Medicare revenue: The All-Star Game

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Game plan

Star Rating basics **Les Kartchner**	**Star Rating deep dive** **Lisa Mattie**
Star Rating action plan **Hayley Rogers**	**Q&A**

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Presenters

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Up next
Star Rating basics
Les Kartchner

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CMS Star Ratings

- Since 2008 CMS has developed and published annual performance ratings for MA, PDP, and MA-PD contracts referred to as Star Ratings

- A Star Rating from 1.0 to 5.0 intended to grade Medicare plan quality

- Initially Star Ratings were intended to help beneficiaries enroll in high quality plans

- Since 2012 CMS has tied financial and other incentives to Star Ratings as well
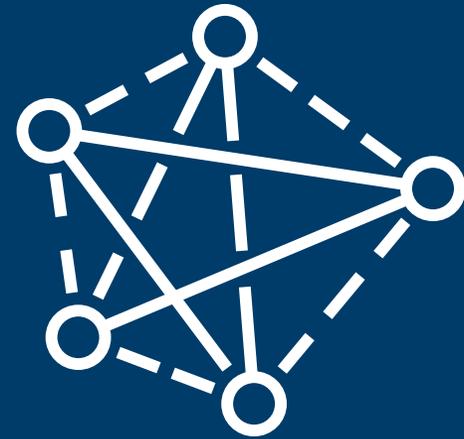
Stars – measurements

2023 Star Ratings

Medicare Advantage (MA) plans

Part C only

- 28 Measures

Medicare Advantage Prescription Drug Plans (MA-PD) plans

Part C & Part D

- 28 Part C Measures
- 12 Part D Measures
- 38 Unique Measures[1]

Prescription Drug Plans (PDPs)

Part D only

- 12 Measures

[1] Two measures share the same data source, so they are only counted once for MA-PD plans

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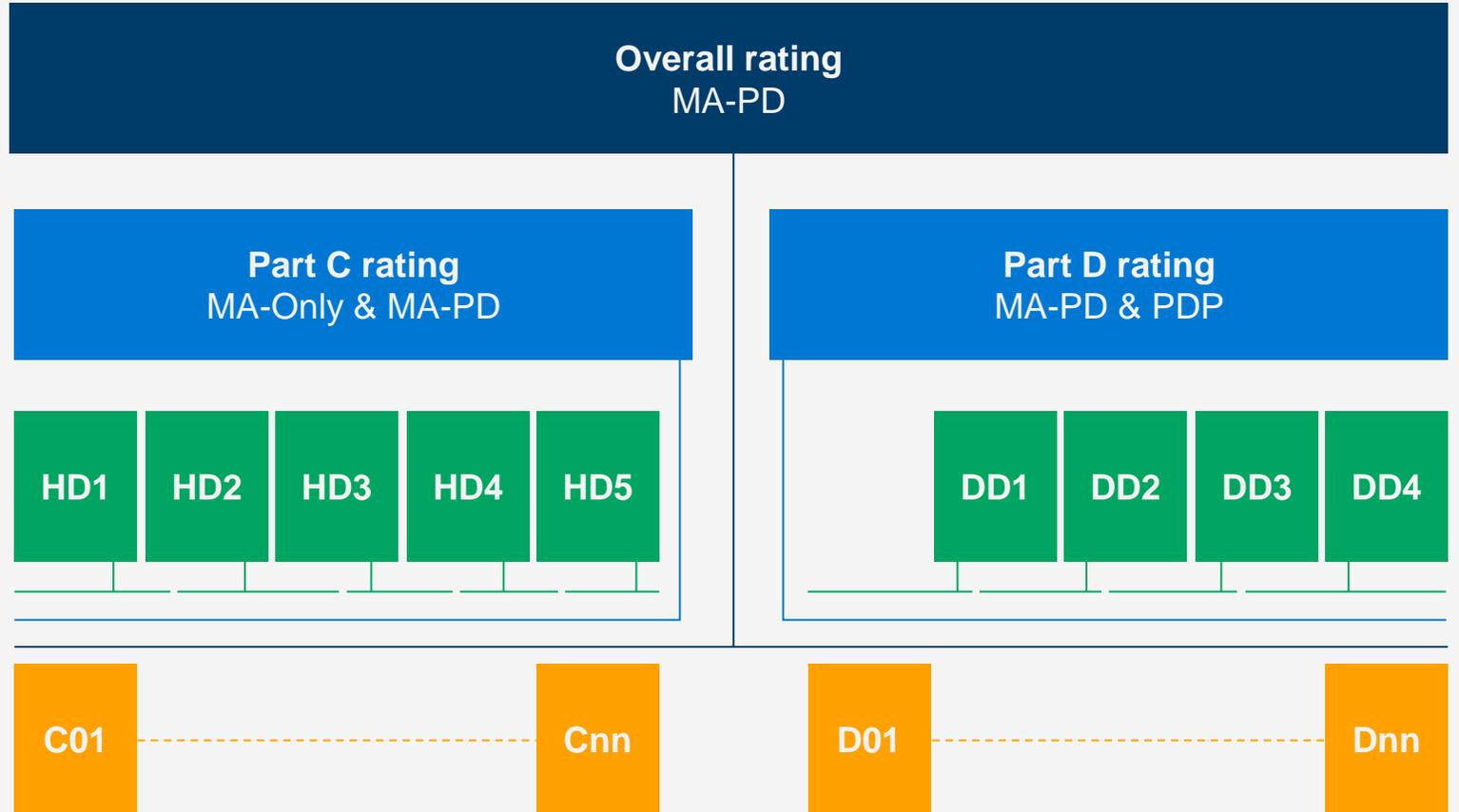# Tech notes

Overall
Weighted average
(whole & ½ stars)

Summary
Weighted average
(whole & ½ stars)

Domain
Non-weighted average
(whole stars)

Measure
(numeric values
& whole stars)

Overall rating
MA-PD

Part C rating
MA-Only & MA-PD

Part D rating
MA-PD & PDP

| HD1 | HD2 | HD3 | HD4 | HD5 |

| DD1 | DD2 | DD3 | DD4 |

| C01 | Cnn | D01 | Dnn |

Domain breakdown

HD1	**HD2**	**HD3**	**HD4**
Staying healthy: screenings, tests, and vaccines	Managing chronic (long-term) conditions	Member experience with health plan	Member complaints and changes in med plan performance
HD5	**DD1**	**DD2**	**DD3**
Health plan customer service	Drug plan customer service	Member complaints and changes in RX plan performance	Member experience with the drug plan

DD4

Drug safety and accuracy of drug pricing

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Sample detail for HD1

Sample detail for HD1	Measure name	Primary data source
▪ C01	▪ Breast cancer screening	▪ HEDIS
▪ C02	▪ Colorectal cancer screening	▪ HEDIS
▪ C03	▪ Annual flu vaccine	▪ CAHPS
▪ C04	▪ Monitoring physical activity	▪ HEDIS / HOS

Measure ID	Data collection period
▪ C01	▪ January 1, 2021 – December 31, 2021
▪ C02	▪ January 1, 2021 – December 31, 2021
▪ C03	▪ March 2022 – June 2022
▪ C04	▪ July 19, 2021 – November 1, 2021

CMS weighting category	CMS weight
▪ Process	▪ 1.00

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Stars – measurement process

CMS weighting categories*

- Quality improvement (5)
- Access (4)
- Patient experience (4)
- Intermediate outcomes (3)
- Process (1)

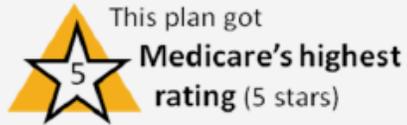## Summary scores calculated using domain weights

- Part C overall
- Part D overall

Overall calculated using domain weights

* Domain scores rounded to the nearest whole Star

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Stars – marketing and financial impact

Marketing

- Medicare plan finder
- Low performing or high performing icons
- 5 Star Rating → Enrollment allowed all year

Financial

- Star rating impacts Quality Bonus Payment (QBPs) and rebate amount
- QBPs improve overall revenue
- Rebates improves benefit offering to make plans more competitive

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Stars – key financial figures

