COVID-19 Impact on 2022 Medicare Star Ratings

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CMS Changes to the Medicare Advantage Star Rating Program Drive Significant Increases to Overall Star Ratings

On October 7th CMS released the 2022 Medicare Advantage Star Ratings. These star ratings were higher on average than any prior year in the Medicare Stars program. As a result, many Medicare Advantage Organizations (MAOs) will receive significantly higher revenue in 2023. The driver of this unprecedented increase in Star Ratings is not better quality performance; instead, it is primarily due to a temporary expansion of the regulations for contracts impacted by Extreme and Uncontrollable Circumstances (such as COVID-19).

This expanded regulation was initially announced in the August 2020 Interim Final Rule (IFR)[1]. In the IFR, CMS confirmed that virtually all Medicare Advantage (MA) contracts meet the definition of "affected" contracts in the 2020 measurement year under the Extreme and Uncontrollable Circumstances (EUC) policy. Contracts assigned the "affected" status were assigned the better of current (2020) or prior year (2019) performance in virtually every Stars measure. This led to an increase in the 2022 Overall Star Ratings for many MAOs, relative to their anticipated Star Rating if the "affected" status had not been applied and the Star Rating had been calculated on 2020 measurement year performance alone.

Wakely estimates that the impact of this EUC policy to all contracts in the 2022 Star Ratings **will increase total 2023 Medicare Advantage spending by $3.15 billion, or $9.64 PMPM[2]**, relative to expected 2023 MA spending if the EUC policy had not been applied. This equates to a **0.8%** increase in MA spending in 2023 overall, although the impact to each MA contract will vary[3]. The remainder of this paper will further examine the impact that the CMS policies had on Overall Star Ratings and how actual 2020 performance and cut-points moved relative to 2018 and 2019.

[1] https://www.cms.gov/files/document/covid-ifc-3-8-25-20.pdf
[2] Note that all results shown in this paper are intended to quantify the Star Rating changes in the IFR only. This paper does not address the impact of other changes outlined in the August 2020 IFR.
[3] Wakely recommends that each MA organization develop its own estimates of the change to 2022 Star Ratings, as the impact will vary widely for each organization.

Estimated Impact of the 2020 Measurement Year EUC Policy on 2023 Medicare Advantage Spending

After applying the EUC policy, 2022 Star Ratings for most measures were calculated based on the better of 2020 performance and either 2018 or 2019 performance. The objective of our analysis was to quantify the estimated change in 2023 MA spending due to the EUC policy being applied to all contracts in the 2020 measurement year and to determine what the average star rating would be if the EUC policy had not been extended to cover all contracts impacted by COVID-19. To evaluate the impact of the EUC policy on all contracts, Wakely started with published contract-level 2021 and 2022 Star Rating data. The 2022 measure-level values and Star Ratings published by CMS already reflect the better of 2020 and 2019 measurement year performance, so we must make some assumptions in order to simulate the 2020 measurement year performance without the application of the EUC policy. At the contract and measure level, Wakely first identified the contracts and Stars measures with the same measure *value* and measure *star* in both years (ex. contract H1000 had 4 stars and 87% for breast cancer screening in the 2021 and 2022 Star Rating data). In these instances, we assumed the data reported in the 2022 Star Ratings was actually the "better of" the two years, and that actual 2020 performance must have been worse. We then reduced the contract measure-level Star Rating by one star to simulate the actual 2020 performance.

Once contract and measure-level Star Ratings were determined without the "better of" protections, Overall Star Ratings were recalculated. We then applied this change in Overall Star Ratings to project 2023 MA spending based on Wakely's 2023 internal revenue projections.

Overall Star Rating and MA Spending

The "removal" of EUC policy treatment was applied to published 2022 Star Ratings through four phases:

1. **Revised Measure-Level Star Ratings** – First, the underlying measure-level Star Ratings for each contract were adjusted to account for contracts and measures that were assumed to have received without the "better of" logic. This logic was applied to all measures except for the Part C and D Call Center and Improvement Measures[4], Monitoring Physical Activity, Reducing the Risk of Falling, Improving Bladder Control[5], Customer Service, Care Coordination, Getting Needed Prescription Drugs, and MPF Price Accuracy[6].

