IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

ALIGNMENT HEALTHCARE INC.,

Plaintiff,

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, *et al.*,

Defendants.

Case No. 25-cv-0074-CRC

PLAINTIFF'S NOTICE OF FILING CORRECTED JOINT APPENDIX

Pursuant to Local Civil Rule 7(n)(2), Plaintiffs have conferred with the government and have agreed on the contents of the Rule 7(n) administrative record appendix to be filed in this case. The agreed appendix, as corrected pursuant to the Court's May 29 minute order, is attached to this notice.

Dated: May 30, 2025

/s/ Michael B. Kimberly
Michael B. Kimberly (No. 991549)
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Counsel for Plaintiff

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Defendants.

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CORRECTED JOINT APPENDIX

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From: CMS PartC&DStarRatings <IMCEAEX-_O=EXCHANGELABS_OU=EXCHANGE+20ADMINISTRATIVE+20GROUP+20+28FYDIBOHF23SPDLT+29_CN=RECIPIENTS_CN=B2872ECAC3784E76B1B8530C4B03DD04-PARTCANDDST@namprd09.prod.outlook.com>
Sent: Monday, August 19, 2024 7:51 AM
To: Hakan Kardes; Cynthia Lynch
Cc: Dawn Maroney; Padideh (Medisa) Danaee; Lily Wendt; CMS PartC&DStarRatings
Subject: RE: Plan Preview #1: H9686 and H3443

We are keeping the data as is for the below cases. It sounds like reopenings were not submitted within the required timeframes when reopenings are permitted. For the first case it appears that your contract failed to process this case appropriately and for the second case if you disagreed with the Maximus decision you could have submitted a reopening during the required timeframes.

Part C and D Star Ratings Team

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Friday, August 16, 2024 1:49 PM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; Cynthia Lynch <CLynch@ahcusa.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; Lily Wendt <LWendt@ahcusa.com>
Subject: Re: Plan Preview #1: H9686 and H3443

Dear Part C and D Star Ratings Team,

Thank you for your efforts in investigating the appeals data and for sharing Maximus's feedback. I would like to provide further information and respectfully request reconsideration of the appeals for only our H3443 contract, given the errors on the face of the evidence and the potentially significant impact on our overall Star ratings.

Based on the attached CMS memo, we conducted a thorough review of all appeals data on the MAXIMUS website for our contracts and identified some data errors. In response, we submitted additional documentation and information for four cases prior to the June 28th deadline, with these documents postmarked on June 17th. Following our submission, we observed that, as of June 20th, three of these appeals were updated on the MAXIMUS system to reflect that they were Timely, which led us to believe that these submissions were reviewed and that the errors had been corrected.

However, based on your recent communication, it appears that this was a display error on the MAXIMUS side and that no changes were actually made to the data. We respectfully request reconsideration for the following cases under our H3443 contract. This contract had 18 appeals in the denominator, with only one appeal flagged as untimely and one appeal overturned. This brings both the "Plan Makes Timely Decisions about Appeals" and "Reviewing Appeals Decisions" measures to 94% (17/18), causing these measures to drop from 5 to 3 Stars (based on prior year cut-points) due to errors on a single appeal for each measure. We believe these appeals contain errors on the face of the evidence, do not reflect our commitment to providing high-quality care and compliance to all our members, and will unfairly and significantly impact our Star ratings. Apologies for the length of this email, but this is very critical for us and our beneficiaries, and we want to provide all the facts to help you re-evaluate these cases.

We have attached the additional facts we submitted to Maximus. In summary, the cases in question are:

1. **Case 1: 1-13226962526**
   Arizona Priority, the member's medical group and Alignment Health Plan's delegated entity for claims processing, received a claim from a non-contracted provider, Arizona Diagnostic Radiology Group LLC., on 11/02/2022 for a date of service on 09/30/2022. The service was for a lower extremity study, with the primary diagnosis being pain in the right leg (DX Code – M79.60).

After three attempts to obtain medical records, Arizona Priority denied the claim on 01/02/2023 due to the absence of medical records. The remittance to the non-contracted provider included details on the timeline to submit an appeal, which must be received with a Waiver of Liability.

On 02/08/2023, Arizona Priority received the provider appeal with medical records, but again, no Waiver of Liability was attached. The non-contracted provider subsequently filed their appeal with the plan on 07/06/2023, 180 days from the claim denial date, and again, without a Waiver of Liability. This appeal was not only submitted untimely by the provider but also again lacked a signed Waiver of Liability. The plan forwarded the appeal to the IRE on 09/06/2023, as the delegated entity originally received this appeal on 02/08/2023 without a Waiver of Liability.

Despite the IRE upholding the plan's appeal, Alignment Health Plan is respectfully requesting a review of the IRE determination and a change to a dismissal, as the appeal did not meet CMS appeal filing requirements and lacked a Waiver of Liability despite the Plan and delegated entity's repeated attempts to obtain one.

2. **Case 2: 1-12757246876**
   Alignment Health Plan received a claim from contracted provider Sonora Quest Laboratories on 01/20/2023 for a date of service on 01/05/2023. The service was for outpatient lab services. Alignment denied the claim on 02/10/2023, citing other Primary Coverage, as the member showed active coverage with a Primary Insurance Carrier at the time of claim receipt.

   On 02/24/2023, the member filed an appeal stating that she no longer had other Primary Coverage and that her policy with Blue Cross had terminated on 11/01/2022. During the appeal review, the plan confirmed that both Marx and ECRS still showed other Primary Coverage through Southwest Administrators, effective 01/01/2020, and active as of the appeal date. Since the member insisted her policy had terminated, attempts were made to obtain evidence of the termination of her policy. On 04/25/2023, the member confirmed that she indeed had other Primary Coverage, as supported by Marx and ECRS. Therefore, on 04/25/2023, the plan upheld their denial, as the remittance advice to the contracted provider had informed the provider to coordinate the benefits via Adjustment Code UDMEOB-Missing Prior Insurance Carrier(s) EOB.

   The plan timely submitted the upheld appeal to the IRE, which was subsequently overturned on 07/27/2023, citing that the plan had failed to coordinate coverage. The payment was effectuated on 08/02/2023. As outlined in the IRE response, the coordination of benefits options includes: 1) sending the bill to the primary insurer, 2) asking the provider to bill the primary insurer, or 3) paying the provider and collecting from the primary insurer. Based on the plan's review of the sequence of events, the plan believes it fulfilled its obligation to coordinate the coverage by informing the provider (option 2 above) that there was other coverage via the remittance advice, UDMEOB-Missing Prior Insurance Carrier(s) EOB, notifying providers that the member has other primary insurance and instructing them to submit the claim to the primary insurance first. If the primary insurance had already paid/denied the claim, the provider was asked to send a copy of the primary insurance remittance advice.

   Alignment does not dispute payment of the claim; however, Alignment Health Plan is respectfully requesting a review of the IRE determination and a change to a dismissal or upholding the appeal to prevent unfair and significant impact on this contract's overall Star ratings, considering that the plan followed the appropriate steps to coordinate the benefit, the information displayed on Marx and ECRS during the appeal review, and the conflicting information provided by the beneficiary during the appeal.

Given the circumstances, we kindly request that CMS reconsider the determination of these appeals now, taking into account the evidence we have provided and the display error on the MAXIMUS website. Each of these cases could potentially have a substantial impact on the ratings for this contract despite the Plan's commitment to high-quality care and relentless focus on compliance, as illustrated in the attached evidence.

We appreciate your attention to this matter and kindly request a reevaluation of these cases. Should you need any additional information or further clarification, please do not hesitate to reach out.

Thank you so much for your continued support.

Hakan Kardes
Chief Experience Officer
Alignment Health

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Date: Tuesday, August 13, 2024 at 8:54 AM
To: Hakan Kardes <HKardes@ahcusa.com>, Cynthia Lynch <CLynch@ahcusa.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview #1: H9686 and H3443

We have shared your email with Maximus and they confirmed that all 3 of these appeals are untimely. The documents they received in June were reopening requests which did not include anything to show that the plan was timely. No data changes were made to their systems to indicate they were timely. Maximus said there is an issue with the Plan Timely column on their website that they are investigating and will be fixing. The dates on their website are correct for the IRE Request Received Date and the Plan Reported Recon Receipt Date which would have been updated if these cases were deemed timely.
We apologize for any confusion that the Maximus issue on their website is creating.
Part C and D Star Ratings Team

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Sent: Monday, August 12, 2024 4:20 PM
To: Hakan Kardes <HKardes@ahcusa.com>; Cynthia Lynch <CLynch@ahcusa.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview #1: H9686 and H3443

Thank you for raising this. We are going back to Maximus to look again at these cases since we want to make sure they are accurate for the second plan preview.
Part C and D Star Ratings Team

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Monday, August 12, 2024 4:10 PM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; Cynthia Lynch <CLynch@ahcusa.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: Re: Plan Preview #1: H9686 and H3443

Dear CMS Partners,

Thank you for the update regarding these cases. I would like to bring to your attention that these cases were originally flagged as untimely, but we submitted additional documentation and information for four cases as part of our data validation back in June.

Specifically, these three cases were updated as Timely on 6/20/24 in the system after we provided the additional information, as illustrated in the logs. Could you please double-check this with Maximus to ensure that the most recent updates are reflected correctly?

We appreciate your assistance in resolving this matter and ensuring accuracy in the reporting.

Thanks,
Hakan Kardes
Chief Experience Officer
Alignment Health

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Date: Monday, August 12, 2024 at 11:41 AM
To: Cynthia Lynch <CLynch@ahcusa.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>, Hakan Kardes <HKardes@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview #1: H9686 and H3443

We shared this with Maximus and they have confirmed that these cases are all untimely. They are investigating an issue with their website's "plan timely" column.
Sorry for the confusion.

Part C and D Star Ratings Team

From: Cynthia Lynch <CLynch@ahcusa.com>
Sent: Thursday, August 8, 2024 5:50 PM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Hakan Kardes <HKardes@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>
Subject: Plan Preview #1: H9686 and H3443

Dear CMS Partners,

We have reviewed the Plan Preview 1 data and wish to address some discrepancies affecting the calculation of the "Plan Makes Timely Decision about Appeals" for Alignment Health Plan. Our commitment is to provide exceptional care and experience to our beneficiaries, and it is crucial that our data accurately reflect this commitment.

The discrepancies identified are as follows:

1. **Discrepancy for H9686:**

    - According to our records from Maximus, the "Reviewing Appeals Decisions" measure is reported accurately for this contract. However, there is an issue with the "Plan Makes Timely Decision about Appeals" measure, which is reported as 80% (12/15), but our records show it should be 93% (14/15).

    - Appeals 1-12950364749 and 1-13248655228 are flagged as timely in Maximus but are marked as late in the Plan Preview 1 detailed appeal data. Please find the latest Maximus report for this contract attached.

2. **Discrepancy for H3443:**

   - The "Plan Makes Timely Decision about Appeals" measure for the H3443 contract also has a discrepancy.
   - In the Plan Preview 1 data, one appeal, 1-13226962526, is marked as untimely, but according to Maximus, this appeal was timely.
   - Our published score is 94%, but it should be 100% (18/18). Please find the latest Maximus report for this contract attached.

Thank you for your prompt attention to this matter. We look forward to your response and are available for any further discussions or clarifications needed.

Best regards,

Alignment Health

CINDY LYNCH
SVP, Chief Compliance & Privacy Officer

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Alignment Health
1100 W. Town & Country Rd., Suite 1600
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01.B MAXIMUS_H9686_PY2023
AR 8

Case Number	Contract Number	IRE Request Received Date	IRE Appeal Priority	Plan Reported Recon Receipt Date	IRE Corrected Recon Receipt Date	Plan Timely	Plan Extension (Y/N)	IRE Recon Decision	IRE Reopen Decision	ALJ Decision	Last Decision Date	QIC Appeal Deadline	Parent Org
1-12267099573	H9686	1/31/2023	Retrospective	12/2/2022		Yes	N	Unfavorable	N/A	N/A	3/21/2023	3/30/2023	Alignment Healthcare USA, LLC
1-12321632847	H9686	2/10/2023	Retrospective	12/13/2022		Yes	N	Unfavorable	N/A	N/A	4/3/2023	4/9/2023	Alignment Healthcare USA, LLC
1-12415223046	H9686	2/28/2023	Pre-Service Part B Drug	2/22/2023		Yes	N	Unfavorable	N/A	N/A	3/6/2023	3/7/2023	Alignment Healthcare USA, LLC
1-12428080491	H9686	3/3/2023	Pre-Service	2/3/2023		Yes	N	Unfavorable	N/A	N/A	3/31/2023	3/31/2023	Alignment Healthcare USA, LLC
1-12428096716	H9686	3/3/2023	Retrospective	1/30/2023		Yes	N	Unfavorable	N/A	N/A	4/19/2023	4/30/2023	Alignment Healthcare USA, LLC
1-12565897309	H9686	3/28/2023	Pre-Service	3/9/2023		Yes	N	Unfavorable	N/A	N/A	4/19/2023	4/25/2023	Alignment Healthcare USA, LLC
1-12684808590	H9686	4/13/2023	Pre-Service	4/5/2023		Yes	N	Unfavorable	N/A	N/A	5/2/2023	5/11/2023	Alignment Healthcare USA, LLC
1-12684811616	H9686	4/13/2023	Retrospective	2/17/2023		Yes	N	Unfavorable	N/A	N/A	5/31/2023	6/10/2023	Alignment Healthcare USA, LLC
1-12892642641	H9686	5/17/2023	Pre-Service	4/19/2023		Yes	N	Unfavorable	N/A	N/A	6/13/2023	6/14/2023	Alignment Healthcare USA, LLC
1-12947701386	H9686	5/26/2023	Retrospective	4/4/2023		Yes	N	Unfavorable	N/A	N/A	7/19/2023	7/23/2023	Alignment Healthcare USA, LLC
1-12950364749/ 1-12950364749R1(R)	H9686	5/30/2023	Retrospective	9/22/2021		Yes	N	Favorable	Favorable	N/A	6/20/2024	7/27/2023	Alignment Healthcare USA, LLC
1-13248655228/ 1-13248655228R1(R)	H9686	9/14/2023	Retrospective	7/14/2022		Yes	N	Favorable	Favorable	N/A	6/20/2024	11/11/2023	Alignment Healthcare USA, LLC
1-13278070896/ 1-13278070896R1(R)	H9686	9/25/2023	Retrospective	8/15/2023		Yes	N	Favorable	Unfavorable	N/A	5/2/2024	11/22/2023	Alignment Healthcare USA, LLC
1-13486733636/ 1-13486733636R1(R)	H9686	11/20/2023	Retrospective			Appellant Dismissal	N	Unfavorable	Remand to Plan	N/A	5/8/2024	1/19/2024	Alignment Healthcare USA, LLC
1-13504532862	H9686	11/29/2023	Retrospective	8/1/2023		N/A	N	Dismiss Appeal	N/A	N/A	1/17/2024	1/26/2024	Alignment Healthcare USA, LLC
1-13570123760	H9686	12/18/2023	Retrospective	6/30/2023		No	N	Unfavorable	N/A	N/A	2/6/2024	2/14/2024	Alignment Healthcare USA, LLC
1-13603284688	H9686	12/30/2023	Pre-Service	12/1/2023		Yes	N	Unfavorable	N/A	N/A	1/18/2024	1/27/2024	Alignment Healthcare USA, LLC

ALIGNMENT HEALTH PLAN

Explanation of Payments Detail

ALIGNMENT HEALTH PLAN
1100 West Town & Country Road, Suite 1600
Orange, CA 92868
(866) 646-2247

Vendor: 860872873 SONORA QUEST LABORATORIES
PO BOX 67150
PHOENIX, AZ 85082-7150

Date Paid: 02/10/2023 **Check #:** NC23039000081 **Check Amount:** $0.00

Member Name: MORRISON, LYNDA S **Member ID:** 00000199480 **Health Plan:** ALIGNMENT HEALTH PLAN ARIZONA **DUAL MEM:** NO

Provider Name: SONORA QUEST LABORATORIES **Acct:** NL83280037Z01 **Claim #:** 20230127921019500217 **Date Received:** 01/20/2023

Ln#	Date of Service From	To	Procedure Code	Description	Mod	Qty	Billed	Allowed	Member Responsibility	Adjustment	Withhold	Net	Interest	Adjustment Codes
1	01/05/2023	01/05/2023	36415	ROUTINE VENIPUNCTURE		1	$10.95	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	UDMEOB
2	01/05/2023	01/05/2023	85025	COMPLETE CBC W/AUTO DIFF WBC		1	$27.51	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	UDMEOB
3	01/05/2023	01/05/2023	85652	RBC SED RATE AUTOMATED		1	$27.51	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	UDMEOB
4	01/05/2023	01/05/2023	86635	COCCIDIOIDES ANTIBODY		2	$120.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	UDMEOB
5	01/05/2023	01/05/2023	86635	COCCIDIOIDES ANTIBODY	90	1	$68.04	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	UDMEOB
	Totals for Claim: 20230127921019500217						**$254.01**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	

Adjustment Code and Descriptions

UDMEOB MISSING PRIOR INSURANCE CARRIER(S) EOB

Vendor Total: 860872873 **$254.01** **$0.00** **$0.00** **$0.00** **$0.00** **$0.00** **$0.00**

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850

CENTER FOR MEDICARE

DATE: April 11, 2024

TO: All Medicare Advantage Organizations, Prescription Drug Plans, and Section 1876 Cost Plans

FROM: Vanessa S. Duran
Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Information to Review Data Used for Medicare Part C and D Star Ratings and Display Measures

The purpose of this memo is to remind sponsors of the various datasets and reports available to review their underlying measure data that are the basis for the Part C and D Star Ratings and display measures. Please alert CMS of potential errors or anomalies in advance of CMS's plan preview periods to allow sufficient time to investigate and resolve them before the release of the Star Ratings.

The pages that follow provide information about the available datasets and reports for ongoing review. Many of the datasets are posted in HPMS, under "Quality and Performance," then "Performance Metrics." In many cases, these datasets provide more detailed information than what is used for CMS's Star Ratings and display measures.

In addition, previous years' Star Ratings and Display Measure Technical Notes and data can be found at http://go.cms.gov/partcanddstarratings. The Technical Notes provide detailed information about each of the measure calculations.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Measures (Part C and D)

Official CAHPS preview reports will be emailed to the Medicare Compliance Officer in August. Official CAHPS plan reports will be emailed to the Medicare Compliance Officer in October. We remind contracts that any results they receive from their vendor may differ from CMS results and are not to be considered official.

If you have questions about MA and/or PDP CAHPS data please contact: MP-CAHPS@cms.hhs.gov.

Health Outcomes Survey (HOS) measures (Part C)

HPMS HOS Star Ratings Validation page:

- To access HOS Star Ratings Validation, from the top navigation bar select: "Quality and Performance," then "HOS," then from the left navigation bar select "Survey Results." From the drop-down menu, select "Star Ratings Validation." Select the appropriate cohort and contract number/name. Additional measure results can be found under "Aggregate Score Analysis."

The Cohort 23 (2020-2022) data are currently posted. The Cohort 24 (2021-2023) data will be posted by early August 2024.

If you have questions about HOS data please contact: HOS@cms.hhs.gov.

Complaints about the Health/Drug Plan Measure (Part C and D)

On May 10, 2019, CMS released an HPMS memo with an updated Complaints Tracking Module (CTM) Plan Standard Operating Procedures (SOP). Plans should review all complaints at intake and verify the contract assignment and issue level. The memo details how sponsors may submit a Plan Request in HPMS for review by their CMS Account Manager (e.g., to request a change in contract assignment, change issue level from Plan Issue to CMS Issue, or change in category/subcategory).

As stated in the Announcement of Calendar Year (CY) 2025 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies, all requests for changes must be made by the June 28, 2024 deadline (i.e., Plan Requests for changes to 2023 complaint data must be made by June 28, 2024 for the 2025 Star Ratings).

As a reminder, multiple CTM cases for the same beneficiary should still be verified and communicated with the beneficiary/complainant. Once confirmed as the same issue, older CTM cases can be closed, and the CTM case number(s) should be referenced in the new complaint. CTM cases in this scenario will not be removed from plan measures for purposes of the Star Ratings.

CMS provides plans quarterly reports with additional information on the data used to calculate the Complaint Rates on the HPMS Performance pages:

- To access the Complaint Rates Reports, from the top navigation bar select: "Quality and Performance," then "Performance Metrics," then from the left navigation bar select "Reports." From the drop-down menu, select from the list of reports, "Complaint Tracking." Under "Report Type" select the "Complaint Rates" and select the appropriate report period.

The 2023 reports are currently posted. The Q1 2024 report will be posted by end of April 2024.

Questions related to your plan's complaints measure rates or the HPMS Complaint Rates Reports should be sent to PartCandDStarRatings@cms.hhs.gov. Questions regarding CTM Plan Requests and assignments should be sent to your CMS Account Manager and copy the PartCandDStarRatings@cms.hhs.gov mailbox if related to the measures.

Appeals Measures – Independent Review Entity (IRE) Data (Part C)

Information regarding the Part C reconsideration process is available to MA organizations on the www.medicareappeal.com website.

The data available on MAXIMUS's website, http://www.medicareappeal.com/AppealSearch, are updated daily; therefore, MA organizations that notice discrepancies or have questions about the data should bring these issues to the attention of MAXIMUS as they arise. Plans can view all of their cases by Received Date or look up by a specific appeal number. There is a field that indicates whether the appeal was timely. We encourage MA organizations to email any questions they may have about the data to medicareappeal@maximus.com.

As stated in the 2025 Rate Announcement, any requests for changes to IRE data must be made by June 28, 2024 (i.e., requests for changes to 2023 IRE data must be made by June 28, 2024 for the 2025 Star Ratings).

Call Center Measures – Foreign Language Interpreter and TTY Availability (Part C and D)

HPMS Performance pages:

- To access the Part C or D Call Center Reports, from the top navigation bar select: "Quality and Performance," then "Performance Metrics," then select from the left navigation bar "Reports" and then "Call Center Monitoring." Under "Report Type," from the drop-down menu, select Part C prospective beneficiary customer service or Part D prospective beneficiary customer service. Choose the 2023 study dates under "Report Period" in the drop-down menu, select your contract ID, and click "Create Report" or "Download."

The next set of FL/TTY reports will be released in late July to early August 2024. In addition, plans/sponsors may download and review their raw call data directly from HPMS to validate the results. A data dictionary and technical notes for the Accuracy & Accessibility Study are also available via the Part C or Part D Performance Metrics page under the "Download" option. We encourage plans/sponsors to contact CMS via CallCenterMonitoring@cms.hhs.gov if they believe an error occurred.

Special Needs Plan (SNP) Care Management and Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Review (CMR) Measures – Part C and D Reporting Requirements data (Part C and D)

The Part C SNP Care Management measure and Part D MTM CMR measure are calculated using validated plan reported data.

For more information about data validation, please see the Medicare Part C and Part D Reporting Requirements Data Validation documents posted at: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartCDDataValidation.

Section 6 of the Data Validation Procedure Manual outlines the Pass/Not Pass Determination process, steps for plans/sponsors to view their data validation results in HPMS, and how plans/sponsors may submit an appeal (within 5 business days following the June 15, 2024 data validation deadline) if they disagree with the independent data validation contractor's findings. Please contact the PartCandD_Data_Validation@cms.hhs.gov email box for questions or concerns about your data validation results.

HPMS Plan Reporting Data Validation page:

- To access this page, from the top menu select "Monitoring," then "Plan Reporting Data Validation." Select the appropriate contract year. Select the PRDVM Reports. Select "Score Detail Report." Select the applicable reporting section.

  If you do not see this module in HPMS, contact CMSHPMS_Access@cms.hhs.gov.

A contract will be assigned 1 star in the following measures if these criteria are met:

SNP Care Management measure – if the contract 1) did not score at least 95% on data validation for the SNP Care Management reporting section, or 2) was not compliant with data validation standards/sub-standards for any the following SNP Care Management data elements:

- Number of new enrollees due for an initial Health Risk Assessment (HRA) (Element A)
- Number of enrollees eligible for an annual reassessment HRA (Element B)
- Number of initial HRAs performed on new enrollees (Element C)
- Number of annual reassessments performed on enrollees eligible for a reassessment (Element F)

MTM CMR measure – if the contract 1) failed to submit their MTM file and pass system validation by the reporting deadline, 2) had a missing data validation score for MTM, 3) did not score at least 95% on data validation for the MTM program reporting section, or 4) was not compliant with data validation standards/sub-standards for any the following MTM program data elements:

- MBI Number (Element B)
- Date of MTM program enrollment (Element H)

- Targeting criteria met. (Element I)
- Date met the specified targeting criteria per CMS – Part D requirements in § 423.153(d)(2). (Element J)
- Date of MTM program opt-out, if applicable (Element K)
- Received annual CMR with written summary in CMS standardized format (Element O)
- Date(s) of CMR(s) (Element P)

Parts C & D Reporting Web Portal:

Contracts will receive email notifications about the MTM Program Completion Rate for CMR Measure Report availability on or about July 31, 2024. Plans may download and review their data to validate the results. Reports will contain summary and beneficiary-level information for the records excluded from the calculation for their MTM CMR measure.

- To access the MTM Program Completion Rate for CMR Measure Report select the "Download Files" section of this Web Portal. Only users with Summary & Confidential Beneficiary Report access permissions will be allowed to download reports.

For questions about report availability, user authorization, or access to the Web Portal, please contact CDReporting@AcumenLLC.com.

Patient Safety Measures (Part D)

On April 20, 2023, CMS released an HPMS memo, *UPDATES - 2023 Medicare Part D Patient Safety Reports*, with updates to the measurement year 2023 Medicare Part D Patient Safety measures and reports. CMS reports the Patient Safety measures through the Patient Safety Analysis Web Portal each month. Part D sponsors may download and review their monthly measure packages. These measure packages include a summary contract-level report for each measure and additional beneficiary-level files. Part D sponsors can use the Patient Safety Reports to compare their performance to overall averages and monitor their progress in improving their measure rates.

Sponsors should review their underlying measure data in the reports each month and alert CMS if any potential issues are identified in the rate calculations per the measure specifications. Sponsors should refer to each measure's Patient Safety Report User Guide, diagnosis codes, and the National Drug Code (NDC) medication lists used to calculate the measures which are located on the Help Documents web page on the Patient Safety Analysis Web Portal.

For questions regarding your rate calculations, diagnosis codes or exclusions, or underlying data, contact PatientSafety@AcumenLLC.com. Provide detailed information about the potential issue or question. Your request will be reviewed and if appropriate, a secure submission window will be opened in the Patient Safety Analysis Web Portal for you to submit information for a small, demonstrative sample (i.e., claims for no more than one or two beneficiaries per

Part D contract and measure that demonstrate the potential issue) for a review of the administrative data. We may request a larger sample depending on the results of the review.

The final measurement year 2023 reports will be produced at the end of July 2024 using 2023 data submitted by the annual prescription drug event (PDE) submission deadline for the annual Part D payment reconciliation.

CMS will release a separate HPMS memorandum in April 2024 which outlines updates to the measurement year 2024 Medicare Part D Patient Safety measures and reports. In addition, the 2024 Patient Safety Analysis Report User Guides and the monthly measure rate reports will be available for the Patient Safety measures through the Patient Safety Analysis Web Portal at the end of April 2024.

For technical questions related to the user authorization process or access to the Patient Safety Analysis Web Portal or reports, please contact PatientSafety@AcumenLLC.com.

Medicare Plan Finder (MPF) Drug Pricing Measures (Part D)

CMS will provide contracts with preliminary and final Star Rating Medicare Plan Finder (MPF) Price Accuracy reports with claim-level information used for calculating the measure scores. The preliminary reports will be made available to all contracts in the Download Files section of the MPF Communications Web Portal by the end of April 2024. The final reports will be available in July 2024. Also, in July 2024, CMS will provide all contracts final claim-level reports for the MPF Stability and Plan Submitted Higher Prices for Display on MPF display measures.

Only users with Summary & Confidential Beneficiary Report access permissions will be allowed to download reports. To update or confirm your level of access or to add users to a contract, please contact your Medicare Compliance Officer.

For all technical questions related to downloading the files, please contact PlanFinder@AcumenLLC.com. For all questions related to the Accuracy Measure detail data, contact PartCandDStarRatings@cms.hhs.gov.

Members Choosing to Leave the Plan Measure (Part C and D)

CMS provides contracts with the source beneficiary-level disenrollment detail files used for the measure numerator prior to the first plan preview upon request. **The specific date when these files will be available for transfer will be announced in a future HPMS email; no requests can be accepted prior to that HPMS email.**

At the time when the source beneficiary-level disenrollment detail files are available, the summary-level disenrollment data will also be available for contracts to review in HPMS.

Prior to requesting the disenrollment detail data files, we request that you identify the person in your organization with access to the mainframe file transfer (MFT) link your organization has with CMS. The MFT link goes by a few different names, such as GENTRAN, Connect:Direct, and TIBCO. This MFT link is the method used to transfer enrollment/disenrollment data between your organization and CMS. Your knowledge of who can retrieve the data is necessary because the files auto-expire after a few days and are deleted.

When you are ready to receive the disenrollment detail files, please send an email to PartCandDStarRatings@cms.hhs.gov requesting the files. Your email should indicate that you know who can retrieve the data and list the specific contract numbers for which data are needed.

