Star Ratings Landscape: Where We Are Today & What's on the Horizon for 2022 & Beyond

December 8, 2021

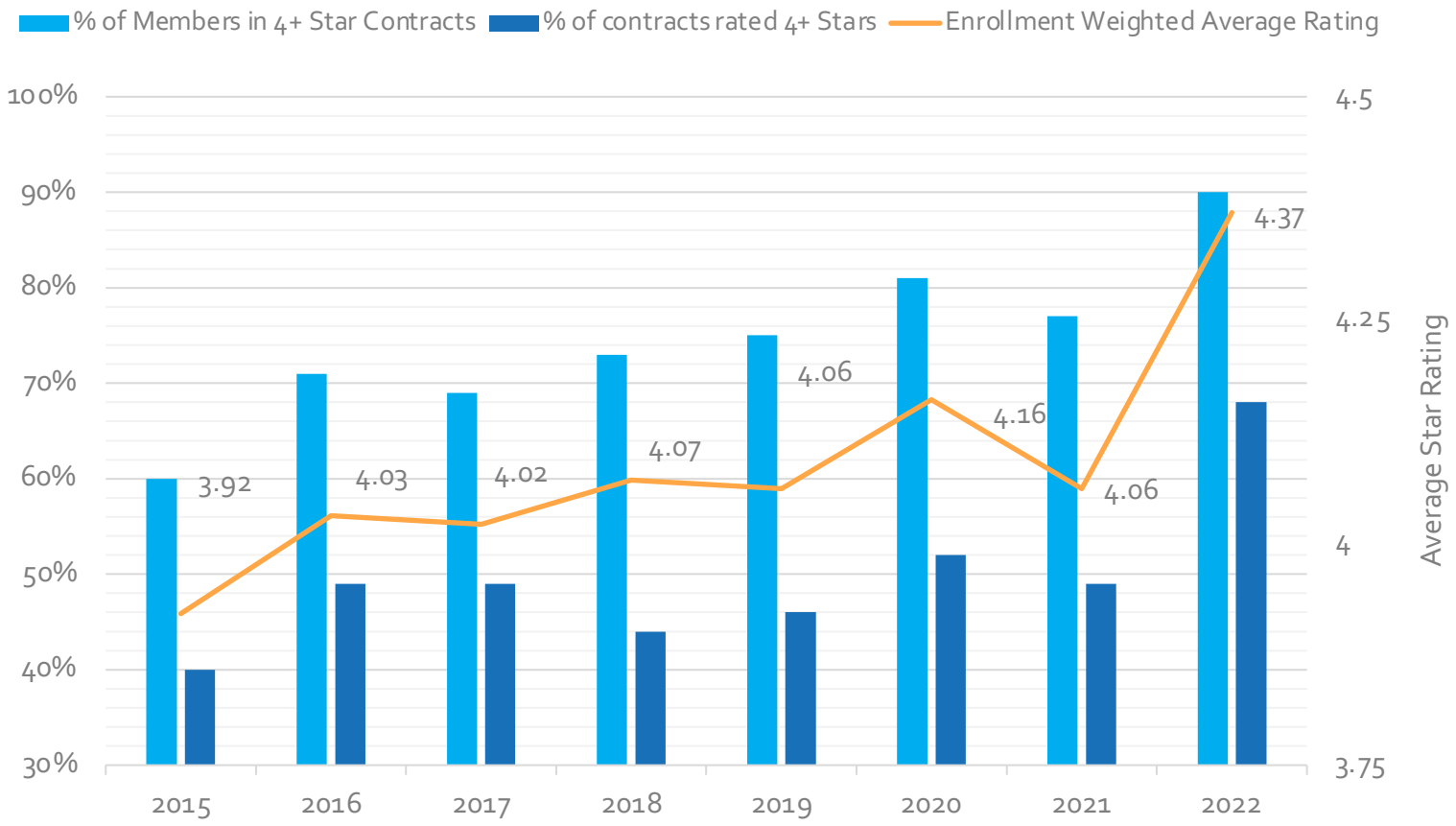
What's New?

What's Next?

What to Tell the C-Suite?

