Staying Ahead of the Star Rating Curve – A Case Study

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Overview of major upcoming changes in the Medicare Stars program including removal of COVID EUC protections and new Tukey Outlier methodology

Discuss tactics and opportunities for HEDIS and Medication Adherence reporting and ways to best identify member chase lists

Case study for leveraging industry best practices to identify CAHPS opportunities and strategies for improvement

Focusing on identifying opportunities and gaps within health plan quality performance.
Introductions
Christina Byrne, ASA, MAAA

Joined Wakely Consulting Group, and HMA Company, in 2015

Consulting Actuary

Expertise
• Medicare Advantage
• Financial statement filings for managed care entities
• Managing Wakely’s suite of HEDIS products

7 Years of Health Experience
Introductions

Linda Lee

Joined Health Management Associates in 2017

Managing Principal

Expertise
• Medicare Advantage
• Quality and Health Plan Accreditation
• Managed care clinical operations

20 years of experience in the managed care industry
Introductions
Ann Pogrebitskiy, ASA, MAAA

Joined Wakely Consulting Group, and HMA Company, in 2020

Associate Actuary

Expertise
• Managing Wakely’s Medication Adherence Reporting Tool
• Medicare Stars Reporting and Analytics
• ACA Individual and Small Group Pricing

3 Years of Health Experience
Overview of major upcoming changes in the Medicare Stars program
Many Medicare Advantage Organizations (MAOs) will receive significantly higher revenue in 2023.

Wakely estimates that the impact of this EUC policy will increase total 2023 Medicare Advantage spending by $3.15 billion, or $9.64 PMPM, relative to expected 2023 MA spending without the EUC policy.

This equates to a 0.8% increase in MA spending in 2023 overall.\(^1\)

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**2022 Star Ratings – COVID-19 EUC Protections**

**Highest ever published Star Ratings for the Medicare Advantage (MA) program**

- Not necessarily due to better quality performance.
- Rather due to temporary changes that CMS implemented in attempt to offset the detrimental impacts of COVID-19 on health plan quality performance.
- Contracts designated as “affected” were assigned the better of current (2020) or prior year (2018 or 2019) performance in virtually every measure.
- Nearly all MA contracts met the definition of “affected” in the 2020 measurement year.

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\(^1\) Impact to each MA contract will vary
The 2022 Star Ratings reflect a historic prevalence of top performing contracts.

More contracts achieved a 5.0 Star Rating than in any previous year:
- The number of Medicare Advantage contracts that received a 5.0 Star Rating grew 252% from 2021 to 2022 Star Rating.

Unique advantage of achieving a 5.0 Star Rating:
- Eligible to market their plan offerings year-round via a Special Enrollment Period (SEP).
- Unprecedented opportunity for mid-year growth for 5.0 Star Rated Contracts in 2022.
Potential Disruption and Opportunity

Removal of COVID-19 EUC Protections

- CMS is ending the COVID-19 EUC protection for 2023 star ratings
- MAOs should be cautious on any benefit enhancements they make based on their additional 2023 revenue
- Increased star rating from the EUC protections are temporary; contracts should be cautious if they saw a star rating increase due to the COVID-19 provisions

5.0 Star Contracts

- Wakely observed change in intra-year enrollment growth for contracts at each star rating
  - Mid-year enrollment growth in 5.0 Star contracts ranges from 3.8% to 5.1%.
  - 5.0 Star growth exceeds the mid-year enrollment growth for all other star ratings and shows a clear pattern of successful special enrollment periods
- We anticipate that there could be significant market disruption coming this year
- If your contract shares service area with a newly minted 5.0 Star plan, be aware of this potential enrollment challenge and its uncertain financial impact
Upcoming Stars Program Changes

- **Temporary changes to address COVID-19**
- **Introduction of mean resampling**

2021 Star Ratings (PY 2022)

- **CAI Updates**
- **2019 HEDIS and CAHPS data collection cancelled**

2022 Star Ratings (PY 2023)

- **Return to normal scoring methodology post COVID-19**
- **Introduction of 5% guardrails**
- **Increased weighting of CAHPS measures from 2x to 4x**

2023 Star Ratings (PY 2024)

- **Introduction of Tukey outlier removal**

2024 Star Ratings (PY 2025)

- **Breast cancer screening moved to digital measure only [1]**

2025 Star Ratings (PY 2026)

[1] Based on NCQA schedule of moving to digital measures
| The “Tukey outer fence outlier deletion” method will impact 2024 Star Ratings |
| CMS increased the predictability of non-CAHPS measure cut points and stability in the Star Ratings by directly reducing the influence of outliers on cut points by adding Tukey outlier deletion prior to clustering (will remove outliers when setting new Star Rating thresholds) |
| Identifies more low-performing outliers than high-performing ones |
| Removing these outliers means that the cut point methodology has less low-performing contracts to use in the clustering methodology, which essentially moves all of the cut points up |
| This will have a very large negative impact on measure-level Star Ratings and Medicare spending |
Major Changes to the Stars Program

