

How States Can Use Medicare Advantage Star Ratings to Assess D-SNP Quality and Performance

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What are Medicare Advantage (MA) Star Ratings?

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to evaluate the performance of Medicare Advantage (MA) health plans. This Star Rating system enables beneficiaries, payers, and others to compare plans across multiple dimensions. CMS publishes the Star Ratings each year – usually in October – to help beneficiaries find the best plan for them and to determine MA quality bonus payments to plans. The lowest-ranking plans receive one star, and the highest ranking plans receive five stars. The 2021 Star Ratings are now available on CMS’ website: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html>, including a 16-page Fact Sheet with highlights from the actual Star Rating data tables: <https://www.cms.gov/files/document/2021starratingsfactsheet-10-08-2020.pdf>

Why are the MA Star Ratings useful to states?

States can use the MA Star Ratings to assess the quality and performance of MA plans operating in their state, especially Dual Eligible Special Needs Plans (D-SNPs). D-SNPs are required to have contracts with states to coordinate Medicare and Medicaid services for dually eligible enrollees, and some states require D-SNPs to cover Medicaid benefits, as well. Star Ratings can help inform states as they work with the D-SNPs in their state and make D-SNP contracting decisions.

Keep in mind

Star Ratings are assigned at the contract level, not at the individual plan level. This is important to understand because a single MA contract may include more than one type of Special Needs Plan (SNP) (i.e., chronic condition, institutional, and/or dual eligible), as well as non-SNP MA plans. A single MA contract may also include plans in more than one state. The star rating assigned to the contract applies to all plans under the contract and reflects the collective performance of all of those plans.

Four SNP-Specific Measures

As discussed further below, four SNP-specific measures of care management and care for older adults are reported at the individual plan level rather than at the contract level. These measures may be of particular interest to states using the MA Star Ratings to monitor the performance of D-SNPs operating in the state.

How are MA Star Ratings calculated?

MA Star Ratings are comprised of a variety of quality and performance measures within five domains of services covered by Medicare Part C¹:

¹ Medicare “Part C” refers to coverage of Part A and B services that is provided by MA managed care plans, including D-SNPs.

- 1. Staying Healthy: Screenings, Tests and Vaccines.** This domain has seven measures, including Colorectal Cancer Screening, Improving or Maintaining Physical Health, and Improving or Maintaining Mental Health;
- 2. Managing Chronic (Long Term) Conditions.** This domain has 13 measures and includes the four Special Needs Plan (SNP) specific measures mentioned previously: SNP Care Management and three Care for Older Adults measures – Medication Review, Functional Status Assessment, and Pain Assessment;
 - The four SNP-specific measures (C08 to C11) are summarized on p. 20 of the **2021 Technical Notes**, available at the link provided later in this tool, and detailed specifications are on pp. 32-37.
- 3. Member Experience with Health Plan.** This domain has six measures, including Rating of the Health Plan and Care Coordination;
- 4. Member Complaints and Changes in the Health Plan’s Performance.** This domain has three measures, including Complaints about the Health Plan and Members Choosing to Leave the Plan; and
- 5. Health Plan Customer Service.** This domain has three measures, including Plan Makes Timely Decisions about Appeals.

In addition to these health, long-term care, and customer service domains, four domains provide information about the plan’s provision of Medicare Part D (prescription drug) drug coverage. The Part D domains include:

- 1. Drug Plan Customer Service.** This domain has three measures, including Appeals Upheld;
- 2. Member Complaints and Changes in the Drug Plan’s Performance.** This domain has three measures, including Complaints about the Drug Plan and Members Choosing to Leave the Plan;
- 3. Member Experience with Drug Plan.** This domain has two measures, including Rating of Drug Plan and Getting Needed Prescription Drugs; and
- 4. Drug Safety and Accuracy of Drug Pricing.** This domain has six measures, including Medication Adherence measures for Diabetes, Hypertension, and Cholesterol medications.

