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Preparing for Star measure year (MY) 2025

Fall 2024

Disclaimer

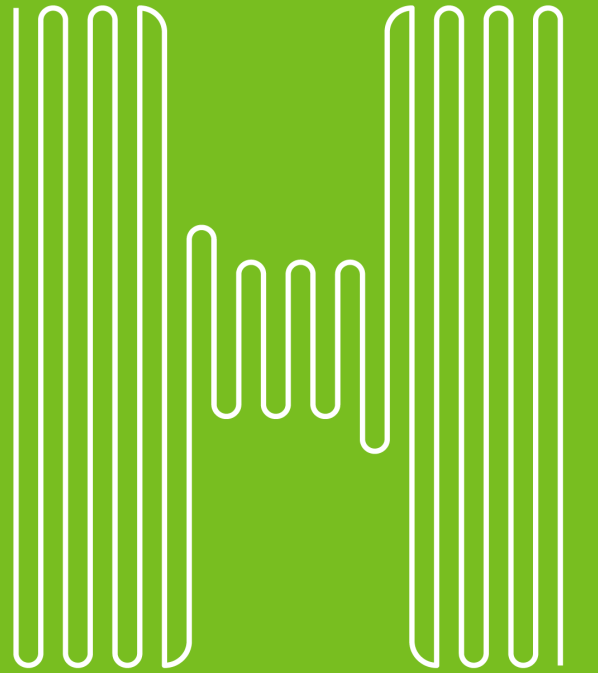


This presentation is intended for physicians and office staff. The information contained in this presentation and responses to questions are not intended to replace clinical judgment.

Information is based on the draft National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Measurement Year 2025 Volume 2 Technical Specifications for Health Plans. These specifications and additional changes will be finalized by March 31, 2025.

Star measure definitions

Term	Definition
Bonus year	Bonus year is the year in which CMS pays bonuses for currently enrolled members based on the prior calendar year's rating.
CAHPS	CAHPS® is the Consumer Assessment of Healthcare Providers and Systems. It is conducted on behalf of CMS. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
CMS	CMS is the Centers for Medicare & Medicaid Services.
HEDIS	HEDIS stands for the Healthcare Effectiveness Data and Information Set. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).
HOS	HOS is the Health Outcomes Survey, an annually reported outcome survey conducted on behalf of CMS.
IRE	IRE is an Independent Review Entity. Currently CMS' IRE is Maximus.
Measurement year	Measurement year is the period of time when patients are receiving their screenings, filling prescriptions and responding to surveys. Information regarding this activity is exchanged with CMS or the IRE. The measurement period is literally the calendar year: Jan. 1–Dec. 31.
Patient Safety	Patient Safety is the operational category used to assess quality and performance of drug plan services. The Pharmacy Quality Alliance (PQA™) oversees the Patient Safety category.
Weights	Weights are the values assigned to measure types to indicate their impact on the overall or summary Star Rating of a plan.

