# RAND Technical Expert Panel Medicare Advantage (MA) and Part D Contract Star Ratings, May 5, 2021 Meeting

## PRESENTATION

Cheryl L. Damberg, and Maria DeYoreo

# TEP members

- **Arlene Ash**, PhD University of Massachusetts
- **Liza Assatourians**, JD, America's Health Insurance Plans
- **Anne Burns**, RPh, American Pharmacists Association
- **Kim Caldwell,** BS, RPh, Texas Star Healthcare Consulting, LLC
- **Lindsey Copeland**, JD, Medicare Rights Center
- **Darrell J. Gaskin,** PhD, Johns Hopkins University
- **Emma Hoo**, BA, Pacific Business Group on Health
- **Eve Kerr**, MD, MPH, University of Michigan

- **Deborah Paone**, DrPH, MHSA, Special Needs Plan (SNP) Alliance
- **Ninez Ponce**, MMP, PhD, University of California Los Angeles School of Public Health
- **Patrick Romano**, MD, MPH, University of California Davis
- **Allyson Schwartz**, MSS, Better Medicare Alliance
- **Jane Sung**, JD, AARP
- **Dolores Yanagihara**, MPH, Integrated Healthcare Association

# RAND team members

- Cheryl Damberg, Project Director

- Maria DeYoreo, Project Co-Director

- Marc Elliott, Principal Senior Statistician

- Marika Booth, Statistical Analyst

- Melony Sorbero, Senior Policy Researcher

- Anagha Tolpadi, Statistical Analyst

- Jessica Phillips, Project Manager

# Meeting topics: Overview of topics

**Overview of topics discussed during the November 2020 TEP meetings related to social risk factors and Star Ratings**

Review mock-up of stratified reporting by Part D low-income subsidy (LIS) and dual eligibility (DE) and disability

Assessing social risk factors

Closing

# Topics discussed during November 2020 TEP meetings

- Availability of social risk factors in administrative data

- Role of social risk factors in MA and Part D contract performance

- Approaches to ensure accurate measurement of performance

- Approaches to increase contracts' awareness of disparities in performance

- Strategies to incentivize improving performance among those with social risk factors and reduce disparities

# Today we focus on two approaches to increasing contracts' awareness of disparities

Increase awareness of disparities in performance

1. Report stratified measures of performance

2. Collect additional social risk factor data to identify disparities and address beneficiary needs

# Meeting topics: Review mock-up of stratified reporting

Overview of topics discussed during the November 2020 TEP meetings related to social risk factors and Star Ratings

**Review mock-up of stratified reporting by Part D low-income subsidy (LIS) and dual eligibility (DE) and disability**

Assessing social risk factors

Closing
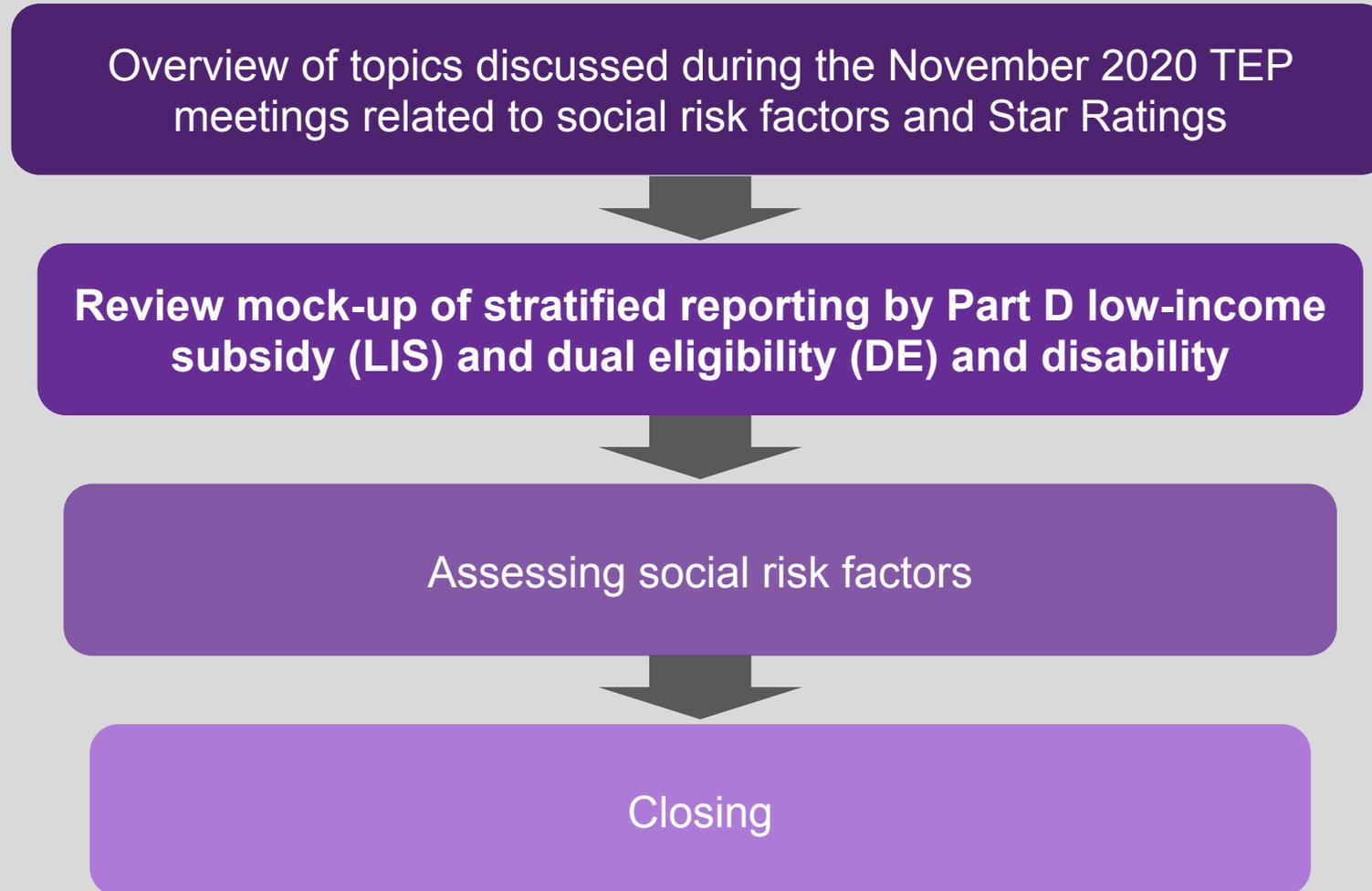
# Stratified reporting of performance

