Technical Expert Panel

MEDICARE ADVANTAGE AND PART D STAR RATINGS

October 30, 2024

Agenda

- Introductions
- Star Ratings Overview
- Meeting Goals
- Measures Context
- Measures Discussion
- Closing and Next Steps

Technical Expert Panel Members

- **Steven Asch**, M.D., M.P.H., Stanford University
- **Arlene Ash**, Ph.D., University of Massachusetts
- **Liza Assatourians**, J.D., America's Health Insurance Plans
- **Darrell J. Gaskin**, Ph.D., Johns Hopkins University
- **Emma Hoo**, B.A., Purchaser Consultant
- **Catherine MacLean**, M.D., Ph.D., Hospital for Special Surgery
- **Deborah Paone**, Dr.PH., M.H.S.A., Special Needs Plan (SNP) Alliance
- **Ninez Ponce**, M.M.P., Ph.D., University of California Los Angeles School of Public Health
- **Patrick Romano**, M.D., M.P.H., University of California Davis
- **Debra Saliba**, M.D., M.P.H., A.G.S.F., University of California Los Angeles, RAND, Veterans Affairs Los Angeles HSR&D Center of Innovation
- **Jane Sung**, J.D., AARP
- **Gina Upchurch**, RPh., M.P.H., Senior PharmAssist
- **Dolores Yanagihara**, M.P.H., Integrated Healthcare Association

RAND Team Members

- **Cheryl L. Damberg, Ph.D.,** Principal Senior Economist and Distinguished Chair in Health Care Payment Policy
- **Maria DeYoreo, Ph.D.,** Senior Statistician
- **Rachel O. Reid, M.D., M.S.,** Physician Policy Researcher
- **Jessica Phillips, M.S.,** Senior Policy Analyst

Also listening in are members of the CMS Star Ratings team

Purpose and Use of Medicare Advantage & Part D Star Ratings

The Star Ratings were designed by CMS to

- improve the level of accountability for the care provided by plans and their contracted providers (i.e., physicians, hospitals, and other providers)
- stimulate improvements in care through public accountability and performance-based incentives
- assist beneficiaries in finding the plan that best meets their needs.

Star Ratings inform where plans focus quality improvement efforts and affect Quality Bonus Payments and rebates to MA plans.

Star Rating Structure

2025 Contract Year

Rating System

- Assessed at the "contract" level
- Range: 1 to 5 stars in 0.5-star increments at the summary and overall rating levels

