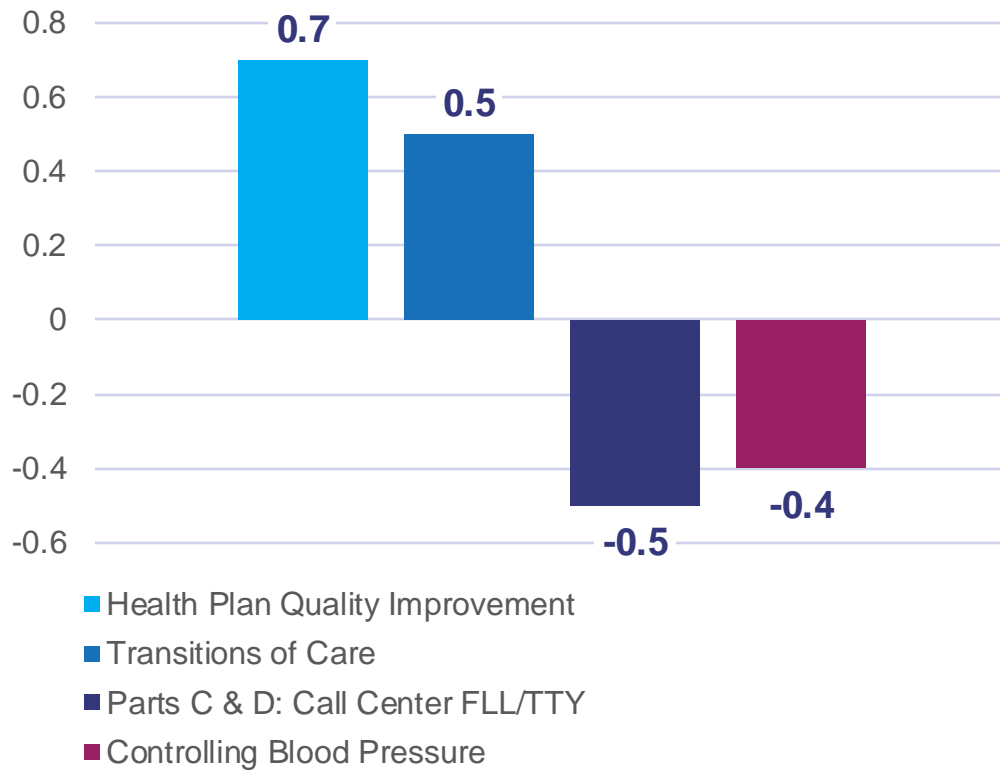


Star average

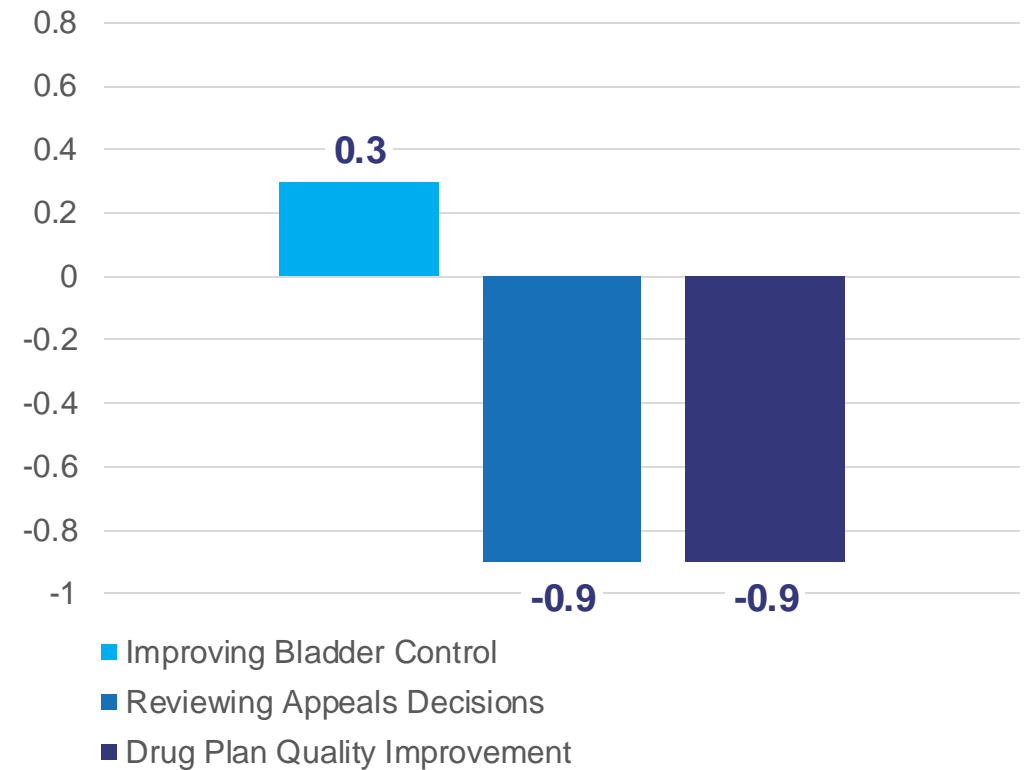


Top increases/decreases by measure

SY2024 to SY2025



SY2022 to SY2025



Highest performing measures

Across 4+ star plans that increased and decreased overall rating



What changed in one year?