2022 Star Rating	CY2023 QBP	CY2023 rebate percentage
4.5 or higher	5.0%	70%
4.0	5.0%	65%
3.5	0.0%	65%
3.0 or lower	0.0%	50%
New[1] or low enrollment[2] contract	3.5%	65%

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1. For contracts offered by parent organization without other MA contracts in the preceding 3-year period
2. Parent Organization with insufficient enrollment to undertake HEDIS and HOS data collections (< 500 enrollees)

Stars – key financial figures

	Formula	< OR = 3.0 STARS	3.5 STARS	New / low enrollment	4.0 STARS	> OR = 4.5 STARS
Bid amount	A			$700		
QBP %	B	0.0%		3.5%	5.0%	
Benchmark	C = $800 x (1+B)	$800		$828	$840	
Savings	D = C - A	$100		$128	$140	
Rebate %	E	50%		65%		70%
Rebate	F = D x E	$50	$65	$83	$91	$98
Relative Rebate to 3.0 STARS		1.00	1.30	1.66	1.82	1.96
Resulting premium1 for plan with $98 of supplemental benefits		$48	$33	$15	$7	$0

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1. Assuming equal administrative and profit margin loads under each STAR rating level

Up next
Star Rating deep dive
Lisa Mattie

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Key components to achieving a high Star Rating

Incorporate into the evaluation and planning process all key components needed to achieve a high Star Rating

- Corporate-wide initiative
- Star management leadership team
- Cross-functional support and ownership
- Strategic plan
- High-level process improvement tactical plan
- Work plan
  - Staff engagement
  - Provider engagement
  - Member engagement
  - Vendor engagement
- Accurate data collection and reporting
- Ongoing monitoring and evaluation plan

General strategies for Star Metric Improvement Prioritization
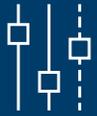
Weight of measures needing improvement

Low # of additional member events

Gap between current practices and best practices

Ability to identify root cause of poor performance

Strategies

Close to next cut-point

Time lag between change and score impact

Ease of implementing changes to impact the score

Multiple metrics – same condition

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Develop / update measure roadmaps

Objectives

To provide a single source of information that will:

- Lay a framework for strategic and tactical planning
- Establish metric 'ownership'
- Educate about metric details to ensure impactful improvement tactics
- Establish what has and has not been done to get to the current Star Rating
- Ensure all barriers are discussed in the planning process
- Involve all parties with potential roles in the planning process

- Development date / metric owner
- Measure description
- Data source / measurement timeframe
- Benchmark / baseline
- Current initiatives
- Current barriers to meeting the benchmark
- Possible approaches to close gaps
- Implementation timeline and priorities
- Departments potentially responsible for implementation
- Definitions
- Measure specifications
  - Administrative data
  - Medical record reviews

Care for Older Adults (COA) medication review

Development Date/ Metric Owner
August 2018/ Nancy Drew

Description
The percentage of adults 66 years and older who had a medication review during the measurement year

Data Source/ Measurement Timeframe
The Healthcare Effectiveness Data and Information Set (HEDIS). The previous calendar year is the measurement year (e.g., 2019 results reflect 2018 performance.)

Benchmark/ Baseline

Benchmark 2018 (DY 2)	Benchmark 2019 (DY3)	Benchmark 2020 (DY4)
79%	80%	81%

Best Health Plan Baseline CY 2017: 68%

Current Initiatives
None

Current Barriers to Meeting the Benchmark
1. There is insufficient data and reporting on medication review gaps in care.
2. Providers and internal staff are not aware of measure requirements.
3. Providers do not bill the HCPCS codes in sufficient volume when a medication review is performed.
4. For most office visits, provider staff documents a medication review and the medical record contains a medication list. The staff member, not the provider, dates and signs the medication review.
5. Providers review the medication list during the visit, but do not document the review in their notes.
6. Providers do not have an incentive to alter current behavior.
7. Practitioners contracted for specific purposes to engage with members are not accountable for carrying out and reporting medication review (e.g., NF rounding, RAMP home visits, Home PCP.)
8. There are limited medical record extracts from qualified providers that may be performing medication review (network providers, MTM pharmacists, home visit NPs, Home PCP NPs, NF Rounding NPs.)
9. There is limited use of health plan clinical pharmacists for medication review. When done, the pharmacist medication reviews no longer include contact with the member.
10. CM system does not support the signature, credential and date requirements for documenting health plan pharmacist medication reviews.

Possible Approaches to Close Gaps in Care
1. Analyze data on volume of gaps and potential closure sources.
2. Educate health plan staff on what they can do to help.
3. Implement procedures for UR referral to health plan clinical pharmacists.
4. Facilitate all qualifying practitioners engaging the population to conduct and document in their medical record a medication review through education, relationships, contractual requirements, and incentives.
5. Facilitate qualifying practitioners to bill for their services, to include medication review codes on their claim through education, relationships, contractual requirements, and incentives.
6. Increase electronic medical record extracts from all sources conducting medication reviews.

Implementation Timeline and Priorities
August – December 2018
1. Conduct data analysis
2. Investigate the feasibility and finalize the approach for all initiatives

3. Conduct staff and provider education
4. Establish and implement the foundation for all initiatives (e.g., contracting, incentive model, training, policies and procedures)

January 1, 2019
1. All initiatives in place and active
2. Measure and evaluate effectiveness quarterly

Departments Potentially Responsible for Implementation
1. Analytics
2. Evaluation and Improvement
3. Finance
4. Procurement/ Vendor Management
5. Provider Network Management
6. Pharmacy
7. Utilization Review
8. Care Management

Definitions

Medication list	A list of the member's medications in the medical record. The medication list may include medication names only or may include medication names, dosages and frequency, over-the-counter (OTC) medications and herbal or supplemental therapies.
Medication review	A review of all a member's medications, including prescription medications, OTC medications and herbal or supplemental therapies.

Size the gaps

Which metrics require the least amount of improvement to meet goals?

Star metrics					
Metric	Denominator	Estimated Star	Desired star	Desired Numerator	Numerator change
Breast cancer screening	908	3	4	672	52
Colorectal cancer screening	2,309	1	4	1,639	758
Osteoporosis management	47	2	4	24	12
Diabetes – eye exam	692	1	4	519	174
Diabetes – kidney disease monitoring	692	1	4	644	57

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Prioritize efforts and measures for intervention

	Measure 1	Measure 2	Measure 3	Measure 4
Identified root cause of poor performance	Yes	Yes	No	No
Gap between current practices and best practices	Small	Small	Large	Large
Number of additional member events needed	Small	Moderate	Large	Moderate
Measure weight	1	3	2	1
Time lag between change and score impact	1 Year	3 Years	1 Year	1 Year
Ease of implementing changes	Easy	Difficult	Moderate	Moderate
Cost of implementing changes	Low	Moderate	High	Low
Multiple metrics – same condition	Yes	No	No	No

+ Overall distance from desired overall Star Rating
+ Urgency to get to desired overall Star Rating

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Identify Star best practices

Corporate leadership…

- Senior management and board of directors in depth star knowledge
- Allocated budget for star resources
- Senior management monitoring of star metrics
- Structure
- Mission, organizational goals and incentives

- Demonstrate commitment
- Communication
- Measurement and analytics
- Training and education
- …

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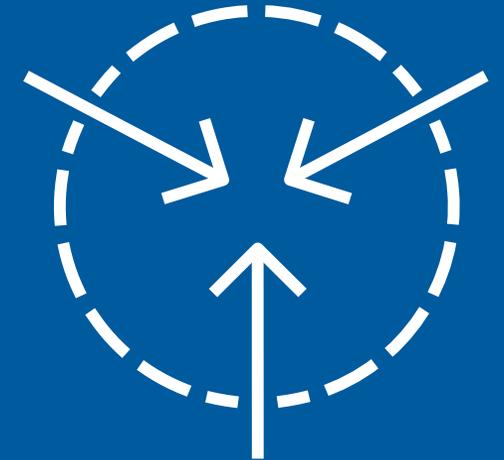
Identify Star best practices
For HEDIS…

- Evaluate / develop strategy regarding most common reasons for a negative score across all measures