Star Ratings Levels

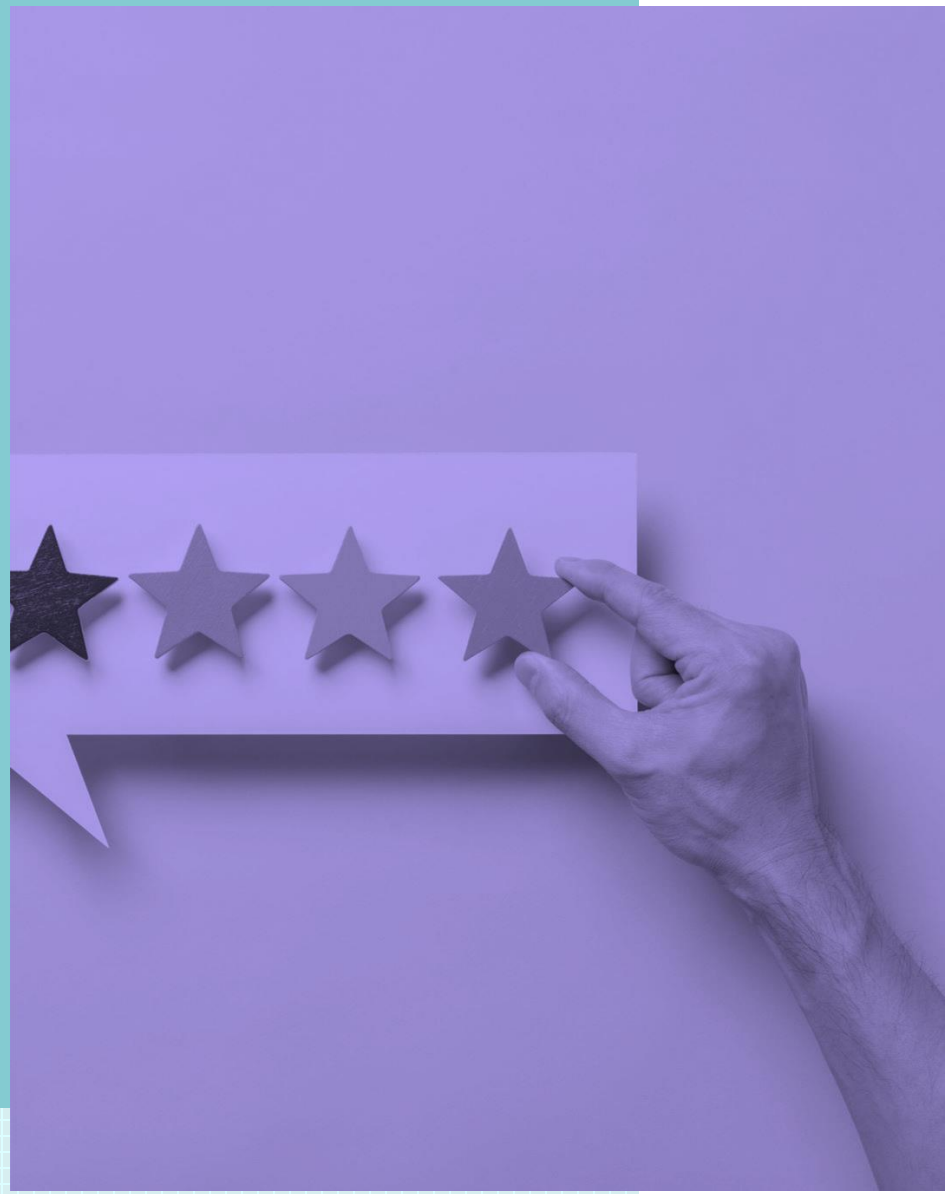
- Part C summary rating
  - *Highest rating level for MA-only contracts*
- Part D summary rating
  - *Highest rating level for PDP-only contracts*
- Overall rating for MA-PDs

Number of Measures

- Approximately 40 measures across Part C and D

Measure Weights

- Improvement measure: 5
- Outcomes/intermediate outcomes: 3
- Patient experience/complaints and access: 4
  - *Will decrease to 2 for 2026 Star Ratings*
- Process measures: 1



Other Features of Star Rating Calculations

- Consistent High-Performance Reward
  - To be replaced by Health Equity Index Reward in 2027
- Categorical Adjustment Index (CAI)
- Disaster Adjustments
- Clustering to determine measure-level Star Rating cut points
- Methods to stabilize cut points:
  - Guardrails
  - Outlier Deletion

Goals for Today's Meeting

To provide input on how CMS could streamline the set of measures in the MA and PDP Star Ratings.