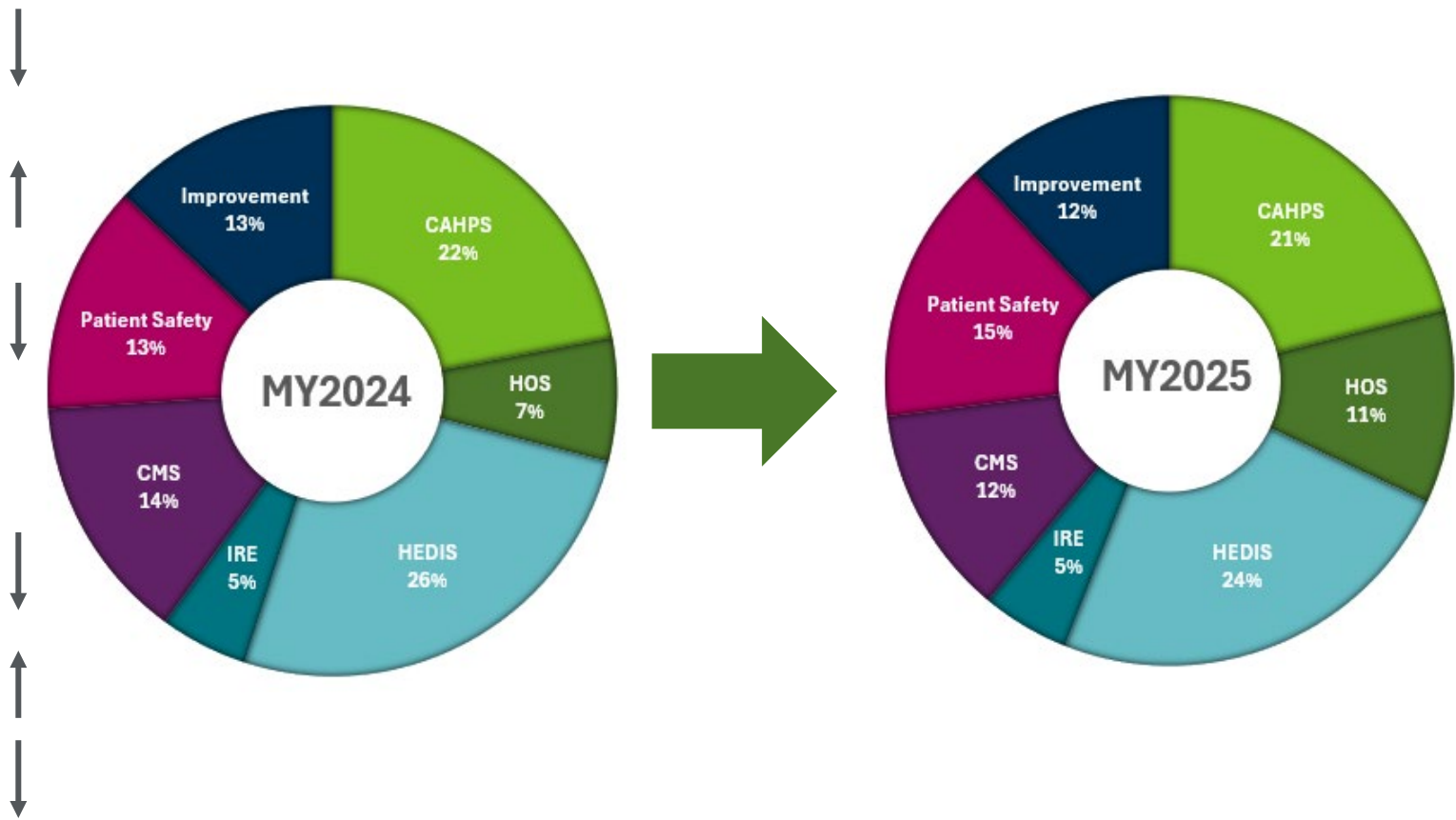


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Star Rating Program MY 2025 measures

MY2024 vs. MY2025 Star Rating operational category breakdown

	Category	MY 2024	MY 2025
1	CAHPS Consumer Assessment of Healthcare Providers and Systems	22%	21%
2	HOS Health Outcomes Survey	7%	11%
3	HEDIS Healthcare Effectiveness Data and Information Set	26%	24%
4	IRE Independent Review Entity	5%	5%
5	CMS Centers for Medicare & Medicaid Services	14%	12%
6	Patient Safety	13%	15%
7	Improvement	13%	12%



Star measures and weights

HEDIS		Measured January–December		ABBR	Weight
Preventive Screenings		Breast Cancer Screening		BCS-E	1x
		Colorectal Cancer Screening*		COL-E	1x
		Osteoporosis Management		OMW	1x
Care for Older Adults (COA) Measures apply only to Special Needs Plans (SNPs)			Medication Review	MDR	1x
			Functional Status Assessment*	FSA	1x
Condition Management		Cardio	Controlling High Blood Pressure	CBP	3x
			Statin Therapy for Patients With Cardiovascular Disease	SPC	1x
		Diabetes	Glycemic Status Assessment	GSD	3x
			Eye Exam*	EED	1x
			Kidney Health Evaluation	KED	1x
Care Coordination	Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions			FMC	1x
	Plan All-Cause Readmissions			PCR	3x
	Transitions of Care Measure determined by averaging the scores of the four components below			TRC	1x
	1. Notice of Inpatient Admission (NIA)		2. Receipt of Discharge Information (RDI)		
	3. Medication Reconciliation Post-Discharge (MRP)		4. Patient Engagement After Inpatient Discharge (PED)		