The Star Ratings mailbox will create and ship the files through MFT. Once the files are shipped, we will reply with the MFT file naming convention, a file layout document.

Please submit general questions about Part C and D Star Ratings measures or methodology to PartCandDStarRatings@cms.hhs.gov. **Please do not send secure emails requiring CMS to log in to access the questions, as multiple staff triage your emails, and it is difficult to create and share login information.** If you need to share personally identifiable information (PII) with us, please contact us with an email to discuss a safe way to transfer the secure data. You should add the ratings mailbox to your safe sender list so our messages are not flagged as spam.

Thank you for your continued support of CMS's Part C and D Star Ratings.

MAXIMUS Federal Services

MEDICARE MANAGED CARE RECONSIDERATION PROJECT

REOPENING REQUEST FORM

Enrollee Name: [redacted]

MAXIMUS Federal Services Reconsideration Case Number: 1-12757246876

Dates of Service: 01/05/2023 -

Medicare Health Plan Name: Alignment Health Heart & Diabetes (HMO C-SNP)

Medicare Health Plan Contact: Delia Jimenez

Contact Title: Director, Appeals & Grievances

Street Address: 1100 W. Town and Country Road, Suite 300

Mail Stop:

City/State/Zip: Orange, California 92868

Telephone Number: (844) 292-8996 Ext.:

Fax Number: (657) 223-2284 Date of Request: 06/17/2024

Basis of Reopening Request:

☒ Error on the face of the evidence
☐ New and material evidence
☐ Fraud

Explain briefly: Alignment Health is requesting a reopening of this case on the basis that the plan believes the IRE made an error on the face of the evidence.

Alignment Health Plan received a claim from contracted provider Sonora Quest Laboratories on 01/20/2023 for date of service 01/05/2023. Service was for outpatient lab services.

Alignment denied the claim on 02/10/2023 citing other Primary Coverage, the enrollee showed active with COB at time of claim receipt with a Primary Insurance Carrier.

On 02/24/2023 the enrollee filed an appeal stating that she no longer had other Primary Coverage, and that her policy with Blue Cross termed on 11/01/2022. During the appeal review, the plan confirmed that both Marx and ECRS did show other Primary coverage through SouthWest Administrators effective 01/01/2020 and still active as of the date of

the appeal. Since the enrollee insisted her policy had termed, attempts were made to obtain evidence of the termination of her policy. On 4/25/2023, the enrollee confirmed that she indeed have other Primary coverage as supported by Marx and ECRS, therefore on 04/25/2023 the plan upheld their denial and informed the provider to coordinate the payment with the other insurance as part of our coordination of benefits process.

The plan timely submitted the upheld appeal to the IRE that was subsequently overturned on 07/27/2023 citing the plan had failed to coordinate coverage, the payment was effectuated on 08/02/2023.

Based on the Plan's review of the sequence of events, the plan believes it did fulfill their obligation by informing the provider there is other coverage via the remittance advice and that the claim per claim adjustment code UDMEOB-Missing Prior Insurance Carrier(s) EOB, in an effort to coordinate coverage. Alignment does not dispute payment of the claim and has implemented changes for Claims adjustment code to better clarify to providers UDMEOB-Member has other primary insurance, please submit claim to the primary insurance first. If primary Insurance already paid/denied the claim, send us a copy of primary insurance remittance advice."

For this reason, Alignment Health Plan is respectfully requesting for the IRE to consider a re-opening and review of IRE determination to uphold the plan's appeal decision in favor of the plan. The IRE submission of this appeal, for contract H3443 has significant impact to the Plan Star Ratings that it will drop the Plan rating to a 3 Star due to an appeal that the plan demonstrated good faith efforts in coordinating coverage.

MAXIMUS Federal Services

MEDICARE MANAGED CARE RECONSIDERATION PROJECT

REOPENING REQUEST FORM

Enrollee Name: [redacted]

MAXIMUS Federal Services Reconsideration Case Number: 1-13226962526

Dates of Service: 09/30/2022 -

Medicare Health Plan Name: Alignment Health Plan the ONE (HMO)

Medicare Health Plan Contact: Delia Jimenez

Contact Title: Director, Appeals & Grievances

Street Address: 1100 W. Town and Country Road, Suite 300

Mail Stop:

City/State/Zip: Orange, California 92868

Telephone Number: (844) 292-8996 Ext.:

Fax Number: (657) 223-2284 Date of Request: 06/17/2024

Basis of Reopening Request:

☒ Error on the face of the evidence
☐ New and material evidence
☐ Fraud

Explain briefly: Alignment Health is requesting a reopening of this case on the basis that the plan made an error on the face of the evidence.

Arizona Priority IPA, the enrollee's medical group and Alignment Health Plan's delegated entity for claims processing, received a claim from a non-contracted provider, Arizona Diagnostic Radiology Group LLC., on 11/02/2022 for date of service 09/30/2022. Service was for a lower extremity study.

After 3 attempts to obtain medical records, Arizona Priority denied the claim on 01/02/2023 due to no medical records.

On 02/08/2023, Arizona Priority IPA received the non-contracted provider appeal with medical records but there was no Waiver of Liability attached. The IPA did not forward the appeal to the plan since there was no waiver of liability attached.

The non-contracted provider subsequently filed their appeal with the plan on 07/06/2023, 180 days from the claim denial date and again, without a Waiver of Liability. This appeal was not only untimely, but also did not have a signed Waiver of Liability again. The plan forwarded the Appeal to the IRE on 09/06/2023 since the delegated entity originally received this appeal on 02/08/2023 without Waiver of Liability.

However, despite the IRE upholding the plan's appeal, Alignment Health Plan is respectfully requesting to Re-Open and consider a review of IRE determination and change to a Dismissal, as the appeal did not meet the CMS appeal filing requirements and was lacking Waiver of Liability.

02.A H3443_2025_IM_Calcs_2024_09_08 AR 23

Contract: H3443 | **Contract Type: Local & Regional CCP with SNP** | **Part C Improvement Measure Eligibility: Eligible**

Part C Measures

Measure	Measure Weight	Eligibility	Eligible for Measure	CY2024 Measure Score	CY2025 Measure Score	CY2025-CY2024 Difference	CY2024 Measure Star	CY2025 Measure Star	CY2024 Numerator	CY2024 Denominator	CY2025 Numerator	CY2025 Denominator	CY2024 SE	CY2025 SE	NatAvgObs2024	NatAvgObs2025	Correlation	CY2025-CY2024 Difference Standard Error	Improve	Decline	Improvement, Decline, or No Change	Held Harmless	Weighted Score	Weighted Eligibility	Lower is Better
C01: Breast Cancer Screening	1	0	Not Eligible			0	Not enough data available	Not enough data available									0.950135	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C02: Colorectal Cancer Screening	1	0	Not Eligible		87.54	87.54	Not enough data a	5				353					0.896510	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C03: Annual Flu Vaccine	1	1	Eligible	70.607029	70.90301	0.295981	3	4					2.574978	2.626762			0.868026	1.231841402	0	0	No Significant Change	Not Applicable	0	1	
C04: Monitoring Physical Activity	1	0	Not Eligible		49.21	49.21	Plan too new to be	3				317					0.845098	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C05: Special Needs Plan (SNP) Care Management	1	1	Eligible	94.803549	94.828842	0.025293	5	5		789		1373					0.889508	0.376077222	0	0	No Significant Change	Not Applicable	0	1	
C06: Care for Older Adults – Medication Review	1	1	Eligible	100	100	0	5	5					0	0			0.651050	0	0	0	No Significant Change	Not Applicable	0	1	
C07: Care for Older Adults – Pain Assessment	1	1	Eligible	99.65	100	0.35	5	5					0.35168	0			0.472401	0.35168	0	0	No Significant Change	Not Applicable	0	1	
C08: Osteoporosis Management in Women who had a Fracture	1	0	Not Eligible			0	Not enough data a	Not enough data available									0.848314	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C09: Diabetes Care – Eye Exam	1	1	Eligible	81.48	85.2	3.72	5	5		216		250					0.855310	1.369531911	1	0	Significant Improvement	Not Applicable	1	1	
C10: Diabetes Care – Blood Sugar Controlled	3	1	Eligible	82.87	88	5.13	4	4		216		250					0.779129	1.608069678	1	0	Significant Improvement	Not Applicable	3	3	
C11: Controlling Blood Pressure	3	1	Eligible	86.36	83.57	-2.79	5	4		264		207					0.787937	1.588040238	0	0	No Significant Change	Not Applicable	0	3	
C12: Reducing the Risk of Falling	1	0	Not Eligible		59.52	59.52	Plan too new to be	3				168					0.842070	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C13: Improving Bladder Control	1	0	Not Eligible		48	48	Plan too new to be	4				125					0.480390	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C14: Medication Reconciliation Post-Discharge	1	1	Eligible	80	95.11	15.11	4	5		165		266					0.818848	2.168417536	1	0	Significant Improvement	Not Applicable	1	1	
C15: Plan All Cause Readmission	3	0	Not Eligible		8.599939	-8.599939	No data available	4			17	22			0.109719902	0.110821346	0.622494	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	1
C16: Statin Therapy for Patients with Cardiovascular Disease	1	0	Not Eligible		97.92	97.92	Not enough data a	5				48					0.730543	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C17: Transitions of Care	1	1	Eligible	48.635	62.5925	13.9575	2	4					2.190121	1.701813			0.845898	1.177784095	1	0	Significant Improvement	Not Applicable	1	1	
C18: Follow-up after Emergency Department Visit for People with Multiple High	1	0	Not Eligible		73.22	73.22	Not enough data a	5				183					0.739526	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C19: Getting Needed Care	4	1	Eligible	78.595621	74.315538	-4.280083	3	1					1.30889	1.441011			0.796622	0.885803914	0	1	Significant Decline	Not Applicable	-4	4	
C20: Getting Appointments and Care Quickly	4	1	Eligible	74.183546	80.167101	5.983555	2	2					1.437128	1.79956			0.477681	1.68315113	1	0	Significant Improvement	Not Applicable	4	4	
C21: Customer Service	4	1	Eligible	88.754207	90.347203	1.592996	3	3					0.934765	0.920627			0.709932	0.706715969	1	0	Significant Improvement	Not Applicable	4	4	
C22: Rating of Health Care Quality	4	1	Eligible	84.857723	85.150654	0.292931	3	3					1.070904	1.185101			0.715693	0.857138087	0	0	No Significant Change	Not Applicable	0	4	
C23: Rating of Health Plan	4	1	Eligible	88.653049	86.337369	-2.31568	4	3					0.92781	1.102645			0.859045	0.564777752	0	1	Significant Decline	Not Applicable	-4	4	
C24: Care Coordination	4	1	Eligible	82.124819	83.265925	1.141106	1	1					1.224398	1.155052			0.670450	0.967954888	0	0	No Significant Change	Not Applicable	0	4	
C25: Complaints about the Health Plan	4	1	Eligible	0.76418	0.438372	0.325808	3	3	12	1291	12	2250					0.826982	0.135989801	1	0	Significant Improvement	Not Applicable	4	4	1
C26: Members Choosing to Leave the Plan	4	1	Eligible	23.353597	17.938682	5.414915	3	3		1974		3066					0.887075	0.465053736	1	0	Significant Improvement	Not Applicable	4	4	1
C28: Plan Makes Timely Decisions about Appeals	4	0	Not Eligible		94.444444	94.444444	Not enough data a	3				18					0.329153	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C29: Reviewing Appeals Decisions	4	0	Not Eligible		94.444444	94.444444	Not enough data a	3				18					0.610325	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C30: Call Center – Foreign Language Interpreter and TTY Availability	4	1	Eligible	98.412698	100	1.587302	5	5		63		63					0.280278	1.574653766	0	0	No Significant Change	Not Applicable	0	4	

Part C Improvement Measure Score	0.285714
C27: Part C Improvement Measure Star	4

C27: Cut Points	1 Star	2 Star	3 Star	4 Star	5 Star
	< -0.179809	≥ -0.179809 to < 0	≥ 0 to < 0.174445	≥ 0.174445 to < 0.421057	≥ 0.421057

	Year1	2024
	Year2	2025
C27 Thresholds		
2 Star Threshold	-0.179809	
3 Star Threshold	0.000000	
4 Star Threshold	0.174445	
5 Star Threshold	0.421057	

Contract: H3443 | **Contract Type: Local & Regional CCP with SNP** | **Part D Improvement Measure Eligibility: Eligible**

Part D Measures

Measure Label	Measure Weight	Eligibility	Eligible for Measure	CY2024 Measure Score	CY2025 Measure Score	CY2024-CY2025 Difference	CY2024 Measure Star	CY2025 Measure Star	CY2024 Numerator	CY2024 Denominator	CY2025 Numerator	CY2025 Denominator	CY2024 SE	CY2025 SE	Correlation	CY2025-CY2024 Difference Standard Error	Improve	Decline	Improvement, Decline, or No Change	Held Harmless	Weighted Score	Weighted Eligibility	Lower is Better
D01: Call Center - Foreign Language Interpreter and TTY Availability	4	1	Eligible	96.875	98.387097	1.512097	5	4		64		62			0.303658	2.275205328	0	0	No Significant Change	Not Applicable	0	4	
D02: Complaints about the Drug Plan	4	1	Eligible	0.76418	0.438372	0.325808	3	3	12	1291	12	2250			0.832704	0.134957226	1	0	Significant Improvement	Not Applicable	4	4	1
D03: Members Choosing to Leave the Plan	4	1	Eligible	23.353597	17.938682	5.414915	3	3		1974		3066			0.881507	0.472887693	1	0	Significant Improvement	Not Applicable	4	4	1
D05: Rating of Drug Plan	4	1	Eligible	89.381957	89.30129	-0.080667	4	4					0.900067	0.989841	0.817940	0.576595468	0	0	No Significant Change	Not Applicable	0	4	
D06: Getting Needed Prescription Drugs	4	1	Eligible	88.64887	86.642	-2.00687	3	2					1.023078	1.151528	0.659200	0.90525929	0	1	Significant Decline	Not Applicable	-4	4	
D07: MPF Price Accuracy	1	1	Eligible	96.525	98.625	2.1	3	4					0.097608	0.041876	0.643115	0.077611485	1	0	Significant Improvement	Not Applicable	1	1	
D08: Part D Medication Adherence for Diabetes Medications	3	1	Eligible	89.237311	94.785405	5.548094	4	5		314		596			0.644643	1.354474673	1	0	Significant Improvement	Not Applicable	3	3	
D09: Part D Medication Adherence for Hypertension (RAS antagonists)	3	1	Eligible	94.077351	96.733031	2.65568	5	5		584		1084			0.812564	0.62332287	1	0	Significant Improvement	Not Applicable	3	3	
D10: Part D Medication Adherence for Cholesterol (Statins)	3	1	Eligible	93.607251	95.716576	2.109325	5	5		690		1300			0.807284	0.581583032	1	0	Significant Improvement	Not Applicable	3	3	
D11: MTM Program Completion Rate for CMR	1	0	Not Eligible			0	Not enough data	Not enough data available							0.867800	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
D12: Statin Use in Persons with Diabetes (SUPD)	1	1	Eligible	92.852798	94.268315	1.415517	5	5		274		465			0.836392	0.881899933	0	0	No Significant Change	Not Applicable	0	1	

MA-PD or PDP	**MA-PD**
Part D Improvement Measure Score	**0.451613**
D04: Part D Improvement Measure Star	**4**

D04: Cut Points	**Type**	**1 Star**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
	MA-PD	< -0.218869	≥ -0.218869 to < 0	≥ 0 to < 0.242468	≥ 0.242468 to < 0.496603	≥ 0.496603
	PDP	< -0.2825	≥ -0.2825 to < 0	≥ 0 to < 0.273334	≥ 0.273334 to < 0.576667	≥ 0.576667

Year1 **2024**
Year2 **2025**

D04 Thresholds	**MA-PD**	**PDP**
2 Star Threshold	-0.218869	-0.282500
3 Star Threshold	0.000000	0.000000
4 Star Threshold	0.242468	0.273334
5 Star Threshold	0.496603	0.576667

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H3443 Overall

As of 5/14/2025

Contract: H3443 Contract Type: Local & Regional CCP with SNP					Calculation Without Improvement						Calculation With Improvement					
Contract Name: ALIGNMENT HEALTH PLAN OF ARIZONA, INC.																
Domain	**Primary Data Source**	**Quality Measure**	**Score**	**Star**	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part C Measures																
1 - Staying Healthy: Screenings, Tests, and Vaccines	HEDIS	**C01: Breast Cancer Screening**			**Not enough data available**						**Not enough data available**					
	HEDIS	**C02: Colorectal Cancer Screening**	88	5	1	5	3.460674	1.539326	2.369525	2.369525	1	5	3.515152	1.484848	2.204774	2.204774
	CAHPS	**C03: Annual Flu Vaccine**	71	4	1	4	3.460674	0.539326	0.290873	0.290873	1	4	3.515152	0.484848	0.235078	0.235078
	HEDIS / HOS	**C04: Monitoring Physical Activity**	49	3	1	3	3.460674	-0.460674	0.212221	0.212221	1	3	3.515152	-0.515152	0.265382	0.265382
2 - Managing Chronic (Long Term) Conditions	Plan Reporting	**C05: Special Needs Plan (SNP) Care Management**	95	5	1	5	3.460674	1.539326	2.369525	2.369525	1	5	3.515152	1.484848	2.204774	2.204774
	HEDIS	**C06: Care for Older Adults – Medication Review**	100	5	1	5	3.460674	1.539326	2.369525	2.369525	1	5	3.515152	1.484848	2.204774	2.204774
	HEDIS	**C07: Care for Older Adults – Pain Assessment**	100	5	1	5	3.460674	1.539326	2.369525	2.369525	1	5	3.515152	1.484848	2.204774	2.204774
	HEDIS	**C08: Osteoporosis Management in Women who had a Fracture**			**Not enough data available**						**Not enough data available**					
	HEDIS	**C09: Diabetes Care – Eye Exam**	85	5	1	5	3.460674	1.539326	2.369525	2.369525	1	5	3.515152	1.484848	2.204774	2.204774
	HEDIS	**C10: Diabetes Care – Blood Sugar Controlled**	88	4	3	12	3.460674	0.539326	0.290873	0.872618	3	12	3.515152	0.484848	0.235078	0.705233
	HEDIS	**C11: Controlling Blood Pressure**	84	4	3	12	3.460674	0.539326	0.290873	0.872618	3	12	3.515152	0.484848	0.235078	0.705233
	HEDIS / HOS	**C12: Reducing the Risk of Falling**	60	3	1	3	3.460674	-0.460674	0.212221	0.212221	1	3	3.515152	-0.515152	0.265382	0.265382
	HEDIS / HOS	**C13: Improving Bladder Control**	48	4	1	4	3.460674	0.539326	0.290873	0.290873	1	4	3.515152	0.484848	0.235078	0.235078
	HEDIS	**C14: Medication Reconciliation Post-Discharge**	95	5	1	5	3.460674	1.539326	2.369525	2.369525	1	5	3.515152	1.484848	2.204774	2.204774
	HEDIS	**C15: Plan All-Cause Readmissions**	9	4	3	12	3.460674	0.539326	0.290873	0.872618	3	12	3.515152	0.484848	0.235078	0.705233
	HEDIS	**C16: Statin Therapy for Patients with Cardiovascular Disease**	98	5	1	5	3.460674	1.539326	2.369525	2.369525	1	5	3.515152	1.484848	2.204774	2.204774
	HEDIS	**C17: Transitions of Care**	63	4	1	4	3.460674	0.539326	0.290873	0.290873	1	4	3.515152	0.484848	0.235078	0.235078
	HEDIS	**C18: Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions**	73	5	1	5	3.460674	1.539326	2.369525	2.369525	1	5	3.515152	1.484848	2.204774	2.204774
3 - Member Experience with Health Plan	CAHPS	**C19: Getting Needed Care**	74	1	4	4	3.460674	-2.460674	6.054917	24.219666	4	4	3.515152	-2.515152	6.325990	25.303958
	CAHPS	**C20: Getting Appointments and Care Quickly**	80	2	4	8	3.460674	-1.460674	2.133569	8.534274	4	8	3.515152	-1.515152	2.295686	9.182742
	CAHPS	**C21: Customer Service**	90	3	4	12	3.460674	-0.460674	0.212221	0.848882	4	12	3.515152	-0.515152	0.265382	1.061526
	CAHPS	**C22: Rating of Health Care Quality**	85	3	4	12	3.460674	-0.460674	0.212221	0.848882	4	12	3.515152	-0.515152	0.265382	1.061526
	CAHPS	**C23: Rating of Health Plan**	86	3	4	12	3.460674	-0.460674	0.212221	0.848882	4	12	3.515152	-0.515152	0.265382	1.061526
	CAHPS	**C24: Care Coordination**	83	1	4	4	3.460674	-2.460674	6.054917	24.219666	4	4	3.515152	-2.515152	6.325990	25.303958
4 - Member Complaints and Improvement in the Health Plan's Performance	CTM	**C25: Complaints about the Health Plan**	0.44	3	4	12	3.460674	-0.460674	0.212221	0.848882	4	12	3.515152	-0.515152	0.265382	1.061526
	MBDSS	**C26: Members Choosing to Leave the Plan**	18	3	4	12	3.460674	-0.460674	0.212221	0.848882	4	12	3.515152	-0.515152	0.265382	1.061526
	Star Ratings	**C27: Health Plan Quality Improvement**	Medical	4	**Not used in this Calculation**						5	20	3.515152	0.484848	0.235078	1.175388
5 - Health Plan Customer Service	IRE	**C28: Plan Makes Timely Decisions about Appeals**	94	3	4	12	3.460674	-0.460674	0.212221	0.848882	4	12	3.515152	-0.515152	0.265382	1.061526
	IRE	**C29: Reviewing Appeals Decisions**	94	3	4	12	3.460674	-0.460674	0.212221	0.848882	4	12	3.515152	-0.515152	0.265382	1.061526
	Call Center	**C30: Call Center – Foreign Language Interpreter and TTY Availability**	100	5	4	20	3.460674	1.539326	2.369525	9.478098	4	20	3.515152	1.484848	2.204774	8.819094
Part D Measures																
1 - Drug Plan Customer Service	Call Center	**D01: Call Center – Foreign Language Interpreter and TTY Availability**	98	4	4	16	3.460674	0.539326	0.290873	1.163490	4	16	3.515152	0.484848	0.235078	0.940310
2 - Member Complaints and Improvement in the Drug Plan's Performance	CTM	**D02 Complaints about the Drug Plan**	0.44	3	**Counted in Part C**						**Counted in Part C**					
	MBDSS	**D03: Members Choosing to Leave the Plan**	18	3	**Counted in Part C**						**Counted in Part C**					
	Star Ratings	**D04: Drug Plan Quality Improvement**	Medical	4	**Not used in this Calculation**						5	20	3.515152	0.484848	0.235078	1.175388
3 - Member Experience with Drug Plan	CAHPS	**D05: Rating of Drug Plan**	89	4	4	16	3.460674	0.539326	0.290873	1.163490	4	16	3.515152	0.484848	0.235078	0.940310
	CAHPS	**D06: Getting Needed Prescription Drugs**	87	2	4	8	3.460674	-1.460674	2.133569	8.534274	4	8	3.515152	-1.515152	2.295686	9.182742
4 - Drug Pricing and Patient Safety	PDE & MPF Pricing Files	**D07: MPF Price Accuracy**	99	4	1	4	3.460674	0.539326	0.290873	0.290873	1	4	3.515152	0.484848	0.235078	0.235078
	PDE data	**D08: Medication Adherence for Diabetes Medications**	95	5	3	15	3.460674	1.539326	2.369525	7.108574	3	15	3.515152	1.484848	2.204774	6.614321
	PDE data	**D09: Medication Adherence for Hypertension (RAS antagonists)**	97	5	3	15	3.460674	1.539326	2.369525	7.108574	3	15	3.515152	1.484848	2.204774	6.614321
	PDE data	**D10: Medication Adherence for Cholesterol (Statins)**	96	5	3	15	3.460674	1.539326	2.369525	7.108574	3	15	3.515152	1.484848	2.204774	6.614321
	Part D Plan Reporting	**D11: MTM Program Completion Rate for CMR**			**Not enough data available**						**Not enough data available**					
	PDE data	**D12: Statin Use in Persons with Diabetes (SUPD)**	94	5	1	5	3.460674	1.539326	2.369525	2.369525	1	5	3.515152	1.484848	2.204774	2.204774
Rated Like MA-PD	**Local & Regional CCP with SNP needs at least 19 of 38 measures**				**89** Sum of weights	**308** Sum of weights * stars	**3.460674** Calculated Summary Mean			**130.112360** Sum of weighted squared diffs	**99** Sum of weights	**348** Sum of weights * stars	**3.515152** Calculated Summary Mean			**132.727273** Sum of weighted squared diffs
	2022 Major Disaster % 0															
	2023 Major Disaster % 0															

New Measure(s) Improvement	**With Without**	**With With**
# Measures Needed	19	19
# Measures Scored	35	37
Variance Category	high	high
Reward Factor	0	0
Interim Summary	3.460674	3.515152
CAI Value	0.045230	0.045230
Final Summary	3.505904	3.560382
Overall Rating	3.5	3.5
Final Overall Rating	**3.5**	

35 # eligible measures	**1.504935** Calculated Variance	**37** # eligible measures	**1.377921** Calculated Variance

- Categorize the variance into three categories:
  - o low (0 to < 30th percentile),
  - o medium (≥ 30th to < 70th percentile) and
  - o high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - o r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.0 (for other types of contracts)

Without Improvement	
Variance Thresholds	
Percentile	**Overall Rating**
30th	0.795388
70th	1.216635
Performance Summary Thresholds	
Percentile	**Overall Rating**
65th	3.662921
85th	3.977528

With Improvement	
Variance Thresholds	
Percentile	**Overall Rating**
30th	0.828220
70th	1.240423
Performance Summary Thresholds	
Percentile	**Overall Rating**
65th	3.646465
85th	3.949495

Contract H3443 Contract Type Local & Regional CCP with SNP					Calculation Without Improvement						Calculation With Improvement					
Contract Name ALIGNMENT HEALTH PLAN OF ARIZONA, INC.																
Domain	Primary Data Source	Quality Measure	Score	Star	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part C Measures																
1 - Staying Healthy: Screenings, Tests, and Vaccines	HEDIS	**C01 Breast Cancer Screening**			**Not enough data available**						**Not enough data available**					
	HEDIS	**C02 Colorectal Cancer Screening**	88	5	1	5	3.242424	1.757576	3.089073	3.089073	1	5	3.295775	1.704225	2.904383	2.904383
	CAHPS	**C03 Annual Flu Vaccine**	71	4	1	4	3.242424	0.757576	0.573921	0.573921	1	4	3.295775	0.704225	0.495933	0.495933
	HEDIS / HOS	**C04 Monitoring Physical Activity**	49	3	1	3	3.242424	########	0.058769	0.058769	1	3	3.295775	########	0.087483	0.087483
2 - Managing Chronic (Long Term) Conditions	Plan Reporting	**C05 Special Needs Plan (SNP) Care Management**	95	5	1	5	3.242424	1.757576	3.089073	3.089073	1	5	3.295775	1.704225	2.904383	2.904383
	HEDIS	**C06 Care for Older Adults – Medication Review**	100	5	1	5	3.242424	1.757576	3.089073	3.089073	1	5	3.295775	1.704225	2.904383	2.904383
	HEDIS	**C07 Care for Older Adults – Pain Assessment**	100	5	1	5	3.242424	1.757576	3.089073	3.089073	1	5	3.295775	1.704225	2.904383	2.904383
	HEDIS	**C08 Osteoporosis Management in Women who had a Fracture**			**Not enough data available**						**Not enough data available**					
	HEDIS	**C09 Diabetes Care – Eye Exam**	85	5	1	5	3.242424	1.757576	3.089073	3.089073	1	5	3.295775	1.704225	2.904383	2.904383
	HEDIS	**C10 Diabetes Care – Blood Sugar Controlled**	88	4	3	12	3.242424	0.757576	0.573921	1.721764	3	12	3.295775	0.704225	0.495933	1.487799
	HEDIS	**C11 Controlling Blood Pressure**	84	4	3	12	3.242424	0.757576	0.573921	1.721764	3	12	3.295775	0.704225	0.495933	1.487799
	HEDIS / HOS	**C12 Reducing the Risk of Falling**	60	3	1	3	3.242424	########	0.058769	0.058769	1	3	3.295775	########	0.087483	0.087483
	HEDIS / HOS	**C13 Improving Bladder Control**	48	4	1	4	3.242424	0.757576	0.573921	0.573921	1	4	3.295775	0.704225	0.495933	0.495933
	HEDIS	**C14 Medication Reconciliation Post-Discharge**	95	5	1	5	3.242424	1.757576	3.089073	3.089073	1	5	3.295775	1.704225	2.904383	2.904383
	HEDIS	**C15 Plan All-Cause Readmissions**	9	4	3	12	3.242424	0.757576	0.573921	1.721764	3	12	3.295775	0.704225	0.495933	1.487799
	HEDIS	**C16 Statin Therapy for Patients with Cardiovascular Disease**	98	5	1	5	3.242424	1.757576	3.089073	3.089073	1	5	3.295775	1.704225	2.904383	2.904383
	HEDIS	**C17 Transitions of Care**	63	4	1	4	3.242424	0.757576	0.573921	0.57392	1	4	3.295775	0.704225	0.495933	0.495933
	HEDIS	**C18 Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions**	73	5	1	5	3.242424	1.757576	3.089073	3.089073	1	5	3.295775	1.704225	2.904383	2.904383
3 - Member Experience with Health Plan	CAHPS	**C19 Getting Needed Care**	74	1	4	4	3.242424	########	5.028465	20.113862	4	4	3.295775	########	5.270583	21.082331
	CAHPS	**C20 Getting Appointments and Care Quickly**	80	2	4	8	3.242424	########	1.543617	6.174470	4	8	3.295775	########	1.679033	6.716131
	CAHPS	**C21 Customer Service**	90	3	4	12	3.242424	########	0.058769	0.235078	4	12	3.295775	########	0.087483	0.349931
	CAHPS	**C22 Rating of Health Care Quality**	85	3	4	12	3.242424	########	0.058769	0.235078	4	12	3.295775	########	0.087483	0.349931
	CAHPS	**C23 Rating of Health Plan**	86	3	4	12	3.242424	########	0.058769	0.235078	4	12	3.295775	########	0.087483	0.349931
	CAHPS	**C24 Care Coordination**	83	1	4	4	3.242424	########	5.028465	20.113862	4	4	3.295775	########	5.270583	21.082331
4 - Member Complaints and Improvement in the Health Plan's Performance	CTM	**C25 Complaints about the Health Plan**	0.44	3	4	12	3.242424	########	0.058769	0.235078	4	12	3.295775	########	0.087483	0.349931
	MBDSS	**C26 Members Choosing to Leave the Plan**	18	3	4	12	3.242424	########	0.058769	0.235078	4	12	3.295775	########	0.087483	0.349931
	Star Ratings	**C27 Health Plan Quality Improvement**	Metric	4	**Not used in this Calculation**						5	20	3.295775	0.704225	0.495933	2.479664
5 - Health Plan Customer Service	IRE	**C28 Plan Makes Timely Decisions about Appeals**	94	3	4	12	3.242424	########	0.058769	0.235078	4	12	3.295775	########	0.087483	0.349931
	IRE	**C29 Reviewing Appeals Decisions**	94	3	4	12	3.242424	########	0.058769	0.235078	4	12	3.295775	########	0.087483	0.349931
	Call Center	**C30 Call Center – Foreign Language Interpreter and TTY Availability**	100	5	4	20	3.242424	1.757576	3.089073	12.356294	4	20	3.295775	1.704225	2.904383	11.617531
Rated Like	**Local & Regional CCP with SNP needs at least 15 of 29 measures**				**66**	**214**	**3.242424**			**92.121212**	**71**	**234**	**3.295775**			**94.788732**
MA-PD					Sum of weights	Sum of weights * stars	Calculated Summary Mean			Sum of weighted squared diffs	Sum of weights	Sum of weights * stars	Calculated Summary Mean			Sum of weighted squared diffs
	2022 Major Disaster %	**0**														
	2023 Major Disaster %	**0**														