- Analyze what is driving gaps (e.g., out of network visits, providers not cooperating, EMR integration not being utilized)

- Evaluate impact of member demographics / health status on outcome; consider cultural differences, literacy, gender, age, ethnicity, primary language, socio-economic, and geographic location

- Verify provider data during the off season (contact information, location data, and provider names)

- Identify special-handling provider groups that should be done first

- Implement provider fax back / online process for known gaps

- Medical record data capture

- Provider education

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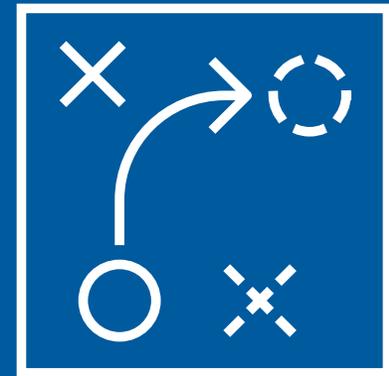
Identify Star best practices

For clinical metrics: Care Management (CM) approach…

- Train CM on measures / impact, performance expectations

- Put performance expectations in CM job descriptions and performance evaluations (staff and management)

- Individual incentive program; e.g., public recognition, small rewards (e.g., movie tickets) tied to metrics they can influence

- Member Approach

  – Provider approach

  – Refer members with multiple gaps as high priority CM candidates

  – Require metric specific assessment / care plan tools in the system Metric related care required in every care plan where there is a gap

  – Address / facilitate barrier removal when there are gaps

  – Have CM assessments / interventions and home visits include…

  – Provide the member with a copy of their care plan including metric related interventions needed and related services provided by the CM / home visit professional

- Provider approach

  – Every care plan sent to selected / imputed PCP including specific notation of related gaps

  – Facilitation of incorporation of CM care plan / home visit documentation in the member's medical record

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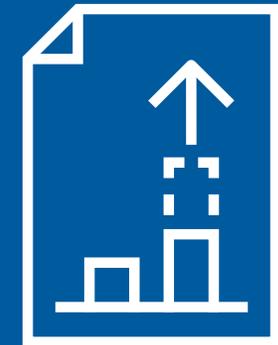
Identify Star best practices

All clinical metrics – provider approach…

- Care Opportunity Report to providers

- Provider Guide for targeted metrics

- Evaluate / facilitate EMR 'pop ups'

- Provider incentives to access and address gap reports

- Educate/incentivize provider office staff to facilitate wellness/prevention services (e.g., provide staff incentive for each closed gap where they schedule service)

- Target providers with suboptimal rates and evaluate potential reasons / means to provide additional support

- Facilitate billing codes in administrative data rather than chart review

- Minimize proactive chart reviews through access to provider EMR / data extracts

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Identify Star best practices

And each metric or group of metrics on the priority list…

Care for Older Adults (COA)

- Management approach

  - Create a COA workgroup including case management, network management, and pharmacy

  - Understand COA issues / analyze data

  - HRA includes metric specific questions

- Member approach

  - Pharmacists coordinate / complete Medication Review if gap; send copy to PCP

  - Have one annual home visit include a functional status assessment and a pain screening or pain management plan copied to the member's PCP for inclusion in the member's chart

  - Include med review, pain screening, functional status assessment, and advanced care planning at all Health Fairs; share results with PCP; bill if administered as a preventive visit

  - Promote the Annual Wellness Visit

- Provider approach

  - Conduct pre-appointment screening via mail, phone interview by a case manager, online

  - Provide a checklist tool / EMR template and guidance for documenting (and billing) COA interventions

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Identify possible areas supporting interventions for each measure

#	Measure name	CM	WL	PR	CCS	DCS	A	QM	MTM	Rx
C01	Breast cancer screening	X	X	X	X			X		
C02	Colorectal cancer screening	X	X	X	X			X		
C03	Annual flu vaccine	X	X	X	X			X		
C04	Improving or maintaining physical health	X	X	X	X			X		
C05	Improving or maintaining mental health	X	X	X	X			X		
C06	Monitoring physical activity	X	X	X				X		
C07	Adult BMI assessment	X		X				X		
C08	SNP care management	X		X				X		
C09	Older adult care: medication review	X		X				X		
C10	Older adult care: functional status assess	X		X				X		
C11	Older adult care: pain assessment	X		X				X		

CM
Care Management

WL
Wellness

PR
Provider Relations / Network

CCS
Part C Customer Service

DCS
Part D Customer Service

A
Appeals

QM
Quality Management

MTM
Medication Therapy
Management Program

Rx
PBM

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Conduct a joint gap assessment and tactical plan design

Evaluate each measure, or group of measures that share the same primary 'action unit':

- Provider
- Appeals
- Customer service
- MTM
- PBM
- SNF / NF

Outcome

Structure

Process

Member monitoring and engagement

Provider monitoring and engagement

Data collection and analysis

Operational monitoring and improvement

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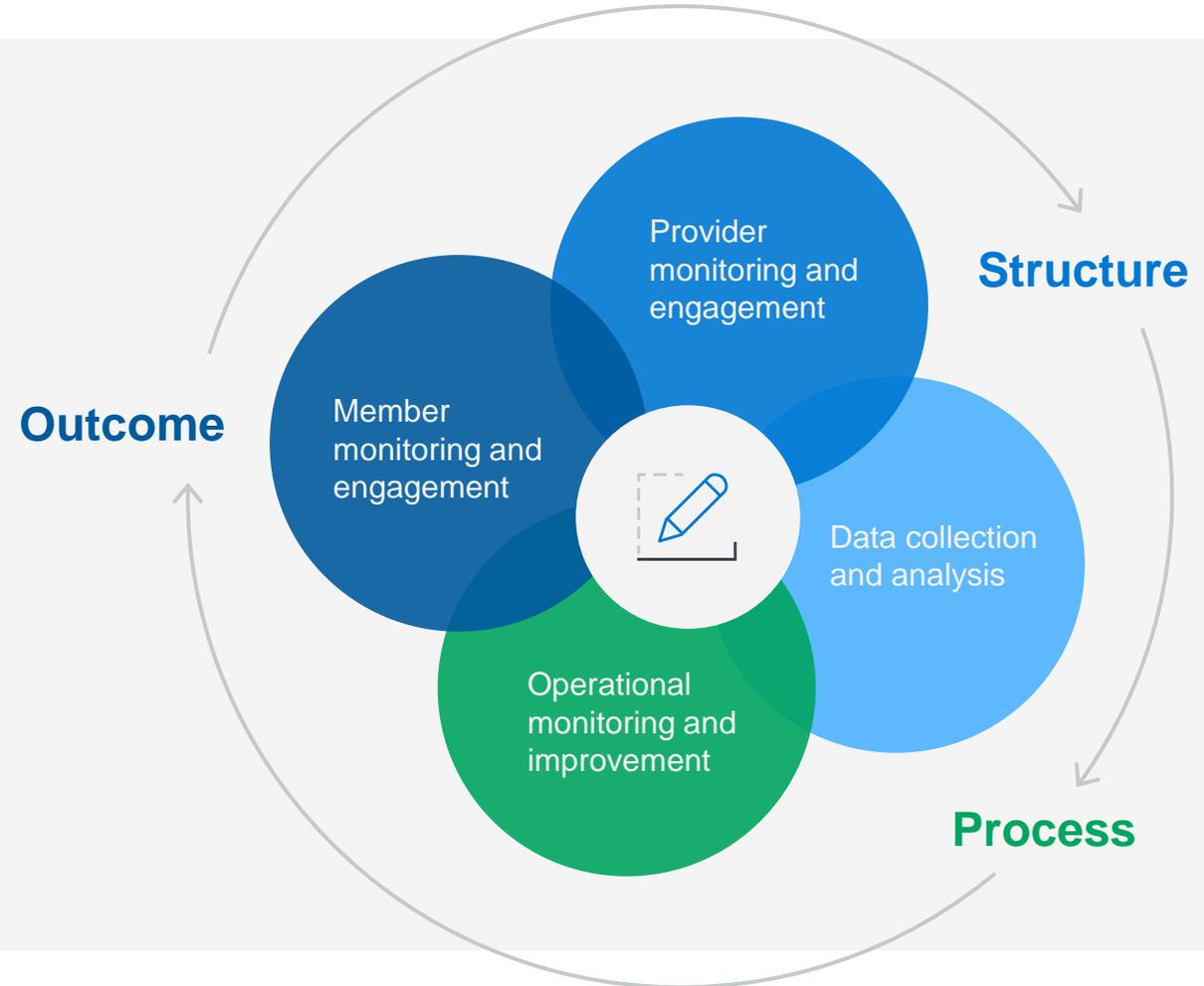
Create a tactical plan framework