Higher performance thresholds

- Tukey Outlier Deletion for cut points
- Fewer contracts reporting ratings
 - The plans who left 84% were 3 and below stars. This further increased cut points by removing lower performing contracts
 - Competition – plans continue to invest in improving scores

Other impacts

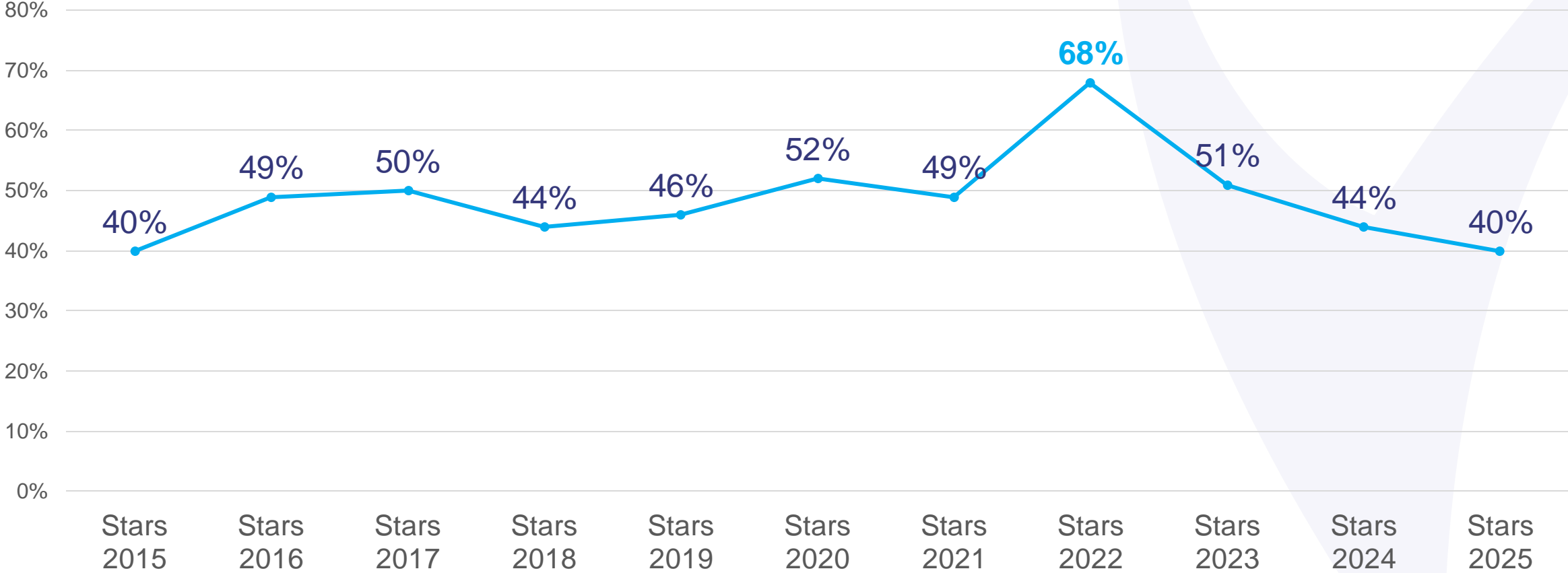
- Silver tsunami continues
- Access concerns
 - Physician burnout
 - Overall PCP shortage
- Change Healthcare issue
- Ongoing recovery from COVID impacts on access and patient engagement in care

Methodological changes

CMS says there were no major methodological changes in the 2025 Star Ratings. But these changes would have impacted plans:

- Plan All-Cause Readmissions measure from one to three
- CAHPS methodology added web-based tool
- CAHPS Getting Care Quickly Composite removed the 15-minute wait time question

Contracts with 4 star and above ratings by year



Star Rating sequence of changes

A trip down memory lane

Stars 2022: Covid adjustments

- Removal of 3x-weighted HOS measures

Stars 2023: Covid adjustments to HOS only

- Guardrails were introduced
- Increased weight of member experience measures
 - The weight of these measures has been gradually increasing since 2020

Stars 2024: Return to 'normal' or average performance compared to prior years

- Lawsuits related to Tukey methodology resulted in recalculation of cut points and quality bonus payments

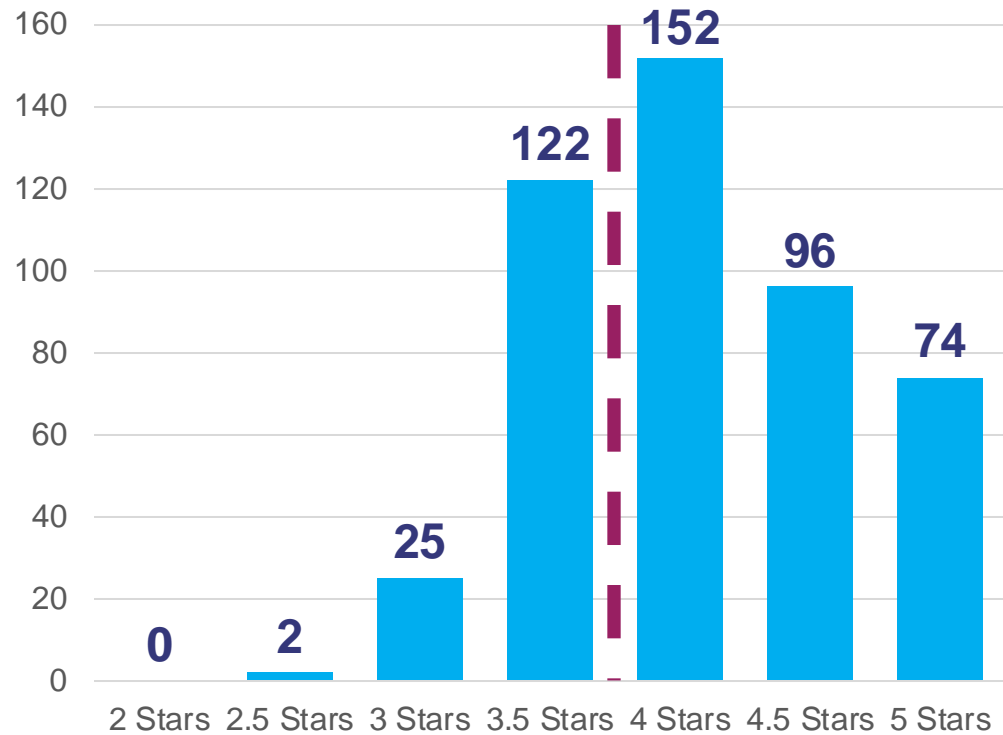
Stars 2025: Tukey impact, resulting in significant change