New Measure(s)	With	With
Improvement	**Without**	**With**
# Measures Needed	15	15
# Measures Scored	27	28
Variance Category	high	high
Reward Factor	0	0
Interim Summary	3.242424	3 295775
CAI Value	0.004257	0 004257
Final Summary	3.246681	3 300032
Part C Summary	3.0	3.5
Final Part C Summary	**3.5**	

27	**1.449460**		**28**	**1.384499**	
# eligible measures	**Calculated Variance**		**# eligible measures**	**Calculated Variance**	

- Categorize the variance into three categories:
  - low (0 to < 30th percentile).
  - medium (≥ 30th to < 70th percentile) and
  - high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - r-Factor = 0.0 (for other types of contracts)

Without Improvement	
Variance Thresholds	
Percentile	**Part C Summary**
30th	0 807024
70th	1.256410
Performance Summary Thresholds	
Percentile	**Part C Summary**
65th	3.707692
85th	4 044118

With Improvement	
Variance Thresholds	
Percentile	**Part C Summary**
30th	0.820452
70th	1.275376
Performance Summary Thresholds	
Percentile	**Part C Summary**
65th	3.703125
85th	4.014493

H3443 Part D

As of 5/14/2025

Contract H3443 Contract Type Local & Regional CCP with SNP

Contract Name ALIGNMENT HEALTH PLAN OF ARIZONA, INC.

Domain	Primary Data Source	Quality Measure	Score	Star	Calculation Without Improvement						Calculation With Improvement					
					Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part D Measures																
1 - Drug Plan Customer Service	Call Center	D01 Call Center – Foreign Language Interpreter and TTY Availability	98	4	4	16	3.806452	0.193548	0.037461	0.149843	4	16	3.833333	0.166667	0.027778	0.111112
2 - Member Complaints and Improvement in the Drug Plan's Performance	CTM	D02 Complaints about the Drug Plan	0.44	3	4	12	3.806452	########	0.650365	2.601459	4	12	3.833333	########	0.694444	2.777776
	MBDSS	D03 Members Choosing to Leave the Plan	18	3	4	12	3.806452	########	0.650365	2.601459	4	12	3.833333	########	0.694444	2.777776
	Star Ratings	D04 Drug Plan Quality Improvement	Medic	4	Not used in this Calculation						5	20	3.833333	0.166667	0.027778	0.138889
3 - Member Experience with Drug Plan	CAHPS	D05 Rating of Drug Plan	89	4	4	16	3.806452	0.193548	0.037461	0.149843	4	16	3.833333	0.166667	0.027778	0.111112
	CAHPS	D06 Getting Needed Prescription Drugs	87	2	4	8	3.806452	########	3.263269	13.053075	4	8	3.833333	########	3.361110	13.444440
4 - Drug Pricing and Patient Safety	PDE & MPF Pricing Files	D07 MPF Price Accuracy	99	4	1	4	3.806452	0.193548	0.037461	0.037461	1	4	3.833333	0.166667	0.027778	0.027778
	PDE data	D08 Medication Adherence for Diabetes Medications	95	5	3	15	3.806452	1.193548	1.424557	4.273670	3	15	3.833333	1.166667	1.361112	4.083336
	PDE data	D09 Medication Adherence for Hypertension (RAS antagonists)	97	5	3	15	3.806452	1.193548	1.424557	4.273670	3	15	3.833333	1.166667	1.361112	4.083336
	PDE data	D10 Medication Adherence for Cholesterol (Statins)	96	5	3	15	3.806452	1.193548	1.424557	4.273670	3	15	3.833333	1.166667	1.361112	4.083336
	Part D Plan Reporting	D11 MTM Program Completion Rate for CMR			Not enough data available						Not enough data available					
	PDE data	D12 Statin Use in Persons with Diabetes (SUPD)	94	5	1	5	3.806452	1.193548	1.424557	1.424557	1	5	3.833333	1.166667	1.361112	1.361112
Rated Like	Local & Regional CCP with SNP needs at least 6 of 11 measures				31 Sum of weights	118 Sum of weights * stars	3.806452 Calculated Summary Mean			32.838710 Sum of weighted squared diffs	36 Sum of weights	138 Sum of weights * stars	3.833333 Calculated Summary Mean			33.000000 Sum of weighted squared diffs
MA-PD	2022 Major Disaster % 0															
	2023 Major Disaster % 0															

Improvement	Without	With
# Measures Needed	6	6
# Measures Scored	10	11
Variance Category	med	med
Reward Factor	0	0.1
Interim Summary	3.933333	3 933333
CAI Value	0.022709	0 022709
Final Summary	3.933333	4.033333
Part D Summary	4.0	4.0
Final Part D Summary	4	4

- Categorize the variance into three categories:
  - low (0 to < 30th percentile)
  - medium (≥ 30th to < 70th percentile) and
  - high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - r-Factor = 0.4 (for contracts w low-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.3 (for contract w medium-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.2 (for contract w low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - r-Factor = 0.1 (for contract w medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - r-Factor = 0.0 (for other types of contracts)

10 # eligible measures

1.177015 Calculated Variance

11 # eligible measures

1.008333 Calculated Variance

Without Improvement	
Variance Thresholds	
Percentile	Part D Summary
30th	**0.654297**
70th	**1.210645**
Performance Summary Thresholds	
Percentile	Part D Summary
65th	**3.718750**
85th	**4.062500**

With Improvement	
Variance Thresholds	
Percentile	Part D Summary
30th	**0.742679**
70th	**1 268610**
Performance Summary Thresholds	
Percentile	Part D Summary
65th	**3 666667**
85th	**4 000000**

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Contract: H3815 | **Contract Type: Local & Regional CCP with SNP** | **Part C Improvement Measure Eligibility: Eligible**

Part C Measures

Measure	Measure Weight	Eligibility	Eligible for Measure	CY2024 Measure Score	CY2025 Measure Score	CY2025-CY2024 Difference	CY2024 Measure Star	CY2025 Measure Star	CY2024 Numerator	CY2024 Denominator	CY2025 Numerator	CY2025 Denominator	CY2024 SE	CY2025 SE	NatAvgObs2024	NatAvgObs2025	Correlation	CY2025-CY2024 Difference Standard Error	Improve	Decline	Improvement, Decline, or No Change	Held Harmless	Weighted Score	Weighted Eligibility	Lower is Better
C01: Breast Cancer Screening	1	1	Eligible	80.62	78.65	-1.97	5	4		13177		16259					0.950135	0.107535984	0	1	Significant Decline	Not Applicable	-1	1	
C02: Colorectal Cancer Screening	1	1	Eligible	82.9	82.93	0.03	5	5		269		246					0.896510	1.072599606	0	0	No Significant Change	Not Applicable	0	1	
C03: Annual Flu Vaccine	1	1	Eligible	75.688073	73.493976	-2.194097	4	4					2.905328	2.797039			0.888026	1.353365679	0	0	No Significant Change	Not Applicable	0	1	
C04: Monitoring Physical Activity	1	1	Eligible	51.51	53.97	2.46	3	4		365		541					0.845098	1.400147954	0	0	No Significant Change	Not Applicable	0	1	
C05: Special Needs Plan (SNP) Care Management	1	1	Eligible	82.130375	88.738739	6.608364	4	5		6581		9990					0.889508	0.239438381	1	0	Significant Improvement	Not Applicable	1	1	
C06: Care for Older Adults – Medication Review	1	1	Eligible	100	100	0	5	5					0	0			0.651050	0	0	0	No Significant Change	Not Applicable	0	1	
C07: Care for Older Adults – Pain Assessment	1	1	Eligible	97.352255	97.239198	-0.113057	5	5					0.572738	0.624394			0.472401	0.616459326	0	0	No Significant Change	Not Applicable	0	1	
C08: Osteoporosis Management in Women who had a Fracture	1	1	Eligible	77.41	71.39	-6.02	5	5		270		367					0.848314	1.362310554	0	1	Significant Decline	Yes	0	1	
C09: Diabetes Care – Eye Exam	1	1	Eligible	83.46	84.78	1.32	5	5		260		184					0.855310	1.372618286	0	0	No Significant Change	Not Applicable	0	1	
C10: Diabetes Care – Blood Sugar Controlled	3	1	Eligible	88.85	91.3	2.45	5	5		260		184					0.779129	1.344387155	0	0	No Significant Change	Not Applicable	0	3	
C11: Controlling Blood Pressure	3	1	Eligible	81.62	85.38	3.76	5	5		321		260					0.787937	1.417692454	1	0	Significant Improvement	Not Applicable	3	3	
C12: Reducing the Risk of Falling	1	1	Eligible	56.77	50.46	-6.31	3	2		155		216					0.842070	2.146818393	0	1	Significant Decline	Not Applicable	-1	1	
C13: Improving Bladder Control	1	1	Eligible	49.59	49.48	-0.11	4	4		121		194					0.480390	4.227183189	0	0	No Significant Change	Not Applicable	0	1	
C14: Medication Reconciliation Post-Discharge	1	1	Eligible	85.16	95.62	10.46	5	5		411		411					0.618848	1.093143791	1	0	Significant Improvement	Not Applicable	1	1	
C15: Plan All Cause Readmission	3	1	Eligible	10.28872	9.293386	0.995334	4	4	847	903	887	1058			0.109719902	0.110821346	0.622494	0.291591622	1	0	Significant Improvement	Not Applicable	3	3	1
C16: Statin Therapy for Patients with Cardiovascular Disease	1	1	Eligible	85.84	90.94	5.1	4	4		3164		3532					0.730543	0.424322263	1	0	Significant Improvement	Not Applicable	1	1	
C17: Transitions of Care	1	1	Eligible	55.05	65.875	10.825	3	4					1.532781	1.473297			0.845898	0.836383558	1	0	Significant Improvement	Not Applicable	1	1	
C18: Follow-up after Emergency Department Visit for People with Multiple High	1	1	Eligible	53.48	66.56	13.08	3	4		6945		8133					0.739526	0.410847665	1	0	Significant Improvement	Not Applicable	1	1	
C19: Getting Needed Care	4	1	Eligible	75.077792	75.636883	0.559091	2	1					1.905278	1.613897			0.796622	1.155701537	0	0	No Significant Change	Not Applicable	0	4	
C20: Getting Appointments and Care Quickly	4	1	Eligible	73.327555	74.612623	1.285068	2	1					1.951489	2.250128			0.477681	2.162474327	0	0	No Significant Change	Not Applicable	0	4	
C21: Customer Service	4	1	Eligible	87.341504	87.852769	0.511265	1	2					1.266424	1.178737			0.709932	0.934721834	0	0	No Significant Change	Not Applicable	0	4	
C22: Rating of Health Care Quality	4	1	Eligible	85.817796	84.793715	-1.024081	3	3					1.213965	1.231712			0.715693	0.922246187	0	0	No Significant Change	Not Applicable	0	4	
C23: Rating of Health Plan	4	1	Eligible	88.131093	88.597671	0.466578	4	4					1.004332	1.042305			0.859045	0.54456501	0	0	No Significant Change	Not Applicable	0	4	
C24: Care Coordination	4	1	Eligible	82.505435	80.979136	-1.526299	2	1					1.475597	1.467264			0.670450	1.194604743	0	0	No Significant Change	Not Applicable	0	4	
C25: Complaints about the Health Plan	4	1	Eligible	0.163993	0.180728	-0.016735	4	4	176	88210	221	100507					0.826982	0.007214105	0	1	Significant Decline	Not Applicable	-4	4	1
C26: Members Choosing to Leave the Plan	4	1	Eligible	7.708881	10.366186	-2.657305	5	4		100715		117536					0.887075	0.041369161	0	1	Significant Decline	Not Applicable	-4	4	1
C28: Plan Makes Timely Decisions about Appeals	4	1	Eligible	95.567867	95.121951	-0.445916	4	4		361		328					0.329153	1.319035499	0	0	No Significant Change	Not Applicable	0	4	
C29: Reviewing Appeals Decisions	4	1	Eligible	96.918768	97.515528	0.59676	4	4		357		322					0.610325	0.78772738	0	0	No Significant Change	Not Applicable	0	4	
C30: Call Center – Foreign Language Interpreter and TTY Availability	4	1	Eligible	98.412698	100	1.587302	5	5		63		63					0.280278	1.574653766	0	0	No Significant Change	Not Applicable	0	4	

Part C Improvement Measure Score	0.014706
C27: Part C Improvement Measure Star	3

C27: Cut Points	**1 Star**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
	< -0.179809	≥ -0.179809 to < 0	≥ 0 to < 0.174445	≥ 0.174445 to < 0.421057	≥ 0.421057

Year1 2024
Year2 2025

C27 Thresholds	
2 Star Threshold	-0.179809
3 Star Threshold	0.000000
4 Star Threshold	0.174445
5 Star Threshold	0.421057

Contract: H3815	Contract Type: Local & Regional CCP with SNP	Part D Improvement Measure Eligibility: Eligible

Part D Measures

Measure Label	Measure Weight	Eligibility	Eligible for Measure	CY2024 Measure Score	CY2025 Measure Score	CY2024-CY2025 Difference	CY2024 Measure Star	CY2025 Measure Star	CY2024 Numerator	CY2024 Denominator	CY2025 Numerator	CY2025 Denominator	CY2024 SE	CY2025 SE	Correlation	CY2025-CY2024 Difference Standard Error	Improve	Decline	Improvement, Decline, or No Change	Held Harmless	Weighted Score	Weighted Eligibility	Lower is Better
D01: Call Center - Foreign Language Interpreter and TTY Availability	4	1	Eligible	96.875	98.387097	1.512097	5	4		64		62			0.303658	2.275205328	0	0	No Significant Change	Not Applicable	0	4	
D02: Complaints about the Drug Plan	4	1	Eligible	0.163993	0.180728	-0.016735	4	4	176	88210	221	100507			0.832704	0.007085254	0	1	Significant Decline	Not Applicable	-4	4	1
D03: Members Choosing to Leave the Plan	4	1	Eligible	7.708881	10.366186	-2.657305	5	4		100715		117536			0.881507	0.042363021	0	1	Significant Decline	Not Applicable	-4	4	1
D05: Rating of Drug Plan	4	1	Eligible	89.072549	89.594672	0.522123	4	4					0.900196	0.818303	0.817940	0.524337013	0	0	No Significant Change	Not Applicable	0	4	
D06: Getting Needed Prescription Drugs	4	1	Eligible	87.13327	88.613616	1.480346	2	3					1.288431	1.172626	0.659200	1.021373871	0	0	No Significant Change	Not Applicable	0	4	
D07: MPF Price Accuracy	1	1	Eligible	96.75	98.265	1.515	3	3					0.012219	0.007436	0.643115	0.00936646	1	0	Significant Improvement	Not Applicable	1	1	
D08: Part D Medication Adherence for Diabetes Medications	3	1	Eligible	91.539554	93.700572	2.161018	5	5		17373		20442			0.644643	0.164915244	1	0	Significant Improvement	Not Applicable	3	3	
D09: Part D Medication Adherence for Hypertension (RAS antagonists)	3	1	Eligible	92.1657	95.585709	3.420009	5	5		39511		45409			0.812564	0.079934811	1	0	Significant Improvement	Not Applicable	3	3	
D10: Part D Medication Adherence for Cholesterol (Statins)	3	1	Eligible	90.965172	95.027246	4.062074	5	5		44038		52042			0.807284	0.082004799	1	0	Significant Improvement	Not Applicable	3	3	
D11: MTM Program Completion Rate for CMR	1	1	Eligible	100	98.734177	-1.265823	5	5		46		79			0.867800	1.257785839	0	0	No Significant Change	Not Applicable	0	1	
D12: Statin Use in Persons with Diabetes (SUPD)	1	1	Eligible	90.934197	93.72876	2.794563	4	5		13609		15203			0.836392	0.135223424	1	0	Significant Improvement	Not Applicable	1	1	

MA-PD or PDP	**MA-PD**
Part D Improvement Measure Score	**0.093750**
D04: Part D Improvement Measure Star	**3**

D04: Cut Points	Type	1 Star	2 Star	3 Star	4 Star	5 Star
	MA-PD	< -0.218869	≥ -0.218869 to < 0	≥ 0 to < 0.242468	≥ 0.242468 to < 0.496603	≥ 0.496603
	PDP	< -0.2825	≥ -0.2825 to < 0	≥ 0 to < 0.273334	≥ 0.273334 to < 0.576667	≥ 0.576667

Year1 **2024**
Year2 **2025**

D04 Thresholds	MA-PD	PDP
2 Star Threshold	-0.218869	-0.282500
3 Star Threshold	0.000000	0.000000
4 Star Threshold	0.242468	0.273334
5 Star Threshold	0.496603	0.576667

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H3815 Overall

As of 5/13/2025

Contract: H3815 Contract Type: Local & Regional CCP with SNP Contract Name: ALIGNMENT HEALTH PLAN					Calculation Without Improvement						Calculation With Improvement					
Domain	Primary Data Source	Quality Measure	Score	Star	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part C Measures																
1 - Staying Healthy: Screenings, Tests, and Vaccines	HEDIS	**C01: Breast Cancer Screening**	79	4	1	4	3.706522	0.293478	0.086129	0.086129	1	4	3.637255	0.362745	0.131584	0.131584
	HEDIS	**C02: Colorectal Cancer Screening**	83	5	1	5	3.706522	1.293478	1.673085	1.673085	1	5	3.637255	1.362745	1.857074	1.857074
	CAHPS	**C03: Annual Flu Vaccine**	73	4	1	4	3.706522	0.293478	0.086129	0.086129	1	4	3.637255	0.362745	0.131584	0.131584
	HEDIS / HOS	**C04: Monitoring Physical Activity**	54	4	1	4	3.706522	0.293478	0.086129	0.086129	1	4	3.637255	0.362745	0.131584	0.131584
2 - Managing Chronic (Long Term) Conditions	Plan Reporting	**C05: Special Needs Plan (SNP) Care Management**	89	5	1	5	3.706522	1.293478	1.673085	1.673085	1	5	3.637255	1.362745	1.857074	1.857074
	HEDIS	**C06: Care for Older Adults – Medication Review**	100	5	1	5	3.706522	1.293478	1.673085	1.673085	1	5	3.637255	1.362745	1.857074	1.857074
	HEDIS	**C07: Care for Older Adults – Pain Assessment**	97	5	1	5	3.706522	1.293478	1.673085	1.673085	1	5	3.637255	1.362745	1.857074	1.857074
	HEDIS	**C08: Osteoporosis Management in Women who had a Fracture**	71	5	1	5	3.706522	1.293478	1.673085	1.673085	1	5	3.637255	1.362745	1.857074	1.857074
	HEDIS	**C09: Diabetes Care – Eye Exam**	85	5	1	5	3.706522	1.293478	1.673085	1.673085	1	5	3.637255	1.362745	1.857074	1.857074
	HEDIS	**C10: Diabetes Care – Blood Sugar Controlled**	91	5	3	15	3.706522	1.293478	1.673085	5.019256	3	15	3.637255	1.362745	1.857074	5.571222
	HEDIS	**C11: Controlling Blood Pressure**	85	5	3	15	3.706522	1.293478	1.673085	5.019256	3	15	3.637255	1.362745	1.857074	5.571222
	HEDIS / HOS	**C12: Reducing the Risk of Falling**	50	2	1	2	3.706522	-1.706522	2.912217	2.912217	1	2	3.637255	-1.637255	2.680604	2.680604
	HEDIS / HOS	**C13: Improving Bladder Control**	49	4	1	4	3.706522	0.293478	0.086129	0.086129	1	4	3.637255	0.362745	0.131584	0.131584
	HEDIS	**C14: Medication Reconciliation Post-Discharge**	96	5	1	5	3.706522	1.293478	1.673085	1.673085	1	5	3.637255	1.362745	1.857074	1.857074
	HEDIS	**C15: Plan All-Cause Readmissions**	9	4	3	12	3.706522	0.293478	0.086129	0.258388	3	12	3.637255	0.362745	0.131584	0.394752
	HEDIS	**C16: Statin Therapy for Patients with Cardiovascular Disease**	91	4	1	4	3.706522	0.293478	0.086129	0.086129	1	4	3.637255	0.362745	0.131584	0.131584
	HEDIS	**C17: Transitions of Care**	66	4	1	4	3.706522	0.293478	0.086129	0.086129	1	4	3.637255	0.362745	0.131584	0.131584
	HEDIS	**C18: Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions**	67	4	1	4	3.706522	0.293478	0.086129	0.086129	1	4	3.637255	0.362745	0.131584	0.131584
3 - Member Experience with Health Plan	CAHPS	**C19: Getting Needed Care**	76	1	4	4	3.706522	-2.706522	7.325261	29.301045	4	4	3.637255	-2.637255	6.955114	27.820456
	CAHPS	**C20: Getting Appointments and Care Quickly**	75	1	4	4	3.706522	-2.706522	7.325261	29.301045	4	4	3.637255	-2.637255	6.955114	27.820456
	CAHPS	**C21: Customer Service**	88	2	4	8	3.706522	-1.706522	2.912217	11.648869	4	8	3.637255	-1.637255	2.680604	10.722416
	CAHPS	**C22: Rating of Health Care Quality**	85	3	4	12	3.706522	-0.706522	0.499173	1.996693	4	12	3.637255	-0.637255	0.406094	1.624376
	CAHPS	**C23: Rating of Health Plan**	89	4	4	16	3.706522	0.293478	0.086129	0.344517	4	16	3.637255	0.362745	0.131584	0.526336
	CAHPS	**C24: Care Coordination**	81	1	4	4	3.706522	-2.706522	7.325261	29.301045	4	4	3.637255	-2.637255	6.955114	27.820456
4 - Member Complaints and Improvement in the Health Plan's Performance	CTM	**C25: Complaints about the Health Plan**	0.18	4	4	16	3.706522	0.293478	0.086129	0.344517	4	16	3.637255	0.362745	0.131584	0.526336
	MBDSS	**C26: Members Choosing to Leave the Plan**	10	4	4	16	3.706522	0.293478	0.086129	0.344517	4	16	3.637255	0.362745	0.131584	0.526336
	Star Ratings	**C27: Health Plan Quality Improvement**	Medical [illegible]	3	**Not used in this Calculation**						5	15	3.637255	-0.637255	0.406094	2.030470
5 - Health Plan Customer Service	IRE	**C28: Plan Makes Timely Decisions about Appeals**	95	4	4	16	3.706522	0.293478	0.086129	0.344517	4	16	3.637255	0.362745	0.131584	0.526336
	IRE	**C29: Reviewing Appeals Decisions**	98	4	4	16	3.706522	0.293478	0.086129	0.344517	4	16	3.637255	0.362745	0.131584	0.526336
	Call Center	**C30: Call Center – Foreign Language Interpreter and TTY Availability**	100	5	4	20	3.706522	1.293478	1.673085	6.692341	4	20	3.637255	1.362745	1.857074	7.428296
Part D Measures																
1 - Drug Plan Customer Service	Call Center	**D01: Call Center – Foreign Language Interpreter and TTY Availability**	98	4	4	16	3.706522	0.293478	0.086129	0.344517	4	16	3.637255	0.362745	0.131584	0.526336
2 - Member Complaints and Improvement in the Drug Plan's Performance	CTM	**D02 Complaints about the Drug Plan**	0.18	4	**Counted in Part C**						**Counted in Part C**					
	MBDSS	**D03: Members Choosing to Leave the Plan**	10	4	**Counted in Part C**						**Counted in Part C**					
	Star Ratings	**D04: Drug Plan Quality Improvement**	Medical [illegible]	3	**Not used in this Calculation**						5	15	3.637255	-0.637255	0.406094	2.030470
3 - Member Experience with Drug Plan	CAHPS	**D05: Rating of Drug Plan**	90	4	4	16	3.706522	0.293478	0.086129	0.344517	4	16	3.637255	0.362745	0.131584	0.526336
	CAHPS	**D06: Getting Needed Prescription Drugs**	89	3	4	12	3.706522	-0.706522	0.499173	1.996693	4	12	3.637255	-0.637255	0.406094	1.624376
4 - Drug Pricing and Patient Safety	PDE & MPF Pricing Files	**D07: MPF Price Accuracy**	98	3	1	3	3.706522	-0.706522	0.499173	0.499173	1	3	3.637255	-0.637255	0.406094	0.406094
	PDE data	**D08: Medication Adherence for Diabetes Medications**	94	5	3	15	3.706522	1.293478	1.673085	5.019256	3	15	3.637255	1.362745	1.857074	5.571222
	PDE data	**D09: Medication Adherence for Hypertension (RAS antagonists)**	96	5	3	15	3.706522	1.293478	1.673085	5.019256	3	15	3.637255	1.362745	1.857074	5.571222
	PDE data	**D10: Medication Adherence for Cholesterol (Statins)**	95	5	3	15	3.706522	1.293478	1.673085	5.019256	3	15	3.637255	1.362745	1.857074	5.571222
	Part D Plan Reporting	**D11: MTM Program Completion Rate for CMR**	99	5	1	5	3.706522	1.293478	1.673085	1.673085	1	5	3.637255	1.362745	1.857074	1.857074
	PDE data	**D12: Statin Use in Persons with Diabetes (SUPD)**	94	5	1	5	3.706522	1.293478	1.673085	1.673085	1	5	3.637255	1.362745	1.857074	1.857074
Rated Like MA-PD	**Local & Regional CCP with SNP needs at least 19 of 38 measures**				**92**	**341**	**3.706522**			**157.076087**	**102**	**371**	**3.637255**			**161.578431**
	2022 Major Disaster % 0				Sum of weights	Sum of weights * stars	Calculated Summary Mean			Sum of weighted squared diffs	Sum of weights	Sum of weights * stars	Calculated Summary Mean			Sum of weighted squared diffs
	2023 Major Disaster % 0															

New Measure(s) Improvement	With Without	With With
# Measures Needed	19	19
# Measures Scored	38	40
Variance Category	high	high
Reward Factor	0	0
Interim Summary	3.706522	3.637255
CAI Value	0.002506	0.002506
Final Summary	3.709028	3.639761
Overall Rating	3.5	3.5
Final Overall Rating	**3.5**	

38 # eligible measures	**1.753493** Calculated Variance	**40** # eligible measures	**1.624720** Calculated Variance

