

2016 SOA  
**Health  
Meeting**

June 15-17, 2016  
Philadelphia, PA



**Session 10 PD, STAR Rating Improvements, Maintenance, and  
Impossibilities**

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# Medicare Advantage Star Rating Improvements, Maintenance & Impossibilities

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# Star Rating Agenda

- Top Celebrity List (People Magazine)
- Forbes Highest Paid Celebrities
- ESPN.com Top 20 Athletes 1995-2015
- Fortune Businessperson of the Year
- Sentinel Moments
- 2016 Predictors
- How do you become a Star?

# People Magazine's Top 25 for 2015

1. British Royalty



2. British Royalty

3. American Royalty



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# Medicare Advantage Star Rating Agenda

- 2017 QBP and Rebate Basics
- Impacts
- Timing
- Stars Look Back
- 2016 Measures
- 2017 and Beyond
- Pointers from a 5 Star Plan
- Stars Management Program

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## Presentation Objective

- At the conclusion of this session, attendees will be able to identify areas for improvement in their own or their client's Medicare Advantage Star Rating, describe key levers to the Star Rating, and understand what goes into improving and/or maintaining a Star Rating.

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# Star Rating Overview and Importance

- The Centers for Medicare & Medicaid Services (CMS) provides quality bonus payments (QBPs) and Rebates to Medicare Advantage (MA) contracts that meet certain quality standards measured under a five-Star quality rating system.
- These quality ratings are known as Star Ratings.
- **QBPs improve overall revenue.**
- **Rebates improve benefit offerings to make plans competitive.**



# 2017 QBP and Rebate Basics



## 2017 QBPs and Rebates

2016 Star Rating	CY 2017 QBP	CY 2017 Bid Rebate Percentage
4.5+	5.0%	70%
4.0	5.0%	65%
3.5	0.0%	65%
3.0	0.0%	50%
< 3.0	0.0%	50%
New or Low Enrollment Contracts	3.5%	65%

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## QBPs and Rebates for New Plans

- A “new plan” is a plan offered by a parent organization that has not had another MA contract in the preceding three-year-period.
- For new plans in 2017:
  - QBP is 3.5%
  - Rebate is 65% (based on required use of 3.5 Star Rating proxy)
- For a parent organization that has had a contract with CMS in the preceding three-year-period, any new MA contract under that parent organization will receive an enrollment-weighted average of the Star Ratings earned by the parent organization’s existing MA contracts.
  - Example: Parent organization has 2 contracts: one has 95,000 members and a 3.0 Star Rating; the other has 45,000 members and a 3.5 Star Rating
  - A new 3<sup>rd</sup> contract would have a 3.0 Star Rating:
    - $\{95k*(3.0) + 45k*(3.5)\} / (140k) = 3.16 \Rightarrow$  New Contract = 3.0 Stars

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## QBPs and Rebates for Low Enrollment Plans

- A low enrollment plan is a contract that could not undertake Healthcare Effectiveness Data and Information Set (HEDIS) and Medicare Health Outcomes Survey (HOS) data collections due to insufficient enrollees to reliably measure performance.
- 2016 Star Ratings low enrollment contract:
  - Contracts with < 500 enrollees as of July 2014
  - Labeled as “Plan too small to be measured”
  - HEDIS data is still displayed
- For low enrollment contracts in 2017:
  - QBP is 3.5%
  - Rebate is 65% (based on the required use of 3.5 Star Rating proxy)

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# Rebates

- Except for Medical Savings Account (MSA) plans, the level of Rebate is tied to the level of the plan's Star Rating.
- Rebates are calculated, for each plan bid, as a percentage of the difference between the risk-adjusted service area **benchmark** and the risk-adjusted **bid**.
- Plans use Rebates to fund supplemental benefits and/or to buy down beneficiary premiums for Medicare Part B and/or prescription drug coverage.
- Inadequate Rebate dollars will limit a plan's benefit offering and increase necessary member premium.

## Revenue and Rebate Examples

Star Rating	3.0	3.5	4.0*	4.5/5.0*
<b>Benchmark</b>	\$900	\$900	\$945	\$945
<b>Bid Amount</b>	\$800	\$800	\$800	\$800
<b>Savings</b>	\$100	\$100	\$145	\$145
<b>Rebate %</b>	50%	65%	65%	70%
<b>Rebate Amount</b>	\$50	\$65	\$94	\$102

\*Full 5% may not be fully applied if it gives a rate above the pre-ACA (Affordable Care Act) level



# Star Rating Impacts

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# Marketing

- Star Ratings can affect a plan's ability to achieve membership growth.
  - CMS displays plans' Star Ratings on the Medicare Plan Finder (MPF), which can be used by beneficiaries to choose plans.
    - Plans with Part C (Medicare Advantage) and/or Part D (Medicare Prescription Drug) summary Ratings of 2.5 or lower for 3 years are labeled with a "Low Performing Icon".
    - Plans with 5 Stars are labeled with a "High Performing Icon".
  - Plans must provide their Star Rating to members and prospects, making beneficiaries aware of the Star Rating even if they don't use the MPF.
  - 5 Star plans can enroll beneficiaries year-round, even for non-Special Needs Plans (SNPs), which can enroll year-round regardless of Star Rating.
  - A plan's reputation and ability to market is linked to its Star Rating.

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# Contract Termination

- CMS will terminate contracts that have failed to achieve a 3.0 Star Rating for Part C or Part D for three consecutive years.
  - Example: Contracts with less than a 3.0 Star Rating for 2014, 2015, and 2016 were notified in February 2016 that their contract would be terminated effective December 31, 2016.





# Star Rating Timing

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# Timing Considerations

- It is never too early to start or revise a Star Rating management program.
- Actions taken today may not have an impact until 2019!
  - The Star Rating used for a calendar year bid, QBP, and rebate percentage is released in October two years prior.
    - For example, the 2016 Star Rating released in October 2015 is used for the 2017 bids.
  - The underlying data for many of the Star Rating measures is collected well in advance of the Star Rating release.
    - For example, much of the data collection for the 2016 Star Rating used in the 2017 bids was collected in 2015.
  - To get data improvements, actions must be taken in advance of the data collection.