- CMS has made it clear the changes are intended to make it more difficult for plans to receive quality bonus payments

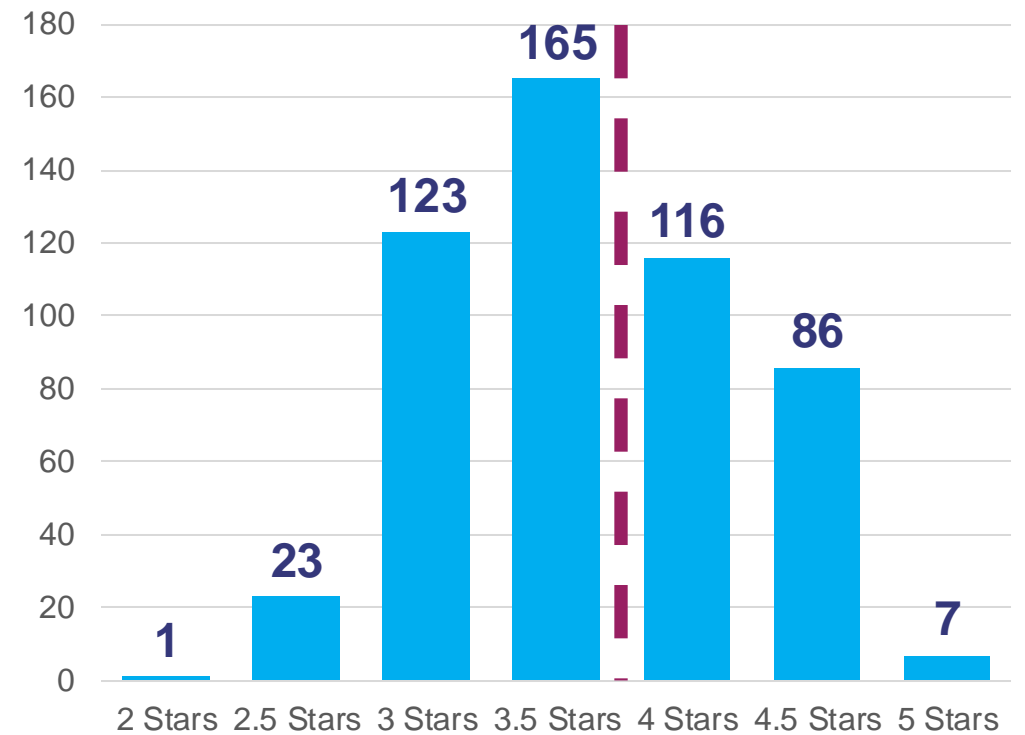
What's next? Health Equity Index.....Hold Harmless Provision?