- Categorize the variance into three categories:
  - o low (0 to < 30th percentile),
  - o medium (≥ 30th to < 70th percentile) and
  - o high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - o r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.0 (for other types of contracts)

Without Improvement	
Variance Thresholds	
Percentile	**Overall Rating**
30th	0.795388
70th	1.216635
Performance Summary Thresholds	
Percentile	**Overall Rating**
65th	3.662921
85th	3.977528

With Improvement	
Variance Thresholds	
Percentile	**Overall Rating**
30th	0.828220
70th	1.240423
Performance Summary Thresholds	
Percentile	**Overall Rating**
65th	3.646465
85th	3.949495

Contract H3815 Contract Type Local & Regional CCP with SNP					Calculation Without Improvement						Calculation With Improvement					
Contract Name ALIGNMENT HEALTH PLAN																
Domain	Primary Data Source	Quality Measure	Score	Star	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part C Measures																
1 - Staying Healthy: Screenings, Tests, and Vaccines	HEDIS	**C01 Breast Cancer Screening**	79	4	1	4	3 514706	0.485294	0.235510	0.235510	1	4	3.479452	0 520548	0.270970	0 270970
	HEDIS	**C02 Colorectal Cancer Screening**	83	5	1	5	3 514706	1.485294	2.206098	2.206098	1	5	3.479452	1 520548	2.312066	2 312066
	CAHPS	**C03 Annual Flu Vaccine**	73	4	1	4	3 514706	0.485294	0.235510	0.235510	1	4	3.479452	0 520548	0.270970	0 270970
	HEDIS / HOS	**C04 Monitoring Physical Activity**	54	4	1	4	3 514706	0.485294	0.235510	0.235510	1	4	3.479452	0 520548	0.270970	0 270970
2 - Managing Chronic (Long Term) Conditions	Plan Reporting	**C05 Special Needs Plan (SNP) Care Management**	89	5	1	5	3 514706	1.485294	2.206098	2.206098	1	5	3.479452	1 520548	2.312066	2 312066
	HEDIS	**C06 Care for Older Adults – Medication Review**	100	5	1	5	3 514706	1.485294	2.206098	2.206098	1	5	3.479452	1 520548	2.312066	2 312066
	HEDIS	**C07 Care for Older Adults – Pain Assessment**	97	5	1	5	3 514706	1.485294	2.206098	2.206098	1	5	3.479452	1 520548	2.312066	2 312066
	HEDIS	**C08 Osteoporosis Management in Women who had a Fracture**	71	5	1	5	3 514706	1.485294	2.206098	2.206098	1	5	3.479452	1 520548	2.312066	2 312066
	HEDIS	**C09 Diabetes Care – Eye Exam**	85	5	1	5	3 514706	1.485294	2.206098	2.206098	1	5	3.479452	1 520548	2.312066	2 312066
	HEDIS	**C10 Diabetes Care – Blood Sugar Controlled**	91	5	3	15	3 514706	1.485294	2.206098	6.618295	3	15	3.479452	1 520548	2.312066	6 936199
	HEDIS	**C11 Controlling Blood Pressure**	85	5	3	15	3 514706	1.485294	2.206098	6.618295	3	15	3.479452	1 520548	2.312066	6 936199
	HEDIS / HOS	**C12 Reducing the Risk of Falling**	50	2	1	2	3 514706	########	2.294334	2.294334	1	2	3.479452	########	2.188778	2.188778
	HEDIS / HOS	**C13 Improving Bladder Control**	49	4	1	4	3 514706	0.485294	0.235510	0.235510	1	4	3.479452	0 520548	0.270970	0 270970
	HEDIS	**C14 Medication Reconciliation Post-Discharge**	96	5	1	5	3 514706	1.485294	2.206098	2.206098	1	5	3.479452	1 520548	2.312066	2 312066
	HEDIS	**C15 Plan All-Cause Readmissions**	9	4	3	12	3 514706	0.485294	0.235510	0.706531	3	12	3.479452	0 520548	0.270970	0 812911
	HEDIS	**C16 Statin Therapy for Patients with Cardiovascular Disease**	91	4	1	4	3 514706	0.485294	0.235510	0.235510	1	4	3.479452	0 520548	0.270970	0 270970
	HEDIS	**C17 Transitions of Care**	66	4	1	4	3 514706	0.485294	0.235510	0.235510	1	4	3.479452	0 520548	0.270970	0 270970
	HEDIS	**C18 Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions**	67	4	1	4	3 514706	0.485294	0.235510	0.235510	1	4	3.479452	0 520548	0.270970	0 270970
3 - Member Experience with Health Plan	CAHPS	**C19 Getting Needed Care**	76	1	4	4	3 514706	########	6.323746	25.294985	4	4	3.479452	########	8.147682	24 590729
	CAHPS	**C20 Getting Appointments and Care Quickly**	75	1	4	4	3 514706	########	6.323746	25.294985	4	4	3.479452	########	8.147682	24 590729
	CAHPS	**C21 Customer Service**	88	2	4	8	3 514706	########	2.294334	9.177337	4	8	3.479452	########	2.188778	8.755113
	CAHPS	**C22 Rating of Health Care Quality**	85	3	4	12	3 514706	########	0.264922	1.059689	4	12	3.479452	########	0.229874	0 919497
	CAHPS	**C23 Rating of Health Plan**	89	4	4	16	3 514706	0.485294	0.235510	0.942041	4	16	3.479452	0 520548	0.270970	1 083881
	CAHPS	**C24 Care Coordination**	81	1	4	4	3 514706	########	6.323746	25.294985	4	4	3.479452	########	8.147682	24 590729
4 - Member Complaints and Improvement in the Health Plan's Performance	CTM	**C25 Complaints about the Health Plan**	0.18	4	4	16	3 514706	0.485294	0.235510	0.942041	4	16	3.479452	0 520548	0.270970	1 083881
	MBDSS	**C26 Members Choosing to Leave the Plan**	10	4	4	16	3 514706	0.485294	0.235510	0.942041	4	16	3.479452	0 520548	0.270970	1 083881
	Star Ratings	**C27 Health Plan Quality Improvement**	Measure	3	**Not used in this Calculation**						5	15	3.479452	########	0.229874	1.149371
5 - Health Plan Customer Service	IRE	**C28 Plan Makes Timely Decisions about Appeals**	95	4	4	16	3 514706	0.485294	0.235510	0.942041	4	16	3.479452	0 520548	0.270970	1 083881
	IRE	**C29 Reviewing Appeals Decisions**	98	4	4	16	3 514706	0.485294	0.235510	0.942041	4	16	3.479452	0 520548	0.270970	1 083881
	Call Center	**C30 Call Center – Foreign Language Interpreter and TTY Availability**	100	5	4	20	3 514706	1.485294	2.206098	8.824393	4	20	3.479452	1 520548	2.312066	9 248265
Rated Like	**Local & Regional CCP with SNP needs at least 15 of 29 measures**				**68**	**239**	**3.514706**			**132.985294**	**73**	**254**	**3.479452**			**134.219178**
MA-PD					**Sum of weights**	**Sum of weights * stars**	**Calculated Summary Mean**			**Sum of weighted squared diffs**	**Sum of weights**	**Sum of weights * stars**	**Calculated Summary Mean**			**Sum of weighted squared diffs**
	2022 Major Disaster % 0															
	2023 Major Disaster % 0															

New Measure(s)	With	With
Improvement	**Without**	**With**
# Measures Needed	15	15
# Measures Scored	29	30
Variance Category	high	high
Reward Factor	0	0
Interim Summary	3.514706	3.479452
CAI Value	0.004257	0 004257
Final Summary	3.518963	3.483709
Part C Summary	3.5	3.5
Final Part C Summary	**3.5**	

29	**2.025511**		**30**	**1.902020**
# eligible measures	**Calculated Variance**		**# eligible measures**	**Calculated Variance**

- Categorize the variance into three categories:
  - low (0 to < 30th percentile).
  - medium (≥ 30th to < 70th percentile) and
  - high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - r-Factor = 0.0 (for other types of contracts)

Without Improvement	
Variance Thresholds	
Percentile	**Part C Summary**
30th	0 807024
70th	1.256410
Performance Summary Thresholds	
Percentile	**Part C Summary**
65th	3.707692
85th	4 044118

With Improvement	
Variance Thresholds	
Percentile	**Part C Summary**
30th	0.820452
70th	1.275376
Performance Summary Thresholds	
Percentile	**Part C Summary**
65th	3.703125
85th	4.014493

As of 5/13/2025

Contract H3815 Contract Type Local & Regional CCP with SNP																	
Contract Name ALIGNMENT HEALTH PLAN																	
					Calculation Without Improvement						Calculation With Improvement					
Domain	Primary Data Source	Quality Measure	Score	Star	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part D Measures																
1 - Drug Plan Customer	Call Center	D01 Call Center – Foreign Language Interpreter and TTY Availability	96	4	4	16	4.187500	########	0.035156	0.140625	4	16	4.027027	########	0.000730	0.002922
2 - Member Complaints and Improvement in the Drug Plan's Performance	CTM	D02 Complaints about the Drug Plan	0.18	4	4	16	4.187500	########	0.035156	0.140625	4	16	4.027027	########	0.000730	0.002922
	MBDSS	D03 Members Choosing to Leave the Plan	10	4	4	16	4.187500	########	0.035156	0.140625	4	16	4.027027	########	0.000730	0.002922
	Star Ratings	D04 Drug Plan Quality Improvement	Weight	3	Not used in this Calculation						5	15	4.027027	########	1.054784	5.273922
3 - Member Experience with Drug Plan	CAHPS	D05 Rating of Drug Plan	90	4	4	16	4.187500	########	0.035156	0.140625	4	16	4.027027	########	0.000730	0.002922
	CAHPS	D06 Getting Needed Prescription Drugs	89	3	4	12	4.187500	########	1.410156	5.640625	4	12	4.027027	########	1.054784	4.219136
4 - Drug Pricing and Patient Safety	PDE & MPF Pricing Files	D07 MPF Price Accuracy	98	3	1	3	4.187500	########	1.410156	1.410156	1	3	4.027027	########	1.054784	1.054784
	PDE data	D08 Medication Adherence for Diabetes Medications	94	5	3	15	4.187500	0.812500	0.660156	1.980469	3	15	4.027027	0.972973	0.946876	2.840029
	PDE data	D09 Medication Adherence for Hypertension (RAS antagonists)	96	5	3	15	4.187500	0.812500	0.660156	1.980469	3	15	4.027027	0.972973	0.946876	2.840029
	PDE data	D10 Medication Adherence for Cholesterol (Statins)	95	5	3	15	4.187500	0.812500	0.660156	1.980469	3	15	4.027027	0.972973	0.946876	2.840029
	Part D Plan Reporting	D11 MTM Program Completion Rate for CMR	99	5	1	5	4.187500	0.812500	0.660156	0.660156	1	5	4.027027	0.972973	0.946876	0.946876
	PDE data	D12 Statin Use in Persons with Diabetes (SUPD)	94	5	1	5	4.187500	0.812500	0.660156	0.660156	1	5	4.027027	0.972973	0.946876	0.946876
Rated Like	Local & Regional CCP with SNP needs at least 6 of 11 measures				32	134	4.187500			14.575000	37	149	4.027027			20.972973
MA-PD	2022 Major Disaster % 0				Sum of weights	Sum of weights * stars	Calculated Summary Mean			Sum of weighted squared diffs	Sum of weights	Sum of weights * stars	Calculated Summary Mean			Sum of weighted squared diffs
	2023 Major Disaster % 0															

Improvement	Without	With
# Measures Needed	6	6
# Measures Scored	11	12
Variance Category	low	low
Reward Factor	0.4	0.4
Interim Summary	4.567500	4.427027
CAI Value	-0.002424	-0.002424
Final Summary	4.585076	4.424603
Part D Summary	4.5	4.5
Final Part D Summary	4.5	

11 # eligible measures	0.511328 Calculated Variance

12 # eligible measures	0.618368 Calculated Variance

- Categorize the variance into three categories:
  - low (0 to < 30th percentile)
  - medium (≥ 30th to < 70th percentile) and
  - high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 85th & < 85th percentile)
  - r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 85th & < 85th percentile)
  - r-Factor = 0.0 (for other types of contracts)

Without Improvement	
Variance Thresholds	
Percentile	Part D Summary
30th	0.654297
70th	1.210645
Performance Summary Thresholds	
Percentile	Part D Summary
65th	3.718750
85th	4.062500

With Improvement	
Variance Thresholds	
Percentile	Part D Summary
30th	0.742879
70th	1.268810
Performance Summary Thresholds	
Percentile	Part D Summary
65th	3.888867
85th	4.000000

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Contract: H4961 | **Contract Type: Local & Regional CCP w/o SNP** | **Part C Improvement Measure Eligibility: Eligible**

Part C Measures

Measure	Measure Weight	Eligibility	Eligible for Measure	CY2024 Measure Score	CY2025 Measure Score	CY2025-CY2024 Difference	CY2024 Measure Star	CY2025 Measure Star	CY2024 Numerator	CY2024 Denominator	CY2025 Numerator	CY2025 Denominator	CY2024 SE	CY2025 SE	NatAvgObs2024	NatAvgObs2025	Correlation	CY2025-CY2024 Difference Standard Error	Improve	Decline	Improvement, Decline, or No Change	Held Harmless	Weighted Score	Weighted Eligibility	Lower is Better
C01: Breast Cancer Screening	1	1	Eligible	82.76	81.79	-0.99	5	5		151		346					0.950135	1.277193752	0	0	No Significant Change	Not Applicable	0	1	
C02: Colorectal Cancer Screening	1	1	Eligible	85.92	89.25	3.33	5	5		284		214					0.896510	0.952566618	1	0	Significant Improvement	Not Applicable	1	1	
C03: Annual Flu Vaccine	1	1	Eligible	75.289575	72.473868	-2.815707	4	4					2.680141	2.636467			0.888026	1.258708513	0	1	Significant Decline	Not Applicable	-1	1	
C04: Monitoring Physical Activity	1	1	Eligible	47.66	56.35	8.69	3	4		235		417					0.845098	1.771806038	1	0	Significant Improvement	Not Applicable	1	1	
C05: Special Needs Plan (SNP) Care Management	1	0	Not Eligible			0	Plan not required t	Plan not required to report measure									0.889508	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C06: Care for Older Adults – Medication Review	1	0	Not Eligible			0	Plan not required t	Plan not required to report measure									0.651050	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C07: Care for Older Adults – Pain Assessment	1	0	Not Eligible			0	Plan not required t	Plan not required to report measure									0.472401	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C08: Osteoporosis Management in Women who had a Fracture	1	0	Not Eligible			0	Not enough data a	Not enough data available									0.848314	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C09: Diabetes Care – Eye Exam	1	1	Eligible	79.92	84.69	4.77	4	5		259		196					0.855310	1.363655068	1	0	Significant Improvement	Not Applicable	1	1	
C10: Diabetes Care – Blood Sugar Controlled	3	1	Eligible	87.64	86.73	-0.91	5	4		259		196					0.779129	1.527126304	0	0	No Significant Change	Not Applicable	0	3	
C11: Controlling Blood Pressure	3	1	Eligible	81.38	86.15	4.77	4	5		333		260					0.787937	1.392203881	1	0	Significant Improvement	Not Applicable	3	3	
C12: Reducing the Risk of Falling	1	0	Not Eligible		48.03	48.03	Not enough data a	1				152					0.842070	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C13: Improving Bladder Control	1	0	Not Eligible		47.59	47.59	Not enough data a	4				145					0.480390	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C14: Medication Reconciliation Post-Discharge	1	1	Eligible	80.26	90.75	10.49	4	5		304		411					0.618848	1.382371673	1	0	Significant Improvement	Not Applicable	1	1	
C15: Plan All Cause Readmission	3	1	Eligible	11.750668	9.410307	2.340361	2	4	21	20	27	32			0.109719902	0.110821346	0.622494	1.981450189	0	0	No Significant Change	Not Applicable	0	3	1
C16: Statin Therapy for Patients with Cardiovascular Disease	1	1	Eligible	94.59	94.81	0.22	5	5		37		77					0.730543	2.546564741	0	0	No Significant Change	Not Applicable	0	1	
C17: Transitions of Care	1	1	Eligible	53.2875	63.5625	10.275	3	4					1.823627	1.559507			0.845898	0.972768696	1	0	Significant Improvement	Not Applicable	1	1	
C18: Follow-up after Emergency Department Visit for People with Multiple High	1	1	Eligible	41.48	67.71	26.23	1	4		135		192					0.739526	2.864275594	1	0	Significant Improvement	Not Applicable	1	1	
C19: Getting Needed Care	4	1	Eligible	75.052866	79.259777	4.206911	1	3					1.50383	1.260472			0.796622	0.91117704	1	0	Significant Improvement	Not Applicable	4	4	
C20: Getting Appointments and Care Quickly	4	1	Eligible	74.786221	82.618406	7.832185	2	3					1.297094	1.495152			0.477681	1.43706245	1	0	Significant Improvement	Not Applicable	4	4	
C21: Customer Service	4	1	Eligible	87.559931	89.27713	1.717199	2	3					1.22809	1.020431			0.709932	0.877574917	0	0	No Significant Change	Not Applicable	0	4	
C22: Rating of Health Care Quality	4	1	Eligible	85.365535	87.073959	1.708424	3	4					1.013795	0.78979			0.715693	0.710956418	1	0	Significant Improvement	Not Applicable	4	4	
C23: Rating of Health Plan	4	1	Eligible	85.115216	88.339645	3.224429	2	4					1.036111	0.869692			0.859045	0.530776474	1	0	Significant Improvement	Not Applicable	4	4	
C24: Care Coordination	4	1	Eligible	83.074882	87.968979	4.894097	2	4					1.378133	0.979882			0.670450	1.024039837	1	0	Significant Improvement	Not Applicable	4	4	
C25: Complaints about the Health Plan	4	1	Eligible	0.735473	0.3077	0.427773	3	4	23	2570	15	4007					0.826982	0.098399912	1	0	Significant Improvement	Not Applicable	4	4	1
C26: Members Choosing to Leave the Plan	4	1	Eligible	18.895439	13.149634	5.745805	3	4		3223		5734					0.887075	0.358725998	1	0	Significant Improvement	Not Applicable	4	4	1
C28: Plan Makes Timely Decisions about Appeals	4	0	Not Eligible		100	100	Not enough data a	5				14					0.329153	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C29: Reviewing Appeals Decisions	4	0	Not Eligible		100	100	Not enough data a	5				14					0.610325	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C30: Call Center – Foreign Language Interpreter and TTY Availability	4	1	Eligible	98.412698	100	1.587302	5	5		63		63					0.280278	1.574653766	0	0	No Significant Change	Not Applicable	0	4	

Part C Improvement Measure Score	0.666667
C27: Part C Improvement Measure Star	5

C27: Cut Points	**1 Star**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
	< -0.179809	≥ -0.179809 to < 0	≥ 0 to < 0.174445	≥ 0.174445 to < 0.421057	≥ 0.421057

Year1 2024
Year2 2025

C27 Thresholds	
2 Star Threshold	-0.179809
3 Star Threshold	0.000000
4 Star Threshold	0.174445
5 Star Threshold	0.421057

Contract: H4961	Contract Type: Local & Regional CCP w/o SNP														Part D Improvement Measure Eligibility: Eligible							
Part D Measures																						
Measure Label	Measure Weight	Eligibility	Eligible for Measure	CY2024 Measure Score	CY2025 Measure Score	CY2024-CY2025 Difference	CY2024 Measure Star	CY2025 Measure Star	CY2024 Numerator	CY2024 Denominator	CY2025 Numerator	CY2025 Denominator	CY2024 SE	CY2025 SE	Correlation	CY2025-CY2024 Difference Standard Error	Improve	Decline	Improvement, Decline, or No Change	Held Harmless	Weighted Score	Weighted Eligibility	Lower is Better
D01: Call Center - Foreign Language Interpreter and TTY Availability	4	1	Eligible	96.875	98.387097	1.512097	5	4		64		62			0.303658	2.275205328	0	0	No Significant Change	Not Applicable	0	4	
D02: Complaints about the Drug Plan	4	1	Eligible	0.735473	0.3077	0.427773	3	4	23	2570	15	4007			0.832704	0.097796242	1	0	Significant Improvement	Not Applicable	4	4	1
D03: Members Choosing to Leave the Plan	4	1	Eligible	18.895439	13.149634	5.745805	3	4		3223		5734			0.881507	0.363471239	1	0	Significant Improvement	Not Applicable	4	4	1
D05: Rating of Drug Plan	4	1	Eligible	86.85839	87.64745	0.78906	4	4					1.040801	1.05269	0.817940	0.6317326	0	0	No Significant Change	Not Applicable	0	4	
D06: Getting Needed Prescription Drugs	4	1	Eligible	89.004799	90.757651	1.752852	3	4					1.093757	0.929675	0.659200	0.848528167	1	0	Significant Improvement	Not Applicable	4	4	
D07: MPF Price Accuracy	1	1	Eligible	97.195	98.02	0.825	3	3					0.069661	0.041646	0.643115	0.053437438	1	0	Significant Improvement	Not Applicable	1	1	
D08: Part D Medication Adherence for Diabetes Medications	3	1	Eligible	91.985961	91.335056	-0.650905	5	5		285		484			0.644643	1.25309233	0	0	No Significant Change	Not Applicable	0	3	
D09: Part D Medication Adherence for Hypertension (RAS antagonists)	3	1	Eligible	94.540459	96.723962	2.183503	5	5		940		1391			0.812564	0.449590508	1	0	Significant Improvement	Not Applicable	3	3	
D10: Part D Medication Adherence for Cholesterol (Statins)	3	1	Eligible	91.587843	96.131667	4.543824	5	5		1075		1734			0.807284	0.54604818	1	0	Significant Improvement	Not Applicable	3	3	
D11: MTM Program Completion Rate for CMR	1	0	Not Eligible			0	Not enough data	Not enough data available							0.867800	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
D12: Statin Use in Persons with Diabetes (SUPD)	1	1	Eligible	88.258786	94.741057	6.482271	4	5		209		312			0.836392	1.359460754	1	0	Significant Improvement	Not Applicable	1	1	

MA-PD or PDP	MA-PD
Part D Improvement Measure Score	0.645161
D04: Part D Improvement Measure Star	5

D04: Cut Points	Type	1 Star	2 Star	3 Star	4 Star	5 Star
	MA-PD	< -0.218869	≥ -0.218869 to < 0	≥ 0 to < 0.242468	≥ 0.242468 to < 0.496603	≥ 0.496603
	PDP	< -0.2825	≥ -0.2825 to < 0	≥ 0 to < 0.273334	≥ 0.273334 to < 0.576667	≥ 0.576667

Year1 2024
Year2 2025

D04 Thresholds	MA-PD	PDP
2 Star Threshold	-0.218869	-0.282500
3 Star Threshold	0.000000	0.000000
4 Star Threshold	0.242468	0.273334
5 Star Threshold	0.496603	0.576667

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H4961 Overall

As of 5/13/2025

Contract: H4961 Contract Type: Local & Regional CCP w/o SNP Contract Name: ALIGNMENT HEALTH PLAN					Calculation Without Improvement						Calculation With Improvement					
Domain	Primary Data Source	Quality Measure	Score	Star	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part C Measures																
1 - Staying Healthy: Screenings, Tests, and Vaccines	HEDIS	C01: Breast Cancer Screening	82	5	1	5	4.160920	0.839080	0.704055	0.704055	1	5	4.247423	0.752577	0.566372	0.566372
	HEDIS	C02: Colorectal Cancer Screening	89	5	1	5	4.160920	0.839080	0.704055	0.704055	1	5	4.247423	0.752577	0.566372	0.566372
	CAHPS	C03: Annual Flu Vaccine	72	4	1	4	4.160920	-0.160920	0.025895	0.025895	1	4	4.247423	-0.247423	0.061218	0.061218
	HEDIS / HOS	C04: Monitoring Physical Activity	56	4	1	4	4.160920	-0.160920	0.025895	0.025895	1	4	4.247423	-0.247423	0.061218	0.061218
2 - Managing Chronic (Long Term) Conditions	Plan Reporting	C05: Special Needs Plan (SNP) Care Management			Plan not required to report measure						Plan not required to report measure					
	HEDIS	C06: Care for Older Adults – Medication Review			Plan not required to report measure						Plan not required to report measure					
	HEDIS	C07: Care for Older Adults – Pain Assessment			Plan not required to report measure						Plan not required to report measure					
	HEDIS	C08: Osteoporosis Management in Women who had a Fracture			Not enough data available						Not enough data available					
	HEDIS	C09: Diabetes Care – Eye Exam	85	5	1	5	4.160920	0.839080	0.704055	0.704055	1	5	4.247423	0.752577	0.566372	0.566372
	HEDIS	C10: Diabetes Care – Blood Sugar Controlled	87	4	3	12	4.160920	-0.160920	0.025895	0.077686	3	12	4.247423	-0.247423	0.061218	0.183654
	HEDIS	C11: Controlling Blood Pressure	86	5	3	15	4.160920	0.839080	0.704055	2.112166	3	15	4.247423	0.752577	0.566372	1.699116
	HEDIS / HOS	C12: Reducing the Risk of Falling	48	1	1	1	4.160920	-3.160920	9.991415	9.991415	1	1	4.247423	-3.247423	10.545756	10.545756
	HEDIS / HOS	C13: Improving Bladder Control	48	4	1	4	4.160920	-0.160920	0.025895	0.025895	1	4	4.247423	-0.247423	0.061218	0.061218
	HEDIS	C14: Medication Reconciliation Post-Discharge	91	5	1	5	4.160920	0.839080	0.704055	0.704055	1	5	4.247423	0.752577	0.566372	0.566372
	HEDIS	C15: Plan All-Cause Readmissions	9	4	3	12	4.160920	-0.160920	0.025895	0.077686	3	12	4.247423	-0.247423	0.061218	0.183654
	HEDIS	C16: Statin Therapy for Patients with Cardiovascular Disease	95	5	1	5	4.160920	0.839080	0.704055	0.704055	1	5	4.247423	0.752577	0.566372	0.566372
	HEDIS	C17: Transitions of Care	64	4	1	4	4.160920	-0.160920	0.025895	0.025895	1	4	4.247423	-0.247423	0.061218	0.061218
	HEDIS	C18: Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	68	4	1	4	4.160920	-0.160920	0.025895	0.025895	1	4	4.247423	-0.247423	0.061218	0.061218
3 - Member Experience with Health Plan	CAHPS	C19: Getting Needed Care	79	3	4	12	4.160920	-1.160920	1.347735	5.390941	4	12	4.247423	-1.247423	1.556064	6.224257
	CAHPS	C20: Getting Appointments and Care Quickly	83	3	4	12	4.160920	-1.160920	1.347735	5.390941	4	12	4.247423	-1.247423	1.556064	6.224257
	CAHPS	C21: Customer Service	89	3	4	12	4.160920	-1.160920	1.347735	5.390941	4	12	4.247423	-1.247423	1.556064	6.224257
	CAHPS	C22: Rating of Health Care Quality	87	4	4	16	4.160920	-0.160920	0.025895	0.103581	4	16	4.247423	-0.247423	0.061218	0.244873
	CAHPS	C23: Rating of Health Plan	88	4	4	16	4.160920	-0.160920	0.025895	0.103581	4	16	4.247423	-0.247423	0.061218	0.244873
	CAHPS	C24: Care Coordination	88	4	4	16	4.160920	-0.160920	0.025895	0.103581	4	16	4.247423	-0.247423	0.061218	0.244873
4 - Member Complaints and Improvement in the Health Plan's Performance	CTM	C25: Complaints about the Health Plan	0.31	4	4	16	4.160920	-0.160920	0.025895	0.103581	4	16	4.247423	-0.247423	0.061218	0.244873
	MBDSS	C26: Members Choosing to Leave the Plan	13	4	4	16	4.160920	-0.160920	0.025895	0.103581	4	16	4.247423	-0.247423	0.061218	0.244873
	Star Ratings	C27: Health Plan Quality Improvement	[illegible]	5	Not used in this Calculation						5	25	4.247423	0.752577	0.566372	2.831861
5 - Health Plan Customer Service	IRE	C28: Plan Makes Timely Decisions about Appeals	100	5	4	20	4.160920	0.839080	0.704055	2.816221	4	20	4.247423	0.752577	0.566372	2.265489
	IRE	C29: Reviewing Appeals Decisions	100	5	4	20	4.160920	0.839080	0.704055	2.816221	4	20	4.247423	0.752577	0.566372	2.265489
	Call Center	C30: Call Center – Foreign Language Interpreter and TTY Availability	100	5	4	20	4.160920	0.839080	0.704055	2.816221	4	20	4.247423	0.752577	0.566372	2.265489
Part D Measures																
1 - Drug Plan Customer S	Call Center	D01: Call Center – Foreign Language Interpreter and TTY Availability	98	4	4	16	4.160920	-0.160920	0.025895	0.103581	4	16	4.247423	-0.247423	0.061218	0.244873
2 - Member Complaints and Improvement in the Drug Plan's Performance	CTM	D02 Complaints about the Drug Plan	0.31	4	Counted in Part C						Counted in Part C					
	MBDSS	D03: Members Choosing to Leave the Plan	13	4	Counted in Part C						Counted in Part C					
	Star Ratings	D04: Drug Plan Quality Improvement	[illegible]	5	Not used in this Calculation						5	25	4.247423	0.752577	0.566372	2.831861
3 - Member Experience with Drug Plan	CAHPS	D05: Rating of Drug Plan	88	4	4	16	4.160920	-0.160920	0.025895	0.103581	4	16	4.247423	-0.247423	0.061218	0.244873
	CAHPS	D06: Getting Needed Prescription Drugs	91	4	4	16	4.160920	-0.160920	0.025895	0.103581	4	16	4.247423	-0.247423	0.061218	0.244873
4 - Drug Pricing and Patient Safety	PDE & MPF Pricing Files	D07: MPF Price Accuracy	98	3	1	3	4.160920	-1.160920	1.347735	1.347735	1	3	4.247423	-1.247423	1.556064	1.556064
	PDE data	D08: Medication Adherence for Diabetes Medications	91	5	3	15	4.160920	0.839080	0.704055	2.112166	3	15	4.247423	0.752577	0.566372	1.699116
	PDE data	D09: Medication Adherence for Hypertension (RAS antagonists)	97	5	3	15	4.160920	0.839080	0.704055	2.112166	3	15	4.247423	0.752577	0.566372	1.699116
	PDE data	D10: Medication Adherence for Cholesterol (Statins)	96	5	3	15	4.160920	0.839080	0.704055	2.112166	3	15	4.247423	0.752577	0.566372	1.699116
	Part D Plan Reporting	D11: MTM Program Completion Rate for CMR			Not enough data available						Not enough data available					
	PDE data	D12: Statin Use in Persons with Diabetes (SUPD)	95	5	1	5	4.160920	0.839080	0.704055	0.704055	1	5	4.247423	0.752577	0.566372	0.566372
Rated Like MA-PD	Local & Regional CCP w/o SNP needs at least 18 of 35 measures				87 Sum of weights	362 Sum of weights * stars	4.160920 Calculated Summary Mean			49.747126 Sum of weighted squared diffs	97 Sum of weights	412 Sum of weights * stars	4.247423 Calculated Summary Mean			56.061856 Sum of weighted squared diffs
	2022 Major Disaster % 0															
	2023 Major Disaster % 0															