- Stratified reporting refers to reporting performance on Star Rating measures by designated subgroups of contract members (e.g., receipt of Part D low-income subsidy or dual eligibility for Medicare and Medicaid (LIS/DE) vs. non-LIS/DE, disabled vs. non-disabled)

- An important first step to address disparities

- At the last meeting, TEP unanimously supported confidential reporting of stratified results to contracts

# RAND's work on stratified reporting

- Examined feasibility of stratified reporting on broader set of measures based on meeting denominator criteria for individual strata and having reliability of at least 0.6
  - Pooled the two most recent years of data
  - Used stratum definitions from Categorical Adjustment Index (CAI)
    - 2 sets of strata:
      - LIS/DE and non-LIS/DE
      - disabled and non-disabled
  - 13 Part C measures; 2 Part D measures

- Developed mock-ups of confidential reports of stratified performance data to provide to contracts through HPMS

- Created national performance comparisons based on beneficiaries from all contracts receiving stars for the given measure
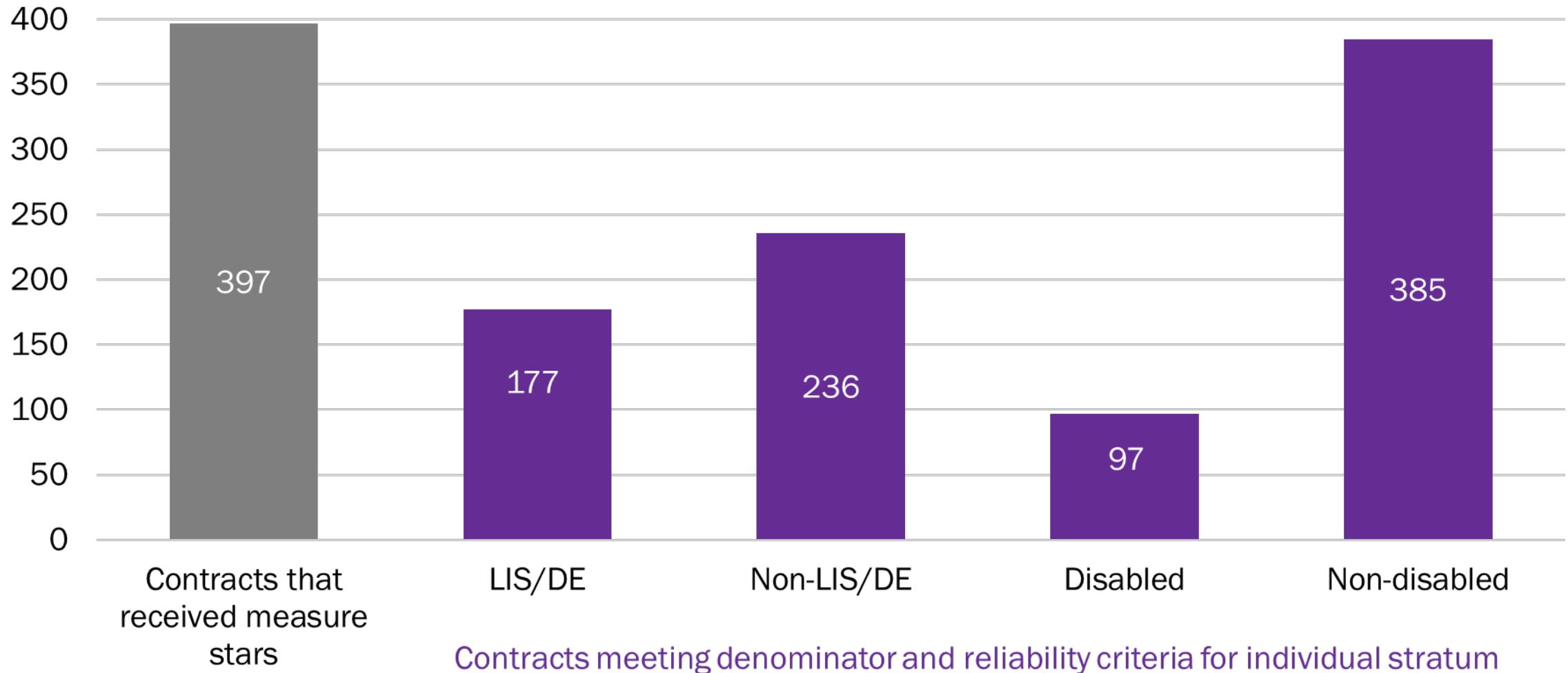
# Most contracts met denominator and reliability criteria for most measures