Use workgroups to fill in the details

#	Name	Start date	Due date	% done	Status	Measure / Line-Item Lead	Collaborators	Length (days)	Predecessor	Resolution / comments
1.00	**Data analysis and reporting**			**0**				**0**		
1.01	Volume/Rates of Members gaps in care by: ▪ Custodial (by rounding/non rounding facilities) ▪ SNF ▪ Community			0		TBD	TBD	0		
1.02	Rates of Members with COA gaps by Practitioner (clinic, group, or individual)			0		TBD	TBD	0		
1.03	Identify COA gaps by member			0		TBD	TBE			
1.04	Develop monthly member COA gaps report for CM			0		TBD	TBD	0		
1.05	Develop analysis to identify members touched through various programs (MTM, NH NP, and home NP). Calculate rates of COA gap closure by program.			0		TBD	TBD	0		
2.00	**Case Management intervention**			**0**				**0**		
2.01	Investigate modifying short HRA to include advanced care planning, pain screening, and functional assessment			0		TBD	TBD	0		
2.02	Modify short HRA to include advance care planning, pain screening and functional assessments			0		TBD	TBD	0	2.01	
2.03	Use monthly COA gaps report to identify / prioritize members for intervention			0		TBD	TBD	0		
2.04	Develop criteria for referral to pharmacy for medication review			0		TBD	TBD	0		

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Up next
Star Rating action plan
Hayley Rogers

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2023 Code	Measure	Data Source	2021 Rating (2022 Payment) Measurement Period	Weight	Result	Stars	2022 Rating (2023 Payment) Measurement Period	Weight	Result	Stars	Projected 2023 Rating (2024 Payment) Measurement Period	Weight [2]	C.P. Trend [3]	Current	CAI Adj [4]	Result	Stars
	Overall Star Rating (Rounded) 2024 Weights			104		3.5		106		3.0		109					3.0
	Overall Star Rating (Rounded) 2023 Weights			104		3.5		104		3.0		107					3.0
	Overall Star Rating (Rounded) 2022 Weights			74		4.0		74		3.0		77					3.5
	Part C Measures																
	Total Part C Star Rating (Rounded)			45		3.5		67		3.0		72				5	3.5
C01	Breast Cancer Screening	HEDIS	01/01/2020 – 12/31/2020	1	73%	4.0	01/01/2021 – 12/31/2021	1	71%	4.0	01/01/2022 - 12/31/2022	1	2%	59%	7.6%	66%	3.0
C02	Colorectal Cancer Screening	HEDIS	01/01/2020 – 12/31/2020	1	72%	4.0	01/01/2021 – 12/31/2021	1	73%	4.0	01/01/2022 - 12/31/2022	1	-3%	70%	7.6%	78%	5.0
C03	Annual Flu Vaccine	CAHPS	03/2021 – 05/2021	1	75%	3.0	03/2022 – 06/2022	1	74%	3.0	03/01/2023 - 06/01/2023	1	-1%	62%	7.6%	69%	2.0
C04	Monitoring Physical Activity	HEDIS-HOS	08/17/2020 – 11/09/2020	1	58%	5.0	07/19/2021 – 11/01/2021	1	59%	5.0	07/19/2022 - 11/01/2022	1	3%	54%	7.6%	62%	4.0
C05	Special Needs Plan (SNP) Care Mana	Part C Plan Reporting	01/01/2020 – 12/31/2020	1	72%	4.0	01/01/2021 – 12/31/2021	1	68%	3.0	01/01/2022 - 12/31/2022	1	2%	72%		72%	3.0
C06	Care for Older Adults – Medication Re	HEDIS	01/01/2020 – 12/31/2020	1	100%	5.0	01/01/2021 – 12/31/2021	1	97%	4.0	01/01/2022 - 12/31/2022	1	-3%	95%		95%	4.0
C07	Care for Older Adults – Pain Assessm	HEDIS	01/01/2020 – 12/31/2020	1	98%	5.0	01/01/2021 – 12/31/2021	1	94%	4.0	01/01/2022 - 12/31/2022	1	-4%	94%		94%	4.0
C08	Osteoporosis Management in Women	HEDIS	01/01/2020 – 12/31/2020	1	43%	3.0	01/01/2021 – 12/31/2021	1	41%	2.0	01/01/2022 - 12/31/2022	1	5%	41%	7.6%	49%	2.0
C09	Diabetes Care – Eye Exam	HEDIS	01/01/2020 – 12/31/2020	1	84%	5.0	01/01/2021 – 12/31/2021	1	80%	4.0	01/01/2022 - 12/31/2022	1	-2%	70%	7.6%	77%	4.0
C10	Diabetes Care – Kidney Disease Monit	HEDIS	01/01/2020 – 12/31/2020	1	97%	5.0	01/01/2021 – 12/31/2021	1	95%	4.0	01/01/2022 - 12/31/2022	1	1%	87%	7.6%	94%	4.0
C11	Diabetes Care – Blood Sugar Controll	HEDIS	01/01/2020 – 12/31/2020	3	75%	4.0	01/01/2021 – 12/31/2021	3	80%	4.0	01/01/2022 - 12/31/2022	3	2%	74%	7.6%	82%	4.0
C13	Reducing the Risk of Falling	HEDIS-HOS	08/17/2020 – 11/09/2020	1	71%	4.0	07/19/2021 – 11/01/2021	1	65%	4.0	07/19/2022 - 11/01/2022	1	-5%	54%	7.6%	61%	4.0
C14	Improving Bladder Control	HEDIS-HOS	08/17/2020 – 11/09/2020	1	56%	5.0	07/19/2021 – 11/01/2021	1	56%	5.0	07/19/2022 - 11/01/2022	1	-3%	43%	7.6%	50%	4.0
C15	Medication Reconciliation Post-Disch	HEDIS	01/01/2020 – 12/31/2020	1	60%	3.0	01/01/2021 – 12/31/2021	1	65%	3.0	01/01/2022 - 12/31/2022	1	2%	53%	7.6%	61%	4.0
C16	Statin Therapy for Patients with Cardio	HEDIS	01/01/2020 – 12/31/2020	1	79%	3.0	01/01/2021 – 12/31/2021	1	85%	4.0	01/01/2022 - 12/31/2022	1	0%	90%		90%	5.0
C17	Getting Needed Care	CAHPS	03/2021 – 05/2021	2	80	2.0	03/2022 – 06/2022	4	78	2.0	03/01/2023 - 06/01/2023	4	-2%	80		80	2.0
C18	Getting Appointments and Care Quickl	CAHPS	03/2021 – 05/2021	2	75	2.0	03/2022 – 06/2022	4	72	2.0	03/01/2023 - 06/01/2023	4	-2%	75		75	2.0
C19	Customer Service	CAHPS	03/2021 – 05/2021	2	88	2.0	03/2022 – 06/2022	4	84	1.0	03/01/2023 - 06/01/2023	4	0%	88		88	2.0
C20	Rating of Health Care Quality	CAHPS	03/2021 – 05/2021	2	86	3.0	03/2022 – 06/2022	4	82	1.0	03/01/2023 - 06/01/2023	4	0%	86		86	3.0
C21	Rating of Health Plan	CAHPS	03/2021 – 05/2021	2	87	4.0	03/2022 – 06/2022	4	86	2.0	03/01/2023 - 06/01/2023	4	0%	87		87	3.0
C22	Care Coordination	CAHPS	03/2021 – 05/2021	2	83	2.0	03/2022 – 06/2022	4	81	1.0	03/01/2023 - 06/01/2023	4	0%	83		83	2.0
C23	Complaints about the Health Plan	CMS Administrative Data	01/01/2020 – 12/31/2020	2	28%	5.0	01/01/2021 – 12/31/2021	4	47%	4.0	01/01/2022 - 12/31/2022	4	5%	47%		47%	4.0
C24	Members Choosing to Leave the Plan	MBDSS	01/01/2020 – 12/31/2020	2	19%	3.0	01/01/2021 – 12/31/2021	4	19%	3.0	01/01/2022 - 12/31/2022	4	-5%	22%		22%	3.0
C25	Health Plan Quality Improvement	Star Ratings	Not Applicable	5	n/a	4.0	Not Applicable	5	n/a	2.0	Not Applicable	5	-5%	n/a		n/a	4.0
C26	Plan Makes Timely Decisions about A	Independent Review Entity	01/01/2020 – 12/31/2020	2	86%	3.0	01/01/2021 – 12/31/2021	4	96%	4.0	01/01/2022 - 12/31/2022	4	-5%	100%		100%	5.0
C27	Reviewing Appeals Decisions	Independent Review Entity	01/01/2020 – 12/31/2020	2	100%	5.0	01/01/2021 – 12/31/2021	4	100%	5.0	01/01/2022 - 12/31/2022	4	0%	99%		99%	5.0
C28	Call Center – Foreign Language Interpr	Call Center	02/2021 – 06/2021	2	97%	5.0	02/2022 – 05/2022	4	70%	3.0	02/01/2023 - 05/01/2023	4	3%	73%		73%	3.0
n/a	Rheumatoid Arthritis Management	HEDIS	01/01/2020 – 12/31/2020	1	83%	4.0	Not Applicable	n/a	n/a	n/a	Not Applicable	n/a	n/a	n/a	n/a	n/a	n/a
C12	Controlling Blood Pressure	HEDIS	Not Applicable	n/a	66%	n/a	01/01/2021 – 12/31/2021	1	69%	3.0	01/01/2022 - 12/31/2022	3	2%	58%	7.6%	66%	3.0
n/a	Plan All-Cause Readmissions	HEDIS	Not Applicable	n/a	12%	n/a	Not Applicable	n/a	n/a	n/a	01/01/2022 - 12/31/2022	1	n/a	11%	7.6%	19%	3.0
n/a	Transitions of Care	HEDIS	Not Applicable	n/a	41%	n/a	Not Applicable	n/a	n/a	n/a	01/01/2022 - 12/31/2022	1	n/a	43%	7.6%	51%	3.0
n/a	Follow-Up After Emergency Departmen	HEDIS	Not Applicable	n/a	55%	n/a	Not Applicable	n/a	n/a	n/a	01/01/2022 - 12/31/2022	1	n/a	54%	7.6%	62%	3.0
	Part D Measures																
	Total Part D Star Rating (Rounded)			29		4.0		37		2.5		37				4	3.0
D01	Call Center – Foreign Language Interpr	Call Center	02/2021 – 06/2021	2	95%	5.0	02/2022 – 05/2022	4	77%	3.0	02/01/2023 - 05/01/2023	4	1%	83%		83%	4.0
D02	Complaints about the Drug Plan	CMS Administrative Data	01/01/2020 – 12/31/2020	2	28%	5.0	01/01/2021 – 12/31/2021	4	47%	4.0	01/01/2022 - 12/31/2022	4	5%	49%		49%	4.0
D03	Members Choosing to Leave the Plan	MBDSS	01/01/2020 – 12/31/2020	2	19%	3.0	01/01/2021 – 12/31/2021	4	19%	3.0	01/01/2022 - 12/31/2022	4	-5%	21%		21%	3.0
D04	Drug Plan Quality Improvement	Star Ratings	Not Applicable	5	n/a	5.0	Not Applicable	5	n/a	2.0	Not Applicable	5	-5%	n/a		0%	4.0
D05	Rating of Drug Plan	CAHPS	03/2021 – 05/2021	2	86	4.0	03/2022 – 06/2022	4	85	2.0	03/01/2023 - 06/01/2023	4	0%	85		85	2.0
D06	Getting Needed Prescription Drugs	CAHPS	03/2021 – 05/2021	2	89	3.0	03/2022 – 06/2022	4	85	1.0	03/01/2023 - 06/01/2023	4	-1%	85		85	1.0
D07	MPF Price Accuracy	PDE Data/MPF Pricing Files	01/01/2020 – 12/31/2020	1	91	4.0	01/01/2021 – 9/30/2021	1	84	3.0	01/01/2022 - 09/30/2022	1	1%	84		84	3.0
D08	Medication Adherence for Diabetes M	PDE Data	01/01/2020 – 12/31/2020	3	85%	4.0	01/01/2021 – 12/31/2021	3	86%	3.0	01/01/2022 - 12/31/2022	3	3%	84%	7.6%	91%	3.0
D09	Medication Adherence for Hypertensic	PDE Data	01/01/2020 – 12/31/2020	3	86%	3.0	01/01/2021 – 12/31/2021	3	86%	3.0	01/01/2022 - 12/31/2022	3	3%	83%	7.6%	91%	3.0
D10	Medication Adherence for Cholestero	PDE Data	01/01/2020 – 12/31/2020	3	83%	3.0	01/01/2021 – 12/31/2021	3	84%	2.0	01/01/2022 - 12/31/2022	3	3%	74%	7.6%	81%	2.0
D11	MTM Program Completion Rate for C	Part D Plan Reporting	01/01/2020 – 12/31/2020	1	89%	5.0	01/01/2021 – 12/31/2021	1	86%	4.0	01/01/2022 - 12/31/2022	1	-4%	82%		90%	4.0
D12	Statin Use in Persons with Diabetes (S	PDE Data	01/01/2020 – 12/31/2020	3	88%	5.0	01/01/2021 – 12/31/2021	1	89%	4.0	01/01/2022 - 12/31/2022	3	4%	77%		84%	4.0