Patient Safety		Measured January–December	ABBR	Weight
Medication Management	Medication Adherence	Cholesterol (statins)	MAC	3x
		Diabetes Medication	MAD	3x
		Hypertension (ACE/ARB)	MAH	3x
	Statin Use in Persons with Diabetes		SUPD	1x
	Use of Multiple Anticholinergic (ACH) Medications in Older Adults*		POLY–ACH	1x
	Concurrent Use of Opioids and Benzodiazepines*		COB	1x
	Use of Multiple Central Nervous System (CNS) Active Medications in Older Adults		POLY–CNS	Display

CAHPS	Measured March–June of the following year	ABBR	Weight
Annual Flu Vaccine		FLU	1x
Care Coordination		CC	2x
Customer Service		CS	2x
Getting Appointments and Care Quickly		GACQ	2x
Getting Needed Care		GNC	2x
Getting Needed Prescription Drugs		GNRx	2x
Overall Rating of Health Care Quality		RHCQ	2x
Overall Rating of Health Plan		RHP	2x
Overall Rating of Drug Plan		RDP	2x

HOS	Measured July–November	ABBR	Weight
Improving or Maintaining Physical Health ^{1*}		IMPH	3x
Improving or Maintaining Mental Health ^{1*}		IMMH	3x
Monitoring Physical Activity		MPA	1x
Improving Bladder Control		IBC	1x
Reducing the Risk of Falls		ROF	1x

IRE	Measured January–December	ABBR	Weight
Timely Decisions about Appeals		PTD	2x
Reviewing Appeals Decisions		RAD	2x

CMS	Measured January–December	ABBR	Weight
Data for the next two measures (TTY/FL) is collected through test calls made by a CMS vendor February–June of the following year			
Call Center – Foreign Language Interpreter and TTY/TDD – Part C		FLIC	2x
Call Center – Foreign Language Interpreter and TTY/TDD – Part D		FLID	2x
Complaints About the Health/Drug Plan Part C and Part D performance calculated separately and apply only toward respective line of business		CHPC/CHPD	2x
Comprehensive Medication Review*		CMR	Display
Medicare Plan Finder Accuracy ¹		MPF	1x
Special Needs Plan Care Management		SNP	1x
Members Choosing to Leave the Plan Part C and Part D performance calculated separately and apply only toward respective line of business		MLPC/MLPD	2x

Improvement	ABBR	Weight
Part C Improvement ¹	HPQI	5x
Part D Improvement ¹	DPQI	5x

1. Measures that are **not** part of the Improvement calculation for plan administrators

* Indicates a measure with a change between MY 2024 and 2025

The information supplied here represents anticipated Measure Year 2025 measures and weights based on Plan Preview, September 2024.

Updated: September 2024

Measure year 2025 expected changes: Plan and provider influenced		2024	2025	
HEI	Health Equity Index		Replacing Reward Factor with HEI	
HEDIS	Care for Older Adults – Pain Screening (COA–PNS)	1x	Retired	
	Care for Older Adults – Functional Status Assessment (COA–FSA)	Display	1x	<ul style="list-style-type: none"> 66 years of age and older enrolled in a Special Needs Plan Percentage of members whose doctor has completed a functional status assessment to see how well they are able to perform Activities of Daily Living such as dressing, eating, and bathing Higher compliance is better
	Eye Exam for Patients With Diabetes (EED)	Hybrid	Administrative-only	
		Bilateral eye enucleation was considered “compliant”	Bilateral eye enucleation is now an exclusion	
	Colorectal Cancer Screening (COL-E)	50–75 years of age	45–75 years of age	
	Medication Reconciliation Post-Discharge (MRP)	1x	<ul style="list-style-type: none"> Retired as a stand-alone measure TRC component only 	
Patient Safety	Use of Multiple Anticholinergic Medications in Older Adults (POLY–ACH)	Display	1x	<ul style="list-style-type: none"> 65 years of age and older with a Part D plan Patients should not take two or more unique ACH medications and have an overlapping days supply for 30 or more cumulative days during the measurement period (Jan. 1–Dec. 31) Two or more fills of the same ACH med on different dates of service Lower compliance is better
	Concurrent Use of Opioids and Benzodiazepines (COB)	Display	1x	<ul style="list-style-type: none"> 18 years of age and older with a Part D plan Patients should not take opioid and benzodiazepines together with overlapping days’ supply for 30 or more cumulative days during the measurement period (Jan. 1 - Dec. 31) Two or more opioid fills on different dates of service Lower compliance is better
HOS	Improving or Maintaining Physical Health (IMPH)	1x	3x	
	Improving or Maintaining Mental Health (IMMH)	1x	3x	
CAHPS	No changes to measures in 2025	N/A	N/A	