New Measure(s)	With	With
Improvement	Without	With
# Measures Needed	18	18
# Measures Scored	33	35
Variance Category	low	low
Reward Factor	0.4	0.4
Interim Summary	4.560920	4.647423
CAI Value	-0.058127	-0.058127
Final Summary	4.502793	4.589296
Overall Rating	4.5	4.5
Final Overall Rating	**4.5**	

33 # eligible measures	0.589675 Calculated Variance

35 # eligible measures	0.594956 Calculated Variance

- Categorize the variance into three categories:
  - o low (0 to < 30th percentile),
  - o medium (≥ 30th to < 70th percentile) and
  - o high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - o r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.0 (for other types of contracts)

Without Improvement	
Variance Thresholds	
Percentile	Overall Rating
30th	0.795388
70th	1.216635
Performance Summary Thresholds	
Percentile	Overall Rating
65th	3.662921
85th	3.977528

With Improvement	
Variance Thresholds	
Percentile	Overall Rating
30th	0.828220
70th	1.240423
Performance Summary Thresholds	
Percentile	Overall Rating
65th	3.646465
85th	3.949495

Contract H4961 Contract Type Local & Regional CCP w/o SNP					Calculation Without Improvement						Calculation With Improvement					
Contract Name ALIGNMENT HEALTH PLAN																
Domain	Primary Data Source	Quality Measure	Score	Star	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part C Measures																
1 - Staying Healthy: Screenings, Tests, and Vaccines	HEDIS	**C01 Breast Cancer Screening**	82	5	1	5	4.078125	0.921875	0.849854	0.849854	1	5	4.144928	0.855072	0.731148	0.731148
	HEDIS	**C02 Colorectal Cancer Screening**	88	5	1	5	4.078125	0.921875	0.849854	0.849854	1	5	4.144928	0.855072	0.731148	0.731148
	CAHPS	**C03 Annual Flu Vaccine**	72	4	1	4	4.078125	########	0.006104	0.006104	1	4	4.144928	########	0.021004	0 021004
	HEDIS / HOS	**C04 Monitoring Physical Activity**	56	4	1	4	4.078125	########	0.006104	0.006104	1	4	4.144928	########	0.021004	0 021004
2 - Managing Chronic (Long Term) Conditions	Plan Reporting	**C05 Special Needs Plan (SNP) Care Management**			**Plan not required to report measure**						**Plan not required to report measure**					
	HEDIS	**C06 Care for Older Adults – Medication Review**			**Plan not required to report measure**						**Plan not required to report measure**					
	HEDIS	**C07 Care for Older Adults – Pain Assessment**			**Plan not required to report measure**						**Plan not required to report measure**					
	HEDIS	**C08 Osteoporosis Management in Women who had a Fracture**			**Not enough data available**						**Not enough data available**					
	HEDIS	**C09 Diabetes Care – Eye Exam**	85	5	1	5	4.078125	0.921875	0.849854	0.849854	1	5	4.144928	0.855072	0.731148	0.731148
	HEDIS	**C10 Diabetes Care – Blood Sugar Controlled**	87	4	3	12	4.078125	########	0.006104	0.018311	3	12	4.144928	########	0.021004	0 063012
	HEDIS	**C11 Controlling Blood Pressure**	86	5	3	15	4.078125	0.921875	0.849854	2.549561	3	15	4.144928	0.855072	0.731148	2.193444
	HEDIS / HOS	**C12 Reducing the Risk of Falling**	48	1	1	1	4.078125	########	9.474854	9.474854	1	1	4.144928	########	9.890572	9 890572
	HEDIS / HOS	**C13 Improving Bladder Control**	48	4	1	4	4.078125	########	0.006104	0.006104	1	4	4.144928	########	0.021004	0 021004
	HEDIS	**C14 Medication Reconciliation Post-Discharge**	91	5	1	5	4.078125	0.921875	0.849854	0.849854	1	5	4.144928	0.855072	0.731148	0.731148
	HEDIS	**C15 Plan All-Cause Readmissions**	9	4	3	12	4.078125	########	0.006104	0.018311	3	12	4.144928	########	0.021004	0 063012
	HEDIS	**C16 Statin Therapy for Patients with Cardiovascular Disease**	95	5	1	5	4.078125	0.921875	0.849854	0.849854	1	5	4.144928	0.855072	0.731148	0.731148
	HEDIS	**C17 Transitions of Care**	64	4	1	4	4.078125	########	0.006104	0.006104	1	4	4.144928	########	0.021004	0 021004
	HEDIS	**C18 Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions**	68	4	1	4	4.078125	########	0.006104	0.006104	1	4	4.144928	########	0.021004	0.021004
3 - Member Experience with Health Plan	CAHPS	**C19 Getting Needed Care**	79	3	4	12	4.078125	########	1.162354	4.649414	4	12	4.144928	########	1.310860	5 243441
	CAHPS	**C20 Getting Appointments and Care Quickly**	83	3	4	12	4.078125	########	1.162354	4.649414	4	12	4.144928	########	1.310860	5 243441
	CAHPS	**C21 Customer Service**	89	3	4	12	4.078125	########	1.162354	4.649414	4	12	4.144928	########	1.310860	5 243441
	CAHPS	**C22 Rating of Health Care Quality**	87	4	4	16	4.078125	########	0.006104	0.024414	4	16	4.144928	########	0.021004	0 084017
	CAHPS	**C23 Rating of Health Plan**	88	4	4	16	4.078125	########	0.006104	0.024414	4	16	4.144928	########	0.021004	0 084017
	CAHPS	**C24 Care Coordination**	88	4	4	16	4.078125	########	0.006104	0.024414	4	16	4.144928	########	0.021004	0 084017
4 - Member Complaints and Improvement in the Health Plan's Performance	CTM	**C25 Complaints about the Health Plan**	0.31	4	4	16	4.078125	########	0.006104	0.024414	4	16	4.144928	########	0.021004	0 084017
	MBDSS	**C26 Members Choosing to Leave the Plan**	13	4	4	16	4.078125	########	0.006104	0.024414	4	16	4.144928	########	0.021004	0 084017
	Star Ratings	**C27 Health Plan Quality Improvement**	MEDIC	5	**Not used in this Calculation**						5	25	4.144928	0.855072	0.731148	3 655741
5 - Health Plan Customer Service	IRE	**C28 Plan Makes Timely Decisions about Appeals**	100	5	4	20	4.078125	0.921875	0.849854	3.399414	4	20	4.144928	0.855072	0.731148	2 924593
	IRE	**C29 Reviewing Appeals Decisions**	100	5	4	20	4.078125	0.921875	0.849854	3.399414	4	20	4.144928	0.855072	0.731148	2 924593
	Call Center	**C30 Call Center – Foreign Language Interpreter and TTY Availability**	100	5	4	20	4.078125	0.921875	0.849854	3.399414	4	20	4.144928	0.855072	0.731148	2 924593
Rated Like	**Local & Regional CCP w/o SNP needs at least 13 of 26 measures**				**64** Sum of weights	**261** Sum of weights * stars	**4.078125** Calculated Summary Mean			**40.609375** Sum of weighted squared diffs	**69** Sum of weights	**286** Sum of weights * stars	**4.144928** Calculated Summary Mean			**44.550725** Sum of weighted squared diffs
MA-PD	**2022 Major Disaster %** 0															
	2023 Major Disaster % 0															

New Measure(s)	With	With
Improvement	**Without**	**With**
# Measures Needed	13	13
# Measures Scored	25	26
Variance Category	low	low
Reward Factor	0.4	0.4
Interim Summary	4.478125	4 544928
CAI Value	-0.025930	-0 025930
Final Summary	4.452195	4 518998
Part C Summary	4.5	4.5
Final Part C Summary	**4.5**	

25 # eligible measures

0.660960 Calculated Variance

26 # eligible measures

0.671489 Calculated Variance

- Categorize the variance into three categories:
  - low (0 to < 30th percentile).
  - medium (≥ 30th to < 70th percentile) and
  - high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - r-Factor = 0.0 (for other types of contracts)

Without Improvement

Variance Thresholds

Percentile	Part C Summary
30th	0 807024
70th	1.256410

Performance Summary Thresholds

Percentile	Part C Summary
65th	3.707692
85th	4 044118

With Improvement

Variance Thresholds

Percentile	Part C Summary
30th	0.820452
70th	1.275376

Performance Summary Thresholds

Percentile	Part C Summary
65th	3.703125
85th	4.014493

4961 Part D

As of 5/13/2025

Contract H4961 Contract Type Local & Regional CCP w/o SNP

Contract Name ALIGNMENT HEALTH PLAN

Domain	Primary Data Source	Quality Measure	Score	Star	Calculation Without Improvement: Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Calculation With Improvement: Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part D Measures																
1 - Drug Plan Customer Service	Call Center	**D01 Call Center – Foreign Language Interpreter and TTY Availability**	98	4	4	16	4.290323	########	0.084287	0.337150	4	16	4.388889	########	0.151235	0.604939
2 - Member Complaints and Improvement in the Drug Plan's Performance	CTM	**D02 Complaints about the Drug Plan**	0.31	4	4	16	4.290323	########	0.084287	0.337150	4	16	4.388889	########	0.151235	0.604939
	MBDSS	**D03 Members Choosing to Leave the Plan**	13	4	4	16	4.290323	########	0.084287	0.337150	4	16	4.388889	########	0.151235	0.604939
	Star Ratings	**D04 Drug Plan Quality Improvement**	Medic	5	**Not used in this Calculation**						5	25	4.388889	0.611111	0.373457	1.867283
3 - Member Experience with Drug Plan	CAHPS	**D05 Rating of Drug Plan**	88	4	4	16	4.290323	########	0.084287	0.337150	4	16	4.388889	########	0.151235	0.604939
	CAHPS	**D06 Getting Needed Prescription Drugs**	91	4	4	16	4.290323	########	0.084287	0.337150	4	16	4.388889	########	0.151235	0.604939
4 - Drug Pricing and Patient Safety	PDE & MPF Pricing Files	**D07 MPF Price Accuracy**	9	3	1	3	4.290323	########	1.664933	1.664933	1	3	4.388889	########	1.929013	1.929013
	PDE data	**D08 Medication Adherence for Diabetes Medications**	91	5	3	15	4.290323	0.709677	0.503641	1.510924	3	15	4.388889	0.611111	0.373457	1.120370
	PDE data	**D09 Medication Adherence for Hypertension (RAS antagonists)**	97	5	3	15	4.290323	0.709677	0.503641	1.510924	3	15	4.388889	0.611111	0.373457	1.120370
	PDE data	**D10 Medication Adherence for Cholesterol (Statins)**	96	5	3	15	4.290323	0.709677	0.503641	1.510924	3	15	4.388889	0.611111	0.373457	1.120370
	Part D Plan Reporting	**D11 MTM Program Completion Rate for CMR**			**Not enough data available**						**Not enough data available**					
	PDE data	**D12 Statin Use in Persons with Diabetes (SUPD)**	95	5	1	5	4.290323	0.709677	0.503641	0.503641	1	5	4.388889	0.611111	0.373457	0.373457
Rated Like MA-PD	**Local & Regional CCP w/o SNP needs at least 6 of 11 measures**				**31** Sum of weights	**133** Sum of weights * stars	**4.290323** Calculated Summary Mean			**8.387097** Sum of weighted squared diffs	**36** Sum of weights	**158** Sum of weights * stars	**4.388889** Calculated Summary Mean			**10.555556** Sum of weighted squared diffs
	2022 Major Disaster % 0															
	2023 Major Disaster % 0															

Improvement	Without	With
# Measures Needed	6	6
# Measures Scored	10	11
Variance Category	low	low
Reward Factor	0.4	0.4
Interim Summary	4.788889	4.788889
CAI Value	-0.048532	-0.048532
Final Summary	4.641281	4.740357
Part D Summary	4.5	4.5
Final Part D Summary	4.5	4.5

10 # eligible measures — **0.300613** Calculated Variance

11 # eligible measures — **0.322531** Calculated Variance

- Categorize the variance into three categories:
  - low (0 to < 30th percentile)
  - medium (≥ 30th to < 70th percentile) and
  - high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - r-Factor = 0.0 (for other types of contracts)

Without Improvement

Variance Thresholds

Percentile	Part D Summary
30th	0.654297
70th	1.210645

Performance Summary Thresholds

Percentile	Part D Summary
65th	3.718750
85th	4.062500

With Improvement

Variance Thresholds

Percentile	Part D Summary
30th	0.742679
70th	1.268610

Performance Summary Thresholds

Percentile	Part D Summary
65th	3 666667
85th	4 000000

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Contract: H9686 | **Contract Type: Local & Regional CCP with SNP** | **Part C Improvement Measure Eligibility: Eligible**

Part C Measures

Measure	Measure Weight	Eligibility	Eligible for Measure	CY2024 Measure Score	CY2025 Measure Score	CY2025-CY2024 Difference	CY2024 Measure Star	CY2025 Measure Star	CY2024 Numerator	CY2024 Denominator	CY2025 Numerator	CY2025 Denominator	CY2024 SE	CY2025 SE	NatAvgObs2024	NatAvgObs2025	Correlation	CY2025-CY2024 Difference Standard Error	Improve	Decline	Improvement, Decline, or No Change	Held Harmless	Weighted Score	Weighted Eligibility	Lower is Better
C01: Breast Cancer Screening	1	0	Not Eligible		76.56	76.56	Not enough data available	4				256					0.950135	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C02: Colorectal Cancer Screening	1	1	Eligible	81.57	85.77	4.2	5	5		369		260					0.896510	0.962872009	1	0	Significant Improvement	Not Applicable	1	1	
C03: Annual Flu Vaccine	1	1	Eligible	67.181467	62.109375	-5.072092	2	2					2.917658	3.031967			0.888026	1.412149045	0	1	Significant Decline	Not Applicable	-1	1	
C04: Monitoring Physical Activity	1	1	Eligible	50.25	52.63	2.38	3	4		201		266					0.845098	1.88714722	0	0	No Significant Change	Not Applicable	0	1	
C05: Special Needs Plan (SNP) Care Management	1	1	Eligible	91.267606	89.735099	-1.532507	5	5		355		302					0.889508	0.799887768	0	0	No Significant Change	Not Applicable	0	1	
C06: Care for Older Adults – Medication Review	1	1	Eligible	100	100	0	5	5					0	0			0.651050	0	0	0	No Significant Change	Not Applicable	0	1	
C07: Care for Older Adults – Pain Assessment	1	1	Eligible	98.38936	99.333935	0.944575	5	5					1.13085	0.662986			0.472401	1.004996748	0	0	No Significant Change	Not Applicable	0	1	
C08: Osteoporosis Management in Women who had a Fracture	1	0	Not Eligible			0	Not enough data a	Not enough data available									0.848314	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C09: Diabetes Care – Eye Exam	1	1	Eligible	84.12	83.16	-0.96	5	5		296		196					0.855310	1.394359179	0	0	No Significant Change	Not Applicable	0	1	
C10: Diabetes Care – Blood Sugar Controlled	3	1	Eligible	87.84	87.24	-0.6	5	4		296		196					0.779129	1.494536613	0	0	No Significant Change	Not Applicable	0	3	
C11: Controlling Blood Pressure	3	1	Eligible	88.46	88.59	0.13	5	5		260		184					0.787937	1.449498864	0	0	No Significant Change	Not Applicable	0	3	
C12: Reducing the Risk of Falling	1	0	Not Eligible		53.98	53.98	Not enough data a	2				113					0.842070	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C13: Improving Bladder Control	1	0	Not Eligible			0	Not enough data a	Not enough data available									0.480390	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
C14: Medication Reconciliation Post-Discharge	1	1	Eligible	70.13	95.52	25.39	4	5		318		357					0.818848	1.784406553	1	0	Significant Improvement	Not Applicable	1	1	
C15: Plan All Cause Readmission	3	1	Eligible	15.35233	10.868275	4.484055	1	3	24	17	31	32			0.109719902	0.110821346	0.622494	2.474870031	0	0	No Significant Change	Not Applicable	0	3	1
C16: Statin Therapy for Patients with Cardiovascular Disease	1	1	Eligible	91.53	94.68	3.15	5	5		59		94					0.730543	2.497671693	0	0	No Significant Change	Not Applicable	0	1	
C17: Transitions of Care	1	1	Eligible	42.2175	60.575	18.3575	2	3					1.548153	1.502199			0.845898	0.847868762	1	0	Significant Improvement	Not Applicable	1	1	
C18: Follow-up after Emergency Department Visit for People with Multiple High	1	1	Eligible	54.26	72.78	18.52	3	5		94		180					0.739526	3.49225202	1	0	Significant Improvement	Not Applicable	1	1	
C19: Getting Needed Care	4	1	Eligible	75.493636	78.089728	2.596092	1	2					1.535463	1.528946			0.796622	0.977220104	1	0	Significant Improvement	Not Applicable	4	4	
C20: Getting Appointments and Care Quickly	4	1	Eligible	72.69179	85.53532	12.84353	2	4					1.7899	1.632127			0.477681	1.754035175	1	0	Significant Improvement	Not Applicable	4	4	
C21: Customer Service	4	1	Eligible	89.546109	91.749889	2.20378	4	4					0.969775	0.860335			0.709932	0.704274648	1	0	Significant Improvement	Not Applicable	4	4	
C22: Rating of Health Care Quality	4	1	Eligible	83.822341	85.9472	2.124859	2	3					1.320342	1.026082			0.715693	0.925708024	1	0	Significant Improvement	Not Applicable	4	4	
C23: Rating of Health Plan	4	1	Eligible	86.099056	87.337767	1.238711	3	3					1.17203	1.044703			0.859045	0.601156656	1	0	Significant Improvement	Not Applicable	4	4	
C24: Care Coordination	4	1	Eligible	82.915391	85.712133	2.796742	2	3					1.343274	1.184047			0.670450	1.036171555	1	0	Significant Improvement	Not Applicable	4	4	
C25: Complaints about the Health Plan	4	1	Eligible	0.320424	0.523063	-0.202639	4	3	9	2309	16	2514					0.826982	0.07353771	0	1	Significant Decline	Not Applicable	-4	4	1
C26: Members Choosing to Leave the Plan	4	1	Eligible	21.878298	20.394737	1.483561	3	3		2843		3040					0.887075	0.360498623	1	0	Significant Improvement	Not Applicable	4	4	1
C28: Plan Makes Timely Decisions about Appeals	4	1	Eligible	95.833333	80	-15.833333	4	2		24		15					0.329153	9.776087408	0	0	No Significant Change	Not Applicable	0	4	
C29: Reviewing Appeals Decisions	4	1	Eligible	95.833333	86.666667	-9.166666	4	2		24		15					0.610325	7.069236658	0	0	No Significant Change	Not Applicable	0	4	
C30: Call Center – Foreign Language Interpreter and TTY Availability	4	1	Eligible	98.412698	100	1.587302	5	5		63		63					0.280278	1.574653766	0	0	No Significant Change	Not Applicable	0	4	

Part C Improvement Measure Score	0.421875
C27: Part C Improvement Measure Star	5

C27: Cut Points	**1 Star**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
	< -0.179809	≥ -0.179809 to < 0	≥ 0 to < 0.174445	≥ 0.174445 to < 0.421057	≥ 0.421057

	Year1	**2024**
	Year2	**2025**
C27 Thresholds		
2 Star Threshold	-0.179809	
3 Star Threshold	0.000000	
4 Star Threshold	0.174445	
5 Star Threshold	0.421057	

Contract: H9686 | **Contract Type: Local & Regional CCP with SNP** | **Part D Improvement Measure Eligibility: Eligible**

Part D Measures

Measure Label	Measure Weight	Eligibility	Eligible for Measure	CY2024 Measure Score	CY2025 Measure Score	CY2024-CY2025 Difference	CY2024 Measure Star	CY2025 Measure Star	CY2024 Numerator	CY2024 Denominator	CY2025 Numerator	CY2025 Denominator	CY2024 SE	CY2025 SE	Correlation	CY2025-CY2024 Difference Standard Error	Improve	Decline	Improvement, Decline, or No Change	Held Harmless	Weighted Score	Weighted Eligibility	Lower is Better
D01: Call Center - Foreign Language Interpreter and TTY Availability	4	1	Eligible	96.875	98.387097	1.512097	5	4		64		62			0.303658	2.275205328	0	0	No Significant Change	Not Applicable	0	4	
D02: Complaints about the Drug Plan	4	1	Eligible	0.320424	0.523063	-0.202639	4	3	9	2309	16	2514			0.832704	0.072237087	0	1	Significant Decline	Not Applicable	-4	4	1
D03: Members Choosing to Leave the Plan	4	1	Eligible	21.878298	20.394737	1.483561	3	3		2843		3040			0.881507	0.369146606	1	0	Significant Improvement	Not Applicable	4	4	1
D05: Rating of Drug Plan	4	1	Eligible	88.297662	90.04767	1.750008	4	5					1.124686	0.999593	0.817940	0.651921966	1	0	Significant Improvement	Not Applicable	4	4	
D06: Getting Needed Prescription Drugs	4	1	Eligible	88.923981	88.934003	0.010022	3	3					1.169411	1.176337	0.659200	0.968334413	0	0	No Significant Change	Not Applicable	0	4	
D07: MPF Price Accuracy	1	1	Eligible	96.895	98.49	1.595	3	3					0.072663	0.042764	0.643115	0.055784325	1	0	Significant Improvement	Not Applicable	1	1	
D08: Part D Medication Adherence for Diabetes Medications	3	1	Eligible	88.769956	96.472632	7.702676	4	5		459		480			0.644643	1.131809555	1	0	Significant Improvement	Not Applicable	3	3	
D09: Part D Medication Adherence for Hypertension (RAS antagonists)	3	1	Eligible	93.79562	96.050926	2.255306	5	5		959		1093			0.812564	0.456165996	1	0	Significant Improvement	Not Applicable	3	3	
D10: Part D Medication Adherence for Cholesterol (Statins)	3	1	Eligible	92.371776	95.264353	2.892577	5	5		1150		1285			0.807284	0.463636872	1	0	Significant Improvement	Not Applicable	3	3	
D11: MTM Program Completion Rate for CMR	1	0	Not Eligible			0	Not enough data	Not enough data available							0.867800	Not Applicable	N/A	N/A	Not Applicable	Not Applicable	0	0	
D12: Statin Use in Persons with Diabetes (SUPD)	1	1	Eligible	92.594964	93.947255	1.352291	5	5		390		386			0.836392	0.734298428	0	0	No Significant Change	Not Applicable	0	1	

MA-PD or PDP	**MA-PD**
Part D Improvement Measure Score	**0.451613**
D04: Part D Improvement Measure Star	**4**

D04: Cut Points	**Type**	**1 Star**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
	MA-PD	< -0.218869	≥ -0.218869 to < 0	≥ 0 to < 0.242468	≥ 0.242468 to < 0.496603	≥ 0.496603
	PDP	< -0.2825	≥ -0.2825 to < 0	≥ 0 to < 0.273334	≥ 0.273334 to < 0.576667	≥ 0.576667

Year1 **2024**
Year2 **2025**

D04 Thresholds	**MA-PD**	**PDP**
2 Star Threshold	-0.218869	-0.282500
3 Star Threshold	0.000000	0.000000
4 Star Threshold	0.242468	0.273334
5 Star Threshold	0.496603	0.576667