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Star Rating Dashboard
Star Measure Changes

2023 Code	Measure	Data Source	2021 Rating (2022 Payment)				2022 Rating (2023 Payment)				Projected 2023 Rating (2024 Payment)						
			Measurement Period	Weight	Result	Stars	Measurement Period	Weight	Result	Stars	Measurement Period	Weight [2]	C.P. Trend [3]	Current	CAI Adj [4]	Result	Stars
Part C Measures																	
n/a	Rheumatoid Arthritis Management	HEDIS	01/01/2020 – 12/31/2020	1	83%	4.0	Not Applicable	n/a	n/a	n/a	Not Applicable	n/a	n/a	n/a	n/a	n/a	n/a
C12	Controlling Blood Pressure	HEDIS	Not Applicable	n/a	66%	n/a	01/01/2021 – 12/31/2021	1	69%	3.0	01/01/2022 - 12/31/2022	3	2%	58%	7.6%	66%	3.0
n/a	Plan All-Cause Readmissions	HEDIS	Not Applicable	n/a	12%	n/a	Not Applicable	n/a	n/a	n/a	01/01/2022 - 12/31/2022	1	n/a	11%	7.6%	19%	3.0
n/a	Transitions of Care	HEDIS	Not Applicable	n/a	41%	n/a	Not Applicable	n/a	n/a	n/a	01/01/2022 - 12/31/2022	1	n/a	43%	7.6%	51%	3.0
n/a	Follow-Up After Emergency Department Visits	HEDIS	Not Applicable	n/a	55%	n/a	Not Applicable	n/a	n/a	n/a	01/01/2022 - 12/31/2022	1	n/a	54%	7.6%	62%	3.0

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Star Rating Dashboard
Weight Changes

