

EXECUTIVE BRIEFING

Will new release of 4+ star plans hasten the depletion of the Medicare Hospital Insurance Trust Fund?

Key Takeaways & Implications for Plans Coming Out of Recently Published 2022 Star Ratings

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Working with health plans to identify key strategies needed to achieve the Star Ratings outcomes that clients expect.

Star Year 2022 Ratings have officially posted, allowing Medicare Advantage beneficiaries to compare plan options based on quality. This year, more beneficiaries will select from above-average plans, with 68% of MA-PDs (322 contracts) earning 4 stars or higher for Star Year (SY) 2022, effectively moving 90% of all MA-PD members into 4+ Star contracts.

2022 National Star Rating Performance Summary

- About 16% of MA contracts earned 5 Stars, up from 5% in 2021
- 20% earned 4.5 Stars compared to 15% in 2021
- 32% earned 4 Stars compared to 27% in 2021
- Only about 31% of plans missed the quality bonus payment by earning 3.5 Stars or lower, compared to 51% in 2021!

Although this is clearly causing celebration for most plans, maintaining this level of high performance will be challenging, to say the least. Most plans benefited from one-time COVID-related modifications that changed the rules of the game and made 4-stars more easily attainable. Plans that do not have solid game plans in

place this and next calendar year for returning, triple-weighted measures like *Controlling Blood Pressure & Plan All-Cause Readmissions*, new measures like *Transitions of Care Management & Follow up After ED use for Members with Multiple Chronic Conditions*, and the now FOUR-Times weighted beneficiary access and experience measures may struggle to maintain this performance come Star Years 2023 and 2024.

2022 Contract Performance Highlights

MA-PD contracts were rated on up to 38 unique Star Measures for Star Year (SY) 2022. This year, CMS provided SY 2021 to 2022 measure level performance compare data for all measures, based on actual plan performance.

- Of the 25* Part C measures, only 11 improved. *SNP Care Management*, *Statin Use in Persons with Cardiovascular Disease* and *Medication Reconciliation Post Discharge* led the pack in improvement. The *Care of Older Adult* measures, *Breast Cancer Screening*, *CDC Eye & HbA1c Control* and *Osteo* declined most significantly.
- National performance in Part D measures was a different story with the majority of the measures (7 out of 8*) improving. *MTM* and *Medication Adherence for Statins & Diabetes meds* saw the most significant increases with the Part D call center measure declining the most.
- *Measure Count excludes the two contract level measures.
- The 2 contract level measures, *Members Choosing to Leave the Plan* and *Complaints About the Plan*, also slightly declined in performance nationally.

The updated *Medicare Plan Finder Price Accuracy* measure joined the 2022 Ratings as a new measure with *COA Functional Status Assessment* moving to display until SY 2024 and *Adult Body Mass Index Assessment* and the two *Part D Appeals* measures permanently retiring from the ratings.

CMS pushed out the implementation of cut point guardrails to SY 2023, which should slightly ease cut point predictability by preventing large upward and downward shifts, like those we saw for the appeals and call center measures this year.

The hold-harmless provision for the Part C and D improvement measures was expanded to include all plans. This will not be the case for SY 2023, so plans should double check their math to ensure each contract is capable of achieving 4+ Stars both with and without improvement measure inclusion.

Due to COVID-related validity concerns the triple weighted HOS measures *Improving or Maintaining Physical Health* and *Improving or Maintaining Mental Health* made an earlier than expected move to display. However, plans should not let these measures fall off the radar. For most plans, there is a strong correlation between members that consider their physical and mental health poor and low CAHPS measure ratings (measures that will be four times weighted effective SY 2023).

All plans enjoyed the COVID-enacted disaster policy allowing them to use the better of SY 2021 or SY 2022 performance for most measures. However, according to CMS' analysis most measures used to calculate the SY 2022 Ratings were reflective of actual SY 2022 performance the SY 2021.

- Part C measures: Contracts reverted to the measure-level 2021 Star Rating on average 3.9 times out of 20 eligible measures and for SNP-specific measures, only 9 contracts reverted to the measure-level 2021 Star Rating on average 0.6 times out of 3 measures.
- Part D measures: Contracts reverted to the measure-level 2021 Star Rating on average 1.4 times out of 9 measures.

Looking Forward to Star Year 2023 and Beyond

If you're one of the plans that did not don your party hat this Star year, now is not the time to throw in the towel. If your plan landed uncomfortably close to the right side of the 4-Star threshold, you may want to forego the after-party and get back to work. CMS indicated that many of the upcoming changes to the measure compositions, measure category weights and cut-point methodology enhancements will make 4-star attainment harder to achieve and, in addition to advancing the triple aim, are intended to control spend through improved quality of care and reduced quality bonus payments.

Every single gap for every single member matters as we approach the end of the SY 2023 measurement year. Fourth-quarter efforts to close gaps in a member-centric, CAHPS minded way are the key that opens the door to your SY 2023 Four-Star party. Kudos and Congratulations to both this year's and next year's 4+ Star Plans!

Also published on LinkedIn, here.