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H9686 Overall

As of 5/13/2025

Contract: H9686 Contract Type: Local & Regional CCP with SNP					Calculation Without Improvement						Calculation With Improvement					
Contract Name: ALIGNMENT HEALTH PLAN OF NEVADA, INC.																
Domain	**Primary Data Source**	**Quality Measure**	**Score**	**Star**	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part C Measures																
1 - Staying Healthy: Screenings, Tests, and Vaccines	HEDIS	**C01: Breast Cancer Screening**	77	4	1	4	3.685393	0.314607	0.098978	0.098978	1	4	3.767677	0.232323	0.053974	0.053974
	HEDIS	**C02: Colorectal Cancer Screening**	86	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.767677	1.232323	1.518620	1.518620
	CAHPS	**C03: Annual Flu Vaccine**	62	2	1	2	3.685393	-1.685393	2.840550	2.840550	1	2	3.767677	-1.767677	3.124682	3.124682
	HEDIS / HOS	**C04: Monitoring Physical Activity**	53	4	1	4	3.685393	0.314607	0.098978	0.098978	1	4	3.767677	0.232323	0.053974	0.053974
2 - Managing Chronic (Long Term) Conditions	Plan Reporting	**C05: Special Needs Plan (SNP) Care Management**	90	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.767677	1.232323	1.518620	1.518620
	HEDIS	**C06: Care for Older Adults – Medication Review**	100	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.767677	1.232323	1.518620	1.518620
	HEDIS	**C07: Care for Older Adults – Pain Assessment**	99	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.767677	1.232323	1.518620	1.518620
	HEDIS	**C08: Osteoporosis Management in Women who had a Fracture**			**Not enough data available**						**Not enough data available**					
	HEDIS	**C09: Diabetes Care – Eye Exam**	83	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.767677	1.232323	1.518620	1.518620
	HEDIS	**C10: Diabetes Care – Blood Sugar Controlled**	87	4	3	12	3.685393	0.314607	0.098978	0.296933	3	12	3.767677	0.232323	0.053974	0.161922
	HEDIS	**C11: Controlling Blood Pressure**	89	5	3	15	3.685393	1.314607	1.728192	5.184575	3	15	3.767677	1.232323	1.518620	4.555860
	HEDIS / HOS	**C12: Reducing the Risk of Falling**	54	2	1	2	3.685393	-1.685393	2.840550	2.840550	1	2	3.767677	-1.767677	3.124682	3.124682
	HEDIS / HOS	**C13: Improving Bladder Control**			**Not enough data available**						**Not enough data available**					
	HEDIS	**C14: Medication Reconciliation Post-Discharge**	96	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.767677	1.232323	1.518620	1.518620
	HEDIS	**C15: Plan All-Cause Readmissions**	11	3	3	9	3.685393	-0.685393	0.469764	1.409291	3	9	3.767677	-0.767677	0.589328	1.767984
	HEDIS	**C16: Statin Therapy for Patients with Cardiovascular Disease**	95	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.767677	1.232323	1.518620	1.518620
	HEDIS	**C17: Transitions of Care**	61	3	1	3	3.685393	-0.685393	0.469764	0.469764	1	3	3.767677	-0.767677	0.589328	0.589328
	HEDIS	**C18: Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions**	73	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.767677	1.232323	1.518620	1.518620
3 - Member Experience with Health Plan	CAHPS	**C19: Getting Needed Care**	78	2	4	8	3.685393	-1.685393	2.840550	11.362198	4	8	3.767677	-1.767677	3.124682	12.498728
	CAHPS	**C20: Getting Appointments and Care Quickly**	86	4	4	16	3.685393	0.314607	0.098978	0.395910	4	16	3.767677	0.232323	0.053974	0.215896
	CAHPS	**C21: Customer Service**	92	4	4	16	3.685393	0.314607	0.098978	0.395910	4	16	3.767677	0.232323	0.053974	0.215896
	CAHPS	**C22: Rating of Health Care Quality**	86	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.767677	-0.767677	0.589328	2.357312
	CAHPS	**C23: Rating of Health Plan**	87	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.767677	-0.767677	0.589328	2.357312
	CAHPS	**C24: Care Coordination**	86	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.767677	-0.767677	0.589328	2.357312
4 - Member Complaints and Improvement in the Health Plan's Performance	CTM	**C25: Complaints about the Health Plan**	0.52	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.767677	-0.767677	0.589328	2.357312
	MBDSS	**C26: Members Choosing to Leave the Plan**	20	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.767677	-0.767677	0.589328	2.357312
	Star Ratings	**C27: Health Plan Quality Improvement**	Medical	5	**Not used in this Calculation**						5	25	3.767677	1.232323	1.518620	7.593100
5 - Health Plan Customer Service	IRE	**C28: Plan Makes Timely Decisions about Appeals**	80	2	4	8	3.685393	-1.685393	2.840550	11.362198	4	8	3.767677	-1.767677	3.124682	12.498728
	IRE	**C29: Reviewing Appeals Decisions**	87	2	4	8	3.685393	-1.685393	2.840550	11.362198	4	8	3.767677	-1.767677	3.124682	12.498728
	Call Center	**C30: Call Center – Foreign Language Interpreter and TTY Availability**	100	5	4	20	3.685393	1.314607	1.728192	6.912766	4	20	3.767677	1.232323	1.518620	6.074480
Part D Measures																
1 - Drug Plan Customer Service	Call Center	**D01: Call Center – Foreign Language Interpreter and TTY Availability**	98	4	4	16	3.685393	0.314607	0.098978	0.395910	4	16	3.767677	0.232323	0.053974	0.215896
2 - Member Complaints and Improvement in the Drug Plan's Performance	CTM	**D02 Complaints about the Drug Plan**	0.52	3	**Counted in Part C**						**Counted in Part C**					
	MBDSS	**D03: Members Choosing to Leave the Plan**	20	3	**Counted in Part C**						**Counted in Part C**					
	Star Ratings	**D04: Drug Plan Quality Improvement**	Medical	4	**Not used in this Calculation**						5	20	3.767677	0.232323	0.053974	0.269870
3 - Member Experience with Drug Plan	CAHPS	**D05: Rating of Drug Plan**	90	5	4	20	3.685393	1.314607	1.728192	6.912766	4	20	3.767677	1.232323	1.518620	6.074480
	CAHPS	**D06: Getting Needed Prescription Drugs**	89	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.767677	-0.767677	0.589328	2.357312
4 - Drug Pricing and Patient Safety	PDE & MPF Pricing Files	**D07: MPF Price Accuracy**	98	3	1	3	3.685393	-0.685393	0.469764	0.469764	1	3	3.767677	-0.767677	0.589328	0.589328
	PDE data	**D08: Medication Adherence for Diabetes Medications**	96	5	3	15	3.685393	1.314607	1.728192	5.184575	3	15	3.767677	1.232323	1.518620	4.555860
	PDE data	**D09: Medication Adherence for Hypertension (RAS antagonists)**	96	5	3	15	3.685393	1.314607	1.728192	5.184575	3	15	3.767677	1.232323	1.518620	4.555860
	PDE data	**D10: Medication Adherence for Cholesterol (Statins)**	95	5	3	15	3.685393	1.314607	1.728192	5.184575	3	15	3.767677	1.232323	1.518620	4.555860
	Part D Plan Reporting	**D11: MTM Program Completion Rate for CMR**			**Not enough data available**						**Not enough data available**					
	PDE data	**D12: Statin Use in Persons with Diabetes (SUPD)**	94	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.767677	1.232323	1.518620	1.518620
Rated Like MA-PD	**Local & Regional CCP with SNP needs at least 19 of 38 measures**				**89** Sum of weights	**328** Sum of weights * stars	**3.685393** Calculated Summary Mean			**105.191011** Sum of weighted squared diffs	**99** Sum of weights	**373** Sum of weights * stars	**3.767677** Calculated Summary Mean			**113.656566** Sum of weighted squared diffs
	2022 Major Disaster % 0															
	2023 Major Disaster % 0															

New Measure(s) Improvement	**With Without**	**With With**
# Measures Needed	19	19
# Measures Scored	35	37
Variance Category	high	med
Reward Factor	0	0.1
Interim Summary	3.685393	3.867677
CAI Value	-0.014802	-0.014802
Final Summary	3.670591	3.852875
Overall Rating	3.5	4.0
Final Overall Rating	**4.0**	

35 # eligible measures	**1.216684** Calculated Variance		**37** # eligible measures	**1.179936** Calculated Variance

- Categorize the variance into three categories:
  - o low (0 to < 30th percentile),
  - o medium (≥ 30th to < 70th percentile) and
  - o high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - o r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.0 (for other types of contracts)

Without Improvement	
Variance Thresholds	
Percentile	**Overall Rating**
30th	0.795388
70th	1.216635
Performance Summary Thresholds	
Percentile	**Overall Rating**
65th	3.662921
85th	3.977528

With Improvement	
Variance Thresholds	
Percentile	**Overall Rating**
30th	0.828220
70th	1.240423
Performance Summary Thresholds	
Percentile	**Overall Rating**
65th	3.646465
85th	3.949495

Contract H9686 Contract Type Local & Regional CCP with SNP					Calculation Without Improvement						Calculation With Improvement					
Contract Name ALIGNMENT HEALTH PLAN OF NEVADA, INC.																
Domain	Primary Data Source	Quality Measure	Score	Star	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part C Measures																
1 - Staying Healthy: Screenings, Tests, and Vaccines	HEDIS	**C01 Breast Cancer Screening**	77	4	1	4	3.439394	0.560606	0.314279	0.314279	1	4	3.549296	0.450704	0.203134	0.203134
	HEDIS	**C02 Colorectal Cancer Screening**	86	5	1	5	3.439394	1.560606	2.435491	2.435491	1	5	3.549296	1.450704	2.104542	2.104542
	CAHPS	**C03 Annual Flu Vaccine**	62	2	1	2	3.439394	########	2.071855	2.071855	1	2	3.549296	########	2.400318	2.400318
	HEDIS / HOS	**C04 Monitoring Physical Activity**	53	4	1	4	3.439394	0.560606	0.314279	0.314279	1	4	3.549296	0.450704	0.203134	0.203134
2 - Managing Chronic (Long Term) Conditions	Plan Reporting	**C05 Special Needs Plan (SNP) Care Management**	90	5	1	5	3.439394	1.560606	2.435491	2.435491	1	5	3.549296	1.450704	2.104542	2.104542
	HEDIS	**C06 Care for Older Adults – Medication Review**	100	5	1	5	3.439394	1.560606	2.435491	2.435491	1	5	3.549296	1.450704	2.104542	2.104542
	HEDIS	**C07 Care for Older Adults – Pain Assessment**	99	5	1	5	3.439394	1.560606	2.435491	2.435491	1	5	3.549296	1.450704	2.104542	2.104542
	HEDIS	**C08 Osteoporosis Management in Women who had a Fracture**			**Not enough data available**						**Not enough data available**					
	HEDIS	**C09 Diabetes Care – Eye Exam**	83	5	1	5	3.439394	1.560606	2.435491	2.435491	1	5	3.549296	1.450704	2.104542	2.104542
	HEDIS	**C10 Diabetes Care – Blood Sugar Controlled**	87	4	3	12	3.439394	0.560606	0.314279	0.942837	3	12	3.549296	0.450704	0.203134	0.609402
	HEDIS	**C11 Controlling Blood Pressure**	89	5	3	15	3.439394	1.560606	2.435491	7.306473	3	15	3.549296	1.450704	2.104542	6.313626
	HEDIS / HOS	**C12 Reducing the Risk of Falling**	54	2	1	2	3.439394	########	2.071855	2.071855	1	2	3.549296	########	2.400318	2.400318
	HEDIS / HOS	**C13 Improving Bladder Control**			**Not enough data available**						**Not enough data available**					
	HEDIS	**C14 Medication Reconciliation Post-Discharge**	96	5	1	5	3.439394	1.560606	2.435491	2.435491	1	5	3.549296	1.450704	2.104542	2.104542
	HEDIS	**C15 Plan All-Cause Readmissions**	11	3	3	9	3.439394	########	0.193067	0.579201	3	9	3.549296	########	0.301726	0.905178
	HEDIS	**C16 Statin Therapy for Patients with Cardiovascular Disease**	95	5	1	5	3.439394	1.560606	2.435491	2.435491	1	5	3.549296	1.450704	2.104542	2.104542
	HEDIS	**C17 Transitions of Care**	61	3	1	3	3.439394	########	0.193067	0.193067	1	3	3.549296	########	0.301726	0.301726
	HEDIS	**C18 Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions**	73	5	1	5	3.439394	1.560606	2.435491	2.435491	1	5	3.549296	1.450704	2.104542	2.104542
3 - Member Experience with Health Plan	CAHPS	**C19 Getting Needed Care**	78	2	4	8	3.439394	########	2.071855	8.287420	4	8	3.549296	########	2.400318	9.601272
	CAHPS	**C20 Getting Appointments and Care Quickly**	86	4	4	16	3.439394	0.560606	0.314279	1.257116	4	16	3.549296	0.450704	0.203134	0.812536
	CAHPS	**C21 Customer Service**	92	4	4	16	3.439394	0.560606	0.314279	1.257116	4	16	3.549296	0.450704	0.203134	0.812536
	CAHPS	**C22 Rating of Health Care Quality**	86	3	4	12	3.439394	########	0.193067	0.772268	4	12	3.549296	########	0.301726	1.206904
	CAHPS	**C23 Rating of Health Plan**	87	3	4	12	3.439394	########	0.193067	0.772268	4	12	3.549296	########	0.301726	1.206904
	CAHPS	**C24 Care Coordination**	86	3	4	12	3.439394	########	0.193067	0.772268	4	12	3.549296	########	0.301726	1.206904
4 - Member Complaints and Improvement in the Health Plan's Performance	CTM	**C25 Complaints about the Health Plan**	0.52	3	4	12	3.439394	########	0.193067	0.772268	4	12	3.549296	########	0.301726	1.206904
	MBDSS	**C26 Members Choosing to Leave the Plan**	20	3	4	12	3.439394	########	0.193067	0.772268	4	12	3.549296	########	0.301726	1.206904
	Star Ratings	**C27 Health Plan Quality Improvement**	Invalid	5	**Not used in this Calculation**						5	25	3.549296	1.450704	2.104542	10.522710
5 - Health Plan Customer Service	IRE	**C28 Plan Makes Timely Decisions about Appeals**	80	2	4	8	3.439394	########	2.071855	8.287420	4	8	3.549296	########	2.400318	9.601272
	IRE	**C29 Reviewing Appeals Decisions**	87	2	4	8	3.439394	########	2.071855	8.287420	4	8	3.549296	########	2.400318	9.601272
	Call Center	**C30 Call Center – Foreign Language Interpreter and TTY Availability**	100	5	4	20	3.439394	1.560606	2.435491	9.741964	4	20	3.549296	1.450704	2.104542	8.418168
Rated Like	**Local & Regional CCP with SNP needs at least 15 of 29 measures**				**66**	**227**	**3.439394**			**74.257576**	**71**	**252**	**3.549296**			**85.577465**
MA-PD					Sum of weights	Sum of weights * stars	Calculated Summary Mean			Sum of weighted squared diffs	Sum of weights	Sum of weights * stars	Calculated Summary Mean			Sum of weighted squared diffs
	2022 Major Disaster % 0															
	2023 Major Disaster % 0															

New Measure(s)	With	With
Improvement	**Without**	**With**
# Measures Needed	15	15
# Measures Scored	27	28
Variance Category	med	med
Reward Factor	0	0
Interim Summary	3.439394	3 549296
CAI Value	0.004257	0 004257
Final Summary	3.443651	3 553553
Part C Summary	3.5	3.5
Final Part C Summary	**3.5**	

27	**1.168388**		**28**	**1.249958**	
# eligible measures	**Calculated Variance**		**# eligible measures**	**Calculated Variance**	

- Categorize the variance into three categories:
  - low (0 to < 30th percentile).
  - medium (≥ 30th to < 70th percentile) and
  - high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - r-Factor = 0.0 (for other types of contracts)

Without Improvement	
Variance Thresholds	
Percentile	**Part C Summary**
30th	0 807024
70th	1.256410
Performance Summary Thresholds	
Percentile	**Part C Summary**
65th	3.707692
85th	4 044118

With Improvement	
Variance Thresholds	
Percentile	**Part C Summary**
30th	0.820452
70th	1.275376
Performance Summary Thresholds	
Percentile	**Part C Summary**
65th	3.703125
85th	4.014493

H9686 Part D

As of 5/13/2025

Contract H9686 **Contract Type Local & Regional CCP with SNP**

Contract Name ALIGNMENT HEALTH PLAN OF NEVADA, INC.

Domain	Primary Data Source	Quality Measure	Score	Star	Calculation Without Improvement: Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Calculation With Improvement: Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part D Measures																
1 - Drug Plan Customer S	Call Center	**D01 Call Center – Foreign Language Interpreter and TTY Availability**	98	4	4	16	4.032258	########	0.001041	0.004162	4	16	4.027778	########	0.000772	0.003086
2 - Member Complaints and Improvement in the Drug Plan's Performance	CTM	**D02 Complaints about the Drug Plan**	0.52	3	4	12	4.032258	########	1.065557	4.262226	4	12	4.027778	########	1.056328	4.225310
	MBDSS	**D03 Members Choosing to Leave the Plan**	20	3	4	12	4.032258	########	1.065557	4.262226	4	12	4.027778	########	1.056328	4.225310
	Star Ratings	**D04 Drug Plan Quality Improvement**	Medic	4	Not used in this Calculation						5	20	4.027778	########	0.000772	0.003858
3 - Member Experience with Drug Plan	CAHPS	**D05 Rating of Drug Plan**	90	5	4	20	4.032258	0.967742	0.936525	3.746098	4	20	4.027778	0.972222	0.945216	3.780862
	CAHPS	**D06 Getting Needed Prescription Drugs**	89	3	4	12	4.032258	########	1.065557	4.262226	4	12	4.027778	########	1.056328	4.225310
4 - Drug Pricing and Patient Safety	PDE & MPF Pricing Files	**D07 MPF Price Accuracy**	98	3	1	3	4.032258	########	1.065557	1.065557	1	3	4.027778	########	1.056328	1.056328
	PDE data	**D08 Medication Adherence for Diabetes Medications**	96	5	3	15	4.032258	0.967742	0.936525	2.809574	3	15	4.027778	0.972222	0.945216	2.835647
	PDE data	**D09 Medication Adherence for Hypertension (RAS antagonists)**	96	5	3	15	4.032258	0.967742	0.936525	2.809574	3	15	4.027778	0.972222	0.945216	2.835647
	PDE data	**D10 Medication Adherence for Cholesterol (Statins)**	95	5	3	15	4.032258	0.967742	0.936525	2.809574	3	15	4.027778	0.972222	0.945216	2.835647
	Part D Plan Reporting	**D11 MTM Program Completion Rate for CMR**			Not enough data available						Not enough data available					
	PDE data	**D12 Statin Use in Persons with Diabetes (SUPD)**	94	5	1	5	4.032258	0.967742	0.936525	0.936525	1	5	4.027778	0.972222	0.945216	0.945216
Rated Like	**Local & Regional CCP with SNP needs at least 6 of 11 measures**				**31** Sum of weights	**125** Sum of weights * stars	**4.032258** Calculated Summary Mean			**26.967742** Sum of weighted squared diffs	**36** Sum of weights	**145** Sum of weights * stars	**4.027778** Calculated Summary Mean			**26.972222** Sum of weighted squared diffs
MA-PD	**2022 Major Disaster %** 0															
	2023 Major Disaster % 0															

Improvement	Without	With
# Measures Needed	6	6
# Measures Scored	10	11
Variance Category	Basic	Basic
Reward Factor	0.1	0.3
Interim Summary	4.127778	4.327778
CAI Value	-0.002424	-0.002424
Final Summary	4.129834	4.325354
Part D Summary	4.0	4.5
Final Part D Summary	**4.5**	

Categories for variance adjustment are categorized as:
- low (0 to < 30th percentile)
- medium (≥ 30th to < 70th percentile) and
- high (≥ 70th percentile and above).

Basis for the Reward Factor is as follows:
- r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
- r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
- r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
- r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
- r-Factor = 0.0 (for other types of contracts)

10 # eligible measures

0.966586 Calculated Variance

11 # eligible measures

0.824151 Calculated Variance

Without Improvement	
Variance Thresholds	
Percentile	**Part D Summary**
30th	0.654297
70th	1.210645
Performance Summary Thresholds	
Percentile	**Part D Summary**
65th	3.718750
85th	4.062500

With Improvement	
Variance Thresholds	
Percentile	**Part D Summary**
30th	0.742679
70th	1.268610
Performance Summary Thresholds	
Percentile	**Part D Summary**
65th	3.666667
85th	4.000000

CMS PartC&DStarRatings

From: CMS PartC&DStarRatings
Sent: Friday, September 13, 2024 12:56 PM
To: Hakan Kardes
Cc: Xu, Celia (CMS/OPOLE); Dawn Maroney; Cynthia Lynch; Padideh (Medisa) Danaee; Lily Wendt; CMS PartC&DStarRatings
Subject: RE: Plan Preview 2: H3443 Contract – Formal Request for Reconsideration of Appeal Measure Disputes

We anticipate updated Star Ratings will be in HPMS by early October.

Thank you and regards,

Part C and D Star Ratings Team

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Friday, September 13, 2024 12:49 PM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Cc: Xu, Celia (CMS/OPOLE) <Celia.Xu@cms.hhs.gov>; Dawn Maroney <DMaroney@ahcusa.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; Lily Wendt <LWendt@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: Re: Plan Preview 2: H3443 Contract – Formal Request for Reconsideration of Appeal Measure Disputes

Dear Part C and D Star Ratings Team,

Thank you for your continued efforts and thoughtful responses throughout this process, and for the attention you've given to the appeals for our H3443 contract. We genuinely appreciate the responses provided by you and Maximus on these matters.

We thoroughly investigated both appeals, had detailed discussions with the team members who handled these cases, and gathered all relevant documentation. We felt strongly about these cases, which is why we sought your assistance. The first case lacked a Waiver of Liability, and Maximus upheld our decision. The second case involved care coordination through the provider to prevent potential FWA, exactly as described in Maximus's overturn guidance.

Despite all our efforts, it is indeed disappointing to get 3 Stars on these measures. This outcome will also significantly impact our Quality Bonus Payment (QBP) for this contract. Given the importance of this measure to our overall quality rating and the broader impact on our QBP, I wanted to inquire whether there is any possible pathway for re-evaluation of these cases.

We respect your final decision and remain fully committed to delivering high-quality care to our members while maintaining compliance across all our processes. Any guidance you could provide regarding possible options for re-evaluation would be greatly appreciated. Additionally, could you kindly advise when we can expect the updated results on HPMS with our corrected TTY ratings?

Thank you again for your ongoing support and collaboration.

Best regards,
Hakan Kardes
Chief Experience Officer
Alignment Health

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Date: Friday, September 13, 2024 at 7:08 AM
To: Hakan Kardes <HKardes@ahcusa.com>
Cc: Xu, Celia (CMS/OPOLE) <Celia.Xu@cms.hhs.gov>, Dawn Maroney <DMaroney@ahcusa.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, Lily Wendt <LWendt@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview 2: H3443 Contract – Formal Request for Reconsideration of Appeal Measure Disputes

The June 28th date for appeals is to correct how data are displayed on the Maximus website if there is a data issue so the Star Rating measure accurately reflects what happened during the appeals process. When you submitted the reopening requests in June 2024, the reopening appeal number appears as 'pending' until Maximus issues their decision (which, in these cases, was a letter stating Maximus was dismissing the reopening requests). On the Maximus website the reopening first shows as pending until the requests are resolved. In this case, both requests were dismissed since they were not submitted during the required timeframes for reopenings. It does not sound like there is a data issue to correct for these cases since Alignment did not reopen these cases within the required timeframes. Since these cases were not re-reviewed through the re-opening process, there is nothing we can correct. For example, it sounds like for the second case there was an issue related to meeting Medicare guidelines with regard to coordination of benefits that Maximus detailed in their decision letter issued to Alignment. Given there was a coordination of benefits issue, we do not know if Maximus would have changed their decision through the reopening process.

Thank you,

Part C and D Star Ratings Team

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Thursday, September 12, 2024 6:00 PM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Cc: Xu, Celia (CMS/OPOLE) <Celia.Xu@cms.hhs.gov>; Dawn Maroney <DMaroney@ahcusa.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; Lily Wendt <LWendt@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: Re: Plan Preview 2: H3443 Contract – Formal Request for Reconsideration of Appeal Measure Disputes

Dear Part C and D Star Ratings Team,

Thank you so much for your prompt response and for confirming the updates regarding the call center measure.

While I understand Maximus's position on the reopening timeframes, I would like to respectfully clarify that we are not requesting a reopening of the appeals. Instead, we are requesting a data correction, which we understand can still be made during the final Plan Preview. Our request is for a data correction to ensure an accurate reflection of the appeals in our Star Ratings, as this impacts both the timeliness and accuracy measures.

Given that we followed the CMS-compliant process, met the June 28th data correction deadline, and encountered system issues on Maximus's side that reflected incorrect data following our requests, we kindly ask that you exclude these two appeals from the measurement. We would greatly appreciate your help in resolving this for the benefit of all our members and provider partners.

We fully respect your decision and remain committed to adhering to CMS guidelines while providing the best care for our members. We have made significant investments and improvements across all our contracts. Although it would be disappointing to lose 4 Stars for this contract due to these data issues, we will continue to prioritize compliance and diligence in handling similar cases moving forward.

Please don't hesitate to reach out if any further clarification or assistance is needed from our side.

Best regards,
Hakan Kardes
Chief Experience Officer
Alignment Health

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Date: Thursday, September 12, 2024 at 1:38 PM
To: Hakan Kardes <HKardes@ahcusa.com>
Cc: Xu, Celia (CMS/OPOLE) <Celia.Xu@cms.hhs.gov>, Dawn Maroney <DMaroney@ahcusa.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, Lily Wendt <LWendt@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview 2: H3443 Contract – Formal Request for Reconsideration of Appeal Measure Disputes

Thank you for the information on call center. The Star Ratings for that measure will be updated following the second plan preview. Even with that change, Maximus reviewed those two cases and are unable to make any updates at this time since the reopenings of those cases were not requested within the required timeframes.

Thank you,

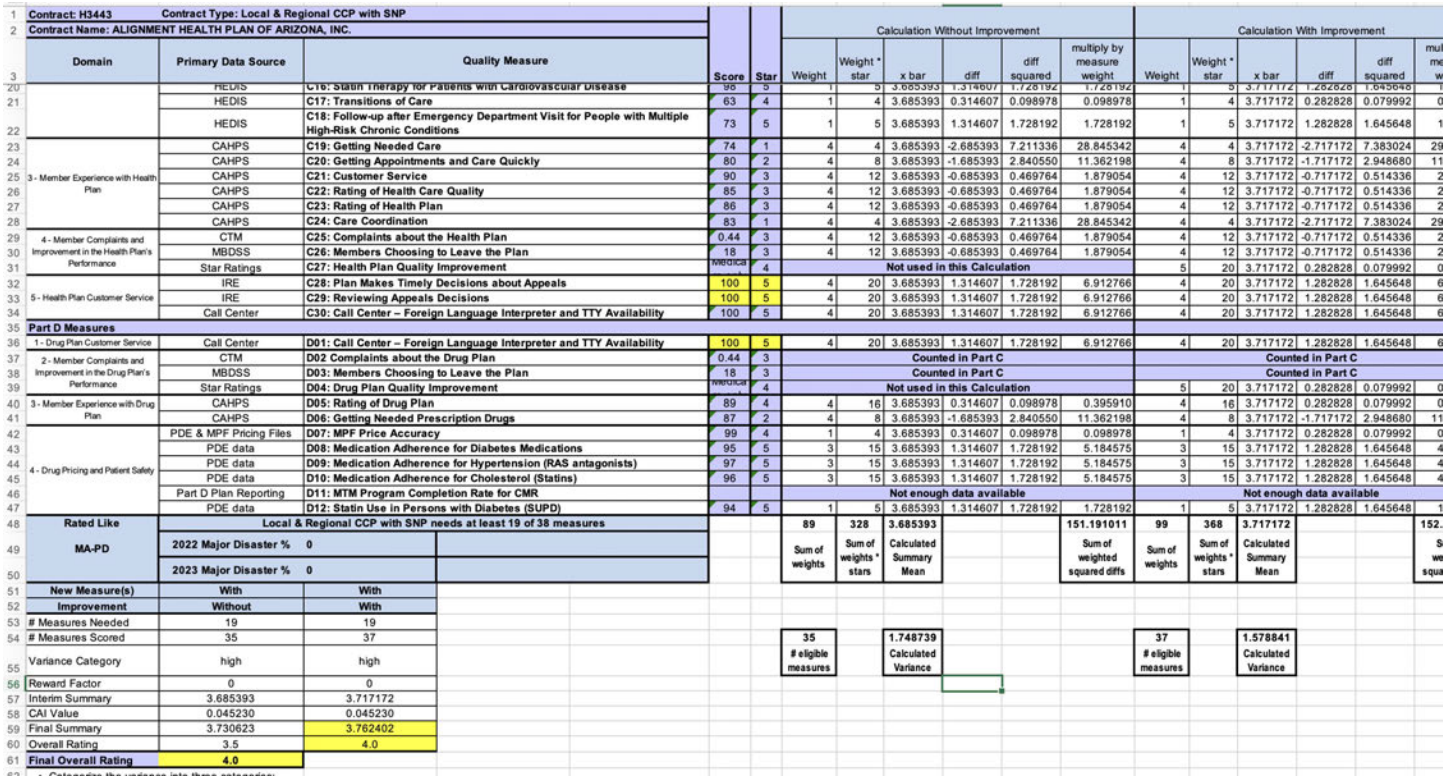
Part C and D Star Ratings Team

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Thursday, September 12, 2024 4:30 PM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Cc: Xu, Celia (CMS/OPOLE) <Celia.Xu@cms.hhs.gov>; Dawn Maroney <DMaroney@ahcusa.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; Lily Wendt <LWendt@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: Re: Plan Preview 2: H3443 Contract – Formal Request for Reconsideration of Appeal Measure Disputes

Dear Part C and D Star Ratings Team,

Thank you for your prompt response. I appreciate your continued attention to these matters. I wanted to inform you that our Part D TTY rate was corrected to 100% yesterday by the CMS Call Center team. Based on this update and the correction of the two appeals in question, our rating for the H3443 contract would increase to 4 Stars.

I have attached the updated calculation sheet with these corrections, which clearly outlines the impact of these changes on our overall rating. Additionally, I have included a screenshot for your reference.