# Star Rating Timing – Bid, QBP, and Public Display

New Plan Effective January 1, 2016					
Contract Year	Bid Due	Star Rating Used for Bid Purposes	Quality Bonus Payment and Rebate	Star Rating on CMS' Medicare Plan Finder (MPF) Site	Star Rating MFP Display Dates (approximate)
1/1/2016 – 12/31/2016	6/2015	Assigned	Based on Assigned Star Rating	Plan too new to be measured	10/2015 – 10/2016
1/1/2017 – 12/31/2017	6/2016	Assigned	Based on Assigned Star Rating	Plan too new to be measured	10/2016 – 10/2017
1/1/2018 – 12/31/2018	6/2017	Assigned	Based on Assigned Star Rating	Actual 2018 Star Rating released 2017 or, if a Low Enrollment Plan, “Not enough data available”, but some individual measures may be published	10/2017 – 10/2018
1/1/2019 – 12/31/2019	6/2018	Actual 2018 Star Rating released 2017 or, if a Low Enrollment Plan, the Assigned Low Enrollment Plan Star Rating	Based on Actual 2018 Star Rating released 2017, or if a Low Enrollment Plan, the Assigned Low Enrollment Plan Star Rating	Actual 2019 Star Rating released 2018 or, if a Low Enrollment Plan, “Not enough data available”, but some individual measures may be published	10/2018 – 10/2019

# Star Rating Timing – Data Source

<b>Anticipated Data Source Timing for Actual 2017 Star Rating Released 2016 used for the 2018 Bid and QBP</b>	
<b>Data Source</b>	<b>Experience/ Data Collection</b>
<b>Consumer Assessment of Healthcare Providers &amp; Systems (CAHPS)</b>	<b>02/15/2016 - 05/31/2016</b>
<b>CMS Disenrollment Data</b>	<b>01/01/2015 - 12/31/2015</b>
<b>Complaints Tracking Module (CTM)</b>	<b>01/01/2015 - 06/30/2015</b>
<b>Healthcare Effectiveness Data and Information Set (HEDIS)</b>	<b>01/01/2015 - 12/31/2015</b>
<b>Medicare Health Outcomes Survey (HOS)</b>	<b>04/18/2015 - 07/31/2015*</b>
<b>Independent Review Entity (IRE)</b>	<b>01/01/2015 - 12/31/2015</b>
<b>Prescription Drug Event (PDE) - Medicare Plan Finder (MPF)</b>	<b>01/01/2015 - 09/30/2015</b>
<b>PDE all other</b>	<b>01/01/2015 - 12/31/2015</b>
<b>Quality Improvement</b>	<b>2016 and 2017 Star Ratings</b>
<b>Special Needs Plan (SNP) Care Management</b>	<b>01/01/2015 - 12/31/2015</b>
<b>Anticipated 2017 Source Timing is based on the current information in CMS' 2016 Part C &amp; D Star Rating Technical Notes.</b>	
<b>*2013 Baseline data collection, 2015 Follow-up data collection.</b>	



# Stars Look Back

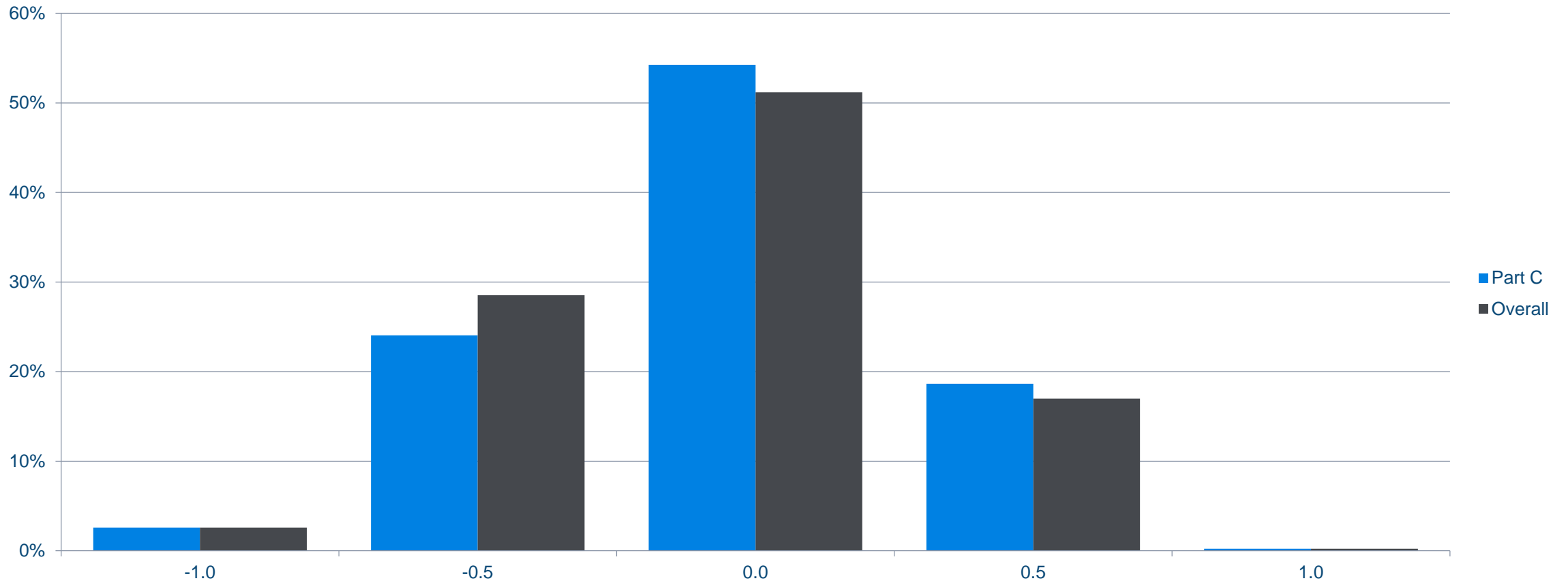
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## 2016 MA-PD Stars Facts

- 49% of Medicare Advantage Prescription Drug Plans (MA-PDs) (179 contracts) earned 4+ Stars.
  - ✓ 9% increase from 2015
- Weighted by enrollment:
  - ✓ Average Star Rating is 4.03
    - Up from 3.92 in 2015
  - ✓ 71% of MA-PD enrollees are in contracts with 4+ Stars
    - 11% increase from 2015
- 12 MA-PD contracts have 5 Stars.
- Non-profits received higher ratings than for-profits.
  - ✓ 70% of the non-profits contracts received 4+ Stars
  - ✓ 39% of the for-profit contracts received 4+ Stars
- More experienced plans achieved higher Star Ratings.