**Tukey Outlier Distribution** = More aggressive cut points on HEDIS and Pharmacy Measures as outlier plans are removed

- $1.0B decrease in MAO revenue

**CAHPS Weights** = Increased weighting of CAHPS measures from 2x to 4x

- $100K increase in MAO revenue – CAHPS performance varies significantly for MAOs

**Return to normal scoring methodology post COVID-19**

- $3.15B decrease in MAO revenue – based on the current impact of EUC protections

**Replacement of measures from traditional reporting to digital**

- $0.25M decrease in MAO revenue – based on HMA internal estimates
# Upcoming Stars Measure Changes

<table>
<thead>
<tr>
<th>Measure</th>
<th>2021 Star Ratings (PY 2022)</th>
<th>2022 Star Ratings (PY 2023)</th>
<th>2023 Star Ratings (PY 2024)</th>
<th>2024 Star Ratings (PY 2025)</th>
<th>2025 Star Ratings (PY 2026)</th>
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<tbody>
<tr>
<td>Plan All-Cause Readmission</td>
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<td></td>
<td>Returns with weight of 1.0</td>
<td>Weight increases to 3.0</td>
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<tr>
<td>Patient Experience and Access measures</td>
<td></td>
<td>Weights increase to 2.0</td>
<td>Weights increase to 4.0</td>
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<tr>
<td>Adult BMI Assessment, Appeals Autoforward, and Appeals Upheld</td>
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<tr>
<td>Care for Older Adults – Functional Status Assessment</td>
<td></td>
<td>Temporarily removed</td>
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<td>Returns with weight of 1.0</td>
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<tr>
<td>Improving or Maintaining Physical / Mental Health</td>
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<tr>
<td>Statin Use in Persons with Diabetes</td>
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<td></td>
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<td>Reduced to a weight of 1.0</td>
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<tr>
<td>Rheumatoid Arthritis Management</td>
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<td></td>
<td>Retired</td>
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<td>Controlling Blood Pressure</td>
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<td></td>
<td></td>
<td>Returns with weight of 1.0</td>
<td>Weight increases to 3.0</td>
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<tr>
<td>Transitions of Care</td>
<td></td>
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<td></td>
<td>Returns with weight of 1.0</td>
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<tr>
<td>Follow-up after Emergency Department Visit</td>
<td></td>
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<td>Returns with weight of 1.0</td>
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</tbody>
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Discuss tactics and opportunities for HEDIS and Medication Adherence reporting
What is Member Intervention?

- “Closing the gaps”
  - HEDIS – going in to see a provider or get a service
  - Adherence – getting a prescription filled
- Extremely targeted interactions with members to satisfy a broad range of goals
- Avoiding interaction fatigue
### Importance of Efficient Data Streams and Timely Reporting

#### Sources of member frustration:
- Already picked up their prescription
- Already went to their doctor
- Has been contacted yesterday or last week

#### Potential consequences:
- Members no longer engaging with your plan
- Not picking up the phone for other concerns
- Decreased participation in their own care
- Lower health plan satisfaction scores
Importance of Efficient Data Streams and Timely Reporting

- Decreasing lag between data collection and report creation
- Considering data source
  - CMS PDE vs PBM data
  - Availability of lab data and supplemental files
- Efficient reporting processes
  - Automated data transmission
  - Minimal manual adjustments to reporting
Case Study

Goal: Improve a health plan’s Medication Adherence for Statin, Diabetes, and RAS antagonist (RASA) drugs as well as for other clinical drug categories

First iteration: Utilize CMS PDEs to create Medication Adherence reporting on a biweekly basis. 4-5 day turnaround between data collection and report delivery

Pitfall: Member contact resulted in frustration since some had already gotten medication refills. PDEs had a 2-3 week lag to the delivery date

Second iteration: The health plan worked with their PBM to receive automated prescription data daily to supplement PDEs. 2-3 day turnaround between data collection and report delivery

Outcome: Significantly fewer member complaints and a measurable increase in adherence rates. Lag was reduced to 3 days
Prioritizing Members

Chase list reporting should prioritize members based on several factors:

- Urgency of interaction
- Potential for successful intervention
- Certainty of gap (data credibility and relevance)
- Potential to group multiple interventions into one

Engaging with Physicians and Pharmacies

- Tracking adherence by provider group or pharmacy
- Some providers have member intervention programs
- Steering members towards providers with better HEDIS or Adherence results
Interaction Best Practices