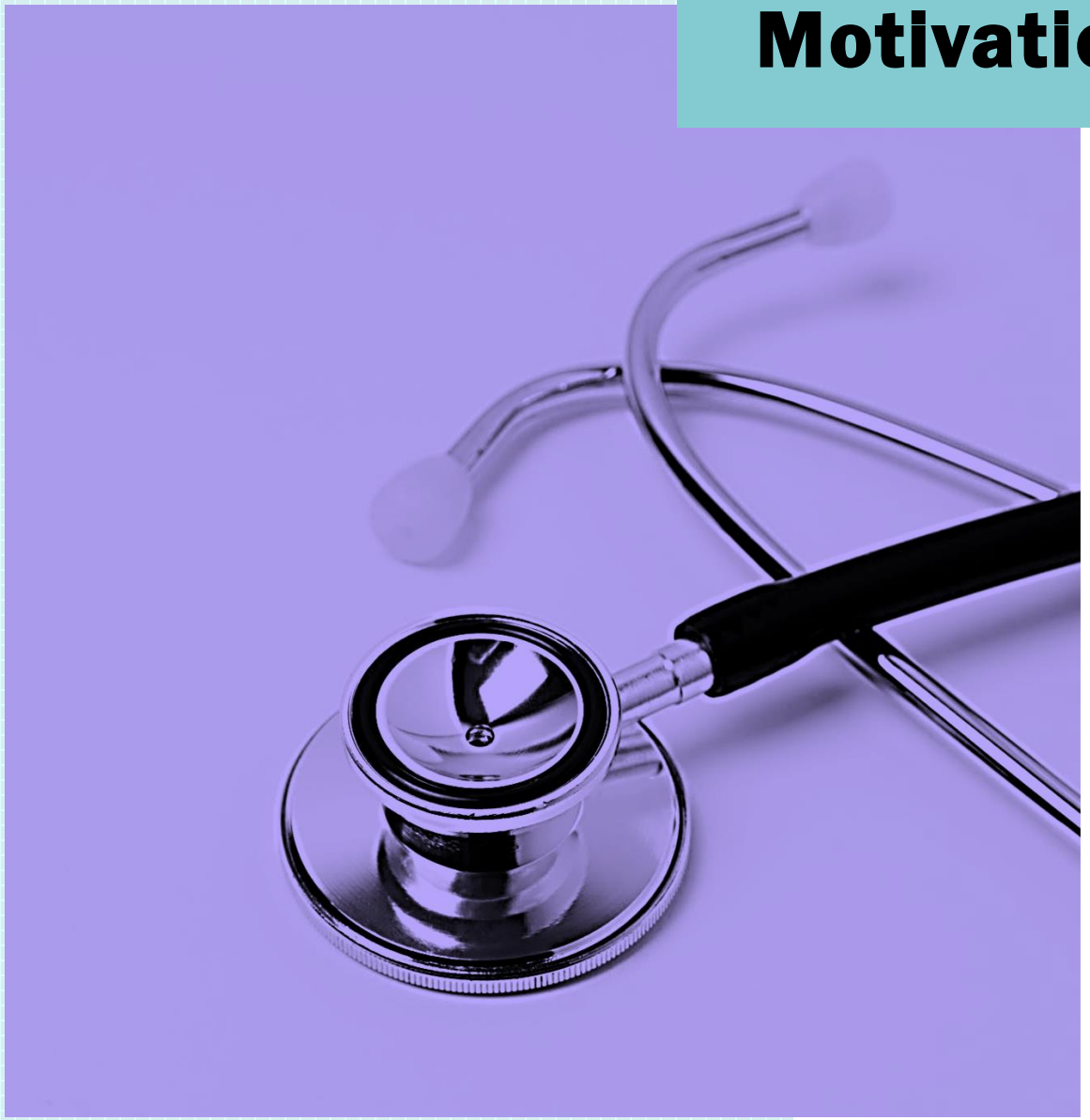
Today's discussion will be conceptual:

- Where CMS should prioritize the focus of Star Ratings to improve the quality of care for enrollees.
- If CMS wanted to narrow the set of measures, what areas should it focus on for Star Ratings?

Note:

- *Removing a measure from the Star Ratings does not mean that a measure will not be monitored by CMS in another way.*

Motivation for Streamlining



Complexity Reduction

- Aim is to streamline the set of measures in the Star Ratings

Clarity of Focus on Clinical, Outcome, and Patient Experience Measures

- Signal commitment to measuring aspects of health care that directly improve patient care, outcomes, and experience

Suitability for Alternative Monitoring Mechanisms

- Consider which measures may be better suited for compliance or other monitoring efforts

Alignment with CMS Universal Foundation Initiative

- Seeks to reduce provider burden while focusing on areas with the greatest potential benefit for improving health

Star Rating Measure Alignment with Universal Foundation

Domain	Universal Foundation Measure	In Star Ratings
Wellness and Prevention	Colorectal cancer screening	✓
	Breast cancer screening	✓
	Adult immunization status	Submitted through pre-rulemaking process in 2024
Controlling Chronic Conditions	Controlling high blood pressure	✓
	Hemoglobin A1c poor control (greater than 9%)	✓
Behavioral Health	Screening for depression and follow-up plan	Submitted through pre-rulemaking process in 2024
	Initiation and engagement of substance use disorder treatment	Submitted through pre-rulemaking process in 2023
Seamless Care Coordination	Plan all-cause readmissions	✓
Person-Centered Care	Consumer Assessment of Healthcare Providers and Systems overall rating measures (CAHPS)	✓
Equity	Screening for social drivers of health	Submitted through pre-rulemaking process in 2024

Questions?

Discussion:
Star Rating Measures

Are there measures that are of lower yield or importance that could be removed to better focus on clinical care, outcomes, and patient experience?

Which are most critical to retain to measure the quality of health and drug plans?