Impact on plan ratings

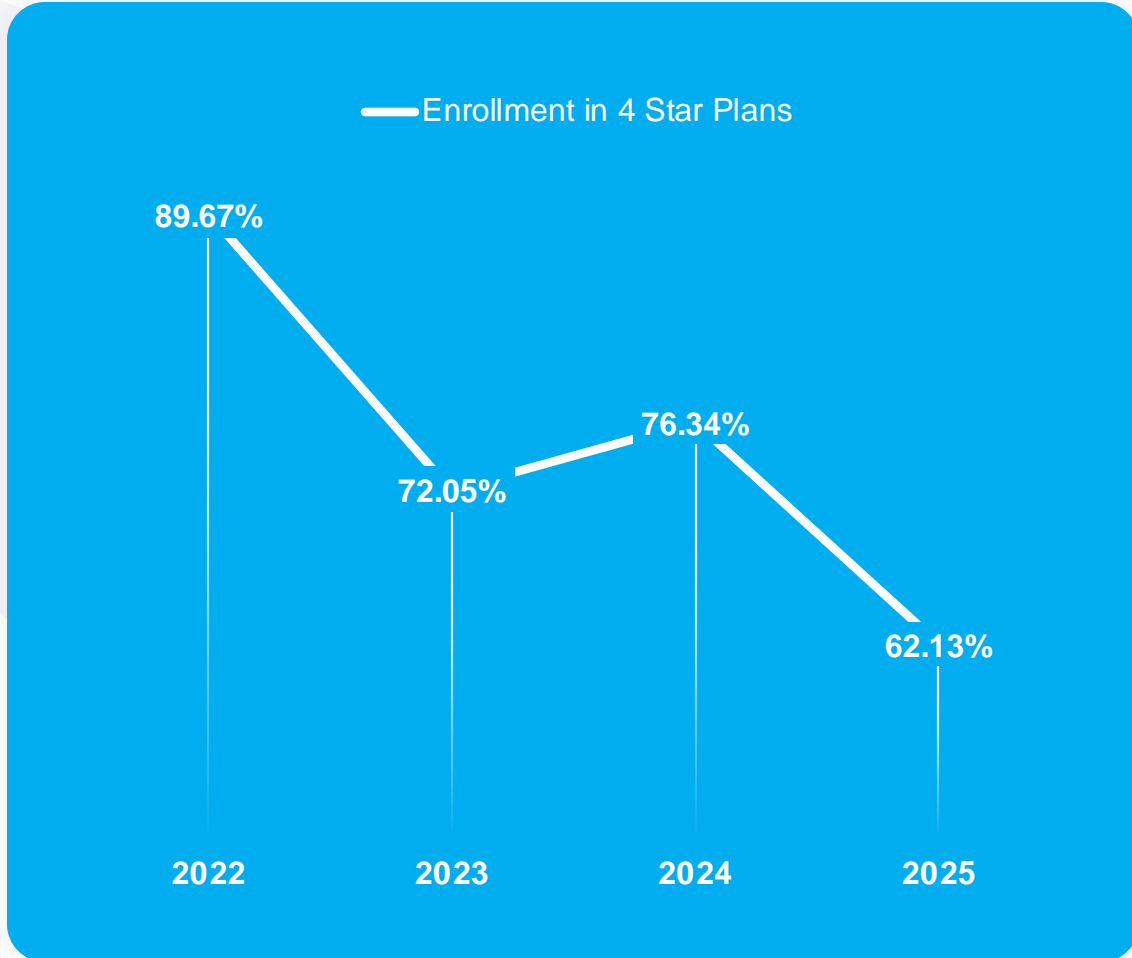
Stars 2022



Stars 2025



Enrollment in 4-star and above plans



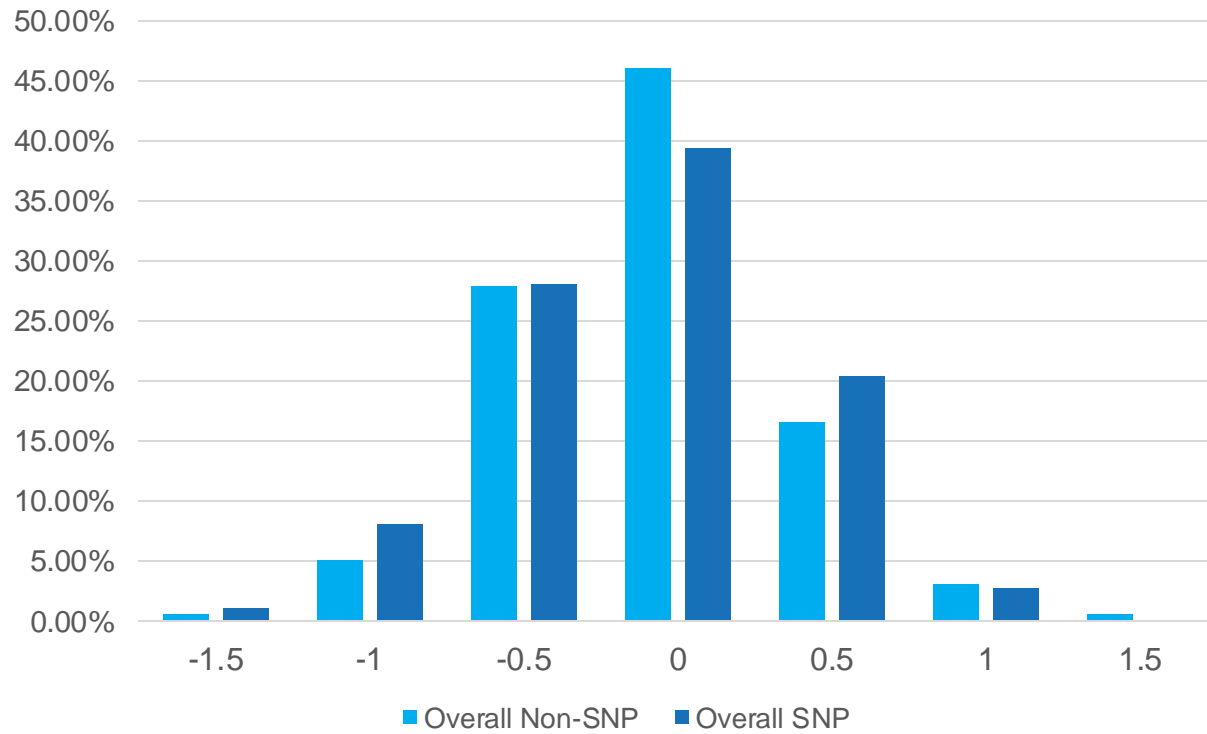
One of the strategic goals of Star Ratings is to shift members into higher quality health plans.

CMS must pay bonuses for those beneficiaries which is driving costs up for Medicare Advantage.

The impact of reduction of 4+ star contracts is likely a shift in benefits and market competition as some contracts are closed for financial reasons.

Contracts with SNPs

Year-over-year overall change analysis



Six out of the seven 5-star contracts have a SNP product.