Contract: H3443	Contract Type: Local & Regional CCP with SNP				Calculation Without Improvement						Calculation With Improvement					
Contract Name: ALIGNMENT HEALTH PLAN OF ARIZONA, INC.																
Domain	Primary Data Source	Quality Measure	Score	Star	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Weight	Weight * star	x bar	diff	diff squared	mul me w
	HEDIS	C16: Statin Therapy for Patients with Cardiovascular Disease	98	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.717172	1.282828	1.645648	1
	HEDIS	C17: Transitions of Care	63	4	1	4	3.685393	0.314607	0.098978	0.098978	1	4	3.717172	0.282828	0.079992	0
	HEDIS	C18: Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	73	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.717172	1.282828	1.645648	1
	CAHPS	C19: Getting Needed Care	74	1	4	4	3.685393	-2.685393	7.211336	28.845342	4	4	3.717172	-2.717172	7.383024	29
	CAHPS	C20: Getting Appointments and Care Quickly	80	2	4	8	3.685393	-1.685393	2.840550	11.362198	4	8	3.717172	-1.717172	2.948680	11
3 - Member Experience with Health Plan	CAHPS	C21: Customer Service	90	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.717172	-0.717172	0.514336	2
	CAHPS	C22: Rating of Health Care Quality	85	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.717172	-0.717172	0.514336	2
	CAHPS	C23: Rating of Health Plan	86	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.717172	-0.717172	0.514336	2
	CAHPS	C24: Care Coordination	83	1	4	4	3.685393	-2.685393	7.211336	28.845342	4	4	3.717172	-2.717172	7.383024	29
4 - Member Complaints and Improvement in the Health Plan's Performance	CTM	C25: Complaints about the Health Plan	0.44	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.717172	-0.717172	0.514336	2
	MBDSS	C26: Members Choosing to Leave the Plan	18	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.717172	-0.717172	0.514336	2
	Star Ratings	C27: Health Plan Quality Improvement	Medical	4	Not used in this Calculation						5	20	3.717172	0.282828	0.079992	0
	IRE	C28: Plan Makes Timely Decisions about Appeals	100	5	4	20	3.685393	1.314607	1.728192	6.912766	4	20	3.717172	1.282828	1.645648	6
5 - Health Plan Customer Service	IRE	C29: Reviewing Appeals Decisions	100	5	4	20	3.685393	1.314607	1.728192	6.912766	4	20	3.717172	1.282828	1.645648	6
	Call Center	C30: Call Center – Foreign Language Interpreter and TTY Availability	100	5	4	20	3.685393	1.314607	1.728192	6.912766	4	20	3.717172	1.282828	1.645648	6
Part D Measures																
1 - Drug Plan Customer Service	Call Center	D01: Call Center – Foreign Language Interpreter and TTY Availability	100	5	4	20	3.685393	1.314607	1.728192	6.912766	4	20	3.717172	1.282828	1.645648	6
2 - Member Complaints and Improvement in the Drug Plan's Performance	CTM	D02 Complaints about the Drug Plan	0.44	3	Counted in Part C						Counted in Part C					
	MBDSS	D03: Members Choosing to Leave the Plan	18	3	Counted in Part C						Counted in Part C					
	Star Ratings	D04: Drug Plan Quality Improvement	Medical	4	Not used in this Calculation						5	20	3.717172	0.282828	0.079992	0
3 - Member Experience with Drug Plan	CAHPS	D05: Rating of Drug Plan	89	4	4	16	3.685393	0.314607	0.098978	0.395910	4	16	3.717172	0.282828	0.079992	0
	CAHPS	D06: Getting Needed Prescription Drugs	87	2	4	8	3.685393	-1.685393	2.840550	11.362198	4	8	3.717172	-1.717172	2.948680	11
4 - Drug Pricing and Patient Safety	PDE & MPF Pricing Files	D07: MPF Price Accuracy	99	4	1	4	3.685393	0.314607	0.098978	0.098978	1	4	3.717172	0.282828	0.079992	0
	PDE data	D08: Medication Adherence for Diabetes Medications	95	5	3	15	3.685393	1.314607	1.728192	5.184575	3	15	3.717172	1.282828	1.645648	4
	PDE data	D09: Medication Adherence for Hypertension (RAS antagonists)	97	5	3	15	3.685393	1.314607	1.728192	5.184575	3	15	3.717172	1.282828	1.645648	4
	PDE data	D10: Medication Adherence for Cholesterol (Statins)	96	5	3	15	3.685393	1.314607	1.728192	5.184575	3	15	3.717172	1.282828	1.645648	4
	Part D Plan Reporting	D11: MTM Program Completion Rate for CMR			Not enough data available						Not enough data available					
	PDE data	D12: Statin Use in Persons with Diabetes (SUPD)	94	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.717172	1.282828	1.645648	1
Rated Like MA-PD	Local & Regional CCP with SNP needs at least 19 of 38 measures				89	328	3.685393			151.191011	99	368	3.717172			152.
	2022 Major Disaster % 0				Sum of weights	Sum of weights * stars	Calculated Summary Mean			Sum of weighted squared diffs	Sum of weights	Sum of weights * stars	Calculated Summary Mean			S we squa
	2023 Major Disaster % 0															

New Measure(s)	With	With
Improvement	Without	With
# Measures Needed	19	19
# Measures Scored	35	37
Variance Category	high	high
Reward Factor	0	0
Interim Summary	3.685393	3.717172
CAI Value	0.045230	0.045230
Final Summary	3.730623	3.762402
Overall Rating	3.5	4.0
Final Overall Rating	4.0	

35 # eligible measures		1.748739 Calculated Variance			37 # eligible measures		1.578841 Calculated Variance		

We kindly request that you reconsider these appeals in light of the updated information, as the resolution of these cases is crucial to accurately reflecting our performance and ensuring a fair assessment of our efforts to serve our members.

Thank you again for your time and consideration. Please let us know if any additional information or clarification is needed.

Best regards,
Hakan Kardes
Chief Experience Officer
Alignment Health

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Date: Thursday, September 12, 2024 at 1:16 PM
To: Hakan Kardes <HKardes@ahcusa.com>
Cc: u, Celia (CMS/OPOLE) <Celia. u@cms.hhs.gov>, Dawn Maroney <DMaroney@ahcusa.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, Lily Wendt <LWendt@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview 2: H3443 Contract ormal Request for Reconsideration of Appeal Measure Disputes

We did share this information with Maximus.

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Thursday, September 12, 2024 2:33 PM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Cc: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; Xu, Celia (CMS/OPOLE) <Celia.Xu@cms.hhs.gov>; Dawn Maroney <DMaroney@ahcusa.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; Lily Wendt <LWendt@ahcusa.com>
Subject: Plan Preview 2: H3443 Contract – Formal Request for Reconsideration of Appeal Measure Disputes

Dear Part C and D Star Ratings Team,

Thank you for your thoughtful response and for sharing Maximus's feedback. I appreciate the efforts made in reviewing these cases. However, I am formally requesting reconsideration of the two appeals in question for our H3443 contract, as there are critical inaccuracies that directly affect our Star Ratings, particularly for the vulnerable population we serve.

Our disputes on these two appeals were submitted prior to the June 28th deadline, following the guidelines outlined in the CMS memo. We identified substantial issues in the evidence for both cases, and after submission, our scores appeared to be updated in Maximus's system, giving us the impression that corrections were underway. However, during Plan Preview 1, we discovered discrepancies where these updates were not reflected in the final data.

After reviewing the cut points in Plan Preview 2, it is evident that these single appeals caused a drop from 5 Stars to 3 Stars on both the timeliness and accuracy measures for appeals. This has unfairly impacted our contract's overall rating, especially given that 37% of the members under this contract are Disabled/LIS, a critical population for CMS's Health Equity initiatives. Our mission to provide high-quality care to these vulnerable beneficiaries has been hindered due to these discrepancies.

We provided detailed summaries previously, but I will reiterate the key points for clarity:

> **Case 1: 1-13226962526** was missing the Waiver of Liability despite multiple efforts to obtain one. Maximus upheld the appeal in favor of the Plan, yet this single case dropped our timeliness

measure to 3 Stars. The appeal was incomplete due to the missing waiver, and therefore, it should have been dismissed and excluded from the timeliness measure, as outlined in CMS guidelines for handling incomplete appeals.

Case 2: 1-12757246876 involved a $41 lab claim with a contracted provider. While it would have been simpler to pay this claim initially, we followed CMS guidelines by verifying the primary coverage in Marx and ECRS systems multiple times. The beneficiary initially provided inaccurate information regarding their prior coverage but eventually admitted it. We coordinated the coverage through the provider, adhering to the CMS guidelines, to avoid any potential WA. After Maximus s initial decision, we made the payment to ensure compliance with Maximus s effectuation requirements and the case is promptly resolved for the beneficiary. We believe that adhering to CMS's requirements to coordinate care and avoid WA should not negatively impact our Star Ratings.

The resolution of these two appeals is crucial, as they disproportionately impact our contract's overall score despite our compliance efforts. iven the updates in Maximus following our June submission and the discrepancies that surfaced only after Plan Preview 1, we believe these errors warrant reconsideration. Additionally, the process of updating scores in Maximus that did not carry over to the final data reflects a significant issue in the transparency and fairness of the data handling process.

We kindly request CMS to re-evaluate these cases and correct the discrepancies, particularly considering the impact of a single appeal on both the timeliness and accuracy measures in Plan Preview 2. We are committed to serving a vulnerable population and ensuring our compliance, and we believe these cases should be fairly reconsidered.

Thank you for your attention to this matter. We are happy to provide any additional documentation or clarification as needed.

Best regards,
Hakan Kardes
Chief Experience Officer
Alignment Health

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Date: Monday, August 19, 2024 at 4:51 AM
To: Hakan Kardes <HKardes@ahcusa.com>, Cynthia Lynch <CLynch@ahcusa.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, Lily Wendt <LWendt@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview #1: H9686 and H3443

We are keeping the data as is for the below cases. It sounds like reopenings were not submitted within the required

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Friday, August 16, 2024 1:49 PM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; Cynthia Lynch <CLynch@ahcusa.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; Lily Wendt <LWendt@ahcusa.com>
Subject: Re: Plan Preview #1: H9686 and H3443

Dear Part C and D Star Ratings Team,

Thank you for your efforts in investigating the appeals data and for sharing Maximus's feedback. I would like to provide further information and respectfully request reconsideration of the appeals for only our H3443 contract, given the errors on the face of the evidence and the potentially significant impact on our overall Star ratings.

Based on the attached CMS memo, we conducted a thorough review of all appeals data on the MAXIMUS website for our contracts and identified some data errors. In response, we submitted additional documentation and information for four cases prior to the June 28th deadline, with these documents postmarked on June 17th. Following our submission, we observed that, as of June 20th, three of these appeals were updated on the MAXIMUS system to reflect that they were Timely, which led us to believe that these submissions were reviewed and that the errors had been corrected.

However, based on your recent communication, it appears that this was a display error on the MAXIMUS side and that no changes were actually made to the data. We respectfully request reconsideration for the following cases under our H3443 contract. This contract had 18 appeals in the denominator, with only one appeal flagged as untimely and one appeal overturned. This brings both the "Plan Makes Timely Decisions about Appeals" and "Reviewing Appeals Decisions" measures to 94% (17/18), causing these measures to drop from 5 to 3 Stars (based on prior year cut-points) due to errors on a single appeal for each measure. We believe these appeals contain errors on the face of the evidence, do not reflect our commitment to providing high-quality care and compliance to all our members, and will unfairly and significantly impact our Star ratings. Apologies for the length of this email, but this is very critical for us and our beneficiaries, and we want to provide all the facts to help you re-evaluate these cases.

We have attached the additional facts we submitted to Maximus. In summary, the cases in question are:

1. **Case 1: 1-13226962526**
   Arizona Priority, the member's medical group and Alignment Health Plan's delegated entity for claims processing, received a claim from a non-contracted provider, Arizona Diagnostic Radiology Group LLC., on 11/02/2022 for a date of service on 09/30/2022. The service was for a lower extremity study, with the primary diagnosis being pain in the right leg (DX Code – M79.60).

   After three attempts to obtain medical records, Arizona Priority denied the claim on 01/02/2023 due to the absence of medical records. The remittance to the non-contracted provider included details on the timeline to submit an appeal, which must be received with a Waiver of Liability.

   On 02/08/2023, Arizona Priority received the provider appeal with medical records, but again, no Waiver of Liability was attached. The non-contracted provider subsequently filed their appeal with the plan on 07/06/2023, 180 days from the claim denial date, and again, without a Waiver of Liability. This appeal was not only submitted untimely by the provider but also again lacked a signed Waiver of Liability. The plan forwarded the appeal to the IRE on 09/06/2023, as the delegated entity originally received this appeal on 02/08/2023 without a Waiver of Liability.

   Despite the IRE upholding the plan's appeal, Alignment Health Plan is respectfully requesting a review of the IRE determination and a change to a dismissal, as the appeal did not meet CMS appeal filing requirements and lacked a Waiver of Liability despite the Plan and delegated entity's repeated attempts to obtain one.

2. **Case 2: 1-12757246876**
   Alignment Health Plan received a claim from contracted provider Sonora Quest Laboratories on 01/20/2023 for a date of service on 01/05/2023. The service was for outpatient lab services. Alignment denied the claim on

02/10/2023, citing other Primary Coverage, as the member showed active coverage with a Primary Insurance Carrier at the time of claim receipt.

On 02/24/2023, the member filed an appeal stating that she no longer had other Primary Coverage and that her policy with Blue Cross had terminated on 11/01/2022. During the appeal review, the plan confirmed that both Marx and ECRS still showed other Primary Coverage through Southwest Administrators, effective 01/01/2020, and active as of the appeal date. Since the member insisted her policy had terminated, attempts were made to obtain evidence of the termination of her policy. On 04/25/2023, the member confirmed that she indeed had other Primary Coverage, as supported by Marx and ECRS. Therefore, on 04/25/2023, the plan upheld their denial, as the remittance advice to the contracted provider had informed the provider to coordinate the benefits via Adjustment Code UDMEOB-Missing Prior Insurance Carrier(s) EOB.

The plan timely submitted the upheld appeal to the IRE, which was subsequently overturned on 07/27/2023, citing that the plan had failed to coordinate coverage. The payment was effectuated on 08/02/2023. As outlined in the IRE response, the coordination of benefits options includes: 1) sending the bill to the primary insurer, 2) asking the provider to bill the primary insurer, or 3) paying the provider and collecting from the primary insurer. Based on the plan's review of the sequence of events, the plan believes it fulfilled its obligation to coordinate the coverage by informing the provider (option 2 above) that there was other coverage via the remittance advice, UDMEOB-Missing Prior Insurance Carrier(s) EOB, notifying providers that the member has other primary insurance and instructing them to submit the claim to the primary insurance first. If the primary insurance had already paid/denied the claim, the provider was asked to send a copy of the primary insurance remittance advice.

Alignment does not dispute payment of the claim; however, Alignment Health Plan is respectfully requesting a review of the IRE determination and a change to a dismissal or upholding the appeal to prevent unfair and significant impact on this contract's overall Star ratings, considering that the plan followed the appropriate steps to coordinate the benefit, the information displayed on Marx and ECRS during the appeal review, and the conflicting information provided by the beneficiary during the appeal.

Given the circumstances, we kindly request that CMS reconsider the determination of these appeals now, taking into account the evidence we have provided and the display error on the MAXIMUS website. Each of these cases could potentially have a substantial impact on the ratings for this contract despite the Plan's commitment to high-quality care and relentless focus on compliance, as illustrated in the attached evidence.

We appreciate your attention to this matter and kindly request a reevaluation of these cases. Should you need any additional information or further clarification, please do not hesitate to reach out.

Thank you so much for your continued support.

Hakan Kardes
Chief Experience Officer
Alignment Health

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Date: Tuesday, August 13, 2024 at 8:54 AM
To: Hakan Kardes <HKardes@ahcusa.com>, Cynthia Lynch <CLynch@ahcusa.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview #1: H9686 and H3443

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Sent: Monday, August 12, 2024 4:20 PM
To: Hakan Kardes <HKardes@ahcusa.com>; Cynthia Lynch <CLynch@ahcusa.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview #1: H9686 and H3443

Thank you for raising this. We are going back to Maximus to look again at these cases since we want to make sure they are accurate for the second plan preview.
Part C and D Star Ratings Team

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Monday, August 12, 2024 4:10 PM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; Cynthia Lynch <CLynch@ahcusa.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: Re: Plan Preview #1: H9686 and H3443

Dear CMS Partners,

Thank you for the update regarding these cases. I would like to bring to your attention that these cases were originally flagged as untimely, but we submitted additional documentation and information for four cases as part of our data validation back in June.

Specifically, these three cases were updated as Timely on 6/20/24 in the system after we provided the additional information, as illustrated in the logs. Could you please double-check this with Maximus to ensure that the most recent updates are reflected correctly?

We appreciate your assistance in resolving this matter and ensuring accuracy in the reporting.

Thanks,
Hakan Kardes
Chief Experience Officer
Alignment Health

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Date: Monday, August 12, 2024 at 11:41 AM
To: Cynthia Lynch <CLynch@ahcusa.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>, Hakan Kardes <HKardes@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview #1: H9686 and H3443

From: Cynthia Lynch <CLynch@ahcusa.com>
Sent: Thursday, August 8, 2024 5:50 PM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Hakan Kardes <HKardes@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>
Subject: Plan Preview #1: H9686 and H3443

Dear CMS Partners,

We have reviewed the Plan Preview 1 data and wish to address some discrepancies affecting the calculation of the “Plan Makes Timely Decision about Appeals” for Alignment Health Plan. Our commitment is to provide exceptional care and experience to our beneficiaries, and it is crucial that our data accurately reflect this commitment.

The discrepancies identified are as follows:

1. **Discrepancy for H9686:**

   According to our records from Maximus, the "Reviewing Appeals Decisions" measure is reported accurately for this contract. However, there is an issue with the "Plan Makes Timely Decision about Appeals" measure, which is reported as 80% (12/15), but our records show it should be 93% (14/15).

   Appeals 1-12950364749 and 1-13248655228 are flagged as timely in Maximus but are marked as late in the Plan Preview 1 detailed appeal data. Please find the latest Maximus report for this contract attached.

2. **Discrepancy for H3443:**

   The "Plan Makes Timely Decision about Appeals" measure for the H3443 contract also has a discrepancy.

   In the Plan Preview 1 data, one appeal, 1-13226962526, is marked as untimely, but according to Maximus, this appeal was timely.

   Our published score is 94%, but it should be 100% (18/18). Please find the latest Maximus report for this contract attached.

Thank you for your prompt attention to this matter. We look forward to your response and are available for any further discussions or clarifications needed.

Best regards,

Alignment Health

M:
E: _____
_____

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03.A H3443_2025_SR_Calculations_2024_09_08 _with corrections
AR 45

H3443 Overall

As of 5/13/2025

Contract: H3443 Contract Type: Local & Regional CCP with SNP					Calculation Without Improvement						Calculation With Improvement					
Contract Name: ALIGNMENT HEALTH PLAN OF ARIZONA, INC.																
Domain	**Primary Data Source**	**Quality Measure**	**Score**	**Star**	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part C Measures																
1 - Staying Healthy: Screenings, Tests, and Vaccines	HEDIS	**C01: Breast Cancer Screening**			**Not enough data available**						**Not enough data available**					
	HEDIS	**C02: Colorectal Cancer Screening**	88	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.717172	1.282828	1.645648	1.645648
	CAHPS	**C03: Annual Flu Vaccine**	71	4	1	4	3.685393	0.314607	0.098978	0.098978	1	4	3.717172	0.282828	0.079992	0.079992
	HEDIS / HOS	**C04: Monitoring Physical Activity**	49	3	1	3	3.685393	-0.685393	0.469764	0.469764	1	3	3.717172	-0.717172	0.514336	0.514336
2 - Managing Chronic (Long Term) Conditions	Plan Reporting	**C05: Special Needs Plan (SNP) Care Management**	95	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.717172	1.282828	1.645648	1.645648
	HEDIS	**C06: Care for Older Adults ï Medication Review**	100	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.717172	1.282828	1.645648	1.645648
	HEDIS	**C07: Care for Older Adults ï Pain Assessment**	100	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.717172	1.282828	1.645648	1.645648
	HEDIS	**C08: Osteoporosis Management in Women who had a Fracture**			**Not enough data available**						**Not enough data available**					
	HEDIS	**C09: Diabetes Care ï Eye Exam**	85	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.717172	1.282828	1.645648	1.645648
	HEDIS	**C10: Diabetes Care ï Blood Sugar Controlled**	88	4	3	12	3.685393	0.314607	0.098978	0.296933	3	12	3.717172	0.282828	0.079992	0.239975
	HEDIS	**C11: Controlling Blood Pressure**	84	4	3	12	3.685393	0.314607	0.098978	0.296933	3	12	3.717172	0.282828	0.079992	0.239975
	HEDIS / HOS	**C12: Reducing the Risk of Falling**	60	3	1	3	3.685393	-0.685393	0.469764	0.469764	1	3	3.717172	-0.717172	0.514336	0.514336
	HEDIS / HOS	**C13: Improving Bladder Control**	48	4	1	4	3.685393	0.314607	0.098978	0.098978	1	4	3.717172	0.282828	0.079992	0.079992
	HEDIS	**C14: Medication Reconciliation Post-Discharge**	95	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.717172	1.282828	1.645648	1.645648
	HEDIS	**C15: Plan All-Cause Readmissions**	9	4	3	12	3.685393	0.314607	0.098978	0.296933	3	12	3.717172	0.282828	0.079992	0.239975
	HEDIS	**C16: Statin Therapy for Patients with Cardiovascular Disease**	98	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.717172	1.282828	1.645648	1.645648
	HEDIS	**C17: Transitions of Care**	63	4	1	4	3.685393	0.314607	0.098978	0.098978	1	4	3.717172	0.282828	0.079992	0.079992
	HEDIS	**C18: Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions**	73	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.717172	1.282828	1.645648	1.645648
3 - Member Experience with Health Plan	CAHPS	**C19: Getting Needed Care**	74	1	4	4	3.685393	-2.685393	7.211336	28.845342	4	4	3.717172	-2.717172	7.383024	29.532095
	CAHPS	**C20: Getting Appointments and Care Quickly**	80	2	4	8	3.685393	-1.685393	2.840550	11.362198	4	8	3.717172	-1.717172	2.948680	11.794719
	CAHPS	**C21: Customer Service**	90	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.717172	-0.717172	0.514336	2.057343
	CAHPS	**C22: Rating of Health Care Quality**	85	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.717172	-0.717172	0.514336	2.057343
	CAHPS	**C23: Rating of Health Plan**	86	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.717172	-0.717172	0.514336	2.057343
	CAHPS	**C24: Care Coordination**	83	1	4	4	3.685393	-2.685393	7.211336	28.845342	4	4	3.717172	-2.717172	7.383024	29.532095
4 - Member Complaints and Improvement in the Health Plan's Performance	CTM	**C25: Complaints about the Health Plan**	0.44	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.717172	-0.717172	0.514336	2.057343
	MBDSS	**C26: Members Choosing to Leave the Plan**	18	3	4	12	3.685393	-0.685393	0.469764	1.879054	4	12	3.717172	-0.717172	0.514336	2.057343
	Star Ratings	**C27: Health Plan Quality Improvement**	Metric	4	**Not used in this Calculation**						5	20	3.717172	0.282828	0.079992	0.399958
5 - Health Plan Customer Service	IRE	**C28: Plan Makes Timely Decisions about Appeals**	100	5	4	20	3.685393	1.314607	1.728192	6.912766	4	20	3.717172	1.282828	1.645648	6.582591
	IRE	**C29: Reviewing Appeals Decisions**	100	5	4	20	3.685393	1.314607	1.728192	6.912766	4	20	3.717172	1.282828	1.645648	6.582591
	Call Center	**C30: Call Center ï Foreign Language Interpreter and TTY Availability**	100	5	4	20	3.685393	1.314607	1.728192	6.912766	4	20	3.717172	1.282828	1.645648	6.582591
Part D Measures																
1 - Drug Plan Customer Service	Call Center	**D01: Call Center ï Foreign Language Interpreter and TTY Availability**	100	5	4	20	3.685393	1.314607	1.728192	6.912766	4	20	3.717172	1.282828	1.645648	6.582591
2 - Member Complaints and Improvement in the Drug Plan's Performance	CTM	**D02 Complaints about the Drug Plan**	0.44	3	**Counted in Part C**						**Counted in Part C**					
	MBDSS	**D03: Members Choosing to Leave the Plan**	18	3	**Counted in Part C**						**Counted in Part C**					
	Star Ratings	**D04: Drug Plan Quality Improvement**	Metric	4	**Not used in this Calculation**						5	20	3.717172	0.282828	0.079992	0.399958
3 - Member Experience with Drug Plan	CAHPS	**D05: Rating of Drug Plan**	89	4	4	16	3.685393	0.314607	0.098978	0.395910	4	16	3.717172	0.282828	0.079992	0.319967
	CAHPS	**D06: Getting Needed Prescription Drugs**	87	2	4	8	3.685393	-1.685393	2.840550	11.362198	4	8	3.717172	-1.717172	2.948680	11.794719
4 - Drug Pricing and Patient Safety	PDE & MPF Pricing Files	**D07: MPF Price Accuracy**	99	4	1	4	3.685393	0.314607	0.098978	0.098978	1	4	3.717172	0.282828	0.079992	0.079992
	PDE data	**D08: Medication Adherence for Diabetes Medications**	95	5	3	15	3.685393	1.314607	1.728192	5.184575	3	15	3.717172	1.282828	1.645648	4.936943
	PDE data	**D09: Medication Adherence for Hypertension (RAS antagonists)**	97	5	3	15	3.685393	1.314607	1.728192	5.184575	3	15	3.717172	1.282828	1.645648	4.936943
	PDE data	**D10: Medication Adherence for Cholesterol (Statins)**	96	5	3	15	3.685393	1.314607	1.728192	5.184575	3	15	3.717172	1.282828	1.645648	4.936943
	Part D Plan Reporting	**D11: MTM Program Completion Rate for CMR**			**Not enough data available**						**Not enough data available**					
	PDE data	**D12: Statin Use in Persons with Diabetes (SUPD)**	94	5	1	5	3.685393	1.314607	1.728192	1.728192	1	5	3.717172	1.282828	1.645648	1.645648
Rated Like MA-PD	**Local & Regional CCP with SNP needs at least 19 of 38 measures**				**89** Sum of weights	**328** Sum of weights * stars	**3.685393** Calculated Summary Mean			**151.191011** Sum of weighted squared diffs	**99** Sum of weights	**368** Sum of weights * stars	**3.717172** Calculated Summary Mean			**152.080808** Sum of weighted squared diffs
	2022 Major Disaster % 0															
	2023 Major Disaster % 0															

New Measure(s) Improvement	**With Without**	**With With**
# Measures Needed	19	19
# Measures Scored	35	37
Variance Category	high	high
Reward Factor	0	0
Interim Summary	3.685393	3.717172
CAI Value	0.045230	0.045230
Final Summary	3.730623	3.762402
Overall Rating	3.5	4.0
Final Overall Rating	**4.0**	

35 # eligible measures — **1.748739** Calculated Variance

37 # eligible measures — **1.578841** Calculated Variance

Â Categorize the variance into three categories:
- o low (0 to < 30th percentile),
- o medium (Ó30th to < 70th percentile) and
- o high (Ó70th percentile and above)

Â Develop the Reward Factor as follows:
- o r-Factor = 0.4 (for contract w/low-variability & high-mean (mean Ó85th percentile)
- o r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean Ó85th percentile)
- o r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean Ó65th & < 85th percentile)
- o r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean Ó65th & < 85th percentile)
- o r-Factor = 0.0 (for other types of contracts)

Without Improvement	
Variance Thresholds	
Percentile	**Overall Rating**
30th	0.795388
70th	1.216635
Performance Summary Thresholds	
Percentile	**Overall Rating**
65th	3.662921
85th	3.977528

With Improvement	
Variance Thresholds	
Percentile	**Overall Rating**
30th	0.828220
70th	1.240423
Performance Summary Thresholds	
Percentile	**Overall Rating**
65th	3.646465
85th	3.949495

Contract H3443 Contract Type Local & Regional CCP with SNP					Calculation Without Improvement						Calculation With Improvement					
Contract Name ALIGNMENT HEALTH PLAN OF ARIZONA, INC.																
Domain	Primary Data Source	Quality Measure	Score	Star	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part C Measures																
1 - Staying Healthy: Screenings, Tests, and Vaccines	HEDIS	**C01 Breast Cancer Screening**			**Not enough data available**						**Not enough data available**					
	HEDIS	**C02 Colorectal Cancer Screening**	88	5	1	5	3.242424	1.757576	3 089073	3.089073	1	5	3 295775	1.704225	2.904383	2 904383
	CAHPS	**C03 Annual Flu Vaccine**	71	4	1	4	3.242424	0.757576	0.573921	0.573921	1	4	3 295775	0.704225	0.495933	0.495933
	HEDIS / HOS	**C04 Monitoring Physical Activity**	49	3	1	3	3.242424	-0.242424	0 058769	0.058769	1	3	3 295775	-0.295775	0.087483	0 087483
2 - Managing Chronic (Long Term) Conditions	Plan Reporting	**C05 Special Needs Plan (SNP) Care Management**	95	5	1	5	3.242424	1.757576	3 089073	3.089073	1	5	3 295775	1.704225	2.904383	2 904383
	HEDIS	**C06 Care for Older Adults – Medication Review**	100	5	1	5	3.242424	1.757576	3 089073	3.089073	1	5	3 295775	1.704225	2.904383	2 904383
	HEDIS	**C07 Care for Older Adults – Pain Assessment**	100	5	1	5	3.242424	1.757576	3 089073	3.089073	1	5	3 295775	1.704225	2.904383	2 904383
	HEDIS	**C08 Osteoporosis Management in Women who had a Fracture**			**Not enough data available**						**Not enough data available**					
	HEDIS	**C09 Diabetes Care – Eye Exam**	85	5	1	5	3.242424	1.757576	3 089073	3.089073	1	5	3 295775	1.704225	2.904383	2 904383
	HEDIS	**C10 Diabetes Care – Blood Sugar Controlled**	88	4	3	12	3.242424	0.757576	0.573921	1.721764	3	12	3 295775	0.704225	0.495933	1.487799
	HEDIS	**C11 Controlling Blood Pressure**	84	4	3	12	3.242424	0.757576	0.573921	1.721764	3	12	3 295775	0.704225	0.495933	1.487799
	HEDIS / HOS	**C12 Reducing the Risk of Falling**	60	3	1	3	3.242424	-0.242424	0 058769	0.058769	1	3	3 295775	-0.295775	0.087483	0 087483
	HEDIS / HOS	**C13 Improving Bladder Control**	48	4	1	4	3.242424	0.757576	0.573921	0.573921	1	4	3 295775	0.704225	0.495933	0.495933
	HEDIS	**C14 Medication Reconciliation Post-Discharge**	95	5	1	5	3.242424	1.757576	3 089073	3.089073	1	5	3 295775	1.704225	2.904383	2 904383
	HEDIS	**C15 Plan All-Cause Readmissions**	9	4	3	12	3.242424	0.757576	0.573921	1.721764	3	12	3 295775	0.704225	0.495933	1.487799
	HEDIS	**C16 Statin Therapy for Patients with Cardiovascular Disease**	98	5	1	5	3.242424	1.757576	3 089073	3.089073	1	5	3 295775	1.704225	2.904383	2 904383
	HEDIS	**C17 Transitions of Care**	63	4	1	4	3.242424	0.757576	0.573921	0.573921	1	4	3 295775	0.704225	0.495933	0.495933
	HEDIS	**C18 Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions**	73	5	1	5	3.242424	1.757576	3 089073	3.089073	1	5	3 295775	1.704225	2.904383	2 904383
3 - Member Experience with Health Plan	CAHPS	**C19 Getting Needed Care**	74	1	4	4	3.242424	-2.242424	5 028465	20.113862	4	4	3 295775	-2.295775	5.270583	21 082331
	CAHPS	**C20 Getting Appointments and Care Quickly**	80	2	4	8	3.242424	-1.242424	1 543617	6.174470	4	8	3 295775	-1.295775	1.679033	6.716131
	CAHPS	**C21 Customer Service**	90	3	4	12	3.242424	-0.242424	0 058769	0.235078	4	12	3 295775	-0.295775	0.087483	0 349931
	CAHPS	**C22 Rating of Health Care Quality**	85	3	4	12	3.242424	-0.242424	0 058769	0.235078	4	12	3 295775	-0.295775	0.087483	0 349931
	CAHPS	**C23 Rating of Health Plan**	86	3	4	12	3.242424	-0.242424	0 058769	0.235078	4	12	3 295775	-0.295775	0.087483	0 349931
	CAHPS	**C24 Care Coordination**	83	1	4	4	3.242424	-2.242424	5 028465	20.113862	4	4	3 295775	-2.295775	5.270583	21 082331
4 - Member Complaints and Improvement in the Health Plan's Performance	CTM	**C25 Complaints about the Health Plan**	0.44	3	4	12	3.242424	-0.242424	0 058769	0.235078	4	12	3 295775	-0.295775	0.087483	0 349931
	MBDSS	**C26 Members Choosing to Leave the Plan**	18	3	4	12	3.242424	-0.242424	0 058769	0.235078	4	12	3 295775	-0.295775	0.087483	0 349931
	Star Ratings	**C27 Health Plan Quality Improvement**	(weighte	4	**Not used in this Calculation**						5	20	3 295775	0.704225	0.495933	2.479664
5 - Health Plan Customer Service	RE	**C28 Plan Makes Timely Decisions about Appeals**	94	3	4	12	3.242424	-0.242424	0 058769	0.235078	4	12	3 295775	-0.295775	0.087483	0 349931
	RE	**C29 Reviewing Appeals Decisions**	94	3	4	12	3.242424	-0.242424	0 058769	0.235078	4	12	3 295775	-0.295775	0.087483	0 349931
	Call Center	**C30 Call Center – Foreign Language Interpreter and TTY Availability**	100	5	4	20	3.242424	1.757576	3 089073	12.356294	4	20	3 295775	1.704225	2.904383	11 617531
Rated Like	**Local & Regional CCP with SNP needs at least 15 of 29 measures**					**66**	**214**	**3.242424**		**92.121212**		**71**	**234**	**3.295775**		**94.788732**
MA-PD						Sum of weights	Sum of weights * stars	Calculated Summary Mean		Sum of weighted squared diffs		Sum of weights	Sum of weights * stars	Calculated Summary Mean		Sum of weighted squared diffs
	2022 Major Disaster % 0															
	2023 Major Disaster % 0															