[4] The EUC policy requires additional circumstances to apply the "better of" logic to the Call Center measures. The EUC policy also does not apply the "better of" logic to the Improvement measures.
[5] HEDIS/HOS measures are on a different performance year timeline than the other measures and therefore did not have the "better of" logic applied for the 2022 Star Ratings. These measures will instead receive the "better of" treatment in the 2023 Star Ratings.
[6] The remainder of measures listed were not adjusted because of the small variance in contract performance. Many contracts often perform the same year over year, so there is not enough variance between year to year performance to conclude that a contract received the "better of" the two years just because published measure values stayed the same.

2. **Reward Factor** – Next, the reward factor[7] was recalculated to utilize the measure-level Star Ratings from step 1 that reflect actual 2020 measurement year performance. In all cases, this resulted in no change or a decrease to each contract's Reward Factor from taking away the EUC protections.

3. **Improvement Measure "Hold Harmless" Treatment** – The EUC policy also impacts the treatment of improvement measures in the Overall Star Rating calculation. Every contract is calculated both with and without the improvement measures, and each contract receives the higher of the two resulting star ratings. To "undo" the impact of the EUC, we removed this additional protection.

4. **Calculate Star Ratings with and Without MPF measure** – Because of the substantial changes to the MPF Price Accuracy measure for 2022 Star Ratings, the EUC logic additionally calculated the Overall Star Ratings for each contract both with and without this measure included. Contracts received the higher star rating of the two.

5. **Existing Parent Organization Average** – Finally, for contracts that were too new to receive their own Star Rating and would be paid based on the average Star Rating of the parent organization. We updated the parent organization average Star Rating to reflect the impact of changes 1-3.

Each of the changes above were applied sequentially to the 2022 Star Ratings for all contracts. The impact was evaluated both as a change to the contracts' Overall Star ratings and the expected impact to 2023 MA spending.

Table 1 below shows the impact of each of these changes on contract Star Ratings. The MA spending change per member, per month (PMPM) is shown incrementally for each proposed change (ex. the impact of the changing reward factor is expected to increase Medicare payments by $2.11 pmpm in total).

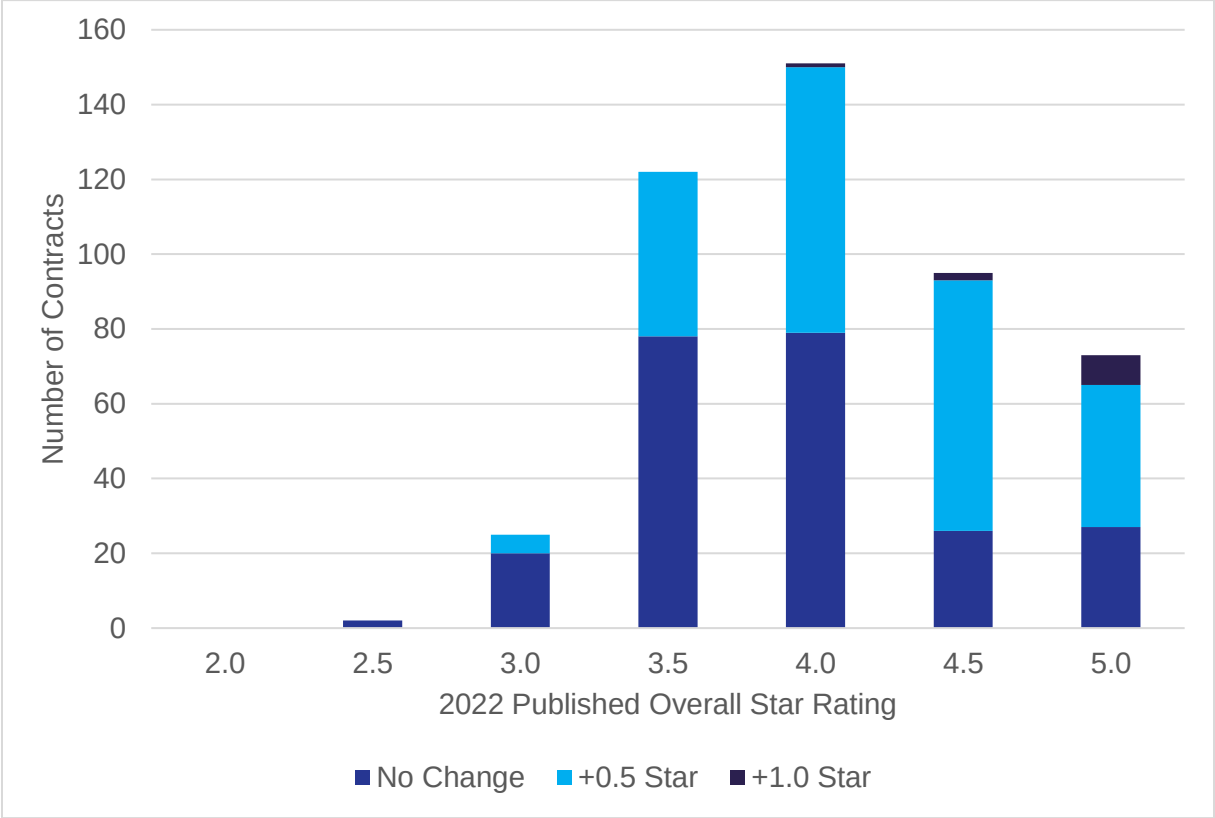
Table 1: Applying the EUC Policy to All Published Contracts