The 2022 MA-PD Star Ratings

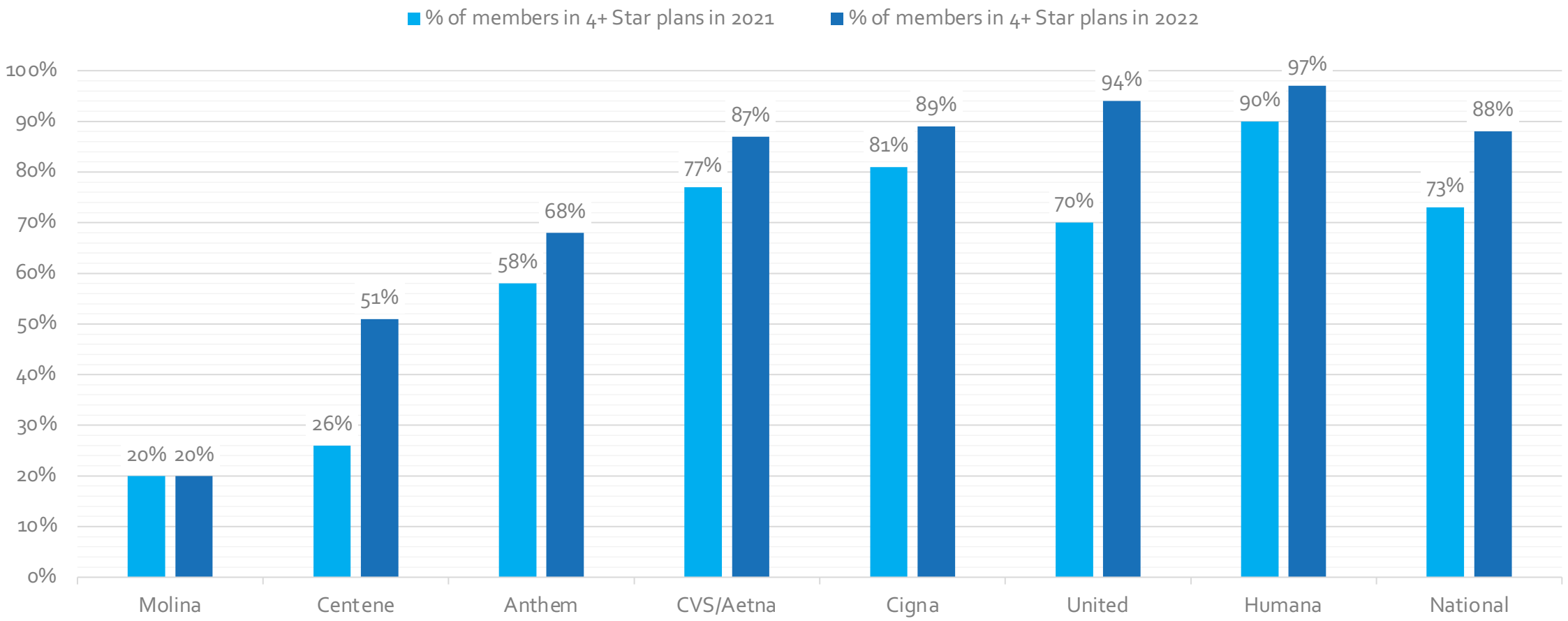
- **68%** of MA-PD contracts earned 4+ Star 2022 ratings
- **74** MA-PD contracts earned a **5 Star overall rating**
- **90%** of MA-PD enrollees are currently in contracts with 4+ Star 2022 ratings



2022 Star Ratings Technical Updates

- MA-PD Star Ratings consisted of **38 unique measures**
- **No new measures** introduced in 2022 Star Ratings
- **6 measures retired** from 2022 Star Ratings:
  - *Retired Permanently: Adult BMI Assessment, Part D Appeals measures*
  - *Retired to Display: Improving or Maintaining Physical Health, Mental Health, Care for Older Adults Functional Status Assessment*
- **Many permanent changes introduced:**
  - *HEDIS® measures expanded to allow telehealth and exclude members using palliative care services*
  - *HOS Survey timeline permanently changed*
  - *MPF Price Accuracy specifications updated*
  - *Mean Resampling implemented for cut point calculations*
- **Significant "one-time" pandemic relief provided:**
  - *Most measures received the "better of" their 2021 or 2022 measure ratings (all except FL/TTY, HOS, MPF Price Accuracy)*
    - *MA contracts reverted to 2021 ratings on an average of 4.5 out of 23 Part C measures eligible for adjustment*
    - *MA-PD contracts reverted to 2021 ratings on an average of 2.8 out of 9 Part D measures eligible for adjustment*
  - *Delayed implementation of cut point guardrails to allow cut points to change by >5% if 2020 national performance declined during the pandemic*
  - *Improvement measure "Hold Harmless" provisions expanded to prevent Improvement measures from decreasing summary or overall ratings*
- Only **3 contracts decreased** their overall rating