| Strata | Measure with lowest percentage of contracts meeting criteria* | Measure with highest percentage of contracts meeting criteria* |
|---|---|---|
| LIS/DE | 1.7%<br>Improving Bladder Control | 96.9%<br>MTM Program Completion Rate for CMR - MA Contracts |
| Non-LIS/DE | 19.3%<br>Improving Bladder Control | 98.3%<br>MTM Program Completion Rate for CMR - PDP Contracts |
| Disabled | 0.8%<br>Improving Bladder Control | 98.6%<br>Diabetes Care – Blood Sugar Controlled |
| Non-disabled | 31.0%<br>Improving Bladder Control | 100%<br>Osteoporosis Management in Women Who had a Fracture<br>MTM Program Completion Rate for CMR - PDP Contracts |

- At least 60% of contracts met denominator and reliability criteria for each stratum for 10 Part C measures, 2 Part D measures – MA-PD and 1 Part D measure – PDP

# Fewer than 100 contracts had sufficient data in disabled stratum even after pooling two years of data

**REDUCING RISK OF FALLING\***



Contracts meeting denominator and reliability criteria for individual stratum

# Less than 40% of PDP contracts had sufficient data in LIS/DE stratum even after pooling two years of data

**STATIN USE IN PERSONS WITH DIABETES – PDP CONTRACTS***
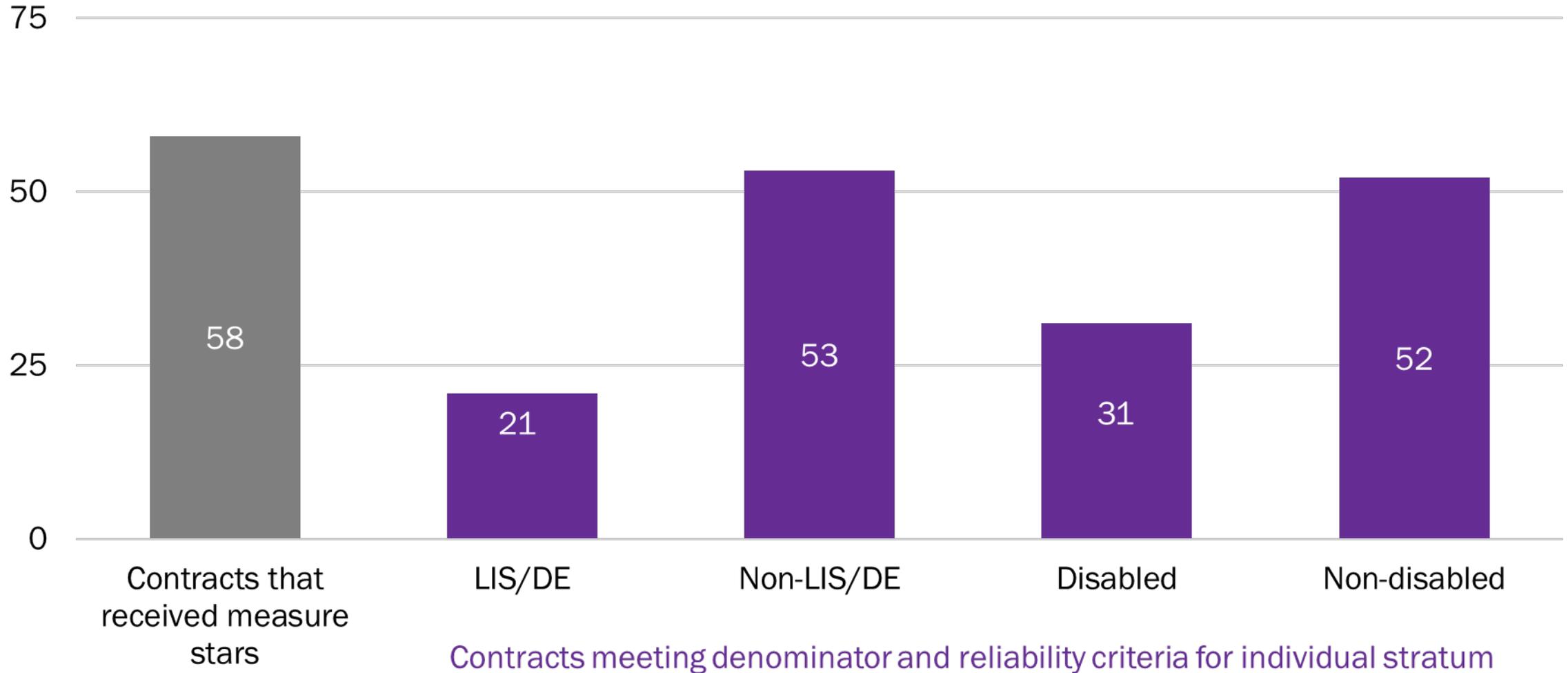


Contracts meeting denominator and reliability criteria for individual stratum

# Discussion questions:
## STRATIFIED REPORTING – CONTRACTS MEETING REPORTING CRITERIA

Should there be a minimum number, or percentage, of contracts that must meet denominator and reliability criteria for performance to be confidentially reported to contracts for a given measure?

- What should that minimum be or how should it be determined?
- Are there any downsides to reporting results to plans if only a very small number of contracts have "reportable" data for a measure?

# Mock-up of stratified performance data includes both national and contract-level performance for each measure
(using artificial data)

# Information to be reported to contracts for each measure

- National performance:

  - Overall

  - For each stratum

  - Difference in performance for those with SRF compared to those without SRF

- Contract-level performance:

  - Overall

  - For each stratum

  - Stratum performance percentile

  - Contract stratum performance compared to national stratum performance (lower, similar, higher)

    - Higher/lower requires a substantially (at least +/- 3 percentage points) and statistically significant (at 0.05 level) difference in performance

