

Flexibilities to Fight COVID-19

CMS Issues MA and Part D Stars Guidance



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CMS has issued new interim rules and guidance to help provide flexibility to respond to the COVID-19 pandemic. Termed “Patients Over Paperwork” to help plans focus on its beneficiaries’ health, CMS has modified and reduced data collection and submission requirements.

This document outlines the salient provisions as it applies to Revel’s government programs health plan clients. Please note this does not focus on any of the Medicaid waivers issued, rather the Star Rating changes that impact Revel’s clients.

2020 Data Submission

CMS is making the following changes relative to data submissions scheduled for 2020:

HEDIS Data

CMS will not require health plans to submit 2020 HEDIS data (covering the 2019 measurement year) for the Medicare program.

CAHPS

CMS removed the 2020 CAHPS submission requirements so, while the CAHPS survey can be used for internal quality improvement, CMS will not require it for a plan’s Star Ratings.

HOS

While the Health Outcomes Survey was scheduled to be administered from April through July 2020, CMS has postponed it to late summer and will make additional adjustments as needed.

Star Rating Calculations

2021 Star Ratings (released October 2020)

CMS is not requiring any data to be submitted this year since a plan’s focus should be on its members’ care rather than completing paperwork. As such, CMS is planning to use the current 2020 Star Rating HEDIS score and CAHPS data for the 2021 Star Ratings. The ratings, published in October, will reflect those published in October 2020.

Other 2019 data (separate from HEDIS and CAHPS) will not be suspended and will continue to be reported, except to the extent there are data validation issues due to the COVID-19 pandemic. In this situation, measure-level data and scores will be derived from the 2020 Star Ratings.

2022 Star Ratings (for 2020 Measurement Year)

2022 Star Ratings reflect the 2020 reporting year. Although plans are focused on COVID-19, CMS will continue to require plans to submit 2020 HEDIS data which will be due for submission in June 2021. In addition, CMS requires plans to administer the 2021 CAHPS survey. Performance for Star Rating measures for COVID-defined non-essential services may decline due to member deferment of these provider services, and when the non-essential service restriction is lifted, demand may be too great for a plan to drive improvement in the Star Rating measure. As such, CMS has removed the policy around the 5-percentage point cut point cap for the 2022 Star Ratings. If national performance declines, the cut points will be reduced

to reflect this decrease even if beyond the 5% reduction cap. Accordingly, the cut points will be reduced to reflect all plans' average overall performance curve.

Similarly, when physicians begin providing non-essential services the demand could result in long wait times for routine care. This has downstream implications for member satisfaction and Star Ratings. It will be important for plans to continue to monitor and balance the increase in need for care, member experience, and potential for COVID-19 reemergence. This delicate balance could have larger implications for future plan performance. The elimination of the cut point cap could help buffer a negative impact generated from this balancing act.

Policy Implications

Plans need to be focused on addressing beneficiaries needs, expansion of services, and crisis management. Plans are already in their busiest time of year developing their 2021 bid submissions and plan benefits. As a

result, CMS has attempted to remove some of the data submission burden to redirect resources. **This does not eliminate 2022 data collection requirements and Star Rating standards (which applies to the 2020 measurement year).** To the contrary, CMS needs to continue to encourage plans to collect clinical and performance data for services provided to its existing membership, drive positive health outcomes, and reduce the risk for its most clinically-complex population. While the paperwork burden is relieved, the need to drive performance continues to be a core focus and one to help benefit a population which is deemed to be at the greatest risk during this crisis.

To that end, Revel is continuing to help its clients drive Star Rating improvements since a plan's performance will continue to be measured during this COVID-19 pandemic. Focusing on these ratings is critical in helping maximize plan performance, continue to drive member satisfaction, and eliminate gaps.



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