

**BETTER MEDICARE**  
ALLIANCE

# Medicare Advantage Star Ratings & Pay for Performance

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# Star Ratings Overview

- More High Quality Plans & Savings since P4P
  - *BUT PROGRESS IS SLIPPING!*
- Lack of Strong Behavioral Measures
- Socioeconomic status
  - Risk Adjustment vs. Stratification.
- More Meaningful Measures & Reducing Burden

# MA Stars Before ACA P4P

Largely Ignored, Little Change Year to Year  
“No Business Case for Quality”

Plans were Paid More Regardless of Quality  
14% above FFS costs - \$14B in 2010 alone!

## MA Stars Since ACA P4P Began in 2012

### 44% of Plans Have 4-5 Stars for 2018

- Up from 31% in 2012,
- *BUT*, down from 49% in 2017
- 4-5 Star plans have 73% of all MA enrollees

### Payments to plans 101% of FFS (MedPAC)

- Quality bonuses are 3% of total payment
- Average premium down ~6%

### 16.1M/34.5% of all beneficiaries now in MA

- Up 60+% from pre-ACA, faster than FFS

# Need for More & Better Behavioral Measures

*Key measure development focus due to:*

- *Impact physical as well as behavioral care & costs*
- *Lack of integration & improvement*

• Initiation & Engagement – Alcohol / Drug Treatment

• Opioid – High Dose, Multi-providers

• Depression Screening & Follow-Up

• Unhealthy Alcohol Use Screening & Follow-Up

# SES Stratification vs. Risk Adjustment

## **STRATIFICATION**

- Increases transparency
- Helps target QI
- Highlights rather than hides disparities
- Allows comparison of disparities among plans

## **RISK ADJUSTMENT**

- Minimal impact
- Sweeps disparities under the rug without addressing them



# NCQA Alignment with 'Meaningful Measures'

Reduce  
Reporting  
Burden



moving to  
electronic  
reporting from  
data entered  
into EHRs,  
registries,  
HIEs

Streamline  
Measures



systematically  
reviewing  
where & how  
to retire  
duplicative,  
topped-out,  
low-value  
measures

Measure  
Outcomes



focused on  
outcome,  
particularly  
Patient-  
Reported  
Outcomes  
Measures  
(PROMs)