

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 from \$0.01 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 for HEDIS®
- 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 & Admin weights to 2x
- Add web-based surveying to CAHPS
- Remove 15-minute wait time CAHPS question
- Return Improving or Maintaining Physical Health, Maintaining Mental Health
- Add Kidney Health for Patients with 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
- Plans must notify members annually of ability to opt out of phone calls for certain plan business
- Develop/maintain procedures screen members to identify low digital health literacy & offer digital health education to access telehealth
- Plans must 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 applied 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 management indicator to *Diabetes Care-A1c Control*
- Expand *Breast Cancer Screening* criteria to include others at risk (transgender, gender diverse)

MY2025/2026

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 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)
- Use Risk-adjusted Medication Adherence measures (MY2026)
- 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* to Stars
- Retire COA-Pain Assessment (MY2025)
- Add ages 45-49 to *Colorectal Cancer Screening*
- Apply *Improvement* measure Hold Harmless solely to 5-star plans
- Remove cutpoint guardrails
- Retire *Med Rec Post-Discharge* as stand-alone measure
- Expand required MTM eligibility criteria

Contact Melissa Smith, Healthmine's Chief Consulting Officer, with any questions and to request the most current version of the timeline at melissa.smith@healthmine.com.

*Proposed Changes are unconfirmed & not currently codified

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