The Nationals Lead the Landscape



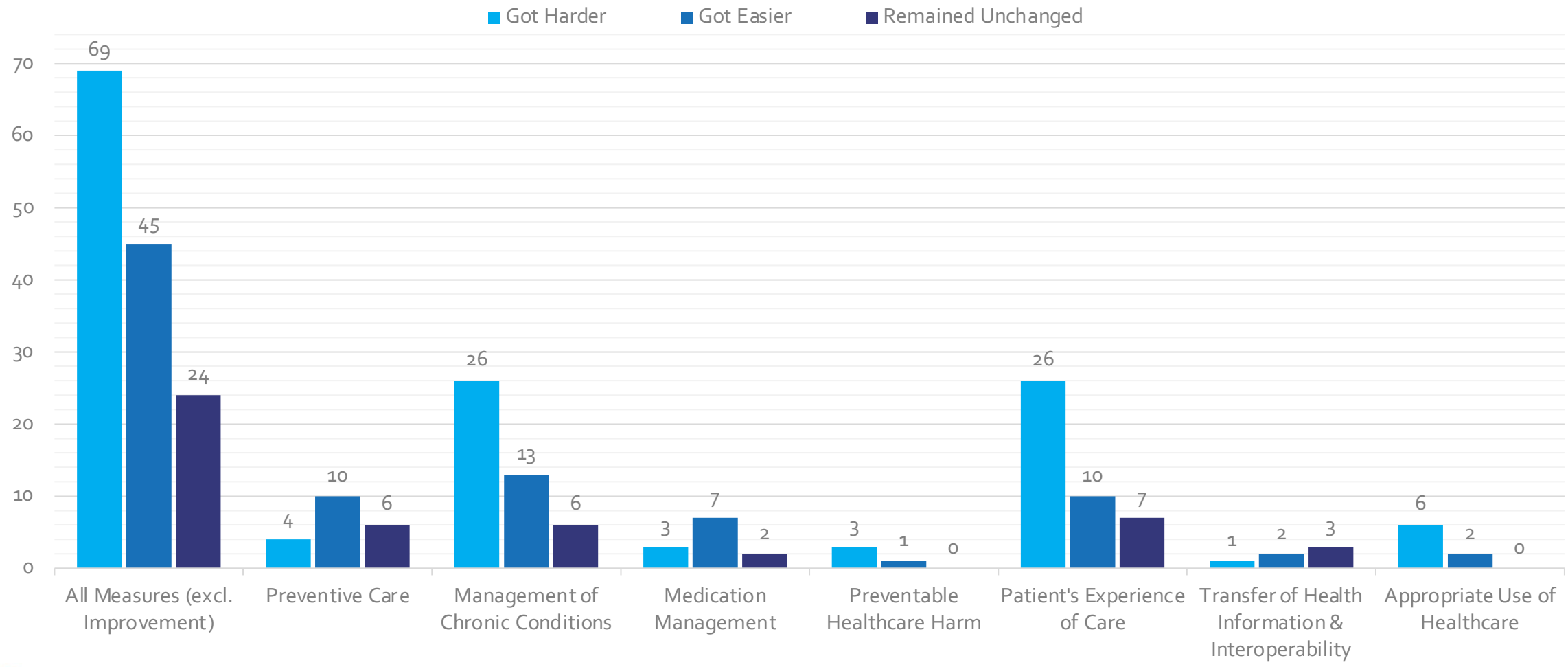
20% of Measure Ratings Used "Better Of" Relief, Reverting Some Plans to MY2018 Results

Part C Measure Examples	Change in Nat'l Average	Change in Avg Rating*
Special Needs Plan Care Management	+2.87	+0.2
Statin Therapy for Patients with Cardiovascular Disease	+2.46	+0.4
Medication Reconciliation Post-Discharge	+2.4	+0.5
Rating of Health Plan	+1.13	+0.3
Rating of Health Care Quality	+0.96	+0.3
Annual Flu Vaccine	+0.43	+0.2
Care for Older Adults Pain Assessment	-2.49	-0.1
Care for Older Adults Medication Review	-2.65	+0.1
Breast Cancer Screening	-3.56	+0.4
Diabetes Care – Blood Sugar Controlled	-3.91	+0.1
Diabetes Care – Eye Exam	-4.49	0
Osteoporosis Management in Women who had a Fracture	-8.39	0

MA-PD Measure Examples	Change in Nat'l Average	Change in Avg Rating*
MTM Program Completion Rate for CMR	+6.46	+0.3
Medication Adherence for Cholesterol	+3.89	+0.3
Medication Adherence for Diabetes Medications	+3.43	0
Statin Use in Persons with Diabetes	+2.61	+0.3
Medication Adherence for Hypertension	+2.46	+0.7
Rating of Drug Plan	+1.38	+0.4
Getting Needed Prescription Drugs	+1.00	+0.3