# National performance example (artificial data) draft stratified reporting mock-up

## Part C measures – national performance tab

| 2021 Star Rating Year Measure ID | 2020 Star Rating Year Measure ID | Measure | National Performance Score | National LIS/DE Performance Score | National Non-LIS/DE Performance Score | Difference in National Performance Between LIS/DE and Non-LIS/DE Beneficiaries |
|---|---|---|---|---|---|---|
| C01 | C01 | Breast Cancer Screening | 74% | 72% | 74% | -2% |

| National Disabled Performance Score | National Non-Disabled Performance Score | Difference in National Performance Between Disabled and Non-Disabled Beneficiaries |
|---|---|---|
| 72% | 74% | -2% |

# Contract performance example (artificial data) draft stratified reporting mock-up

## MA-PD Part C performance LIS/DE tab

| Contract Number | Organization Marketing Name | Contract Name | Parent Organization | Measure | 2021 Star Rating Year Measure ID | 2020 Star Rating Year Measure ID | Contract Overall Performance Score |
|---|---|---|---|---|---|---|---|
| HXX1 | | Example Contract 1 | | Breast Cancer Screening | C01 | C01 | 86% |
| HXX1 | | Example Contract 1 | | Monitoring Physical Activity | C06 | C06 | 83% |

| Contract LIS/DE Performance Score | Contract LIS/DE Low Reliability of Performance Score Flag, a | National LIS/DE Performance Score | Contract LIS/DE Performance Substantially and Significantly Higher/Lower Compared to National LIS/DE Performance |
|---|---|---|---|
| 80% | | 72% | Higher |
| Not enough data available | Very Low/Not Reportable | 81% | Not enough data available |

# Discussion questions:
## STRATIFIED REPORTING MOCK-UP

Does the mock-up report capture important information?

– Should anything else be added?

A potential future enhancement for contract-level performance is an indicator for whether contract's performance percentile for beneficiaries with SRF is at least X points different than contract's performance percentile for beneficiaries without SRF

– What is a meaningful difference that should be flagged?

# Exploring ways to summarize data and report stratified data: contract performance compared to national performance



**Measure B**

Percent of Contracts

| Category | LIS/DE (N = 200) | Non-LIS/DE (N = 232) | Disabled (N = 230) | Non-Disabled (N = 240) |
|---|---|---|---|---|
| Higher | 31.0% | 22.0% | 30.9% | 23.8% |
| Similar | 45.5% | 41.8% | 44.8% | 37.9% |
| Lower | 23.5% | 36.2% | 24.3% | 38.3% |

category ☐ Higher ☐ Similar ☐ Lower

National performance: 78.9% (LIS/DE), 80.8% (Non-LIS/DE), 78.0% (Disabled), 81.9% (Non-Disabled)