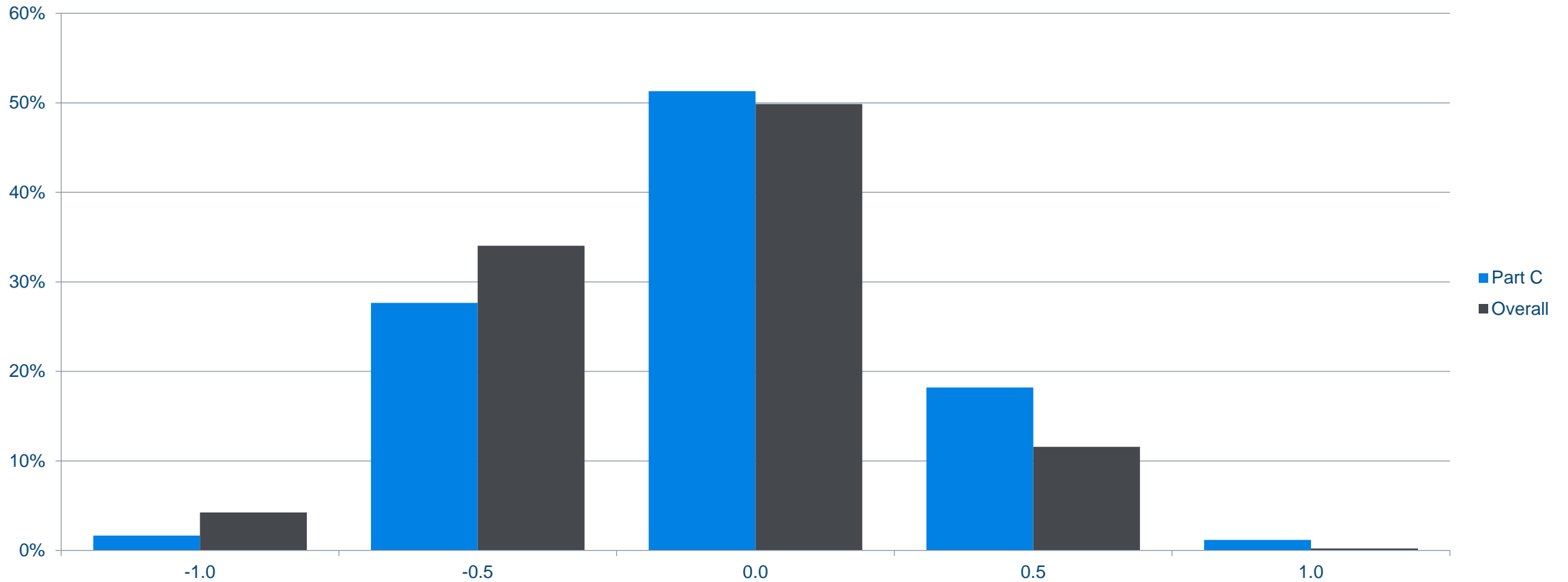
# Star Changes from Year to Year

## Changes in Star Rating from 2012 - 2013



# Star Changes from Year to Year

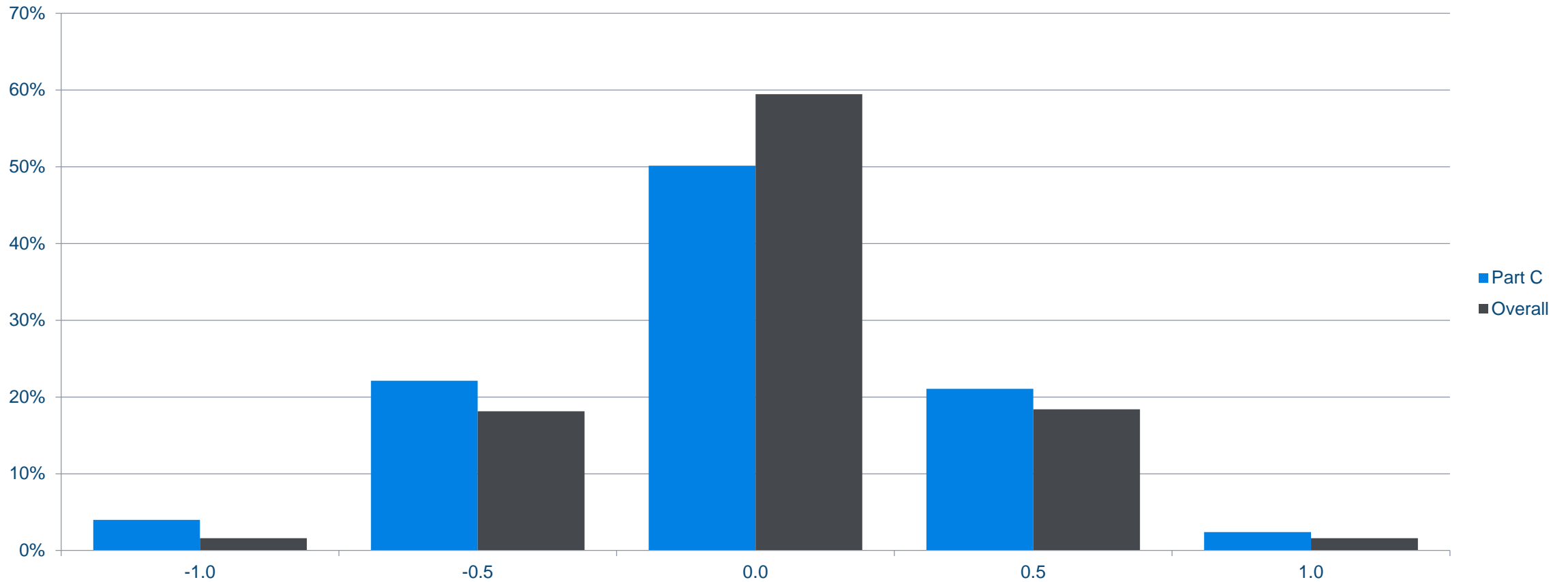
## Changes in Star Rating from 2013 - 2014





