

# Key Known and Proposed Star Ratings Changes

## MY2022/SY2024

### CONFIRMED AND CODIFIED CHANGES

- ✓ 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 to \$0.02

## MY2023/SY2025

### CONFIRMED AND CODIFIED CHANGES

- ✓ Increase Plan All-Cause Readmissions weight to 3x
- ✓ Transition Breast Cancer Screening to ECDS
- ✓ Change optional exclusions to required for CBP, COL, KED and member deaths
- ✓ Adjust diabetes measure denominator inclusion criteria
- ✓ 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

### CONFIRMED AND CODIFIED CHANGES

- ✓ Reduce CAHPS & Administrative weights to 2x
- ✓ Add web surveys to CAHPS (2024 survey; 2025 rating)
- ✓ Remove 15-minute wait time CAHPS question (2024 survey; 2025 ratings)
- ✓ Return Improving or Maintaining Physical Health at 1x weight
- ✓ Return Improving or Maintaining Mental Health at 1x weight
- ✓ Add Kidney Health for Patients w/Diabetes (KED)
- ✓ Remove hybrid reporting from Colorectal Cancer Screening & transition to ECDS
- ✓ Allow States to require separate H-contract with only that state's D-SNP members
- ✓ Use Continuous Enrollment for Med Adherence & SUPD denominator inclusion
- ✓ Use MY2024 results in Health Equity Index
- ✓ Notify members annually of ability to opt out of phone calls for certain plan business
- ✓ Screen members to identify low digital health literacy & offer digital health education to access telehealth
- ✓ Provide materials on standing basis in non-English for languages >5% of pbp service area or accessible format upon request or after learning of enrollee preference (includes ICPs)
- ✓ HIDE/FIDE SNPs must translate materials into languages required by MCD contract
- ✓ Provide full LIS subsidy for members currently only qualifying for partial LIS subsidy
- ✓ Part D Price Concessions at point of sale
- ✓ Depression Screening, Adult Immunization Status added to Display

### PROPOSED CHANGES

- ✓ Remove hybrid reporting from Diabetes Care-Eye Screening & transition to administrative reporting
- ✓ Add glucose mgmt indicator to Diabetes Care-A1c Control
- ✓ Expand Breast Cancer Screening criteria to include others at risk (transgender, gender diverse)

## MY2025/SY2027 & Beyond

### CONFIRMED AND CODIFIED CHANGES

- ✓ 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 D-SNP's entire service area (MY2025)
- ✓ Implement Health Equity Index & use as replacement for Reward Factor (MY2024 & 2025/SY2027)
- ✓ Increase Improving or Maintaining Physical Health weight to 3x (MY2025)
- ✓ Increase Improving or Maintaining Mental Health weight to 3x (MY2025)
- ✓ Sunset Reward Factor (MY2025)
- ✓ Use Risk-adjusted Medication Adherence measures (MY2026; 1-time weight of 1x)
- ✓ Remove IP/SNF adjustments from Med Adherence measures (MY2026)

### PROPOSED CHANGES

- ✓ Add COA-FSA, Concurrent Use of Opioids & Benzos, PolyRx Multi Anticholinergics, PolyRx Multi CNS Meds
- ✓ Retire COA-Pain Assessment
- ✓ Add ages 46-49 to Colorectal Cancer Screening
- ✓ Apply Improvement measure Hold Harmless solely to 5-star plans
- ✓ Remove cutpoint guardrails
- ✓ Retire Med Rec Post-Discharge measure
- ✓ Expand required MTM eligibility criteria