Star Ratings: Administrative Measures

Health Plan Administrative Measures

- Complaints about the Health Plan
- Plan Makes Timely Decisions about Appeals
- Reviewing Appeals Decisions
- Call Center - Foreign Language Interpreter and TTY Availability

Drug Plan Administrative Measures

- Call Center - Foreign Language Interpreter and TTY Availability
- Complaints about the Drug Plan
- Medicare Plan Finder (MPF) Price Accuracy

Discussion

- Should the administrative measures remain part of the Star Ratings?
- Or should they be monitored only?

Star Ratings: Clinical, Outcome, and Patient Experience Measures

Staying Healthy: Screenings, Tests, and Vaccines

- Breast Cancer Screening
- Colorectal Cancer Screening
- Annual Flu Vaccine
- Monitoring Physical Activity
- Improving or Maintaining Physical Health[a]
- Improving or Maintaining Mental Health[a]

Managing Chronic (Long Term) Conditions

- Osteoporosis Management in Women who had a Fracture
- Diabetes Care - Eye Exam
- Diabetes Care - Blood Sugar Controlled
- Kidney Health Evaluation for Patients with Diabetes[b]
- Controlling Blood Pressure
- Reducing the Risk of Falling
- Improving Bladder Control
- Medication Reconciliation Post-Discharge[c]
- Plan All-Cause Readmissions
- Statin Therapy for Patients with Cardiovascular Disease
- Transitions of Care
- Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions

Member Experience with Health/Drug Plan

- Getting Needed Care
- Getting Appointments and Care Quickly
- Customer Service
- Rating of Health Care Quality
- Rating of Health Plan
- Care Coordination
- Rating of Drug Plan
- Getting Needed Prescription Drugs

Drug Safety

- Medication Adherence for Diabetes Medications
- Medication Adherence for Hypertension (RAS antagonists)
- Medication Adherence for Cholesterol (Statins)
- Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Review (CMR)
- Statin Use in Persons with Diabetes
- Concurrent Use of Opioids and Benzodiazepines[d]
- Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults[d]

Discussion:

- Are there any currently included clinical or experience measures that are less important and should be removed?
- Which are the most crucial to retain?

[a] Returning after substantive change for 2026 Star Ratings
[b] New for 2026 Star Ratings
[c] To be removed for 2027 Star Ratings
[d] New for 2027 Star Ratings

What Are Special Needs Plans (SNPs)?

- SNPs are a type of Medicare Advantage Plan designed for individuals with specific health care needs or circumstances.
- Provide targeted care and specialized benefits to serve particular groups of beneficiaries.
  - Specialized care for specific health conditions or circumstances
  - Coordinated Medicare and Medicaid benefits (for D-SNPs)

Types of SNPs

Chronic Condition SNPs (C-SNPs)

- For people with severe or disabling chronic conditions (e.g., diabetes, HIV/AIDS, chronic heart failure)

Institutional SNPs (I-SNPs)

- For people who live in institutions or require an institutional level of care at home

Dual Eligible SNPs (D-SNPs)

- For people eligible for both Medicare and Medicaid

Star Ratings: SNP-Specific Measures

SNP-Specific Measures

- Special Needs Plan (SNP) Care Management
- Care for Older Adults – Medication Review
- Care for Older Adults – Functional Status

Discussion

- Should the Star Ratings SNP-specific measures be retained?
- Or should they be excluded to simplify and hold all plans accountable to the same measurement set?

Final Thoughts:

Any final thoughts on streamlining the Star Ratings measures?

Discussion:
Potential New Measures

Are there any unmeasured areas of clinical care, patient outcomes, or patient experience that have a high potential impact on quality and should be considered for new measures?

Are there emerging areas of clinical care not currently reflected in the Star Ratings that should be included?

Conclusions and Next Steps

RAND will summarize the TEP discussion, insights, and recommendations and share with CMS and post on the RAND website.

CMS is in the process of gathering input more broadly as it considers ways to streamline the measures included in the Star Ratings.

CMS may solicit feedback in next year's Advance Notice.

Thank You

About This Annex

This file contains supplementary material to the RAND publication *RAND Medicare Advantage and Part D Contract Star Ratings Technical Expert Panel: Summary of October 2024 Meeting*, by Rachel O. Reid, Cheryl L. Damberg, Maria DeYoreo, CF-A3973-1, 2025 (available at www.rand.org/t/CFA3973-1).

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