*After application of "better of" relief

Most Cut Points Continued Rising (& CMS Emphasized New Measure Labels)



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2022 will be a Year of Significant Change

MY 2020 | 2022 Ratings

- Adult BMI Assessment permanently retired
- Part D Appeals measures permanently retired
- New MPF Price Accuracy specifications take effect
- Mean Resampling implemented
- HOS Survey Timeline permanently changed
- "Better of" 2021 or 2022 rating for all measures except FL/TTY, HOS, MPF Price Accuracy
- Expanded Hold Harmless for Improvement measures
- New HEDIS exclusions for palliative care
- HEDIS expansions to allow telehealth

MY 2021 | 2023 Ratings

- Controlling Blood Pressure returns (1x-weight)
- Rheumatoid Arthritis Management permanently retired
- CAHPS & Administrative measures increase to 4x-weight
- Improving or Maintaining Physical Health & Improving or Maintaining Mental Health retired to Display
- Care for Older Adults – Functional Status Assessment retired to Display
- Statin Use in Persons with Diabetes decreases to 1x-weight
- "Better of" 2022 or 2023 rating for HOS measures
- Cut point guardrails implemented

MY 2022 | 2024 RATINGS

- Controlling Blood Pressure increases to 3x-weight
- Plan All-Cause Readmissions returns (1x-weight)
- Transitions of Care added (1x-weight)
- Medication Reconciliation Post-Discharge retired
- Follow-Up After ED Visit for People with High-Risk Multiple Chronic Conditions added (1x-weight)
- Diabetes Care – A1c Testing & Nephropathy permanently retired by NCQA
- Diabetes measures separated: HbA1c Control for Patients with Diabetes (HBD), Eye Exam for Patients with Diabetes (EED)
- Tukey Outlier Deletion Model implemented
- R&I definition of "Qualified Individuals" prevents use of HEDIS data for reward program administration
- Expanded age range & removal of hybrid reporting option for Colorectal Cancer Screening measure
- EO13985 (Advancing Racial Equity & Support for Underserved Communities) added to Readiness Checklist; SES stratification added to COL, CBP, HBD
- Star Ratings for Biosimilars legislation proposes addition of new Star measures

Codified, known program changes

Proposed program changes not yet finalized

As of November 3, 2021

Improving Health Equity: 4 Things You Can Do Today

- Health Equity is a top priority at CMS for MA, ACA, Medicaid. Every decision is made after asking, "how is this action advancing health equity?"
- Alignment with Executive Order 13985 elevated to Page 1 of Readiness Checklist
- CMS seeks to accelerate MA impact on health equity within the VBID Model, beginning with Health Equity Incubation Sessions in December
- NCQA phasing in race, ethnicity, and SES stratification beginning in MY2022
- NCQA has urged federal action to:
  - Mandate standardized, self-identified data collection of race and ethnicity data to monitor equity
  - Mandate federal programs to report data stratified by race, ethnicity, and other available demographics
  - Collect information on provider demographics to ensure those caring for beneficiaries reflect the demographics of the community

Determine Your Status

Ensure analytics, P&Ps, and projects prevent, detect, and correct disparities in areas such as gender identity, race, disability, literacy, ethnicity, and language preferences. Confirm your approach is well-documented, being followed by vendors and FDRs, and will stand up to CMS audit.

Gather the Data

Increase efforts to resolve longstanding data gaps regarding race and ethnicity data by adding data collection efforts to all member interactions in alignment with NCQA standards.

Involve Everyone

Involve HR, Community Relations, Compliance, etc., to help staff be comfortable discussing sensitive topics and meaningfully support this work. Many employees shy away from these issues not because they are unwilling to address them, but because they are unsure what words to use and/or how to frame discussions in a legal and interpersonally comfortable manner.

Use Stars for Accountability

Leverage Star measure accountability as the foundation for transparency and accountability to both identify and remedy performance disparities in clinical areas/issues CMS has defined as the most important to our shared pursuit of the Triple Aim.

CAHPS Success Requires Strategy, Not Tactics

Dissatisfied Members

Cannot be fixed with general marketing or communications.

1. Identify by multiple means
2. Resolve the specific issue for the specific member
3. Tell the member you solved their problem (and how you solved it)
4. Identify processes or systemic issues that surface while addressing specific member problems, so the issue does not perpetuate CAHPS risk

'OK' Members

Raising this group's rating on specific composite(s) has the greatest impact on a plan's CAHPS Star Ratings due to sheer volume. These members are often overlooked, but it's easier to move "good" to "great" than "awful" to "good."