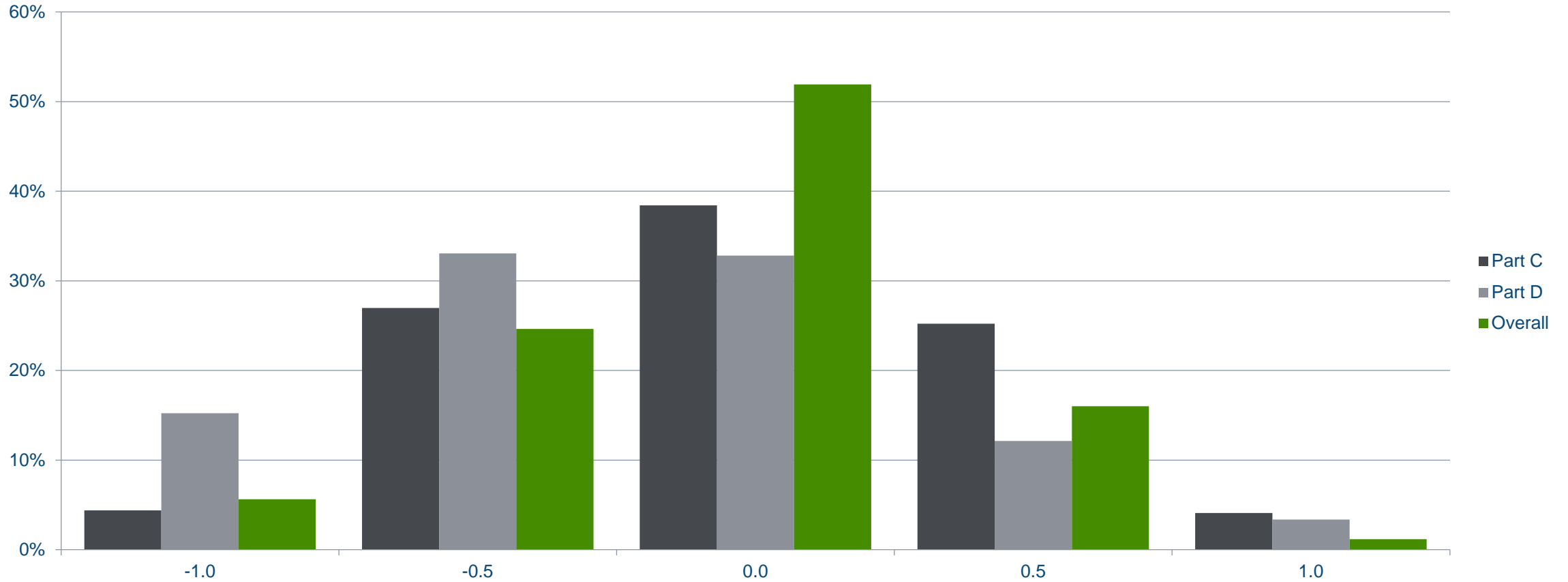
# Star Changes from Year to Year

## Changes in Star Rating from 2014 - 2015



# Star Changes from Year to Year

## Changes in Star Rating from 2015 - 2016





# 2016 Stars Measures

# 2016 MA-PD Star Rating – Data to Rating

**BASE DATA** - Numeric data used to calculate each Part C and Part D individual measure Star Rating, except for the improvement measures.

**MEASURE** - Each of up to 47 individual measures are scored on a one to five Star scale.

**DOMAIN** - Each measure is grouped with similar measures into a Domain. The Domain Star Rating is the average (unweighted mean) of the individual measures. It does not count toward the Star Rating calculations.

**SUMMARY RATING** - The weighted average of the Part C and Part D measures (except for the improvement measures) form the Part C and Part D Summary Rating, respectively.

**OVERALL RATING** – The weighted average of the Part C and Part D measures (except for the improvement measures) form the Overall MA-PD contract Summary Rating.

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## 2016 MA-PD Stars Measures

- MA-PD plans rated on up to 47 measures calculated at the contract level
- For example:
  - **Medicare Advantage**
    - Member's Rating of Health Plan
    - Breast Cancer Screening
    - Readmission to a Hospital within 30 Days of Being Discharged
  - **Medicare Prescription Drug**
    - Member's Rating of Drug Plan
    - Taking Diabetes Medication as Directed
    - Plan Provides Accurate Drug Pricing Information
  - **Both Medicare Advantage and Medicare Prescription Drug**
    - Problems Medicare Found in the Plan's Performance

## 2016 MA-PD Stars Measures

- 5 broad measures categories, plus improvement and new measures
- Measures carry different weights.

Measures Category	Description	Weight
Outcomes	Focus on improvements to a beneficiary's health as a result of the care that is provided.	3
Intermediate Outcomes	Help move closer to true outcome measures	3
Patient Experience	Represent beneficiaries' perspectives about the care they have received	1.5
Access	Reflect issues that may create barriers to receiving needed care	1.5
Process	Capture the method by which health care is provided	1
Improvement	Reward contracts for improving care provided	5
New		1

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# MA-PD Improvement Measures

- 5 point weights, so can have significant positive impact!
- A contract must have data in at least half the measures used to calculate the Part C or Part D improvement measure.
  - Not all measures are included
- Calculation rules account for high performing contracts which have less room for improvement:
  1. Separate Part C and Part D improvement measures (C29 & D07)
  2. Calculate overall rating without including either improvement measure
  3. Calculate overall rating with both improvement measures included

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## 2016 Display Measures

- Displayed on CMS' web site for Medicare beneficiaries ([www.medicare.gov](http://www.medicare.gov)) in the MPF
- Not part of the Star Ratings calculations
- May have been transitioned from the Star Ratings
- Can also be new measures being tested before inclusion into the Star Ratings
  - CMS will give advance notice before inclusion in Star Ratings
- Some measures are displayed for informational purposes only.
- Poor scores on some display measures are subject to compliance actions by CMS.
- 38 Display Measures for 2016
  - Plans are not just working toward Star Measure improvements, but also toward Display Measure improvements