Measure year 2025 expected changes: Only plan-influenced		2024	2025
CMS	Comprehensive Medication Review (CMR)	1x	Display
IRE	No changes to measures in 2025	N/A	N/A

Health Equity Index



Health Equity Index reward became effective in 2024



CMS has finalized a Health Equity Index (HEI) to replace the current reward factor. The HEI summarizes contract performance for members with specified social risk factors (SRFs) across multiple measures into a single score to incentivize plans to focus on equitable healthcare, experiences and outcomes.



CMS defines SRFs as “factors related to health outcomes that are evident before care is provided, are not consequences of the quality of care, and are not easily modified by healthcare providers.”^{1,2} The HEI will initially focus on members with one of the three SRFs and these SRFs may be expanded over time.

1. Dual-eligible (full or partial)
2. Disabled
3. Low Income Subsidy (LIS)



The HEI includes measures that focus on the enrollee (e.g., HEDIS and Patient Safety measures) but not measures focusing on the plan or provider (e.g., appeals and call center measures).

1. Social Risk Factors: Definitions and Data, Accounting for Social Risk Factors in Medicare Payment, the National Academies Press, <https://nap.nationalacademies.org/read/23635/chapter/4>
2. https://www.aspe.hhs.gov/sites/default/files/migrated_legacy_files/171041/ASPESESRTCfull.pdf

Part C
Provider and Health Plan Shared Influence

HEDIS /Part C	Preventive Screenings	Breast Cancer Screening (1x)
		Colorectal Cancer Screening (1x)
		Osteoporosis Management in Women Who Had a Fracture (1x)
	Controlling High Blood Pressure (3x)	
	Statin Therapy for Patients With Cardiovascular Disease (1x)	
	Diabetes	Glycemic Status Assessment (3x)
		Eye Exam (1x)
		Kidney Health Evaluation (1x)
	Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (1x)	
	Plan All-Cause Readmissions (3x)	
	Transitions of Care (1x)	

CAHPS/Part C	Annual Flu Vaccine (1x)
	Care Coordination (2x)
	Customer Service (3x)
	Getting Appointments and Care Quickly (2x)
	Getting Needed Care (2x)
	Getting Needed Prescription Drugs (2x)
	Rating of the Drug Plan (2x)
	Rating of Health Care Quality (2x)
	Rating of the Health Plan (2x)

HOS/ Part C	Improving Bladder Control (1x)
	Improving or Maintaining Mental Health (3x)
	Improving or Maintaining Physical Health (3x)
	Monitoring Physical Activity (1x)
	Reducing the Risk of Falling (1x)

Part D
Provider and Health Plan Shared Influence

Patient Safety Part D	Medication Adherence	Cholesterol (statins) (3x)
		Diabetes Medication (3x)
		Hypertension (ACE/ARB) (3x)
	Statin Use in Persons with Diabetes	

CMS Part D	Comprehensive Medication Review
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CAHPS Part D	Getting Needed Prescription Drugs
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Part C and D
Health Plan Influenced

CAHPS Part C	Customer Service
	Rating of the Health Plan
CAHPS Part D	Rating of the Drug Plan

References

- Medicare 2025 Part C & D Star Rating Technical Notes Update Sept. 29, 2024
- HEDIS 2025 Volume 2, Technical Specifications for Health Plans
- HEDIS Measurement Year 2025 Volume 2, Draft Technical Specifications for Health Plans
- CMS CY 2025 Final Rule

The information in this presentation is not a complete or comprehensive description of the Five-Star Quality Rating System.

The presentation serves as an introduction to the Star Rating Program and its measures for measurement year 2025.

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