Unengaged & Under-Engaged Members

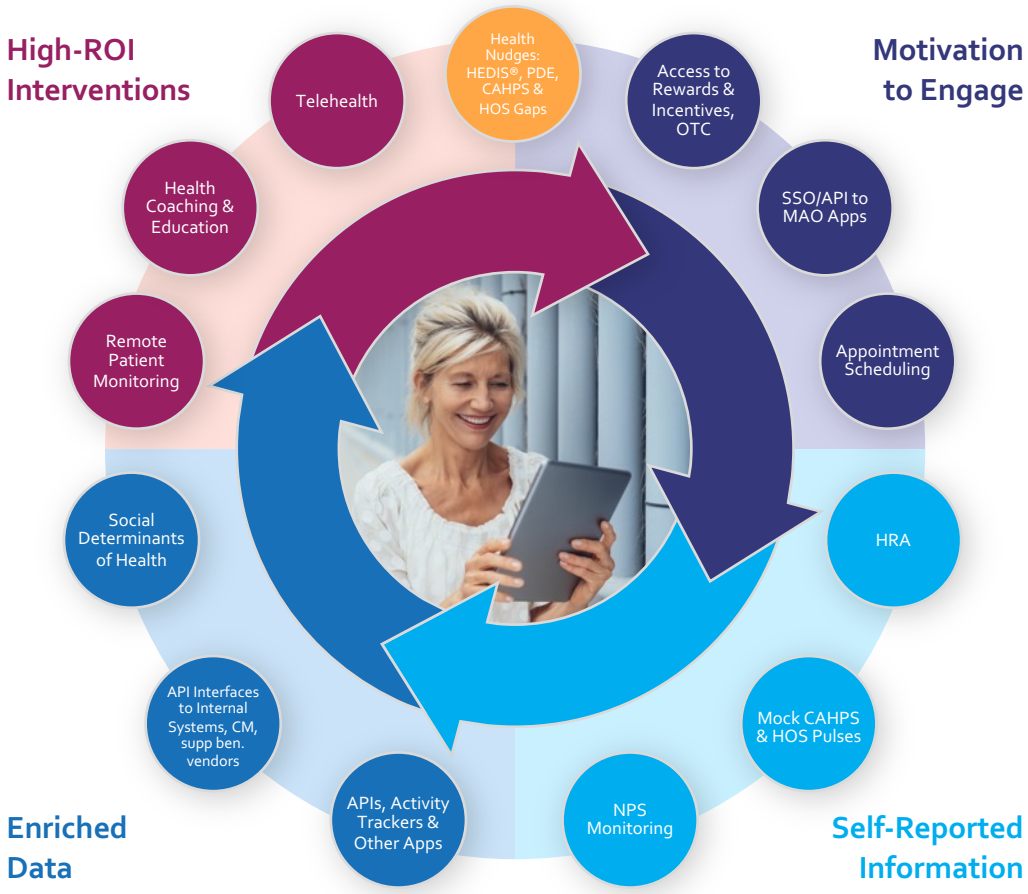
Members who don't call, don't access the care they need, and don't fill prescribed medications still compete surveys. They may not tell you about problems in access to care or issues with benefits. Look for access attempts (e.g., rejected medication fills, denied auths) and self-reported problems using proxy surveys.

High Utilizers

Members with high disease burden have lower satisfaction scores. Population health strategies beyond highest risk/MLR Case Management designed to manage medical spend is critical. For example, members in SNP plans commonly improve CAHPS measure ratings through ongoing engagement and coordination of care, medications, and services.

Delighting Members in a Mature MA Market: Precision, Planning & Persistence

	Voice of the Customer:	National Results*
ON A SCALE OF 1-4:	Getting Needed Care	3.49
	Getting Appointments and Care Quickly	3.37
	Doctors Who Communicate Well	3.75
	Customer Service	3.72
	Care Coordination	3.60
	Getting Needed Prescription Drugs	3.74
ON A SCALE OF 1-10:	Rating of Health Plan	8.8
	Rating of Drug Plan	8.7
	Rating of Health Care Quality	8.7
	Personal Doctor	9.2
	Specialist	9.0
% OF MEMBERS SELF-REPORTING	Spent One or More Nights in Hospital	90%
	Delaying or Not Filling a Prescription	93%
	Difficulty Walking or Climbing Stairs	71%
	Difficulty Dressing or Bathing	90%
	Difficulty Performing Errands Alone	85%
	Internet Use at Home	69%