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# 2016 Display Measures Examples

- **Medicare Advantage**
  - Access to Primary Care Doctor Visits
  - Call Center – Beneficiary Hold Time
  - Computer Used During Office Visits
  - Initiation of Alcohol or Other Drug Treatment
  - Pneumonia Vaccine
- **Medicare Prescription Drug**
  - Diabetes Medication Dosing
  - Drug-Drug Interactions
  - Getting Information From Drug Plan
  - Reminders to Take Medications



# 2017 and Beyond

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## Forecasting to 2017 and Beyond

- CMS continually enhances Star Ratings to ensure goals of improved quality of care and health status are met.
  - In other words, changes are inevitable!
- However, for 2017, measures will remain the same.
- Cut points for all measures and case-mix coefficients for CAHPS and HOS will be updated for 2017.
  - Cut points determine the measure Star Rating of 1-5
  - Cut point calculation varies, depending on measure:
    1. Fixed
    2. Assigned based on percentile using relative distribution and significance testing
    3. Clustering - the Star levels associated with each cluster are determined by ordering the means of each cluster
- CMS will continue to review data quality.
  - CMS is concerned that current sources to verify data quality are not sufficient and may perform additional data validation.

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## Forecasting to 2017 and Beyond (cont'd)

- Methodology for the following measures being revised for 2017:
  - Measures used to calculate the MA-PD Improvement Measures (Part C & D) to account for measures with at least two years of data
  - Appeals Timeliness/Reviewing Appeals Decisions (Part C) and Appeals Upheld (Part D)
  - Use of both ICD-9 and ICD-10 codes (diagnosis codes) during the transition (Part C & D)
  - Appeals Upheld (Part D)
  - Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Reviews (CMR) (Part D)
  - Medication Adherence for Hypertension (RAS Antagonists) (Part D Star Rating)

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## Forecasting to 2017 and Beyond (cont'd)

- Removal of Measures from Star Ratings
  - For 2017, Improving Bladder Control (Part C), will continue to be a Display Measure, but will use new questions to collect the data.
  - High Risk Medication (Part D) will continue for 2017, but will become a Display Measure for 2018.
- Impact of Socio-economic and Disability Status on Star Ratings
  - Plans were concerned that dual eligible (DE) enrollees and/or enrollees who receive a low income subsidy (LIS) limited their plans' ability to achieve high MA and / or Part D Star Rating.
  - CMS developed and will apply an interim Categorical Adjustment Index (CAI) to the 2017 Star Ratings to address this issue.
    - CMS will continue to examine and refine the CAI.

# Stars – Where will you be in 5 years?

- Good news: If you're still around in 5 years, you're doing better.
  - 2.0 Stars (Part C Only)

2012	2013	2014	2015	2016
				3.5 (1)
	3.0 (1)	3.0 (3)	3.0 (2)	3.0 (1)
	2.5 (2)		2.5 (1)	2.5 (1)
2.0 (3)				
2.00	2.67	3.00	2.83	3.00

# Stars – Where will you be in 5 years?

- 2.5 Stars (Part C Only)

2012	2013	2014	2015	2016
			4.0 (1)	4.0 (1)
	3.5 (2)	3.5 (4)	3.5 (5)	3.5 (10)
	3.0 (15)	3.0 (15)	3.0 (14)	3.0 (13)
2.5 (26)	2.5 (8)	2.5 (7)	2.5 (6)	2.5 (2)
	2.0 (1)			
2.50	2.85	2.94	3.02	3.19

# Stars – Where will you be in 5 years?

- 3.0 Stars (Part C only)

2012	2013	2014	2015	2016
			4.5 (1)	4.5 (1)
	4.0 (1)	4.0 (4)	4.0 (7)	4.0 (11)
	3.5 (22)	3.5 (36)	3.5 (30)	3.5 (27)
3.0 (80)	3.0 (48)	3.0 (34)	3.0 (32)	3.0 (33)
	2.5 (9)	2.5 (5)	2.5 (9)	2.5 (7)
		Not Credible (1)	Not Credible (1)	2.0 (1)
3.00	3.09	3.21	3.20	3.27



# Stars – Where will you be in 5 years?

- 3.5 Stars (Part C only)

2012	2013	2014	2015	2016
	4.5 (2)	4.5 (3)	4.5 (7)	4.5 (11)
	4.0 (22)	4.0 (19)	4.0 (26)	4.0 (25)
3.5 (79)	3.5 (42)	3.5 (47)	3.5 (35)	3.5 (28)
	3.0 (13)	3.0 (10)	3.0 (9)	3.0 (15)
			2.5 (2)	
3.50	3.58	3.59	3.67	3.70

# Stars – Where will you be in 5 years?

- 4.0 Stars (Part C only)

2012	2013	2014	2015	2016
	5.0 (1)	5.0 (1)		
	4.5 (7)	4.5 (5)	4.5 (10)	4.5 (15)
4.0 (62)	4.0 (39)	4.0 (36)	4.0 (32)	4.0 (18)
	3.5 (15)	3.5 (16)	3.5 (17)	3.5 (23)
		3.0 (4)	3.0 (3)	3.0 (4)
				2.5 (2)
4.00	3.95	3.86	3.90	3.82

# Stars – Where will you be in 5 years?

- 4.5 Stars (Part C only)

2012	2013	2014	2015	2016
	5.0 (4)	5.0 (5)	5.0 (3)	5.0 (3)
4.5 (38)	4.5 (22)	4.5 (23)	4.5 (22)	4.5 (19)
	4.0 (11)	4.0 (10)	4.0 (10)	4.0 (10)
	3.5 (1)		3.5 (3)	3.5 (6)
4.50	4.38	4.43	4.33	4.25