SNPs demonstrated slightly higher increase in overall stars change than non-SNPs

60% of the health plans with 2.5- or 2-star contracts were non-SNPs

Drivers of performance

SNP only measures (3% of overall stars)

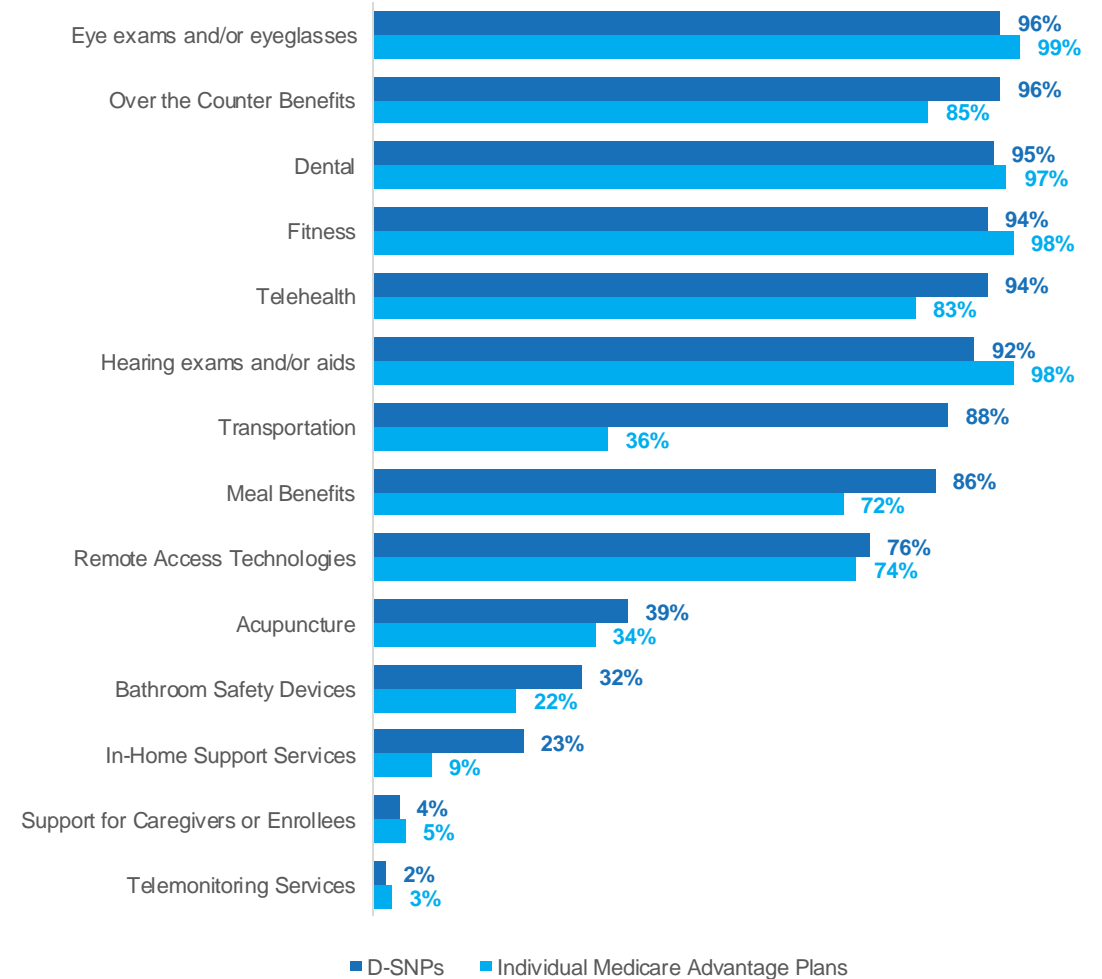
- Care of Older Adults Pain
- Care of Older Adults Medication Review
- Special Needs Plan (SNP) Care Management

High touch concierge case management

- Everyone needs assigned case manager
- Focus on HRA completion due to star measure
- HRA must include social needs screening

More D-SNPs than MA plans offer extra benefits

from Kaiser Family Foundation



Measure performance thresholds (cut points)

Stars 2025 cut point changes

For measures with extreme outliers, they were more often removed from the lower end of performance creating an upward shift in cut points to more accurately measure performance.

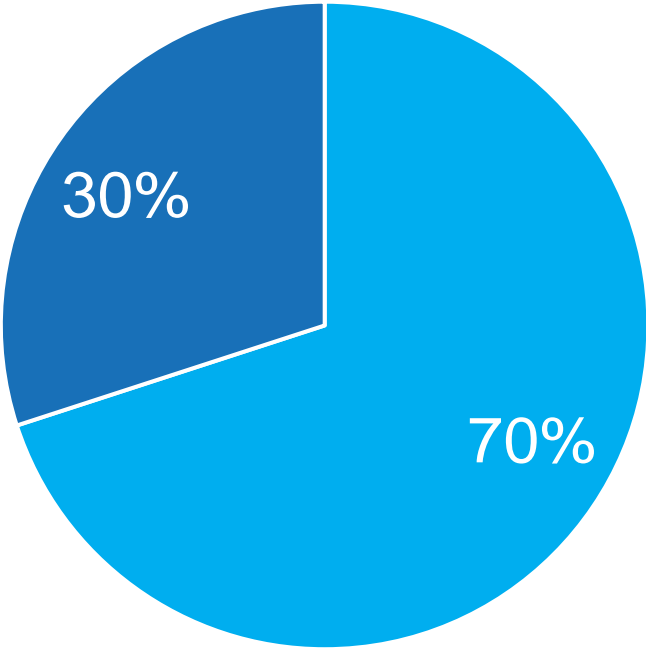
For some measures, performance is returning to pre-pandemic levels, resulting in some cut point increases.

More compressed distribution of scores generally resulted in increases in cut points.

An increasing number of very high scoring contracts for some measures such as Breast Cancer Screening (Part C) pushed cut points for those measures higher.

An increase in scores for contracts at the lower end of the distribution for some measures, such as Colorectal Cancer Screening (Part C) pushed cut points higher for those measures.