- Recognizing that interaction can occur with members, but also with physicians and pharmacies
- Mixed media approach – mail, phone, text, automated voice message
- Spacing interactions and grouping interactions together
- Combining HEDIS/Adherence intervention with general health education
- Recognizing when interaction is doing more harm than good (interaction fatigue)
Case study for leveraging industry best practices to identify CAHPS opportunities
CAHPS Improvement Strategies

- HMA takes a strategic and data driven approach to CAHPS improvement initiatives to create incremental year over year changes in the performance of these measures.
- Our comprehensive model can assist with any of the areas above depending on the needs of our clients and the support requested.
High performing plans conduct detailed analysis of CAHPS opportunities and understand the reason for selection and impact of targeted measures. Best practices to support these processes:

- Identifying trends, historical performance, and outliers in plan scores at the individual measure and composite level
- Reviewing changes in cut-points to determine future state goals and market level performance
- Understanding the impact of weight changes and scoring system impacts to maximize performance
- Assisting in the creation of data feedback loops to monitor on-going performance through off-cycle reviews and year-round data collection
- Assessing plan performance by market segment and target strategies for addressing accordingly
- Determining where resources should be allocated to have the biggest impact on scoring
Plans that perform well on CAHPS analyze their performance on specific measures and overall to build interventions based on plan results. Best practices to support these processes:

- Identifying industry best practices on specific measures and CAHPS composites
- Identifying areas within the health plan that may serve as a catalyst for member or provider dissatisfaction
- Strategically align measures and interventions against individual any State and Federal Quality reporting requirements for Medicare and Medicaid
Create Actionable Interventions

CAHPS is collected once per year. To impact these measures, plans need to define interim reports and engage in specific interventions that have measurable outcomes. This includes:

- Interventions that are specific to the individual measures and a composite of tactical actions that are likely to have the biggest impact to the plan performance
- Creating and implementing tools such as a “CAHPS Improvement Calendar” and intervention plan that can be leveraged as a playbook for success
- Continued identification of areas within the health plan that may serve as catalysts for member and/or provider dissatisfaction and set strategies to provide transparency and performance improvement
- Implementing best practice strategies to improve member experience, access, and communication
Measurable Outcomes

As CAHPS becomes more important in Medicare Advantage Star Ratings and in the way many State Medicaid programs will be re-procured, plans are becoming creative in how they measure the success of their member experience-based programs. Best practices to support these processes:

- Evaluating and developing strategy to continuously measure and use data to track member experience performance year-round (complaints, grievances, member services, etc.)

- Evaluating sufficiency of current reporting and creating new tactics which may include new data sets and tracking systems through off-cycle reviews and new member feedback collection mechanisms

- Presenting data that is clear, concise, easy to understand in terms of impact and actionable
C03 Annual Flu Vaccine

Top strategy to increase this measure is messaging members on the importance of the flu shot and doing this often throughout the flu season.

Best Practice Tactics:

1. **On-hold reminders** for members when they call-in for plan services (care management, member services, pharmacy, etc.)

2. **Send thank you notes** to members during the flu season and before the CAHPS survey timeframe, including small items like magnets and cards.

3. **Outreach to "at-risk" members** that have multiple comorbidities or chronic conditions, educate them and speak with them about importance of the annual flu vaccine.

4. **Tell members** where they can receive their flu shot or look it up for them (find a local pharmacy they can walk or drive easily). Provide reminders during member service calls, care management outreach, and other member contacts.

5. **Work with high volume providers** to embed posters and reminder cards for members. Ask providers how they intend to market annual flu vaccines this year and offer intervention assistance.
C23 Customer Service

Top strategies to increase this measure are identifying the most challenging members and outreach to them whenever possible; ensure excellence in member service timing and accuracy in all communications (call-center, website, mailings)

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<tr>
<th>Measure Weight 2022</th>
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<td>4</td>
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**Best Practice Tactics:**

- Test member services on benefits and plan standards for appointment scheduling wait times. Minimize need to transfer calls internally with staff training to provide one-call resolution; provide seamless methods to answer questions and solve service requests, without excess hold time; include performance guarantees with any outsourced services and bonus incentives with internal staff.

- Perform oversight of member service including frequent and random call monitoring and after call survey of the member, automated within the phone system.

- Implement concierge services for high risk, high touch members.

- Outreach to members who have lodged a complaint, "just checking in" call.

- Implement listening posts to receive information from members on preferences, needs, concerns, etc. Share this information throughout all areas of the organization that have member interactions. Add a “tell us how we’re doing” area on the website and member portal for members to offer feedback.

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**HMA & Wakely**
Questions?

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