

MY2021

CONFIRMED CHANGES

- Return *Controlling Blood Pressure*
- Retire *Rheumatoid Arthritis Management*
- Increase CAHPS and Administrative weights to 4x
- Decrease *Statin Use in Persons with Diabetes* weight to 1x
- Use “better of” 2022 or 2023 rating for HOS measures
- Implement cutpoint guardrails

MY2022

CONFIRMED CHANGES

- Increase *Controlling Blood Pressure* weight to 3x
- Return Plan *All-Cause Readmissions*
- Add *Transitions of Care & retire Medication Reconciliation Post-Discharge*
- Add *Follow-Up After ED Visit for People with High-Risk Multiple Chronic Conditions*
- Retire *Diabetes Care-Nephropathy*
- Add Tukey Outlier Deletion to cutpoint calculations
- Adjust *Statin Use in Persons with Diabetes* inclusion and exclusion criteria
- Raise *MPF Price Accuracy* criteria from \$0.01 to \$0.02

MY2023

PROPOSED CHANGES*

- Return *Beneficiary Access & Performance Problems*
- Add *Kidney Health Eval. for Pts w/ Diabetes*
- Add marketing misrepresentations to *Complaints about the Health Plan*
- Use Risk-adjusted *Med Adherence* measures
- Add digital indicators and transition *Care for Older Adults measures* to ECDS
- Implement Health Equity Index & consider as replacement for Reward Factor
- Require >1 code for HEDIS® frailty exclusions
- Change *Flu Vaccine* from CAHPS to HEDIS®
- Test web-based CAHPS surveying

CONFIRMED CHANGES

- Increase *Plan All-Cause Readmissions* weight to 3x
- *Breast Cancer Screening* transitions to ECDS
- Deny New Contracts/Service Area Expansions for legal entities with 2 years of ≤2.5 Part C, Part D or Overall rating

MY2024

PROPOSED CHANGES*

- Expand *Colorectal Cancer Screening* denominator to include members aged 45 to 49

CONFIRMED CHANGES

- Part D Price Concessions applied at point of sale
- Return *Improving or Maintaining Physical Health & Improving or Maintaining Mental Health*
- Remove hybrid reporting from *Colorectal Cancer Screening* & transition to ECDS
- States may require separate H-contract with only that state’s D-SNP members
- D-SNP HRAs must include standardized questions regarding food security, housing stability and access to transportation

MY2025

PROPOSED CHANGES*

- New measure to assess whether a contract’s enrollees have had their health-related social needs assessed using a standardized tool (2026)
- New measure of beneficiary screening for unmet food, housing, and transportation, and referral to intervention (2026)
- New measure to assess care transformation and plan focus on driving quality through Value-Based Care arrangements (2026)
- New longitudinal HEDIS® ECDS outcomes measures to assess controlled BP and diabetic blood sugar control over time (replacing current measures; 2026)
- Digitization of Patient-reported Outcomes Measures

CONFIRMED CHANGES

- FIDE SNPs must have exclusively aligned enrollment (i.e., only enrollment of individuals in the affiliated Medicaid MCO contract; 2025)
- HIDE SNP state contracts must apply to the entire service area for the D-SNP (2025)