*SOURCE: CMS MA-PD CAHPS Results, Spring 2021 Survey (37% response rate)

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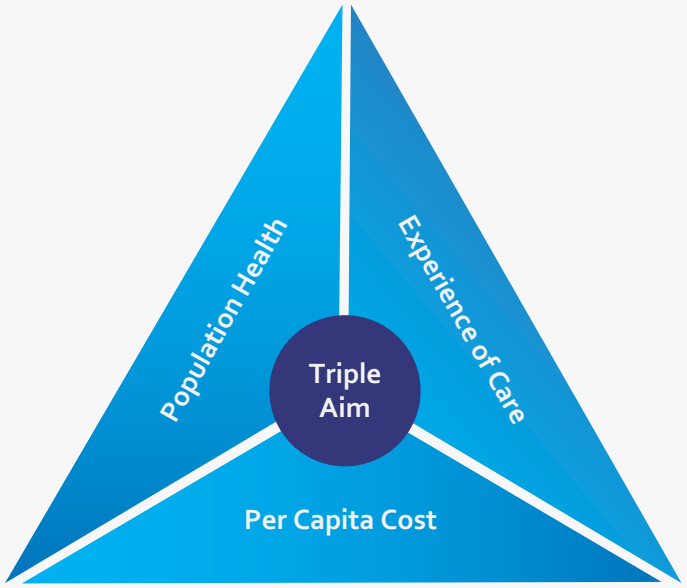
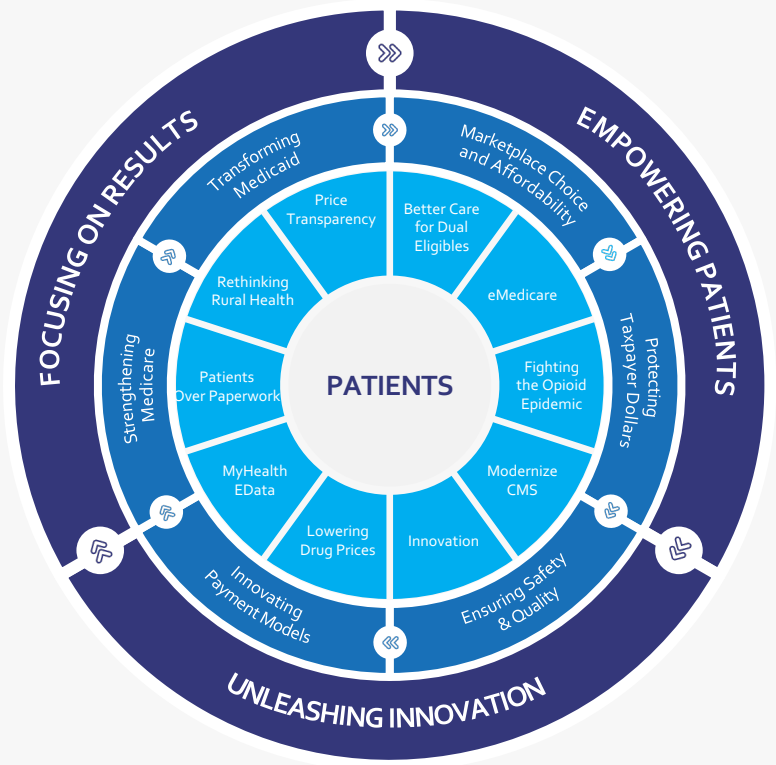
Aligning MA With CMS' Strategic Priorities: Improving the Nation's Health & Quality of Life



*www.ihi.org/triple-aim

- Improve healthcare quality, access & affordability
- Drive payments toward value, not volume
- Lower rate of growth in healthcare spending



SOURCE: CMS 2020 Quality Measurement Master Class

Becoming "Consumer Obsessed": We Must Expand Measurements of "Delight"