# Stars – Where will you be in 5 years?

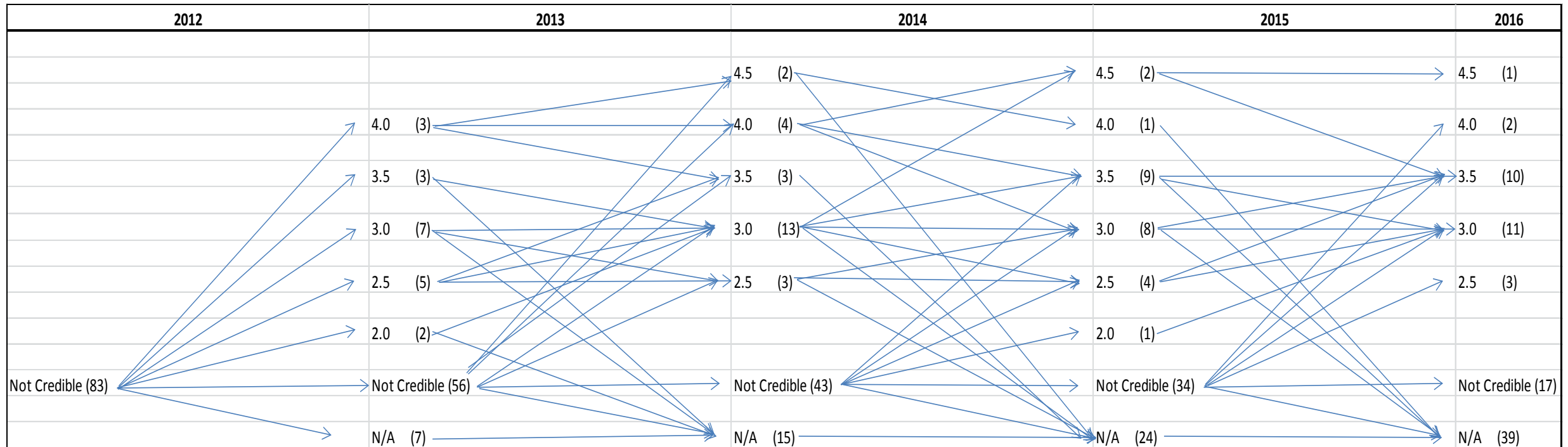
- The Holy Grail?!?
  - 5.0 Stars (Part C only)

2012	2013	2014	2015	2016
5.0 (15)	5.0 (8)	5.0 (9)	5.0 (7)	5.0 (5)
	4.5 (7)	4.5 (4)	4.5 (7)	4.5 (8)
		4.0 (2)	4.0 (1)	4.0 (2)
5.00	4.77	4.73	4.70	4.60

- Some staff model type MA plans have had 5.0 stars in 3 different years.
  - Seem to be set up for success

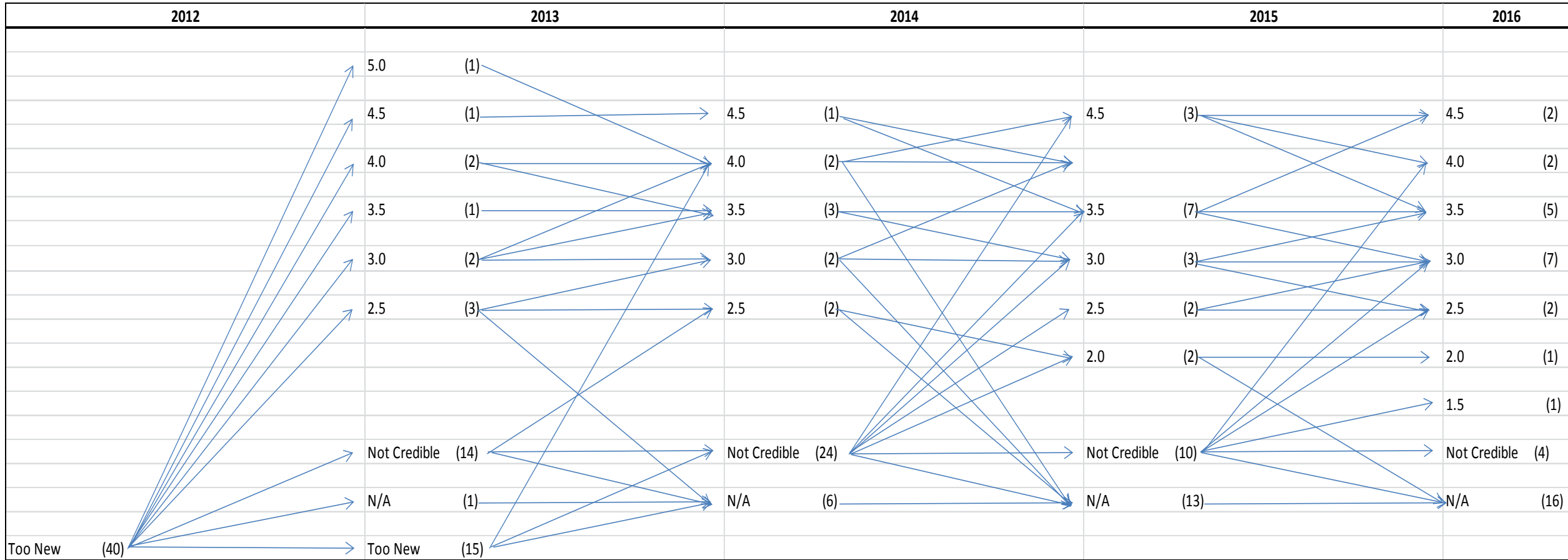
# Stars – Where will you be in 5 years?