Changes in cut points from 2024 to 2025



- Measures with Increased Cut Point
- Measures with Same or Lower Cut Point



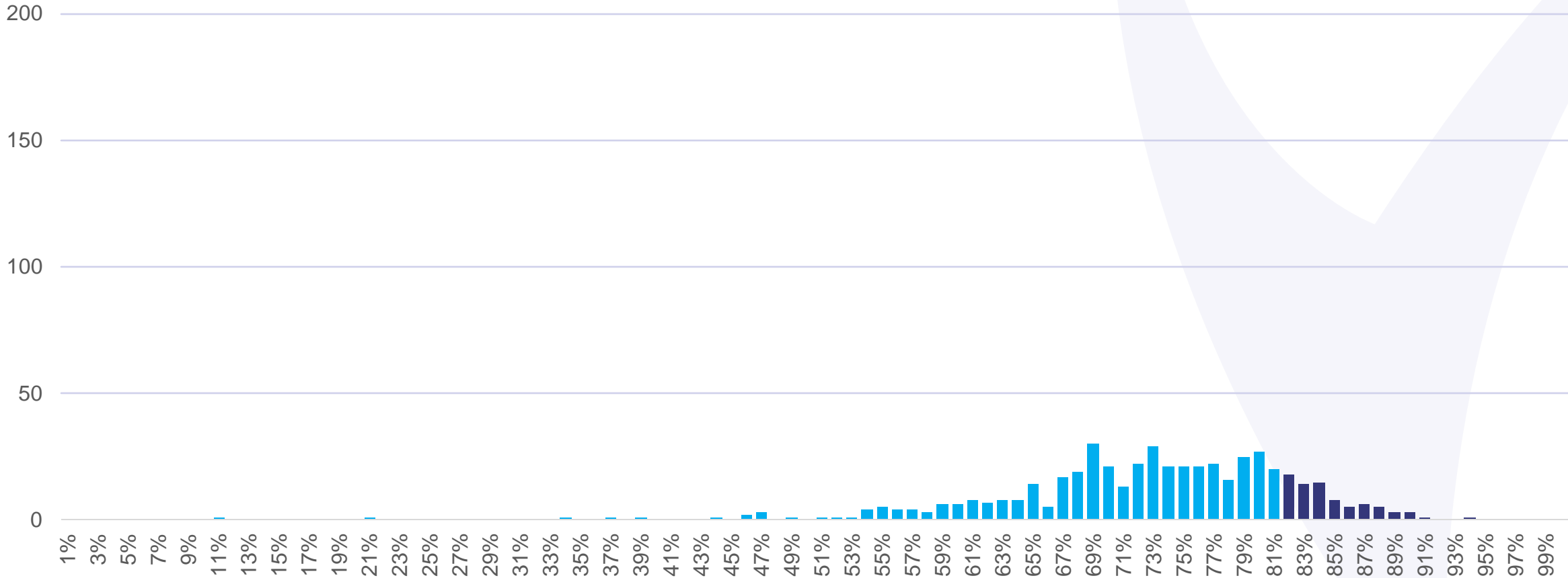
Measure cut points

Each measure the star level for that year is determined by clustering, not by even percentile levels of performance.

- Some measures plans count on for higher scores while others have bigger differentiation or are more challenging
- This explains why when CMS changes methodology and which measures are included. There is an overall impact on the ratings.
- HOS measures pulled out, TRC added.

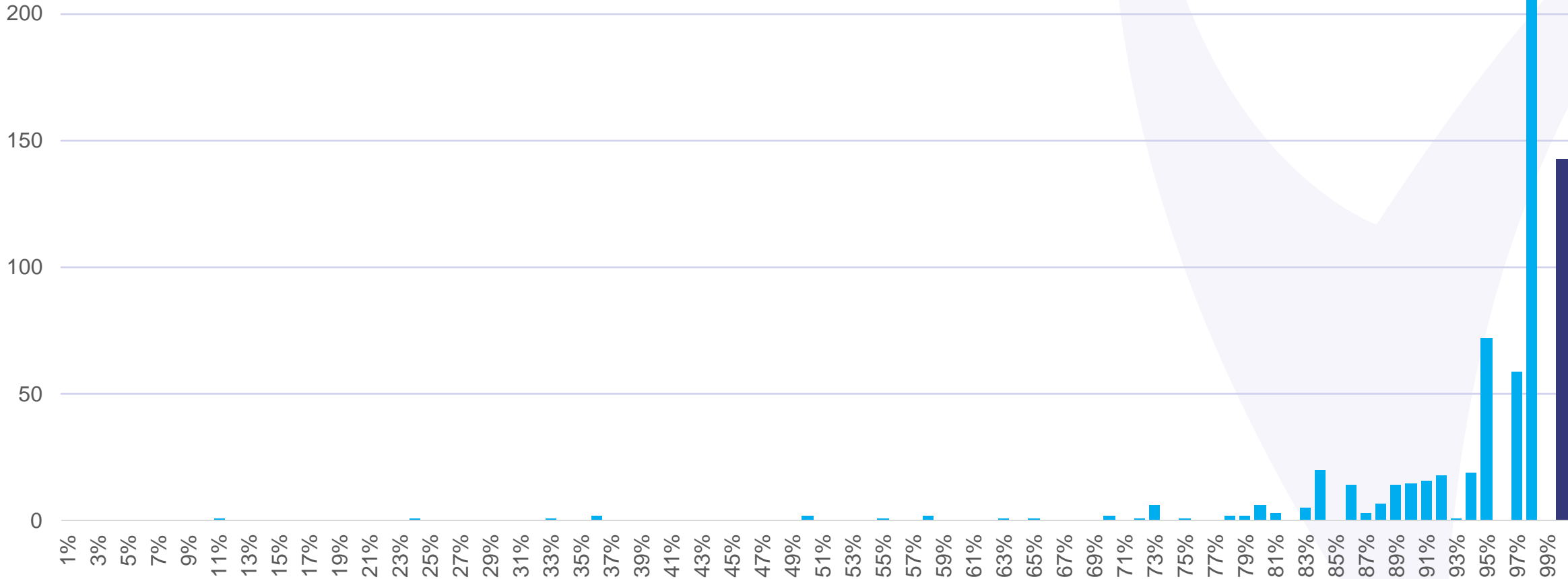
BCS performance

Frequency of plans performing at each percentage level



FLL/TTY (Part C) results

Frequency of plans performing at each percentage level



Tukey deletion model

CMS implemented the Tukey outlier deletion methodology to eliminate the impact of outliers on cut points.