# Exploring ways to summarize data and report stratified data: contract performance compared to national performance



**Measure G**

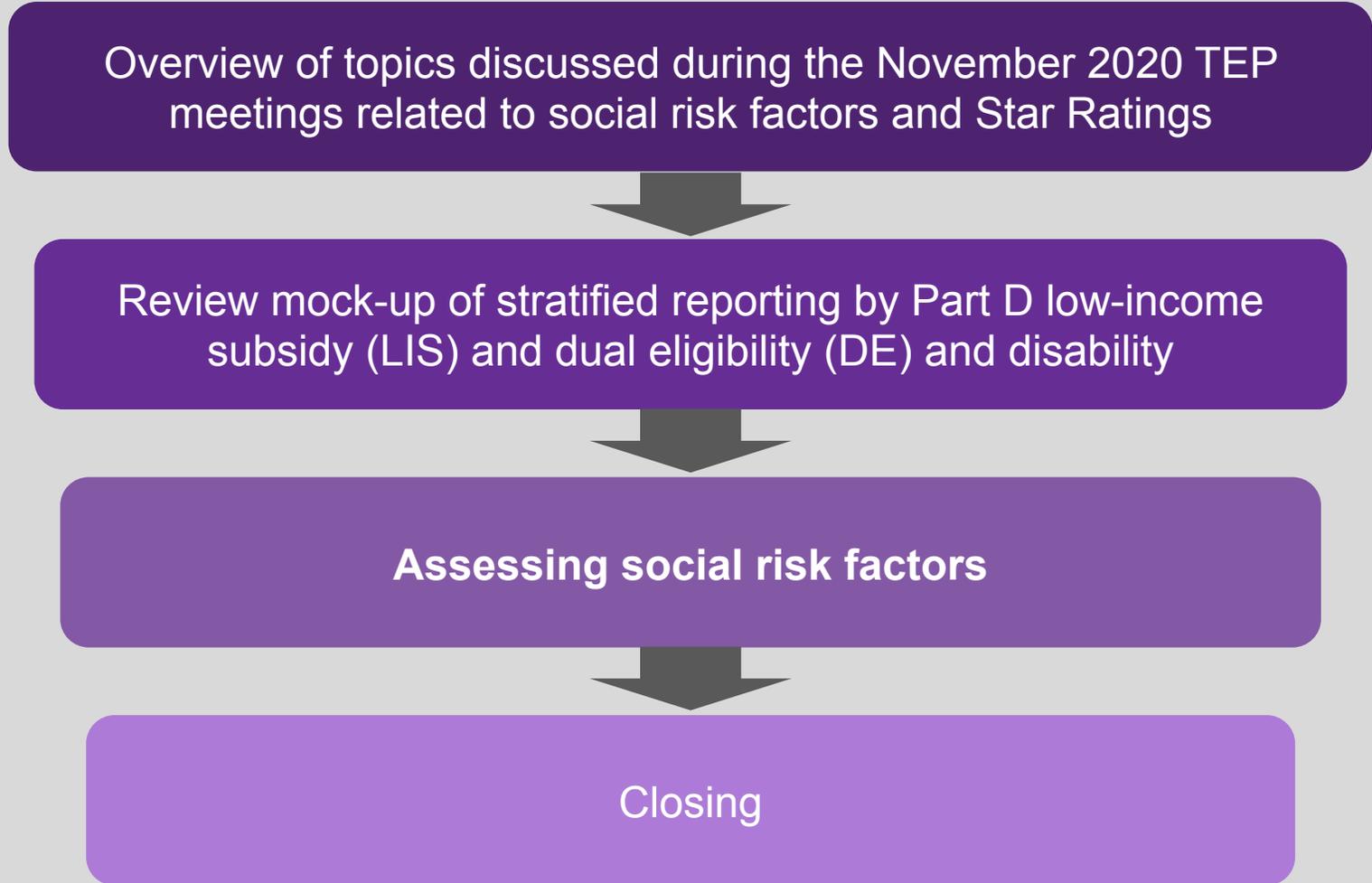National performance: 74.8% (LIS/DE), 