The 2022 Star Ratings Attach MA to the CMS Meaningful Measure Framework

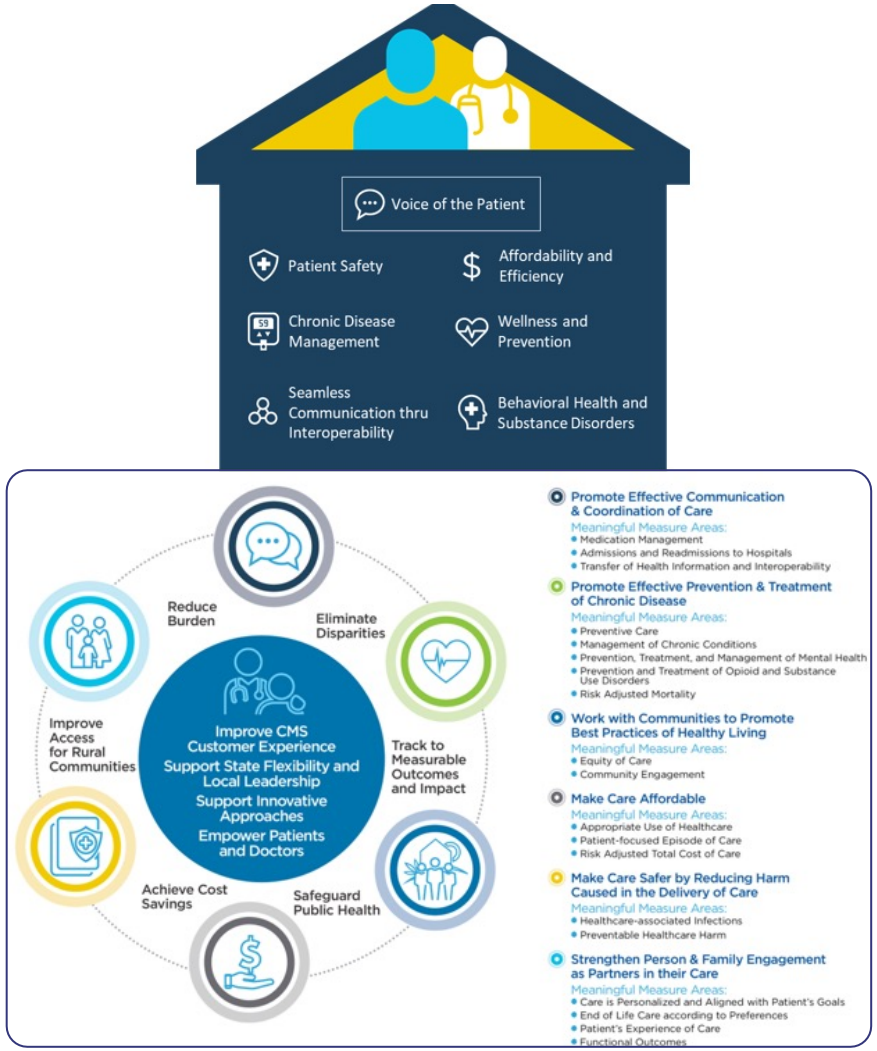
Meaningful Measures focus everyone's efforts on the same quality areas using measures that:

1. Address high impact areas that safeguard public health
2. Are patient-centered and meaningful to patients
3. Are outcome-based where possible, including patient-reported, while reducing process measures
4. Fulfill statutory program requirements
5. Minimize measurement burden for providers
6. Address measure needs for population and value-based payment
7. Align across programs (Medicare, Medicaid, ACA, commercial)

Next Generation measurements will focus on:

- Rapid performance feedback to providers
- Accelerated movement to fully electronic measures
- Unleashing voice of patient via patient-reported outcome measures
- Use measures that advance innovative payment structures
- Focus on major domain outcomes

Technology now enables expanded measurement, monitoring & interventions beyond Star measures



Setting the Strategy for 2022

- Stars will be a complex budgetary and strategic priority during 2022: the "Math Path" will evolve to a calculus-level "Math Labyrinth"
- Chasing "tips and tricks" of competitors or "best practices" as a pathway to 4+ Stars is simply not enough anymore
- The days of "teaching to the test" are gone for the next few years
- The accelerated movement of HEDIS to digital, CMS focus on measures of data interoperability and technological enablement, and emphasis on health equity requires different effort and investments in 2022 than in the past
- Stars success will require careful communication, methodical planning/investment, and leadership awareness of the "New Needs of Stars"

Technology Investments

Whole-Person Engagement

Meaningful Provider Engagement

Competitive Innovation

Data Interoperability

Silo-Busted Cultures

Outcomes-Driven Culture

Evolution from Claims/Encounters

Though Policy Changes Require Rulemaking, CMS Can Accelerate "Stars Suppression!"

2022: A Year of Change to People, Process & Technology

People

Who are we performing interventions with?

Are we successfully reaching enough people for the right reasons?

Are we leveraging the right balance of high- and low-touch channels for equity, scalability, and sustainability?

Process

How are we monitoring and supporting members' ability to get the appointments, care, and medications they need with ease and seamlessly?

Will old processes work with new measures?

Are interventions scalable across all members and fast enough for success?