- Outliers were identified and removed prior to clustering contract scores to determine measure cut points.
- This will stabilize cut points and prevent large year-to-year fluctuations caused by outlier scores of a few contracts.

Tukey deletion should result in fewer unexpected shifts in performance. Tukey tends to remove lower performance outliers. In the past we would see cut points unexpectedly drop. The stability we get from Tukey is cut points are not likely to drop due to new plans reporting and only when there is an overall market shift in performance due to external event, such as COVID.

Guardrails

Guardrails were added in the 2023 Star Ratings for all measures that have been in the Part C and D Star Rating program for more than three years except the CAHPS survey and the Part C and Part D improvement measures. Guardrails are bi-directional caps that prevent upward, and downward movement of a measure's cut points between the prior and current year thresholds.

Guardrails are not applied to new measures in the first three years of inclusion in Star Ratings.

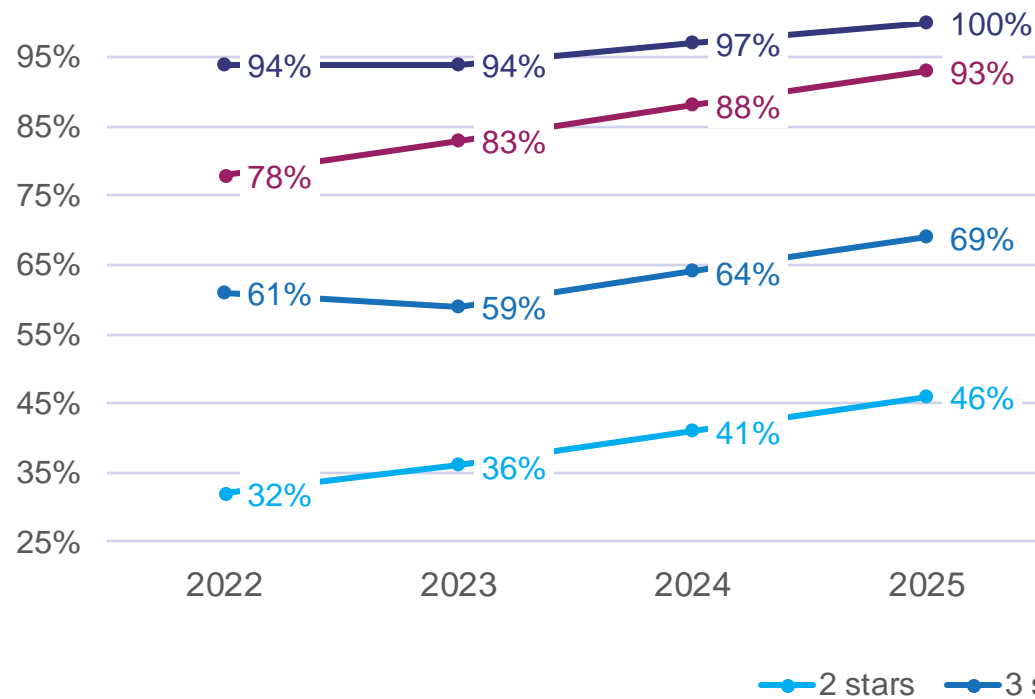
Example: CBP or PCR

These new measures are the ones with the most likely large shift in performance and have unexpected increases in cut points

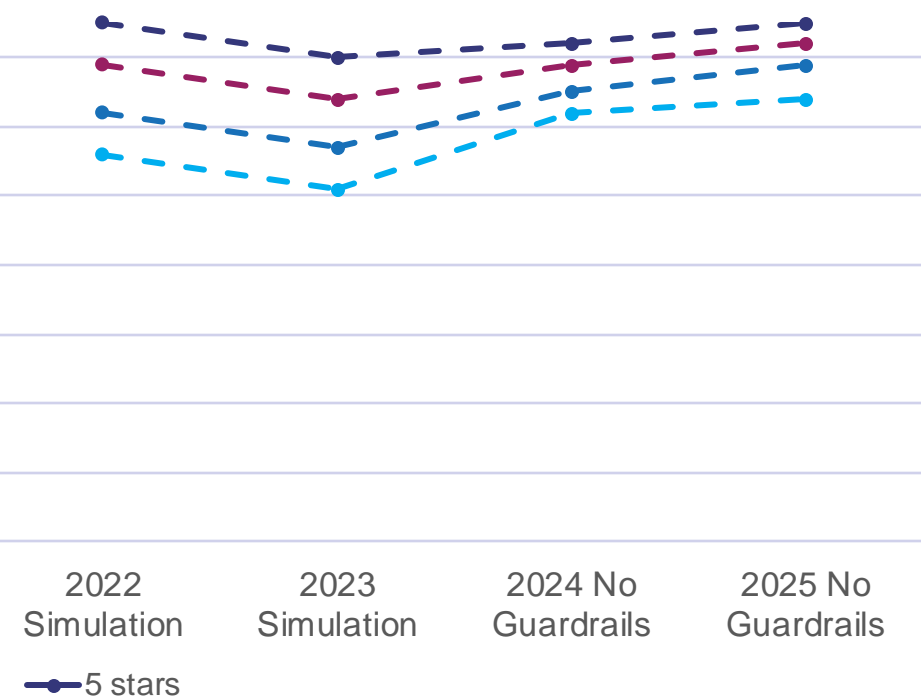
Call Monitoring Measure (Part C)