Star Rating measures are drawn from multiple data sources, including the Healthcare Effectiveness Data and Information Set (HEDIS), the Medicare Health Outcomes Survey (HOS), the Consumer Assessment of Healthcare Providers and Systems (CAHPS), and others.

How can I find Star Ratings for D-SNPs in my state?

1. Locate the **Contract Number** for each D-SNP in your state.
 - Use the most recent monthly **SNP Comprehensive Report** (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html>) and filter or sort by state and SNP type (D-SNP) to find all of the D-SNPs in your state and their contract numbers.

2. Open the 2021 Medicare Report Card **Master Table**:
 - Click on the 2021 Part C and D Medicare **Star Ratings Data Table** zip file (Oct 8, 2020) (<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html>). Or, download the zip file directly: (<https://www.cms.gov/files/zip/2021-star-ratings-data-table-oct-08-2020.zip>)
 - Open the 2021 Star Ratings Data Table (Oct 8 2020).xlsx file
 - Go to the “Summary Rating” tab.
3. Find the D-SNPs in your state by their contract number and scroll to the right to find the corresponding Part C, Part D, and **Overall Star Rating** in each overall contract.

Other information in the Master Table

- Use the first three tabs to identify how each D-SNP performed on specific domains and measures.
- The Master Table also contains a “Low Performing Contracts” tab for contracts that had Part C and/or Part D ratings of 2.5 stars or less for the last three years. These contracts are assigned a “Low Performing Icon” (LPI) in the Star Ratings and are subject to termination by CMS.
- Also see the **2021 Technical Notes** (<https://www.cms.gov/files/document/2021technotes20201001.pdf>) for an overview of Star Ratings and changes for 2021, as well as more detailed information on how the Star Ratings are calculated.

Other related D-SNP contracting performance monitoring documents for state use

- **SNP HEDIS Public Use File** (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDEnrolData/SNP-HEDIS-Public-Use-Files.html>): States can use the SNP HEDIS measures to compare D-SNP performance on 15 quality measures to other D-SNPs in the state and to overall D-SNP performance nationally. For example, measures include “Follow up after Hospitalization for Mental Illness,” and “Care for Older Adults.” Unlike Star Ratings, HEDIS measures are assigned at the individual plan level (i.e., the D-SNP level), rather than the contract level.
- **Program Audit Results** (<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ProgramAuditResults.html>): CMS health plan program audit results can be used to help states identify D-SNP audit results and the number and types of Corrective Actions Required (CAR). CMS audits D-SNPs on a variety of compliance measures, such as timely performance of health risk assessments, and plans receive an audit score based on the number of CARs received. Note that program audit results are provided at the parent organization level and may include other contracts in addition to D-SNPs.
- **Ad hoc Corrective Action Plans (CAPs)** (<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/PartCandPartDComplianceActions.html>): Reviewing CMS Ad hoc Corrective Action Plans can help states identify which D-SNP sponsors in their state were issued an Ad hoc Corrective Action Plan for persistent and/or serious plan performance issues, such as failure to achieve at least three stars for the overall Star Rating.

- **Past Performance Outlier Results** (<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/PartCandPartDComplianceActions.html>): States can check these health plan past performance outlier results to determine if the organizations that operate D-SNPs performed poorly on specific quality measures or compliance with Medicare requirements.

Other resources

- **2021 SNP Landscape Source Files** (<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/index.html>): A preliminary list of D-SNPs continuing to operate or entering the market in 2021, by state and county.
- **How States Can Monitor Dual Eligible Special Needs Plan Performance: A Guide to Using CMS Data Resources** (ICRC TA Tool, January 2018) (https://www.integratedcareresourcecenter.com/PDFs/ICRC_How_States_Can_Monitor_DSNP_Performance%201.26.18.pdf): A guide to data sources available on the Centers for Medicare & Medicaid Services website that may be useful to states in designing, developing, refining, and monitoring programs that use contracts with D-SNPs to coordinate Medicare and Medicaid services for dually eligible beneficiaries.

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