- Originally Not Credible (Part C only)



# Stars – Where will you be in 5 years?

- Originally Too New (Part C only)





# Pointers from a 5 Star Plan

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## Path to a 5.0 Star

- 4 years at 4.5 Star, and now a 5.0 Star
  - Year 1 – Basic management of the measures to get to 4.5 Stars
  - Year 2 – Informatics platform – build disease registries from Electronic Medical Records (EMR)
    - Customer center conducted gaps outreach program
    - Archaic compared to today
  - Year 3 – Engaged physicians on HEDIS
    - Informatics brought to physicians to take action at point of service
  - Year 4 – Changed physician incentive structure from RVUs (Relative Value Units) to triple link on HEDIS measures
    1. HEDIS services are completed
    2. Service and member satisfaction – net promoter score
    3. Lower cost through reduced hospital admissions
- Benefited from the clustering methodology (all clients won't)



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## Path to a 5.0 Star (cont'd)

- Challenge to maintain a 5.0
  - Past 4 years, built up the information structure:
    1. Informatics platform
    2. Gaps in care (most important)
    3. Integrated with certified software
  - Large independent provider group doesn't have CAHPS and HOS
    - CAHPS directly affects the improvement factor
  - Gaps in Part C/D not closing as much due to the independent provider group
  - Hybrid Chart Pursuit Team
    - Gaps in Care outreach team along with Medical Record Extraction Team
      - The leader has 15-20 years of experience in HEDIS
    - Call for the providers => 3 way call to schedule appointment
    - Problem: Is physician closing gaps and following through with patient?

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## Prioritize the Triple Weighted Measures

- Why CMS has these measures weighted at 3.0
  - Patient benefits from changing their behavior
    - Adherence is the clear link!
    - Part D – High risk medications and adherence helped move the bar
- This client's HEDIS measures were 4 Star to 5 Star across the board
- Boils down to CAHPS and HOS
  - HOS very difficult to change – translated in 2 year chain
    - Baseline survey, then follow-up survey 2 years later
  - CAHPS has been easier to change
    - Remind members / patients of the service they received through report cards
      - Targets their recall bias
      - Gave them their Medical Group Satisfaction report cards as a medical group instead of a health plan

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# Putting Members FIRST

- Members loved receiving report cards listing services obtained
  - Also could add in various reminders (e.g., flu shots)
- Attempt to reach every member
- Gaps in care discussed on each outreach call
  - Can lead to lab work being scheduled ahead of time
  - Members were happy with getting only one call
  - Use providers at every point they can
  - Actively trying to use clinical data in their systems

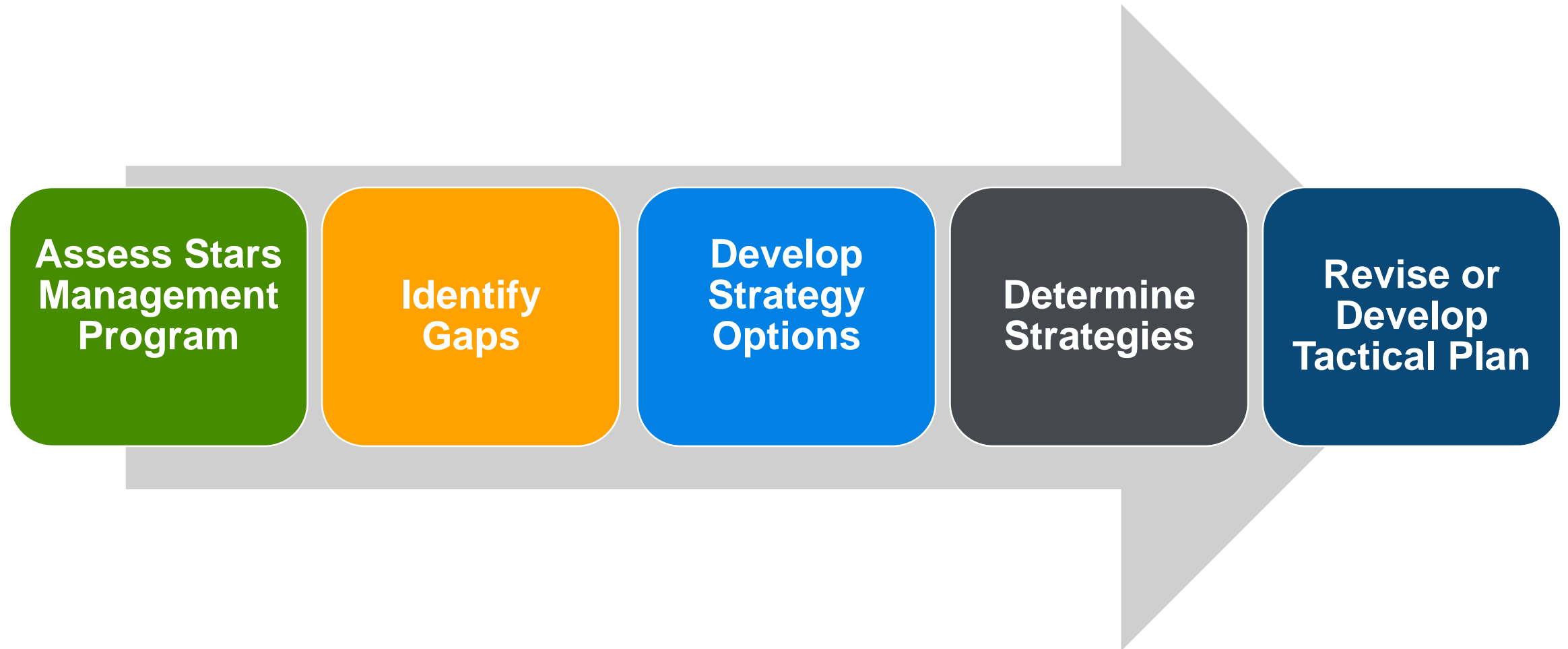


# **Star Rating Management Program**

## **Evaluation and Improvement**

# Star Rating Management Program Evaluation and Improvement

## Process Overview



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# Star Rating Management Program Evaluation and Improvement

## Organizational Structure

- Organizational structure supports Stars. For example:
  - Effective and engaged leaders
  - Stars “Guru” for overall accountability
  - Accountability for measure improvement internally and with subcontractors
  - Performance-oriented
  - Incentives aligned with goals
  - Training / education for all involved
  - Culture focused on quality
  - Commitment to improvement
  - Teams collaborate and understand how they impact various measures
  - Subcontractors (e.g., Pharmacy Benefit Managers) included

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# Star Rating Management Program Evaluation and Improvement

## Analyze and Prioritize

- Data is key to analyzing and understanding gaps, prioritizing efforts, and developing tactics.
  - Prioritize based on expected impact to the Star Rating. For example:
    - Weights of each measure
    - Competitor's measures Star Ratings
  - Further prioritize efforts, taking into consideration things such as:
    - Degree of difficulty
    - Investments/ ongoing costs
    - Potential member/ marketing impact
    - Conflict/ compatibility with other internal initiatives
- Develop or revise tactics
- Test tactics for effectiveness
- Implement tactics and monitor results
- Tremendous pressure within industry as others continue to improve their quality and Star Ratings
  - For some measures, cut points to assign Star Ratings take into account the ratings of other plans by assigning plans to percentiles for various Star levels.