	Change in Overall Star Rating by Contract					PMPM MA Spending Impact *(Change across entire population)*
	-0.5	**0.0**	**0.5**	**1.0**	**1.5**	
2022 Overall Star Rating Changes						
1. Revised Measure Level Star Ratings	-	298	169	1	-	$7.38
2. Reward Factor Impact	-	401	67	-	-	$2.11
3. Improvement Measure "Hold Harmless"	-	464	4	-	-	$0.02
4. MPF Measure "Hold Harmless"	-	463	5	-	-	$0.06
5. Parent Org Average Star Change	-	29	31	-	-	$0.07
Total Change	**-**	**261**	**256**	**11**	**-**	**$9.64**

[7] The Reward Factor is an additive adjustment from 0.0 to 0.4 applied to Overall Star Ratings to reward contracts for both high performance and low variability in measure level performance.

Figure 1 below shows the distribution in MA enrollment by contract Star Rating before and after applying the EUC policy.

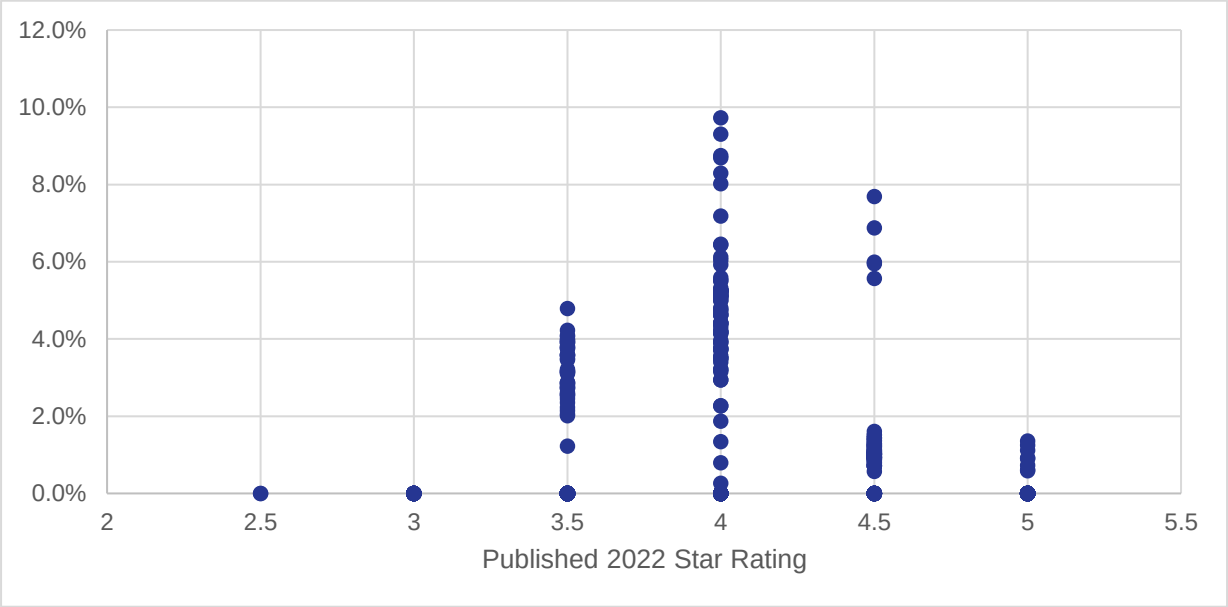
Figure 1: Star Rating Impact of COVID-19 EUC Policy[8]