Technology

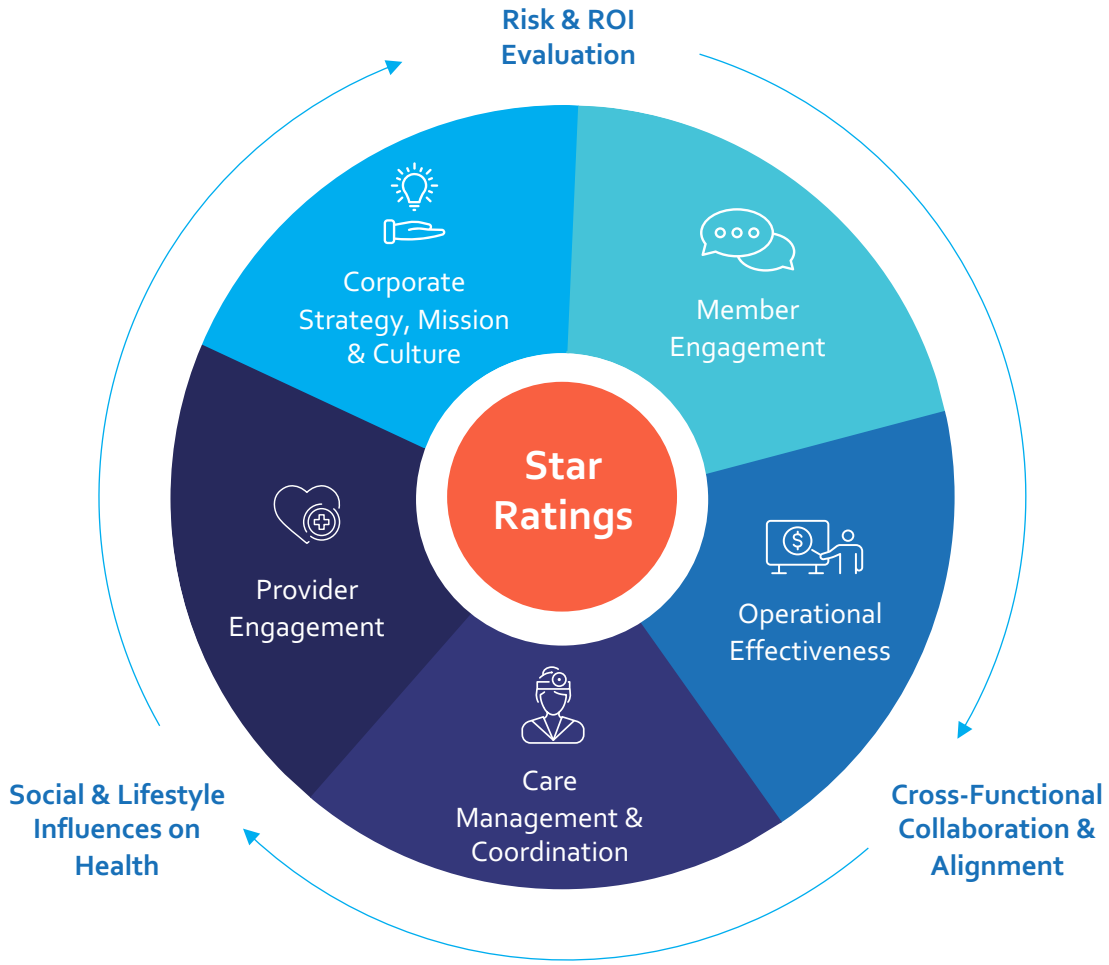
Are we using all available tools commonly used in the market?

Are virtual, telehealth, and RPM being optimized?

Are internal, provider, and member tools modern and adaptable enough to accomplish new and emerging Star needs?

Are we facilitating whole-person engagement and care?

Emerging Issues to Watch Impacting Star Ratings



- Increasing focus by CMS on health equity and emphasis on elimination of discriminatory practices
- NCQA evolution to digital quality measurement & digital survey
- NCQA urging of federal mandate requiring data collection for race and ethnicity
- Potential Part D structural and pricing changes, including proposed bill to add 5 biosimilars measures to Star Ratings
- Disparate goal between reducing cost and additional care needed to improve CAHPS and outcomes
- Impacts of data interoperability changes and increased adoption of digital, telehealth, and remote patient monitoring
- Impact of expanded insurance coverage on access, availability, and clinical capacity
- MedPAC's continued reiteration of the need for changes to Star Ratings and QBPs
- CMS' increasingly aggressive regulatory stance on MA Risk Adjustment
- Continued adoption of enhanced and creative supplemental benefits and Special Supplemental Benefits for the Chronically Ill

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