2023 Code	Measure	Data Source	2021 Rating (2022 Payment) Measurement Period	Weight	Result	Stars	2022 Rating (2023 Payment) Measurement Period	Weight	Result	Stars	Projected 2023 Rating (2024 Payment) Measurement Period	Weight [2]	C.P. Trend [3]	Current	CAI Adj [4]	Result	Stars
Part C Measures																	
C17	Getting Needed Care	CAHPS	03/2021 – 05/2021	2	80	2.0	03/2022 – 06/2022	4	78	2.0	03/01/2023 - 06/01/2023	4	-2%	80		80	2.0
C18	Getting Appointments and Care Quickly	CAHPS	03/2021 – 05/2021	2	75	2.0	03/2022 – 06/2022	4	72	2.0	03/01/2023 - 06/01/2023	4	-2%	75		75	2.0
C19	Customer Service	CAHPS	03/2021 – 05/2021	2	88	2.0	03/2022 – 06/2022	4	84	1.0	03/01/2023 - 06/01/2023	4	0%	88		88	2.0
C20	Rating of Health Care Quality	CAHPS	03/2021 – 05/2021	2	86	3.0	03/2022 – 06/2022	4	82	1.0	03/01/2023 - 06/01/2023	4	0%	86		86	3.0
C21	Rating of Health Plan	CAHPS	03/2021 – 05/2021	2	87	4.0	03/2022 – 06/2022	4	86	2.0	03/01/2023 - 06/01/2023	4	0%	87		87	3.0
C22	Care Coordination	CAHPS	03/2021 – 05/2021	2	83	2.0	03/2022 – 06/2022	4	81	1.0	03/01/2023 - 06/01/2023	4	0%	83		83	2.0
C23	Complaints about the Health Plan	CMS Administrative Data	01/01/2020 – 12/31/2020	2	28%	5.0	01/01/2021 – 12/31/2021	4	47%	4.0	01/01/2022 - 12/31/2022	4	5%	47%		47%	4.0
C24	Members Choosing to Leave the Plan	MBDSS	01/01/2020 – 12/31/2020	2	19%	3.0	01/01/2021 – 12/31/2021	4	19%	3.0	01/01/2022 - 12/31/2022	4	-5%	22%		22%	3.0
C26	Plan Makes Timely Decisions about Appe	Independent Review Entity	01/01/2020 – 12/31/2020	2	86%	3.0	01/01/2021 – 12/31/2021	4	96%	4.0	01/01/2022 - 12/31/2022	4	-5%	100%		100%	5.0
C27	Reviewing Appeals Decisions	Independent Review Entity	01/01/2020 – 12/31/2020	2	100%	5.0	01/01/2021 – 12/31/2021	4	100%	5.0	01/01/2022 - 12/31/2022	4	0%	99%		99%	5.0
C28	Call Center – Foreign Language Interpret	Call Center	02/2021 – 06/2021	2	97%	5.0	02/2022 – 05/2022	4	70%	3.0	02/01/2023 - 05/01/2023	4	3%	73%		73%	3.0
n/a	Rheumatoid Arthritis Management	HEDIS	01/01/2020 – 12/31/2020	1	83%	4.0	Not Applicable	n/a	n/a	n/a	Not Applicable	n/a	n/a	n/a	n/a	n/a	n/a
C12	Controlling Blood Pressure	HEDIS	Not Applicable	n/a	66%	n/a	01/01/2021 – 12/31/2021	1	69%	3.0	01/01/2022 - 12/31/2022	3	2%	58%	7.6%	66%	3.0
n/a	Plan All-Cause Readmissions	HEDIS	Not Applicable	n/a	12%	n/a	Not Applicable	n/a	n/a	n/a	01/01/2022 - 12/31/2022	1	n/a	11%	7.6%	19%	3.0
n/a	Transitions of Care	HEDIS	Not Applicable	n/a	41%	n/a	Not Applicable	n/a	n/a	n/a	01/01/2022 - 12/31/2022	1	n/a	43%	7.6%	51%	3.0
n/a	Follow-Up After Emergency Department	HEDIS	Not Applicable	n/a	55%	n/a	Not Applicable	n/a	n/a	n/a	01/01/2022 - 12/31/2022	1	n/a	54%	7.6%	62%	3.0
Part D Measures																	
D01	Call Center – Foreign Language Interpret	Call Center	02/2021 – 06/2021	2	95%	5.0	02/2022 – 05/2022	4	77%	3.0	02/01/2023 - 05/01/2023	4	1%	83%		83%	4.0
D02	Complaints about the Drug Plan	CMS Administrative Data	01/01/2020 – 12/31/2020	2	28%	5.0	01/01/2021 – 12/31/2021	4	47%	4.0	01/01/2022 - 12/31/2022	4	5%	49%		49%	4.0
D03	Members Choosing to Leave the Plan	MBDSS	01/01/2020 – 12/31/2020	2	19%	3.0	01/01/2021 – 12/31/2021	4	19%	3.0	01/01/2022 - 12/31/2022	4	-5%	21%		21%	4.0
D05	Rating of Drug Plan	CAHPS	03/2021 – 05/2021	2	86	4.0	03/2022 – 06/2022	4	85	2.0	03/01/2023 - 06/01/2023	4	0%	85		85	2.0
D06	Getting Needed Prescription Drugs	CAHPS	03/2021 – 05/2021	2	89	3.0	03/2022 – 06/2022	4	85	1.0	03/01/2023 - 06/01/2023	4	-1%	85		85	1.0

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Star Rating Dashboard

Weight Changes – Overall Rating Impact

2023		Data	2021 Rating (2022 Payment)			2022 Rating (2023 Payment)			Projected 2023 Rating (2024 Payment)		
Code	Measure	Source	Measurement Period	Weight	Stars	Measurement Period	Weight	Stars	Measurement Period	Weight [2]	Stars
	Overall Star Rating (Rounded)	2024 Weights	All	100	3.5	All	102	3.0	All	109	3.0
	Overall Star Rating (Rounded)	2023 Weights	All	100	3.5	All	100	3.0	All	107	3.0
	Overall Star Rating (Rounded)	2022 Weights	All	72	4.0	All	72	3.0	All	77	3.5

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Star Rating Dashboard
Measure Results and Cut Points

| 2023 Code	Measure	Data Source	2021 Rating (2022 Payment) Measurement Period	Weight	Result	Stars	2022 Rating (2023 Payment) Measurement Period	Weight	Result	Stars	Projected 2023 Rating (2024 Payment) Measurement Period	Weight [2]	C.P. Trend [3]	Current	CAI Adj [4]	Result	Stars
Part D Measures																	
	Total Part D Star Rating (Rounded)			27		4.0		33		2.5		37			4		3.0
D01	Call Center – Foreign Language Interpreter	Call Center	Not Applicable	2	n/a	n/a	Not Applicable	4	n/a	n/a	Not Applicable	4	1%	n/a		0%	4.0
D02	Complaints about the Drug Plan	CMS Admin Data	01/01/2020 – 12/31/2020	2	28%	5.0	01/01/2021 – 12/31/2021	4	47%	4.0	01/01/2022 - 12/31/2022	4	5%	49%		49%	4.0
D03	Members Choosing to Leave the Plan	MBDSS	01/01/2020 – 12/31/2020	2	19%	3.0	01/01/2021 – 12/31/2021	4	19%	3.0	01/01/2022 - 12/31/2022	4	-5%	21%		21%	2.0
D04	Drug Plan Quality Improvement	Star Ratings	Not Applicable	5	n/a	5.0	Not Applicable	5	n/a	2.0	Not Applicable	5	-5%	n/a		0%	4.0
D05	Rating of Drug Plan	CAHPS	03/2021 – 05/2021	2	86	4.0	03/2022 – 06/2022	4	85	3.0	03/01/2023 - 06/01/2023	4	0%	85		85	3.0
D06	Getting Needed Prescription Drugs	CAHPS	03/2021 – 05/2021	2	89	3.0	03/2022 – 06/2022	4	85	2.0	03/01/2023 - 06/01/2023	4	-1%	85		85	2.0
D07	MPF Price Accuracy	PDE Data/MPF	01/01/2020 – 12/31/2020	1	91	4.0	01/01/2021 – 9/30/2021	1	84	2.0	01/01/2022 - 09/30/2022	1	1%	84		84	2.0
D08	Medication Adherence for Diabetes Medications	PDE Data	01/01/2020 – 12/31/2020	3	85%	4.0	01/01/2021 – 12/31/2021	3	86%	3.0	01/01/2022 - 12/31/2022	3	3%	84%	7.6%	91%	4.0
D09	Medication Adherence for Hypertension	PDE Data	01/01/2020 – 12/31/2020	3	86%	3.0	01/01/2021 – 12/31/2021	3	86%	2.0	01/01/2022 - 12/31/2022	3	3%	83%	7.6%	91%	4.0
D10	Medication Adherence for Cholesterol	PDE Data	01/01/2020 – 12/31/2020	3	83%	3.0	01/01/2021 – 12/31/2021	3	84%	2.0	01/01/2022 - 12/31/2022	3	3%	74%	7.6%	81%	1.0
D11	MTM Program Completion Rate for CMR	Part D Reports	01/01/2020 – 12/31/2020	1	89%	5.0	01/01/2021 – 12/31/2021	1	86%	4.0	01/01/2022 - 12/31/2022	1	-4%	82%	7.6%	90%	5.0
D12	Statin Use in Persons with Diabetes	PDE Data	01/01/2020 – 12/31/2020	3	88%	5.0	01/01/2021 – 12/31/2021	1	89%	4.0	01/01/2022 - 12/31/2022	1	4%	77%	7.6%	84%	3.0