The figure above shows that the Overall Star Rating has increased for 50% of all contracts due to the temporary expansion of the EUC policy. Most contracts had an increase will change of 0.5 Stars; however, roughly 2% of contracts increased by 1.0 Star, and many of these contracts went from 4.0 to 5.0 Stars as a result of the policy. For many contracts, a higher Quality Bonus Payments (QBP) and/or an increased rebate percentage accompanied an increase in the Overall Star Rating[9]. The increase to 2023 payments resulting from these Star Rating changes is shown in Figure 2.

[8] This plot excludes New contracts under existing MA parent organizations. New contracts that receive the Star Rating from their parent organization may also increase in revenue due to an increase in the parent organization Star Rating after applying the EUC policy to all contracts.
[9] Refer to Appendix D for the QBP and rebate percentages at each Overall Star Rating level.

Figure 2: Percent MA Payment Impact of COVID-19 EUC Policy[10]



As expected, the largest spending increases occurred on contracts that received the 4.0 Overall Star Rating in the published 2022 Star Ratings. This is due to the additional 5% QBP earned when a contract attains the 4.0 Star Rating. After the 4.0 Star Rating, the next largest revenue increase occurs with the rebate percentage from 50% to 65% when the 3.5 Star Rating is attained.

For more detail on the contract Star Rating and MA spending changes described above, refer to Appendix C. Further detail on the methodology used to derive the results shown within this report can be found in Appendix D.

Additional Considerations

Wakely's analysis demonstrates that the application of the EUC policy to all contracts has substantially improved 2022 Overall Star Ratings and will in turn increase 2023 MA spending. We have identified additional market changes for managed care organizations to consider as they plan for the future:

- Contracts that were new in 2019 or 2020 have a disadvantage relative to established contracts with experience in years prior to 2019. For each measure, CMS assigned the better Star Rating of the current year or prior year. For HEDIS and CAHPS measures, this was the better of 2020 or 2018 performance because the 2019 performance data was not collected due to COVID-19 (for more information on this change, see the IFR released March 2020[11]). For all other measures, CMS used the better of 2020 or 2019. Contracts that started in 2019 did not have 2018 experience to rely on, and contracts that started in 2020 will not have prior year experience from 2018 or

[10] This plot excludes New contracts under existing MA parent organizations.
[11] https://www.cms.gov/files/document/covid-final-ifc.pdf

2019. Therefore these contracts did not benefit from the "better of" logic and instead relied on their 2020 performance in all of the Stars measures. Table 2 below shows the percent of contracts that increased in Star Rating due to the EUC provisions, separately for contracts that were new in 2020, new in 2019, or existing prior to 2019.