85.9% (Non-LIS/DE), 77.8% (Disabled), 85.7% (Non-Disabled)
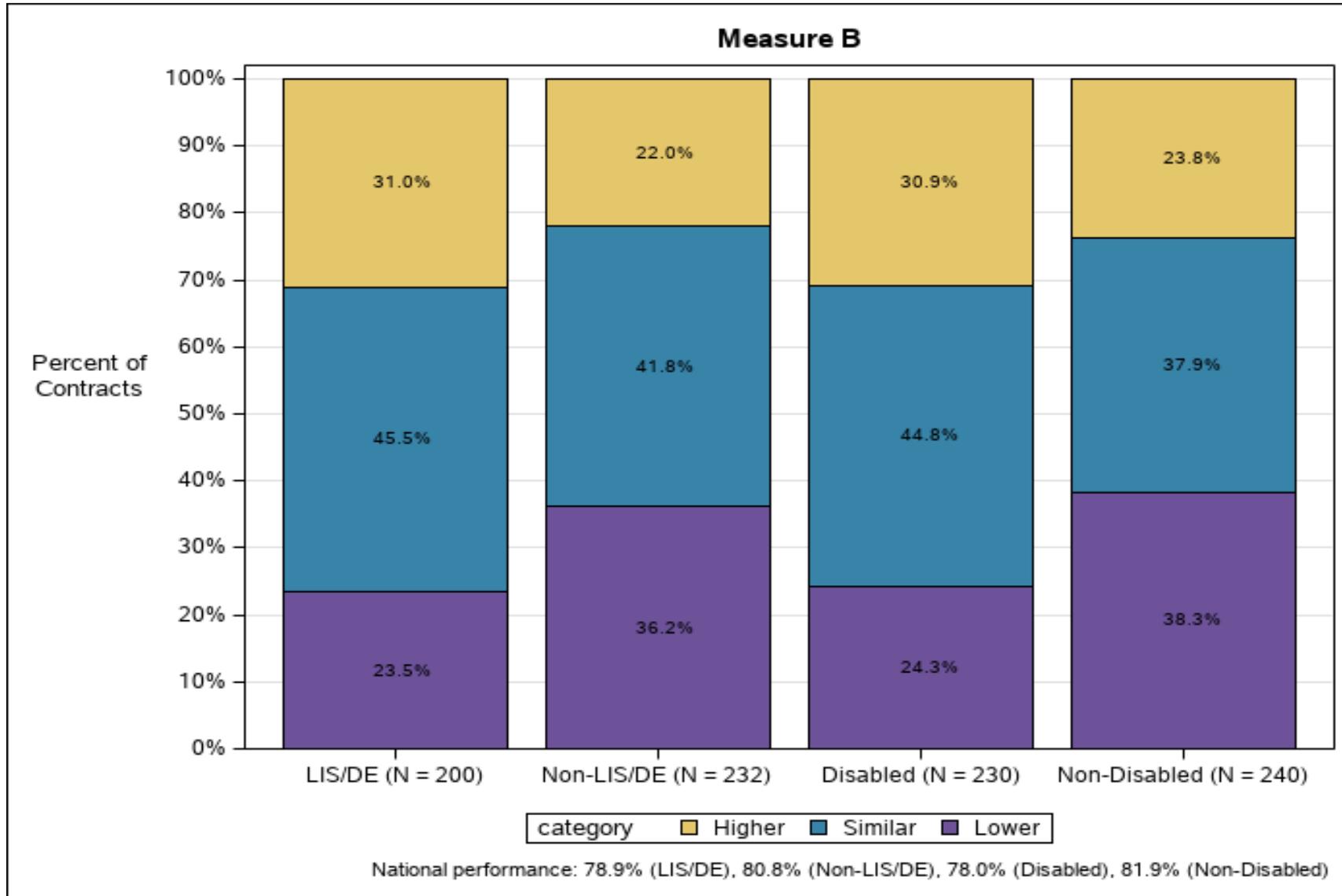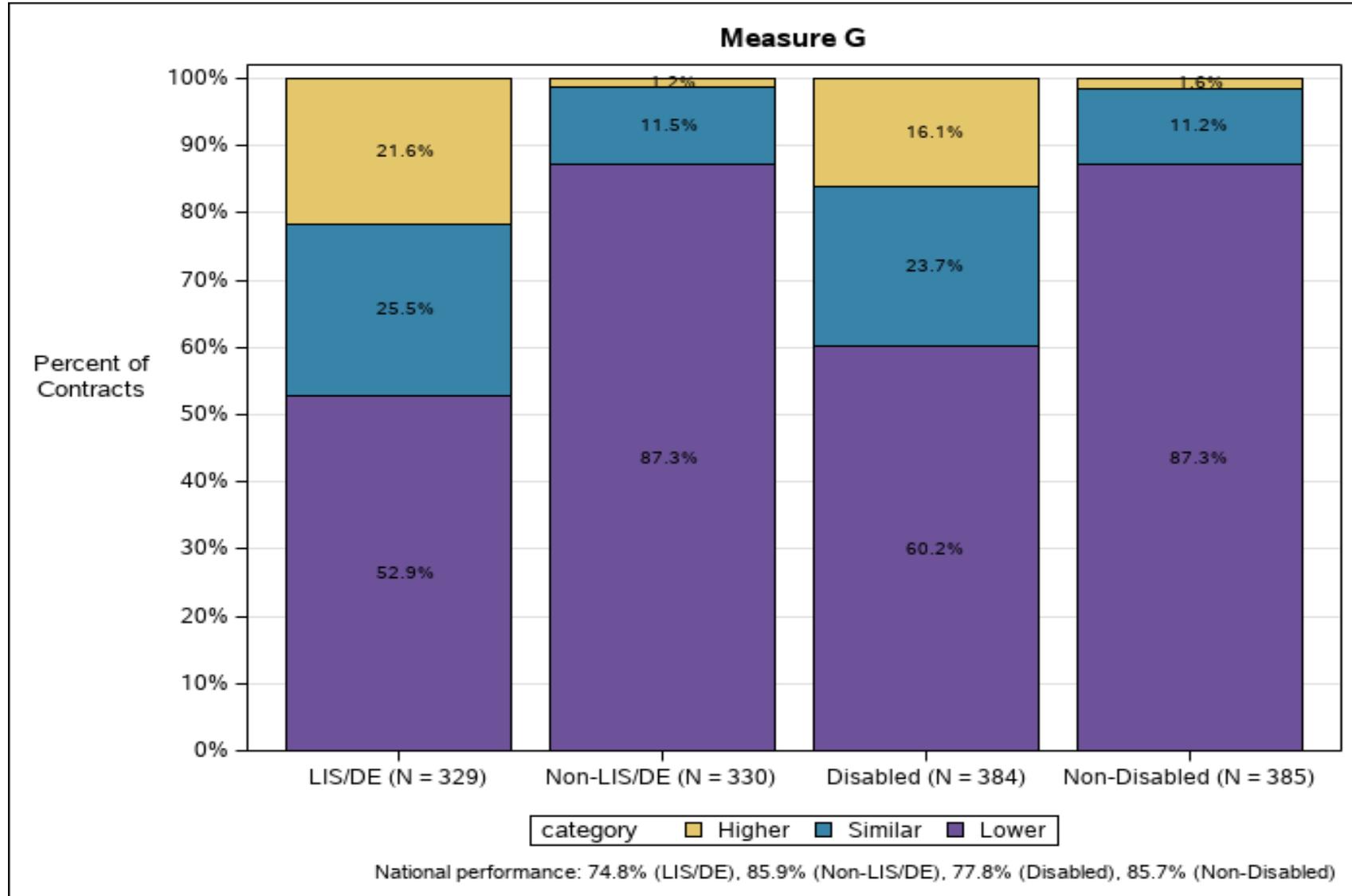
# Discussion Questions:
## STRATIFIED REPORTING – SUMMARY INFORMATION