D08

Medication adherence for diabetes medications historical cut-point thresholds by Star Rating
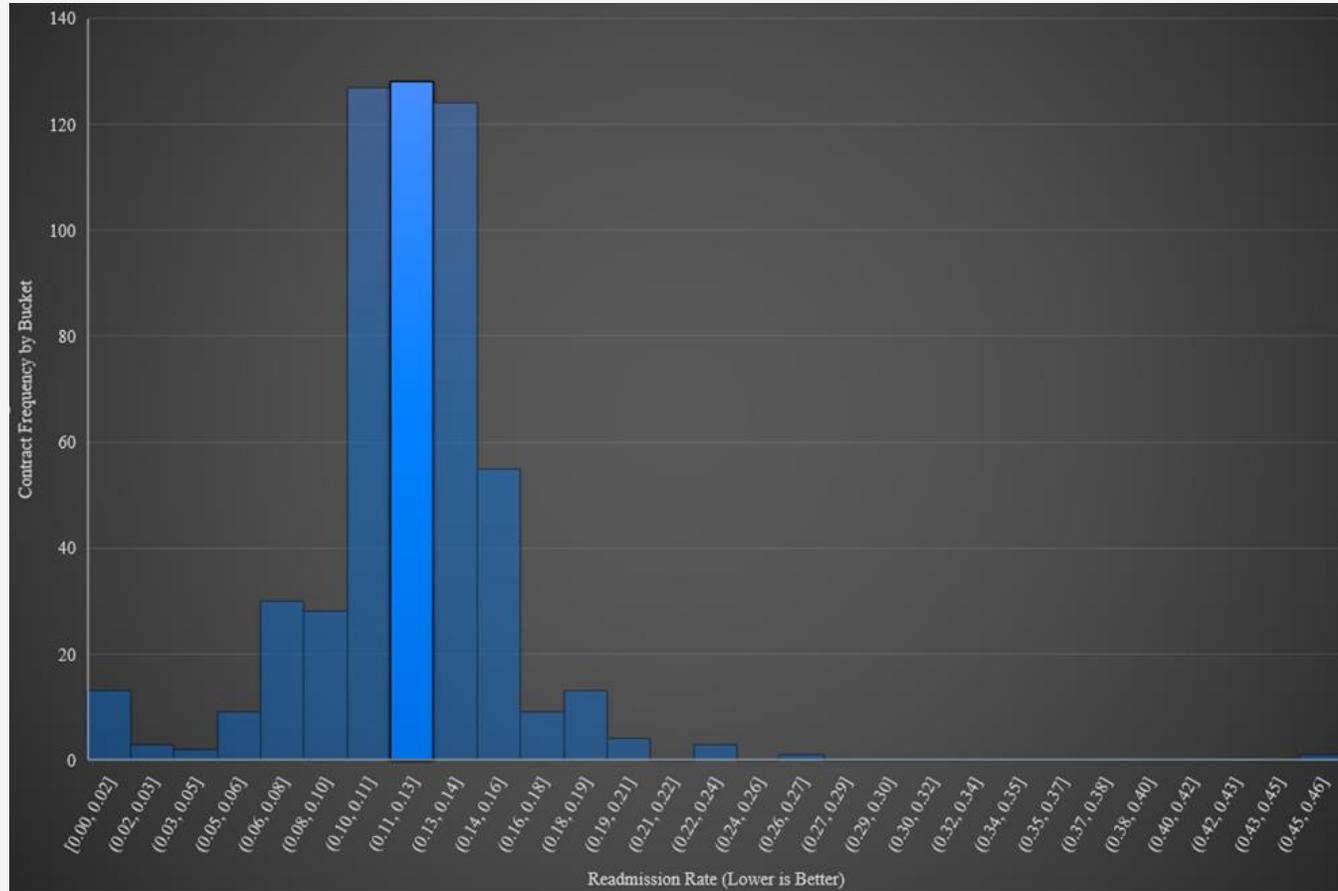
STAR RATING ACTION PLAN