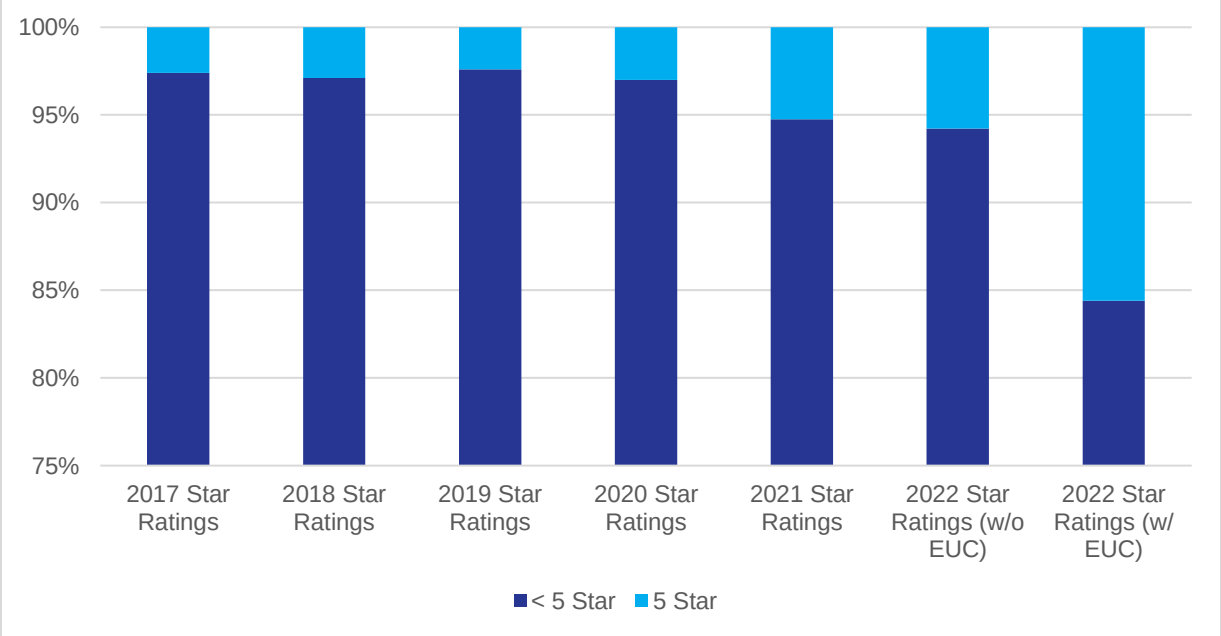
- Contracts that were new in 2021 will receive the 2022 Star Rating for their Parent Organization. Many of these contracts will receive higher revenue in 2023 due to an increase in the Parent Organization 2022 Star Rating. Table 2 summarizes the increase in Star Rating for the contracts that were new in 2021.

Table 2: Changes in Overall Star Rating by Contract Start Date

	Existing Prior to 2019	New 2019	New 2020	New 2021
No Change	47%	78%	97%	49%
+0.5 Star	50%	22%	3%	51%
+1.0 Star	3%	0%	0%	0%
+1.5 Star	0%	0%	0%	0%

- For the 2022 Star Ratings, there is a large increase in the number of 5 Star contracts due to the EUC, from 5.3% to 15.6%, as shown in Figure 4 below. Members are allowed to change plans throughout the year if they choose to enroll in a 5 Star contract. Therefore, the increase in 5 Star contracts in the 2022 Star Rating year is likely to result in more members changing plans in the middle of the year.

Figure 4: Contracts with a 5 Star Rating, 2017 – 2022



- CMS has not yet announced how the 2021 performance year will be handled with regards to COVID-19 and the EUC policy. There is still an individual assistance FEMA declaration in place Nationwide for COVID-19, potentially prompting a potential Nationwide EUC declaration again. If this were the case, contracts would receive the better of their 2023 and 2022 star ratings. This could resulting in higher 2024 Medicare Advantage payments similar to the increases we will see in 2023. While there are so many unknowns, plans should be cautious on any benefit enhancements they make based on their additional 2023 revenue.

Conclusion

The clarifications and changes to the 2022 Medicare Star Ratings that CMS has put in place for the 2022 star rating, have had a significant impact on contract level Star Ratings in 2022 and will have a strong impact on MA spending in 2023. Wakely has estimated that these changes are responsible for **increasing total 2023 Medicare payments by $3.15 billion, or $9.64 PMPM**.

Although the changes are expected to increase Star Ratings overall, not all contracts benefited from the application of the EUC policy. Contracts that were new in 2019 or 2020 did not receive the same protections under the proposed policy as those with experience prior to 2019. New contracts receiving their first Star Rating perform worse on average – receiving an average overall star rating that is 0.7 worse than the average star rating for an established contract[12]. The temporary expansion of the EUC policy for COVID-19 has increased that disparity even further. In addition, contracts that do not receive a 2022 Star Rating because they are low enrollment or new contracts starting in 2022 or 2023 will continue to receive the 3.5% QBP bonus. These contracts did not receive any additional benefit from the expanded EUC policy.