Tukey impact on measure cut points reduced by guardrails

Actual measure cut points by year

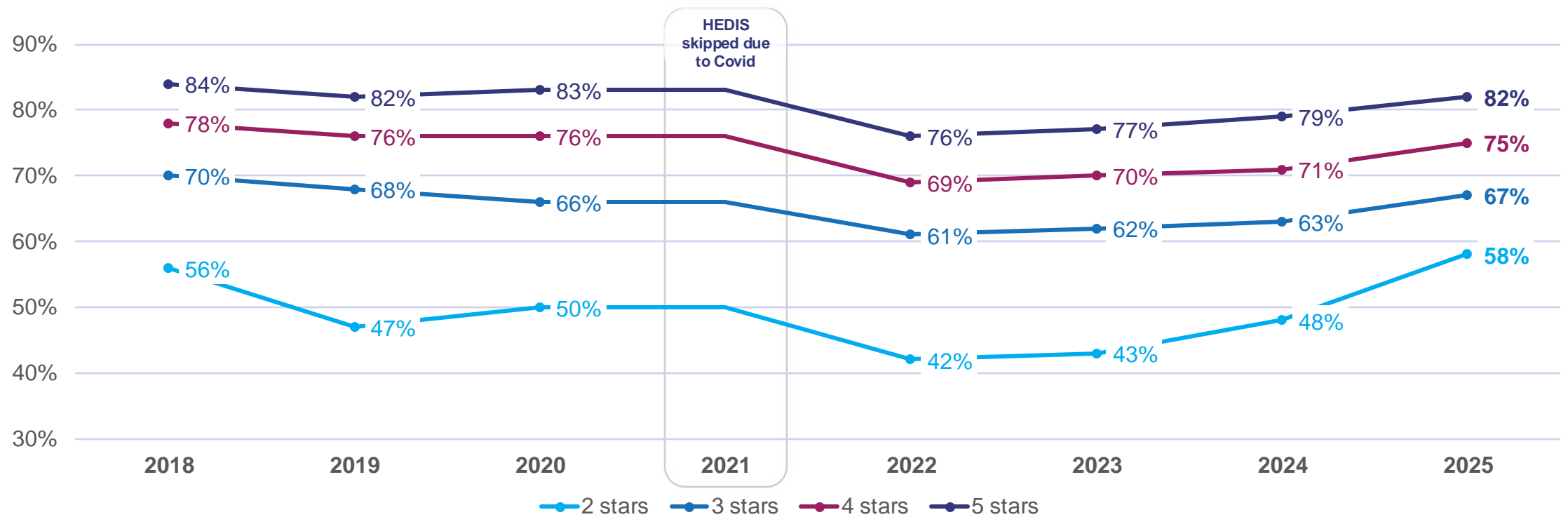


Tukey applied with no guardrails



Breast Cancer Screening

Cut points trended over time demonstrate the impact of COVID on access to screenings



Preparing for upcoming changes

Upcoming Changes to Stars

	Stars 2025 Measurement year 2023	Stars 2026 Measurement year 2024	Stars 2027 Measurement year 2025
Scoring methodology		Patient Experience (CAHPS) & Complaints & Access Measures: Weighting reduced from 4x to 2x	Health Equity Index: HEI replaces R-Factor (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
			Eye Exam for Patients with Diabetes Removed the hybrid data collection method
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		Improving or Maintaining Health Measures: Two returning (Fall 2024) 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	All (3) Medication Adherence: Change to risk adjustment, reduction to 1x Weight
		SUPD-Statin Use/Diabetes: Change to denominator methodology – CE	Concurrent Use of Opioids and Benzodiazepines: New measure
			Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults: New measure
			MTM Program Completion Rate for CMR: Moved to display

Ready to help you win

Tailored, cost effective member engagement that delivers results on the measures that matter

70% of Healthmine's clients maintained or improved their overall Star Rating

20% Flu shot completion improvement

16% Increase in breast cancer screenings

15% Increase in diabetic retinal eye exams

15% Increase in fall risk assessments

The smartphone screen displays the Healthmine logo at the top, followed by a photo of a family. Below the photo is the text: **¡Programe su examen de control anual hoy mismo!** (Schedule your annual check-up today!). Underneath, it says "Hola, Maria:" followed by a paragraph in Spanish: "Ir al médico para hacerse un examen de control anual puede ayudarle a mantener una buena salud. Los exámenes de control anual pueden servir para encontrar afecciones como cáncer o enfermedad cardíaca antes de que avancen." (Going to the doctor for an annual check-up can help you maintain good health. Annual check-up exams can help find conditions like cancer or heart disease before they advance.)

The computer monitor displays a dashboard for "H1406 Medicare Advantage". It includes a table of health actions with the following data:

Health Action	Members Assigned	Members Compliant	% Compliant	Total Earned
Breast Cancer Screening	602	2	0%	\$50
Colon Cancer Screening	612	37	6%	\$525
Diabetic Health Risk Assessment	2676	21	1%	\$0
Preventive Visit	2675	296	11%	\$3,250
Diabetes Care: Diabetic Eye Exam and HbA1c Tests	346	0	0%	\$0
Diabetic Retinal Eye Exam	346	41	41%	\$0
Hemoglobin A1c Check	346	141	11%	\$0



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