C05
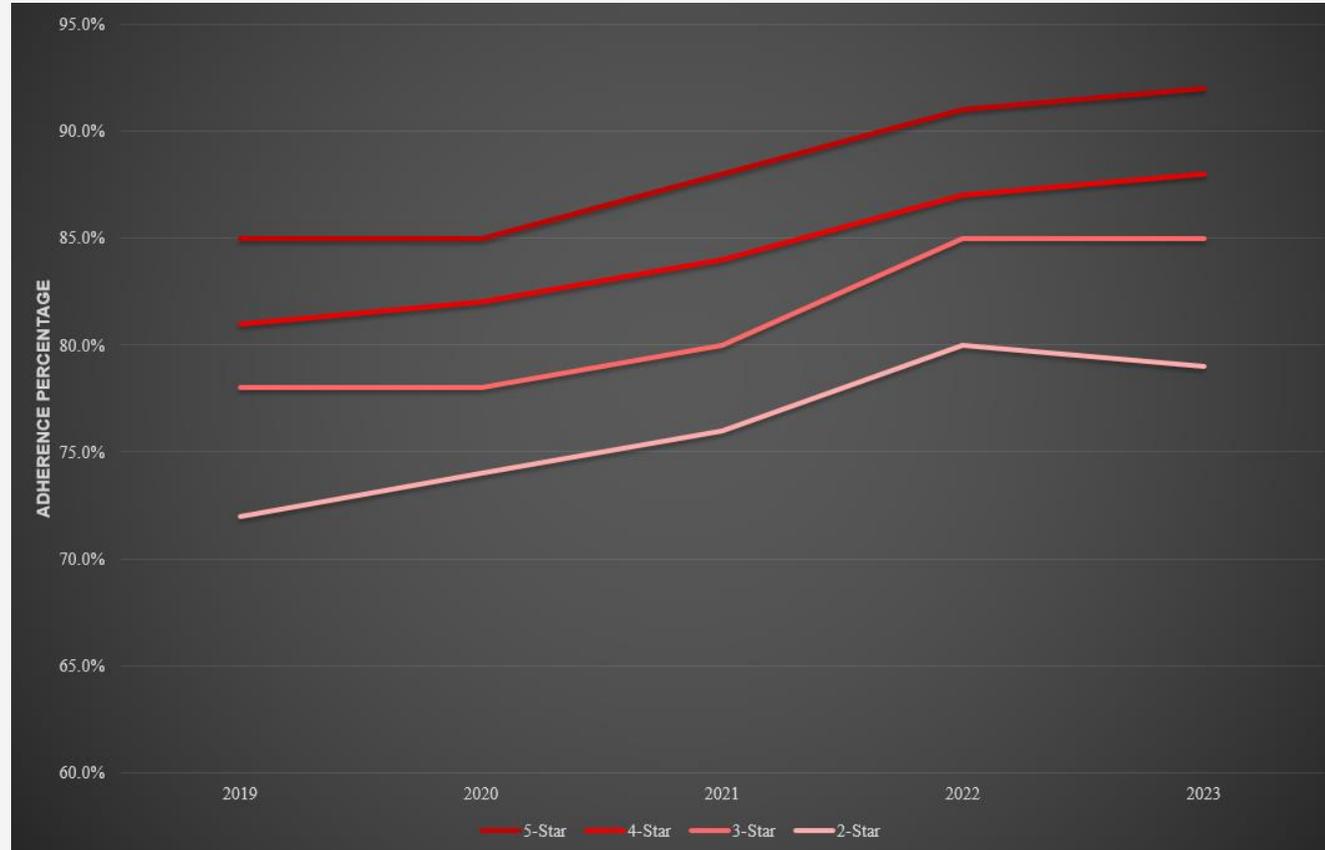
Special Needs Plans (SNP) care management historical cut-point thresholds by Star Rating
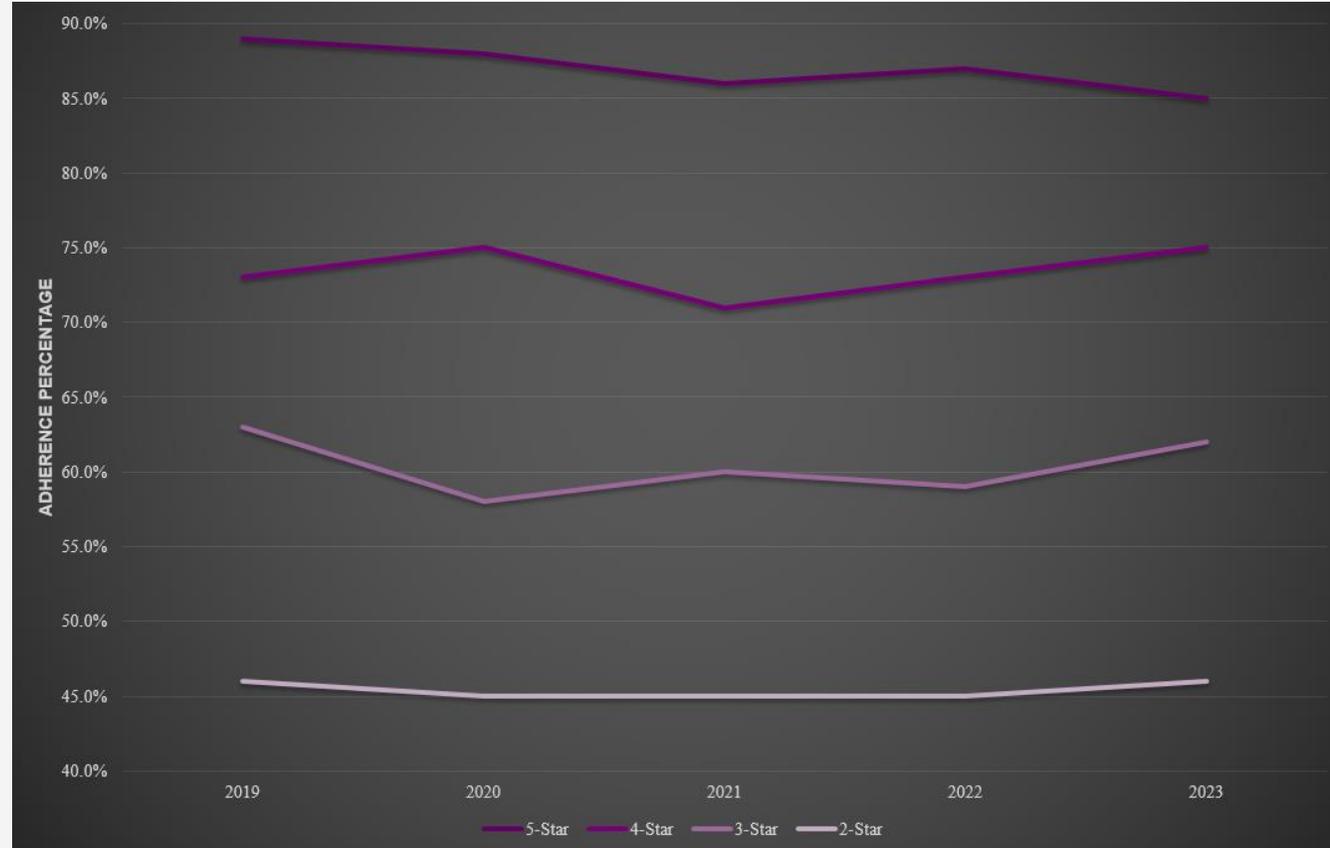
DMC25 – Display Measure

Plan All-Cause Readmissions (65+) - contract frequency by readmission rate.

Impact of Measurements on STAR Rating
Membership Level Summary
Data Paid Through September 30, 2021

Notes:
(1) The 2023 Star Rating Measurements were estimated using PDEs and MMR data for the year-to-date period noted above.

MemberID	HIC	Provider Group	PCP Name	County Name	MMs	C01: Breast Cancer Screening		C02: Colorectal Cancer Screening		C03: Annual Flu Vaccine		C04: Monitoring Physical Activity	
						Include	Adherent	Include	Adherent	Include	Adherent	Include	Adherent
000001	000001	POD1	ABC	King	9	1	1	1	1	1	1	1	1
000002	000002	POD1	ABC	King	6	-	1	1	1	1	1	1	1
000003	000003	POD1	ABC	King	9	1	1	1	1	-	1	1	1
000004	000004	POD1	ABC	King	9	1	1	-	1	1	1	1	1
000005	000005	POD1	ABC	King	4	1	-	1	1	1	1	-	1
000006	000006	POD1	ABC	King	6	1	1	1	1	1	-	1	1
000007	000007	POD1	ABC	King	9	1	1	1	-	1	1	1	1
000008	000008	POD1	ABC	King	6	-	-	1	1	1	1	1	-
000009	000009	POD1	ABC	King	1	1	1	1	1	-	-	1	1
000010	000010	POD1	ABC	King	5	1	1	-	-	1	1	1	1
000011	000011	POD1	ABC	King	9	-	1	1	1	1	1	-	-
000012	000012	POD1	ABC	King	1	1	-	1	1	-	1	1	1
000013	000013	POD1	ABC	King	8	1	1	-	1	1	-	1	1
000014	000014	POD1	ABC	King	5	1	1	1	-	1	1	-	1
000015	000015	POD1	ABC	King	2	1	1	1	1	1	1	1	-
000016	000016	POD1	ABC	King	9	-	1	1	1	1	1	1	1
000017	000017	POD1	ABC	King	9	1	1	1	1	-	1	1	1
000018	000018	POD1	ABC	King	1	1	1	-	1	1	1	1	1
000019	000019	POD1	ABC	King	6	1	1	1	1	1	1	-	1
000020	000020	POD1	ABC	King	6	1	1	1	1	1	1	1	1
000021	000021	POD1	ABC	King	9	1	1	1	1	1	1	1	1
000022	000022	POD1	ABC	King	9	1	-	1	1	1	1	1	1
000023	000023	POD1	ABC	King	3	1	1	1	1	1	1	1	1
000024	000024	POD1	ABC	King	9	-	1	1	1	1	1	1	1
000025	000025	POD1	ABC	King	6	1	1	1	1	-	1	1	1

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# STARS action plan – summary

Adherence tracking

- Identify through claims data who would fall into each bucket (hypertension, diabetic, and cholesterol)

- Choose measures that could realistically increase enough to make a meaningful impact on Star Rating

- Create a target / tracking list by category, like group, PCP, or area

Projection considerations

- Changing goal posts

- Measure weight changes

- New / removed star measures

- Star measure definitions changing

- Consider time remaining in measurement period

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Q&A
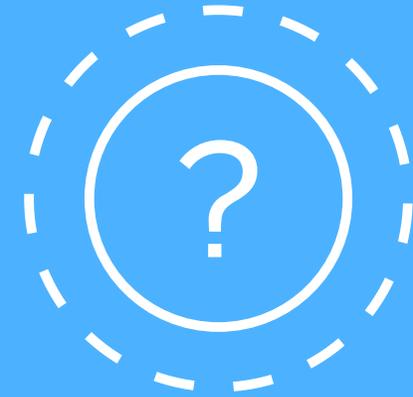
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Thank you

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