Finally, while the handling of COVID within the 2023 star ratings is still unknown, plans should be cautious about any benefit enhancements they make during the 2023 bid season as they may find themselves only holding onto those increased star ratings for only one year.

Please contact Suzanna-Grace Sayre at SuzannaGrace.Sayre@wakely.com or Dani Cronick at Dani.Cronick@wakely.com with any questions or to follow up on any of the concepts presented here.

[12] https://www.wakely.com/blog/new-contract-medicare-star-ratings-why-sudden-cliff

Appendix A: Extreme and Uncontrollable Circumstances Policy Background

CMS initially codified the Extreme and Uncontrollable Circumstances (EUC) policy in the 2019 Final Call Letter[13]. The intention of the EUC policy is to adjust Star Ratings to account the effects of extreme and uncontrollable circumstances that occur during the performance period, such as disasters and hurricanes. CMS first defines counties receiving Individual Assistance as part of a FEMA Major Disaster Declaration as "affected counties". Contracts with 25% of the enrollment in affected counties receive measure level Star Ratings that are the better of the current year or the prior year. Additionally, contracts with 60% or more of their enrollment in affected counties are excluded from the clustering algorithm used to determine measure-level cut points. The "25% rule" is intended to protect contracts that are adversely impacted from being in "disaster-impacted" areas, while the "60% rule" is intended to prevent these contracts from bringing down the cut points used to determine Star Ratings for all contracts.

The Star Ratings policy for EUC was developed with natural disasters in mind. In the August 2020 IFR, CMS confirmed that the policy was not designed to address global pandemics. COVID-19 created an unprecedented circumstance in which almost all states/territories were designated as Individual Assistance areas in 2020. CMS acknowledges that this number could continue to grow throughout 2020 as the pandemic evolves. This created a unique circumstance in which virtually all MA contracts were deemed "affected" using both the "25% rule" and "60% rule".

Due to this unusual circumstance, CMS decided to suspend the "60% rule" for the 2022 Star Ratings only. The result: all 2020 contracts were used in the determination of cut points for the 2022 Star Ratings. CMS applied the "25% rule" to all affected contracts, allowing all contracts to receive the better of current and prior year performance Star Rating for all measures as well as the "hold harmless" treatment on their Part C and D improvement measures.

[13] https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf

Appendix B: Additional Exhibits

The below appendix provides additional information on the distribution of contract 2022 Star Ratings as published and after the simulated removal of the EUC policy. Table B1 shows the distribution of contracts across each Star Rating *prior to* the application of the EUC policy and *after* the implementation of this policy. Note that the after results tie to the published 2022 Overall Star Ratings, which applied the EUC policy. All contracts were either kept consistent or helped by the EUC policy. Some contracts increased as much as 1.0 Star Rating.

Table B1: Contract Distribution *Prior to* and *After* Applying the EUC Policy

Star Rating Prior	Star Rating After (Published 2022 Star Rating) 2.5	3	3.5	4	4.5	5	New/Low Enroll	Total
2.5	2	5	-	-	-	-	-	7
3	-	20	44	1	-	-	-	65
3.5	-	-	78	71	2	-	-	151
4	-	-	-	79	67	8	-	154
4.5	-	-	-	-	26	38	-	64
5	-	-	-	-	-	27	-	27
New/Low Enroll	-	-	-	-	-	-	185	185
Total	2	25	122	151	95	73	185	653

Table B2 below shows the expected percentage change in MA spending at each Star Rating. Contracts increasing from a 3.0 or 3.5 Star Ratings will see the largest increases in MA spending.