## 2016 MA Measures - Potential Areas to Involve

ID	Measure	CM	WL	DM	PR	CCS	DCS	CP	AG	QM	MTM	Rx
c01	Breast Cancer Screening	X	X	X	X	X				X		
c02	Colorectal Cancer Screening	X	X	X	X	X				X		
c03	Annual Flu Vaccine	X	X	X	X	X				X		
c04	Improving or Maintaining Physical Health	X	X	X	X	X				X		
c05	Improving or Maintaining Mental Health	X	X	X	X	X				X		
c06	Monitoring Physical Activity	X	X	X	X	X				X		
c07	Adult BMI Assessment	X	X	X	X	X				X		
c12	Osteoporosis Mgmt in Women w/ Falls	X	X	X	X	X				X		
c13	Diabetes Care – Eye Exam	X	X	X	X	X				X		
c14	Diabetes Care – Kidney Disease Monitoring	X	X	X	X	X				X		
c15	Diabetes Care – Hemoglobin A1c	X	X	X	X	X				X		
c16	Diabetes Care – Blood Pressure Monitoring	X	X	X	X	X				X		
c17	Arthritis Management w/ RX	X	X	X	X	X				X		X

**CM** = Case Management; **WL** = Wellness; **DM** = Disease Management; **PR** = Provider Relations;  
**CCS** = Part C Customer Service; **DCS** = Part D Customer Service; **CP** = Compliance  
**AG** = Appeals and Grievances; **QM** = Quality Management;  
**MTM** = Medication Therapy Management Program; **Rx** = Drug Use Improvement and other Rx



# 2016 MA Measures - Potential Areas to Involve

ID	Measure	CM	WL	DM	PR	CCS	DCS	CP	AG	QM	MTM	Rx
c18	Reducing the Risk of Falling	X	X	X	X	X				X		
c19	Plan All-Cause Readmissions	X	X	X	X	X				X		
c20	Getting Needed Care	X	X	X	X	X				X		
c21	Getting Appointments and Care Quickly	X	X	X	X	X				X		
c22	Customer Service	X	X	X	X	X				X		
c23	Rating of Health Care Quality	X	X	X	X	X				X		
c24	Rating of Health Plan	X	X	X	X	X				X		
c25	Care Coordination	X	X	X	X	X				X		
c29	Health Plan Quality Improvement	X	X	X	X	X	X	X	X	X	X	X
c30	Plan Makes Timely Appeals Decisions							X	X	X		
c31	Review of Appeals Decisions Fairness							X	X	X		
c32	Call Center – Foreign Language Interpreter & TTY					X				X		

**CM** = Case Management; **WL** = Wellness; **DM** = Disease Management; **PR** = Provider Relations;  
**CCS** = Part C Customer Service; **DCS** = Part D Customer Service; **CP** = Compliance  
**AG** = Appeals and Grievances; **QM** = Quality Management;  
**MTM** = Medication Therapy Management Program; **Rx** = Drug Use Improvement and other Rx

# 2016 MA & Part D Measures - Potential Areas to Involve

ID	Measure	CM	WL	DM	PR	CCS	DCS	CP	AG	QM	MTM	Rx
C26 D04	Complaints About Plan (Parts C&D)	X	X	X	X	X	X	X	X	X	X	X
C27 D05	Members Choosing to Leave Plan (Parts C&D)	X	X	X	X	X	X	X	X	X	X	X
C28 D06	Access & Performance Problems (Parts C&D)	X	X	X	X	X	X	X	X	X	X	X

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# 2016 SNP-MA Measures – Potential Areas to Involve

ID	Measure	CM	WL	DM	PR	CCS	DCS	CP	AG	QM	MTM	Rx
c08	Health Risk Assessment (SNP)	X	X	X	X	X				X		
c09	Care for Older Adults Medication Review (SNP)	X	X	X	X	X	X			X	X	X
c10	Care for Older Adults Functional Status Assessment (SNP)	X	X	X	X	X				X		
c11	Care for Older Adults Pain Screening (SNP)	X	X	X	X	X				X		

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# 2016 (MA-PD) Part D Measures - Potential Areas to Involve

ID	Measure	CM	WL	DM	PR	CCS	DCS	CP	AG	QM	MTM	Rx
D01	Call Center – Foreign Language Interpreter & TTY						X			X		
D02	Appeals Untimely - Auto–Forward							X	X	X		
D03	Appeals Upheld							X	X	X		
D07	Drug Plan Quality Improvement	X	X	X	X	X	X	X	X	X	X	X
D08	Rating of Drug Plan	X	X	X	X	X	X	X	X	X	X	X
D09	Getting Needed Prescription Drugs	X		X	X	X	X			X	X	X
D10	Medicare Plan Finder (MPF) Price Accuracy											X
D11	High Risk Medication	X	X	X	X	X	X			X	X	X
D12	Medication Adherence for Diabetes	X	X	X	X	X	X			X	X	X
D13	Medication Adherence for Hypertension	X	X	X	X	X	X			X	X	X
D14	Medication Adherence for Cholesterol	X	X	X	X	X	X			X	X	X
D15	Medication Therapy Management (MTM) Completion Rate	X	X	X	X	X	X			X	X	X

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- We relied on information from CMS in preparing this presentation. This information is subject to change.



# Thank you

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## References

- Instructions for Completing the Medicare Advantage Bid Pricing Tools for Contract Year 2017
- Advance Notice of Methodological Changes for Calendar Year (CY) 2017 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies
- Announcement of Calendar Year (CY) 2017 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter
- Medicare 2016 Part C & D Star Rating Technical Notes
- Medicare Marketing Guidelines (7/2/2015 version)
- Fact Sheet - 2016 Star Ratings