Would contracts find this type of information summary helpful?

Who else might be interested in seeing this type of data summary?

Are there other data summaries that would be useful to contracts or others?

# Meeting topics: Assessing social risk factors

Overview of topics discussed during the November 2020 TEP meetings related to social risk factors and Star Ratings

Review mock-up of stratified reporting by Part D low-income subsidy (LIS) and dual eligibility (DE) and disability

**Assessing social risk factors**

Closing

# In November, we highlighted the limited availability of social risk factor information

**Socioeconomic position**
- dual eligibility
- income
- education level
- wealth

**Race/ethnicity/ cultural context**
- race/ethnic group
- country of origin
- language spoken
- extent of acculturation

**Gender/sexual orientation**
- gender identity
- sexual orientation

**Social relationships**
- marital/partnership status
- living with others/alone
- amount of social support

**Residential/ community context**
- urban/rural residence
- extent of neighborhood deprivation
- adequacy of housing

Data readily available

Some data available

Data not available

# Capturing information on social risk factors could help contracts and their providers address disparities

- Systematically assessing beneficiaries for social risk factors would facilitate contracts' efforts to:
  - Better serve at-risk beneficiaries through the development and targeting of interventions
  - Improve quality of care and outcomes for these beneficiaries
- If data are reported to CMS, it would enable:
  - Exploration of the role of SRFs in contract performance
  - Development of initiatives and interventions to assist beneficiaries with SRFs or the contracts that serve them
  - CMS to incentivize contracts to have high performance among beneficiaries with SRFs

# RAND identified existing assessment tools used to capture social risk factors

- Excluded assessment tools focused on pregnant women or children

- Identified 10 assessment tools (see spreadsheet for details)
  - Four included supplemental items beyond core items
  - Tools included 9-37 core items and up to 19 supplemental items
  - Identified one discontinued tool that included 43 items

- Most tools are designed for use in ambulatory care settings, including health centers
  - One CMS initiative focuses on post-acute care