Table B2: Expected Percentage Change in 2023 MA Spending

Star Rating Prior	Star Rating After (Published 2022 Star Rating) 2.5	3	3.5	4	4.5	5	New/Low Enroll	Total
2.5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3	0.0%	0.0%	3.4%	9.7%	0.0%	0.0%	0.0%	2.4%
3.5	0.0%	0.0%	0.0%	4.7%	6.0%	0.0%	0.0%	2.9%
4	0.0%	0.0%	0.0%	0.0%	1.2%	1.1%	0.0%	0.7%
4.5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
New/Low Enroll	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.5%
Total	0.0%	0.0%	1.2%	1.4%	1.0%	0.0%	0.5%	0.8%

Finally, Table B3 shows the distribution of 2021 enrollment on plans with 4.0 Stars or greater, before and after the EUC policy change. This analysis shows an increase from 79.6% of enrollment in 4+ star plans to 88.3% of enrollment. These contracts will receive an additional 5% (or more in double bonus counties) QBP, so the change will drive a significant increase in 2023 Medicare spending.

Table B3: Enrollment in 4.0 + Star Plans

	Prior to EUC Change	After EUC Change (Published 2022 Star Ratings)
Greater than 4 Stars	21,671,758	24,036,616
Less than 4 Stars	5,169,221	2,804,363
New and Low Enrollment Contracts	382,439	382,439
Total	27,223,418	27,223,418
Percent of Enrollment in 4+ Star Plans	79.6%	88.3%

Appendix C: Methodology

Methodology Overview

Wakely used the published 2022 and 2021 Star Ratings Data Tables[14] to evaluate the impact of the temporary expansion to the EUC policy in the 2022 Star Ratings. These tables include measure level data (ex. a contract scoring 83% on the Breast Cancer Screenings measure), measure level Star Ratings (ex. a contract receiving 4 stars out of 5 on the Breast Cancer Screenings measure), Part C and D cut points for each measure, and Overall Star Ratings. We then replicated the CMS calculations for the 2022 Overall Star Ratings for every contract by calculating raw Overall Star Ratings (weighting each measure with the CMS defined measure weight) and then adjusting for Part C and D Improvement Measure "hold harmless" provisions, Reward Factors, and the Categorical Adjustment Index (CAI).

With all contracts aligned in their starting point – the published 2022 Overall Star Rating – the EUC policy provisions were removed and then added back in sequentially. Removing the provisions on a 2022 Overall Star Rating "without EUC provisions" basis then allowed us to calculate a new Overall Star Rating after each change.

Better of 2019 and 2020 Measure Level Star Ratings

In the 2022 Star Rating year, CMS allowed all contracts to qualify under the 25% rule as being subject to an "Extreme and Uncontrollable Circumstance". This allowed all contracts to receive measure level Star Ratings that are the better of 2020 performance and either 2018[15] or 2019[16] performance, for all measures except the Part C and D Call Center – Foreign Language Interpreter and TTY Availability measures.

In order to derive the impact of the EUC policy on contract Star Ratings, Wakely recalculated the 2022 Overall Star Ratings for every available contract, decreasing measure level star ratings where the contract was thought to have the "better of" logic applied. Wakely did this by identifying where contracts had the same measure *value* and measure *star* in both years (ex. contract H1000 had 4 stars and 87% for breast cancer screening in the 2021 and 2022 Star Rating data). In these instances, it was assumed that the data reported in the 2022 Star Ratings was actually the "better of" the two years, and that actual 2020 performance must have been worse. The contract and measure star rating was reduced by one star within the Wakely calculations.

When measure level Star Ratings are changed to use the better of current and prior year performance, there is also a change in the contract reward factor and the Part C and Part D Health/Drug Plan Quality Improvement measures. The reward factor change was calculated in a separate step, described below.

[14] https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData
[15] HEDIS and CAHPS measures received the better of 2018 or 2020 performance
[16] All non-HEDIS and CAHPS measures received the better of 2019 or 2020 performance

Reward Factor

The reward factor adjustment varies from 0.0 to 0.4 and is added to a contract's Summary and Overall Star Ratings based on the variance and mean across all measure level Star Ratings. When we adjusted each contract to measure level Star Ratings with and without EUC provisions, we also brought these new measure level Star Ratings into the reward factor calculation, decreasing the variance and increasing the mean for most contracts. The result was a calculated Star Rating impact driven by the change in reward factor only.

Improvement Measure Hold Harmless

In the March released IFR, prior to the clarification of the EUC policy, CMS stated that for the 2022 Star Ratings they would apply a "Hold Harmless" clause to the Improvement Measure for all contracts. This means that CMS calculated the 2022 Improvement Measures based on measure level improvement either from 2018 to 2020 or 2019 to 2020 (depending on the measure). They then calculated the Overall Star Rating both *with* and *without* the Improvement Measures included. Each contract received the Overall Star Rating that was higher, either with or without the improvement measure. Currently this "Hold Harmless" is already in place for contracts rated 4.0 stars or higher – the additional temporary change expanded the Hold Harmless clause to all contracts.

In order to estimate the impact of this change on the published 2022 Star Ratings, we removed the application of the "Hold Harmless" clause to all contracts based on the 2022 Star Rating data used within this analysis.

New Contracts Under and Existing Parent Organization

The final change outlined here did not impact published 2022 Star Ratings, but it will change the 2023 MA payments to new contracts under existing parent organizations. Contracts under an existing parent organization that were are in 2021 or later do not have their own 2022 Star Rating – instead, these contracts will receive 2023 MA payments based on the weighted average 2022 Star Rating of the parent organization. The weighted average 2022 Star Rating is calculated using enrollment from November of 2021. Contract 2022 Star Ratings increased under the new EUC rule, the parent organization average Star Rating increased as well.

In order to model this change, for contracts that were too new to receive a 2022 Star Rating, we calculated the average parent organization Star Rating using November 2021 enrollment, both before and after the EUC changes.

MA Spending Changes

The above methodologies describe how changes in Overall Star Ratings were determined for all contracts based on the CMS proposed changes. The last step in the analysis was to quantify the resulting financial impact of these changes. Table C1 demonstrates the relationship between contract Star Ratings, QBP, and rebate percentages.

Table C1: Quality Bonus and Rebate Percentages, by Star Rating

Plan Rating	Bonus Payment	Quality Bonus Quartile-Adjusted Benchmark	Rebate Percentage
5.0	5.0%	105% of Benchmark	70%
4.5	5.0%	105% of Benchmark	70%
4.0	5.0%	105% of Benchmark	65%
3.5	0.0%	100% of Benchmark	65%
3.0	0.0%	100% of Benchmark	50%
New Plans under New MAOs	3.5%	103.5% of Benchmark	65%
Low Enrollment Contracts	3.5%	103.5% of Benchmark	65%
Plans Not Reporting	0.0%	100% of Benchmark	50%

First, we excluded contracts that do not have MA payments tied to Overall Star Rating. This includes PDP, Demo, 1876 Cost, and MSA contracts. We also excluded contracts without published CMS enrollment. CMS does not report enrollment for plans with less than 10 members in each county, therefore we cannot estimate the MA spending impact on these contracts. After applying these exclusions, we reduced the number of contracts from 850 in the 2022 published Star Rating file to 653 in our MA spend analysis.

To quantify the MA spending impact of each Star Rating change on the remaining contracts, first, Individual county-level benchmarks for 2022 and 2023[17] were determined for every 2022 contract at each Star Rating from 1.0 to 5.0. This involved utilizing published November 2021 county-level enrollment and Wakely internal county benchmark projections based on the known quartile changes, ACA benchmark caps, qualifying "double bonus" counties, and current CMS benchmark projections. A bid estimate was derived for each Star Rating by applying an estimated bid to benchmark ratio to the contract level benchmark. The bid to benchmark ratios was developed at the county, product, and SNP type-level based on historic publicly available bids and benchmarks and trends in bid to benchmark ratios by quartile. Using this established bid and benchmark, the resulting MA revenue was then determined for all individual plans at each Star Rating.

Because Employer Group Waiver Plans (EGWP) do not submit a bid, the revenue for these plans at each Star Rating was determined by the EGWP payment rate. The MA spending impact of a change in Star Rating, therefore, is based on the change in the payment rates based on Star Ratings.

Finally, the quantified impact to MA spending was multiplied by the estimated contract risk score. Risk scores were developed from 2019 publicly available data at the county, product, and SNP type level. They were applied to the contract based on their enrollment distribution at the county, product, and SNP type level.

[17] Contract level benchmarks for 2023 assumed a constant county level enrollment distribution from 2022.