# We categorized social risk factor items into 12 domains

- Cultural context

- Housing

- Transportation

- Food security

- Financial

- Education

- Safety

- Social/community context

- Services/insurance

- Physical health

- Mental/emotional health

- Other

# Significant consistency in the types of social risk factors most often captured by assessment tools
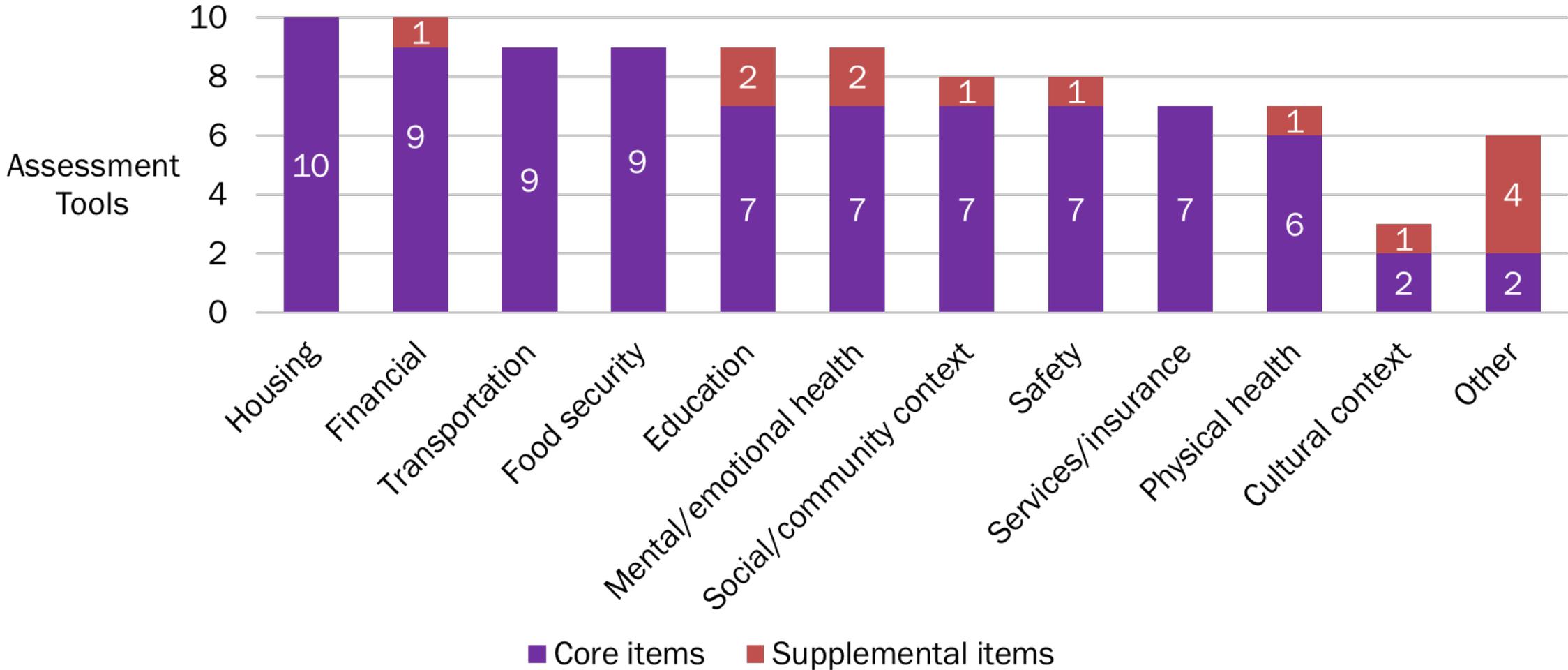
# Some social risk factors identified by the National Academy of Medicine were not captured by any of the existing tools

- Gender identity

- Sexual orientation

- Country of origin

- Extent of acculturation

- Urban/rural residence

# Discussion Questions:
## ASSESSING SOCIAL RISK FACTORS

Should the Star Ratings program include a measure to incentivize the collection of social risk factors by MA and Part D contracts?

Which social risk factors are the highest priority to collect?

Should CMS leverage an existing assessment tool or provide contracts with flexibility on which tool to use if certain social risk factors are collected?

Who should be responsible for collecting the data and how often?
– Providers?
– Plans?
– Both?

# Meeting topics: Closing

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Review mock-up of stratified reporting by Part D low-income subsidy (LIS) and dual eligibility (DE) and disability

Assessing social risk factors

**Closing**

# Back-up slides

# Measures include in stratified reporting analyses

- Part C Measures
  - Annual Flu Vaccine
  - Rheumatoid Arthritis Management
  - Breast Cancer Screening
  - Diabetes Care – Blood Sugar Controlled
  - Diabetes Care – Eye Exam
  - Diabetes Care – Kidney Disease Monitoring
  - Colorectal Cancer Screening
  - Medication Reconciliation Post-Discharge

- Part C Measure, cont.
  - Osteoporosis Management in Women Who had a Fracture
  - Statin Therapy for Patients with Cardiovascular Disease
  - Monitoring Physical Activity
  - Reducing the Risk of Falling
  - Improving Bladder Control

- Part D Measures
  - MTM Program Completion Rate for CMR
  - Statin Use in Persons with Diabetes

# Details for the 12 social risk factor domains

- **Cultural context** (includes race/ethnicity, language, immigration/refugee status)
- **Housing** (includes housing stability, utilities)
- **Transportation**
- **Food security**
- **Financial** (includes employment, migrant/seasonal work, income/finances, financial strain)
- **Education** (includes literacy, health literacy, education strain)
- **Safety** (includes physical safety, exposure to violence/abuse, security)

- **Social/community context** (includes marital/partnership status, family/community /social support, isolation, community engagement, living with others/alone, civic engagement, caregiver responsibilities, neighborhood/community characteristics)
- **Services/insurance** (includes social/legal services, childcare, health insurance, health referrals, eligibility assistance/financial counseling)
- **Physical health** (includes ADLs, medical issues, disabilities, hearing, vision, dental, access to care, physical activity)
- **Mental/emotional health** (includes mood, stress, substance use/abuse)
- **Other** (includes help/assistance wanted)