New Measure(s)	**With**	**With**
Improvement	**Without**	**With**
# Measures Needed	15	15
# Measures Scored	27	28
Variance Category	high	high
Reward Factor	0	0
Interim Summary	3.242424	3.295775
CAI Value	0.004257	0.004257
Final Summary	3.246681	3.300032
Part C Summary	3.0	3.5
Final Part C Summary	**3.5**	

27 # eligible measures	**1.449460** Calculated Variance

28 # eligible measures	**1.384499** Calculated Variance

- Categorize the variance into three categories:
  - o low (0 to < 30th percentile),
  - o medium (≥ 30th to < 70th percentile) and
  - o high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - o r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.0 (for other types of contracts)

Without Improvement	
Variance Thresholds	
Percentile	**Part C Summary**
30th	0 807024
70th	1 256410
Performance Summary Thresholds	
Percentile	**Part C Summary**
65th	3.707692
85th	4 044118

With Improvement	
Variance Thresholds	
Percentile	**Part C Summary**
30th	0.820452
70th	1.275376
Performance Summary Thresholds	
Percentile	**Part C Summary**
65th	3.703125
85th	4.014493

As of 5/13/2025

Contract H3443 Contract Type Local & Regional CCP with SNP Contract Name ALIGNMENT HEALTH PLAN OF ARIZONA, INC.					Calculation Without Improvement						Calculation With Improvement					
Domain	Primary Data Source	Quality Measure	Score	Star	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part D Measures																
1 - Drug Plan Customer Service	Call Center	D01 Call Center – Foreign Language Interpreter and TTY Availability	96	4	4	16	3.806452	0.193548	0.037461	0.149843	4	16	3.833333	0.166667	0.027778	0.111112
2 - Member Complaints and Improvement in the Drug Plan's Performance	CTM	D02 Complaints about the Drug Plan	0.44	3	4	12	3.806452	-0.806452	0.650395	2.601459	4	12	3.833333	-0.833333	0.694444	2.777776
	MSDSS	D03 Members Choosing to Leave the Plan	18	3	4	12	3.806452	-0.806452	0.650395	2.601459	4	12	3.833333	-0.833333	0.694444	2.777776
	Star Ratings	D04 Drug Plan Quality Improvement	Weight = 0	4	Not used in this Calculation						5	20	3.833333	0.166667	0.027778	0.138889
3 - Member Experience with Drug Plan	CAHPS	D05 Rating of Drug Plan	89	4	4	16	3.806452	0.193548	0.037461	0.149843	4	16	3.833333	0.166667	0.027778	0.111112
	CAHPS	D06 Getting Needed Prescription Drugs	67	2	4	8	3.806452	-1.806452	3.263269	13.053078	4	8	3.833333	-1.833333	3.361110	13.444440
4 - Drug Pricing and Patient Safety	PDE & MPF Pricing Files	D07 MPF Price Accuracy	99	4	1	4	3.806452	0.193548	0.037461	0.037461	1	4	3.833333	0.166667	0.027778	0.027778
	PDE data	D08 Medication Adherence for Diabetes Medications	95	5	3	15	3.806452	1.193548	1.424557	4.273670	3	15	3.833333	1.166667	1.361112	4.083336
	PDE data	D09 Medication Adherence for Hypertension (RAS antagonists)	97	5	3	15	3.806452	1.193548	1.424557	4.273670	3	15	3.833333	1.166667	1.361112	4.083336
	PDE data	D10 Medication Adherence for Cholesterol (Statins)	96	5	3	15	3.806452	1.193548	1.424557	4.273670	3	15	3.833333	1.166667	1.361112	4.083336
	Part D Plan Reporting	D11 MTM Program Completion Rate for CMR			Not enough data available						Not enough data available					
	PDE data	D12 Statin Use in Persons with Diabetes (SUPD)	94	5	1	5	3.806452	1.193548	1.424557	1.424557	1	5	3.833333	1.166667	1.361112	1.361112
Rated Like	Local & Regional CCP with SNP needs at least 6 of 11 measures				31	118	3.806452			32.838710	36	138	3.833333			33.000000
MA-PD	2022 Major Disaster % 0				Sum of weights	Sum of weights * stars	Calculated Summary Mean			Sum of weighted squared diffs	Sum of weights	Sum of weights * stars	Calculated Summary Mean			Sum of weighted squared diffs
	2023 Major Disaster % 0															

Improvement	Without	With
# Measures Needed	6	6
# Measures Scored	10	11
Variance Category	med	med
Reward Factor	0.1	0.1
Interim Summary	3.906452	3.933333
CAI Value	0.022709	0.022709
Final Summary	3.929161	3.956042
Part D Summary	4.0	4.0
Final Part D Summary	4.0	

10 # eligible measure — 1.177015 Calculated Variance

11 # eligible measure — 1.006333 Calculated Variance

- Categorize the variance into three categories:
  - low (0 to < 30th percentile),
  - medium (≥ 30th to < 70th percentile) and
  - high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - r-Factor = 0.0 (for other types of contracts)

Without Improvement	
Variance Thresholds	
Percentile	Part D Summary
30th	0.654297
70th	1.210645
Performance Summary Thresholds	
Percentile	Part D Summary
65th	3.758750
85th	4.062500

With Improvement	
Variance Thresholds	
Percentile	Part D Summary
30th	0.742579
70th	1.268610
Performance Summary Thresholds	
Percentile	Part D Summary
65th	3.666667
85th	4.000000

CMS PartC Star atin

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Tuesday, October 1, 2024 12:51 AM
To: CMS MP-CAHPS; Dawn Maroney
Cc: CMS PartC&DStarRatings; MA-PDPCAHPS; Cynthia Lynch; Padideh (Medisa) Danaee
Subject: Re: Plan Preview 2: CAHPS Results Dispute or H3815 and H3443 Contracts

Categories: CAHPS

Dear CMS Team,

Thank you for your prompt and detailed response, as well as the attached reliability spreadsheets and Star Rating calculators for all our contracts. We truly appreciate your efforts and ongoing support in addressing our concerns. We will follow up separately regarding the CAHPS-related concerns and requests.

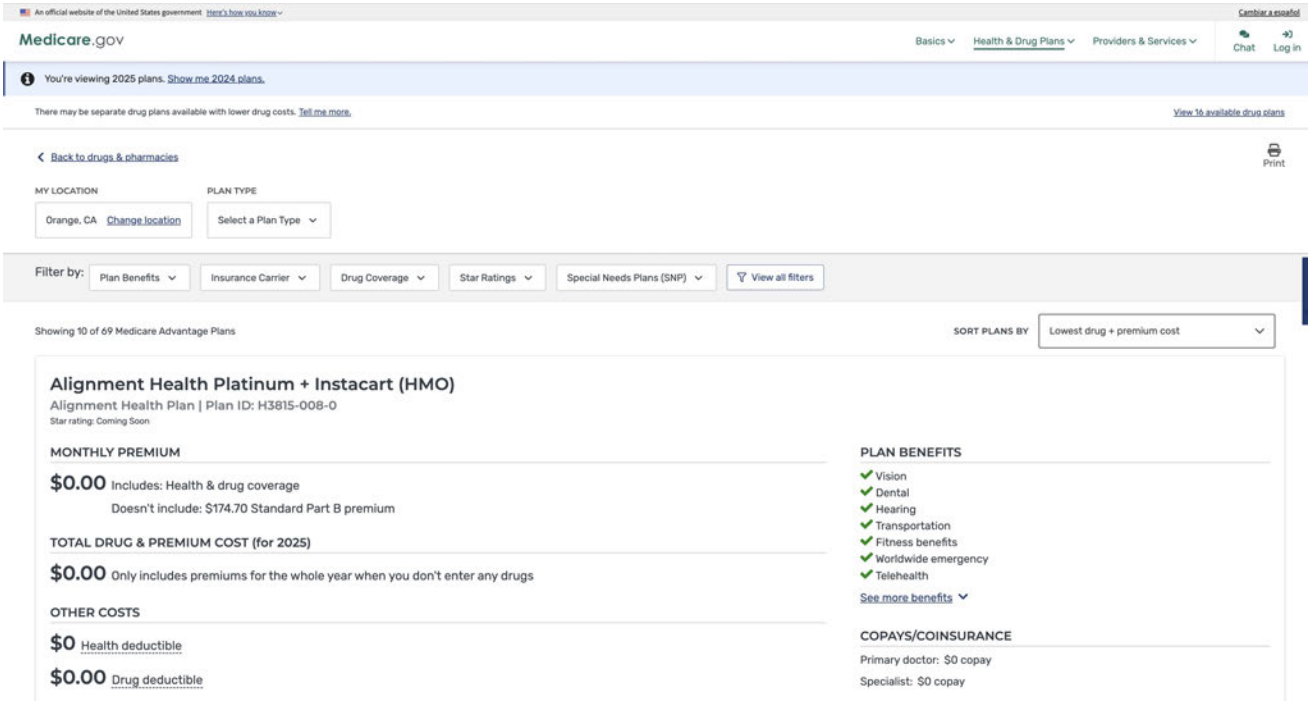
We also appreciate the updated calculator for H3815 with the D01 measure fix, and we are pleased to confirm that it reflects a 4-Star rating for our contract. However, we've noticed that the Medicare Plan Finder does not yet reflect this updated rating. While we understand that the official ratings will be made public at a later date, Alignment Health currently does not appear when filtering for "4 Stars and above." This is concerning, as the AEP shopping season has already begun, and many beneficiaries and brokers rely on this tool to make informed decisions.

Could you please provide insight into when the Medicare Plan Finder will be updated to reflect our current Star Rating in the filters? The timing is critical to ensure that our members and prospects have accurate information during this key period.

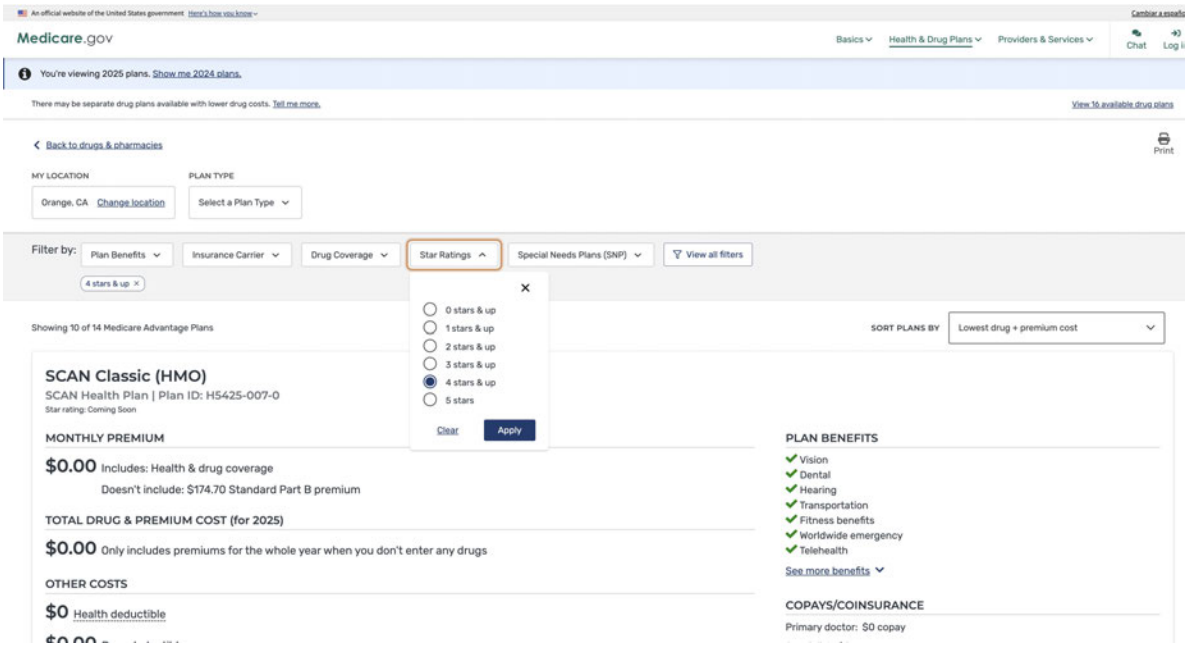
We greatly appreciate your assistance in addressing this matter as quickly as possible.

Here are some screenshots for your reference.

Screenshot #1: Alignment is at the top when no Star filter is used:



Screenshot #2: Alignment is not on the list when "4 Stars & up" filter is used:



Thanks,
Hakan Kardes

From: CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Date: Monday, September 30, 2024 at 12:33 PM
To: Hakan Kardes <HKardes@ahcusa.com>, Dawn Maroney <DMaroney@ahcusa.com>
Cc: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>, MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>
Subject: RE: Plan Preview 2: CAHPS Results Dispute for H3815 and H3443 Contracts

Good afternoon,

Please see the attached files H3443_Means_Tests_CAHPS_2024.xlsx, H4961_Means_Tests_CAHPS_2024.xlsx, H5296_Means_Tests_CAHPS_2024.xlsx, and H9686_Means_Tests_CAHPS_2024.xlsx, which provide additional statistics used to calculate the Star Rating for each applicable measure, including the estimates of interunit reliability and the variance estimates used to calculate them.

For further information about the Star Rating calculations for these contracts, see the attached case-mix reports (H3443_Casemix_CAHPS_2024.xlsx, H4961_Casemix_CAHPS_2024.xlsx, H5296_Casemix_CAHPS_2024.xlsx, and H9686_Casemix_CAHPS_2024.xlsx). These reports include a worksheet for every item or composite that receives a Star Rating. For detailed information on case-mix adjustment and to view an example report, please visit the 'Scoring and Star Ratings' section on the MA & PDP CAHPS website at Scoring and Star Ratings (ma-pdpcahps.org).

Regarding segmentation reports (#2 on your list) your 2023 vendor, Press Ganey, submitted a request to append county for analysis of CAHPS results for contracts H3443, H3815, H5296, H9686, and H4961. In 2023, the request was approved for H3443 and partially approved for H3815, H5296, H9686, and H4961 due to the risk of identification of enrollees based on the counts provided by your vendor. Your 2024 vendor, DataStat, submitted two requests for contracts H3443, H3815, H5296, H9686, and H4961: 1) to append county for analysis of CAHPS results; 2) to append medical group. County was approved for H3443, and not approved for H3815, H5296, H9686, and H4961 due to risk of identification of enrollees as, similar to 2023, the counts provided by your vendor were above 11 but still small enough to pose a risk of identification of enrollees. Medical group was approved for H4961, and not approved for H3443, H3815, H5296, and H9686 due to the risk of identification of enrollees as the counts provided by your vendor were above 11 but still small enough to pose a risk of identification of enrollees. Requests for CAHPS analysis to inform quality improvement initiatives are evaluated on case-by-cases basis, taking into account the importance of minimizing the risk if identification of enrollees.

Regarding your third issue, our analyses have established that the CAHPS sample represented Spanish-preferring members, used the language preference information you provided, and resulted in Spanish-preferring members choosing to respond in Spanish and rates that were high and higher than average. No further validation is needed. Surveying your Spanish-speaking enrollees to ask whether they received the CAHPS survey this year and in what language would allow Alignment to identify sampled enrollees by inference and violate respondents' confidentiality, so this would not be permitted. Further, a separate survey of your members not under the standardized administration procedures used by CAHPS is unlikely to be informative on this issue. Enrollees who receive, for example, a survey in October asking about a survey that they may or may not have received 6 to 8 months ago would not produce reliable information. Some of these enrollees may have received other surveys in that timeframe or may not have opened or responded to the CAHPS survey even if they were part of the sample. Others may not remember receiving or have accurate recall on whether a Spanish survey was included.

For number 4, please see attached calculators for H3815.

Thank you,

MA & PDP CAHPS Survey Team

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Thursday, September 26, 2024 1:15 PM
To: CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>; Dawn Maroney <DMaroney@ahcusa.com>
Cc: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>
Subject: Re: Plan Preview 2: CAHPS Results Dispute for H3815 and H3443 Contracts

Dear CMS Stars and MA & PDP CAHPS Survey Team,

Thank you once again for your thorough responses and for the reminder regarding the administrative review process in November. As dedicated partners to CMS and the Stars team, our goal has been to resolve this issue directly, especially given the clear concerns we've experienced while working with a new vendor this year, which impacted our ratings. Addressing this matter now could help prevent potential issues during the AEP marketing period, considering the significant impact on our Star Ratings. However, we fully understand your limitations and appreciate your ongoing efforts. We would be grateful if you could assist with the following:

1. **Reliability Spreadsheets Across All Contracts:** Could you please share similar reliability spreadsheets for our other contracts (H3443, H4961, H5296, H9686)? We would like to conduct a correlation analysis to better understand the overall results.

2. **Segmentation Reports:** In the past, we successfully obtained segmentation reports from our previous vendor when the sample size (n) exceeded 11, allowing segmentation by provider group or county. However, since moving to our current vendor, these requests have been denied, despite an increase in membership. We plan to resubmit these requests but would appreciate any insights into why these were rejected by the current vendor. These reports are crucial for pinpointing specific areas of improvement. We also plan to request segmentation reports based on Spanish survey respondents and responses to the primary language spoken at home. Please let us know if there are any concerns regarding these requests, provided that all required cell size rules are adhered to.

3. **Further Validation of Our Concerns**: It seems we are being asked to prove our concerns fully, yet many aspects of this process remain outside our control. We strictly follow CAHPS survey procedures and guidelines. One option to further validate our concern would be to survey our Spanish-speaking CAHPS-eligible members directly, asking whether they received the CAHPS survey this year and in what language. This could provide valuable insights, but we are unsure if this is permissible under CAHPS survey rules. Could you confirm whether this approach is allowed or suggest alternative methods?

4. **Stars Rating Calculation Spreadsheet:** Could you also provide our Star Rating Calculation spreadsheet with the updated D01 measure?

As mentioned, Quality and Star Ratings are our North Star, and we remain committed to being strong partners to CMS. We hope you understand our persistence and dedication to resolving these issues collaboratively. Thank you for your time and consideration.

Very Respectfully,
Hakan Kardes

From: CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Date: Thursday, September 26, 2024 at 7:07 AM
To: Hakan Kardes <HKardes@ahcusa.com>, Dawn Maroney <DMaroney@ahcusa.com>
Cc: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>, MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>
Subject: RE: Plan Preview 2: CAHPS Results Dispute for H3815 and H3443 Contracts

Good morning,

As we noted, the methodology for the Star Ratings is determined through notice and comment rulemaking. We do not have discretion to reclassify scores simply because they are close to thresholds. We remind you that MA organizations may request an administrative review of their Star Ratings for QBP determinations and rebate retention allowances in November each year.

Thank you,

MA & PDP CAHPS Survey Team

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Thursday, September 26, 2024 3:09 AM
To: Dawn Maroney <DMaroney@ahcusa.com>; CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Cc: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>
Subject: Re: Plan Preview 2: CAHPS Results Dispute for H3815 and H3443 Contracts

Dear CMS Team,

I echo Ms. Maroney's comments and would like to thank you for your detailed analysis and the time you've dedicated to addressing our concerns. We truly value your effort and always strive to be a strong partner to CMS.

As an organization, we have been conducting CAHPS surveys and internal proxies for years. My team and I, with backgrounds in data science (with PhDs), are deeply familiar with these methodologies. Our concerns are not based on hope—they stem from rigorous data analysis and our understanding of member engagement and proxy results. The significantly low percentage of Spanish-language responses and low scores are unlike anything we've experienced (neither in CMS-administered surveys nor in our proxies), reinforcing our confidence that there was an issue. Comparisons to other plans may not serve as a valid benchmark, given our distinct focus on capturing member preferences and addressing health equity.

Our request is grounded in data. Upon reviewing the file you shared, we noticed that two of the measures we flagged—**Getting Care Quickly and Care Coordination**—have reliability scores precisely at the 0.60 threshold, which is the cutoff for Very Low Reliability. Care Coordination is at **0.60605**, and Getting Care Quickly is at **0.604931—both within a fraction of a percentage point of Very Low Reliability**. Given the precision of these scores, even one or two responses could have shifted the classification. This clearly indicates that these measures warrant reconsideration for Very Low Reliability classification, where suppression would be appropriate.

With this new information, I respectfully request CMS reconsider our request and classify Getting Care Quickly and Getting Needed Care for H3815 under Very Low Reliability, given their borderline scores (within less than 1% of the threshold) and the significantly lower Spanish response rates compared not only to last year but also to 2022 and earlier, despite an increase in the Spanish-speaking population, which clearly indicates an issue.

Thank you once again for your time and thoughtful consideration.

Respectfully,
Hakan Kardes

r	sponsor	measure	cahps_measure_description
H3815	Alignment Healthcare USA, LLC	coc_comp	Coordination of Care (Comp)
H3815	Alignment Healthcare USA, LLC	md_medrecs	How often personal dr have medical records about your care
H3815	Alignment Healthcare USA, LLC	md_talkmeds	How often talk with personal dr about medicines taking
H3815	Alignment Healthcare USA, LLC	md_testcomb	MD follows up test results and gives results as soon as needed
H3815	Alignment Healthcare USA, LLC	r_md_getmngca	Get help from dr office to manage providers and services care
H3815	Alignment Healthcare USA, LLC	sp_mdinformd	How often doctor seemed informed about care from specialist
H3815	Alignment Healthcare USA, LLC	cs_comp	Health Plan Customer Service (Comp)
H3815	Alignment Healthcare USA, LLC	cs_csgetinfo	How often get needed information from customer service
H3815	Alignment Healthcare USA, LLC	cs_csrespect	How often Customer Service treat with courteous/respectful
H3815	Alignment Healthcare USA, LLC	pl_ezpaper	How often health plan forms easy to fill out
H3815	Alignment Healthcare USA, LLC	gcq_comp	Get Care Quickly (Comp)
H3815	Alignment Healthcare USA, LLC	ca_illasaw	Get care for illness as soon as wanted
H3815	Alignment Healthcare USA, LLC	ca_rtnasaw	Get appt for routine care as soon as wanted
H3815	Alignment Healthcare USA, LLC	gnc_comp	Get Needed Care (Comp)
H3815	Alignment Healthcare USA, LLC	pl_getcare	How often easy to get needed care through health plan
H3815	Alignment Healthcare USA, LLC	sp_getappt	How often easy to get appointments with specialists
H3815	Alignment Healthcare USA, LLC	im_flu1last	Flu Shot last year
H3815	Alignment Healthcare USA, LLC	pd_gneeded_comp	Getting Needed Prescription Drugs (Comp)
H3815	Alignment Healthcare USA, LLC	pd_ezrxmeds	Easy to get prescription medicines
H3815	Alignment Healthcare USA, LLC	pd_mailpharm	Get PD from mail or pharmacy
H3815	Alignment Healthcare USA, LLC	rate_care	Rate Health Care
H3815	Alignment Healthcare USA, LLC	rate_pdp	Rate Prescription Drug Plan
H3815	Alignment Healthcare USA, LLC	rate_plan	Rate Health Plan

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From: Dawn Maroney <DMaroney@ahcusa.com>
Date: Wednesday, September 25, 2024 at 6:01 PM
To: CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>, Hakan Kardes <HKardes@ahcusa.com>
Cc: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>, MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>
Subject: Re: Plan Preview 2: CAHPS Results Dispute for H3815 and H3443 Contracts

Appreciate the time invested and your detailed response. Confirming receipt of this message! Thank you!

From: CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Date: Wednesday, September 25, 2024 at 8:28 AM
To: Hakan Kardes <HKardes@ahcusa.com>, Dawn Maroney <DMaroney@ahcusa.com>
Cc: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>, MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>
Subject: RE: Plan Preview 2: CAHPS Results Dispute for H3815 and H3443 Contracts

Good morning,

In response to the email from Dawn Maroney, please see the attached “H3815_Means_Tests_CAHPS_2024.xlsx” file, which provides additional statistics used to calculate the Star Rating for each applicable measure, including Getting Appointments and Care Quickly. In this file you will find rows for each measure and columns for the factors which go into the Star Rating, including the estimate of interunit reliability. Interunit reliability considers the sampling variance of the contract’s case-mix adjusted score in comparison to the variability in scores across

contracts. If the variability in one contract's score is high compared to the spread of scores across contracts, reliability will be low. Reliability is calculated using the following formula: $R = 1-V/(V+t^2)$, where t^2 is the between-contract variance of the mean for that measure and V is the sampling variance of your contract's mean score.

As you can see in the attached report, the reliability (*exact_reliability*) for Getting Appointments and Care Quickly is 0.604931. To see how this is calculated see these additional details in the file: for this measure the between-contract variance (*variance_between*) is 7.752602 and the variance of the contract's mean score (*variance_mean*) is 5.063075. Per the formula above, reliability for this score = 1 - 5.063075 / (5.063075 + 7.752602) = 1 - 0.395069 = 0.604931, which matches the exact reliability value in the file.

Very low reliability for CAHPS measures is defined as reliability <0.60 and low reliability is defined as those with reliability ≥0.60 but <0.75 and also in the lowest 12% of contracts ordered by reliability. This score was identified as low reliability by meeting both the criteria of being between 0.60 and 0.75 and falling below the 12th percentile cutoff. For additional information about the reliability calculation, please the FAQ "How is reliability calculated for measures?" on the website FAQs for Contracts (ma-pdpcahps.org).

For further information about the contract's Star Rating calculations, see the attached case-mix report (H3815_Casemix_CAHPS_2024.xlsx). This report includes a worksheet for every item or composite that receives a Star Rating. For detailed information on case-mix adjustment and to view an example report, please visit the 'Scoring and Star Ratings' section on the MA & PDP CAHPS website at Scoring and Star Ratings (ma-pdpcahps.org). The information contained in the case-mix report is not required to address your inquiry but helps provide a more complete picture of the full scoring process.

In response to the email from Hakan Kardes, CMS has 1) directly verified that the sample was random and representative of eligbles 2) specifically verified that it was representative with respect to predicted Spanish preference, and 3) verified that the relationships between predicted Spanish preference among those sampled and both language spoken at home and survey language among respondents were as expected and consistent with the correct administration of the survey.

Respondents who primarily speak Spanish at home are often also able to complete the survey in English and many choose to do so when both Spanish and English survey options are made available, as was the case here. In fact, among respondents who reported speaking primarily Spanish at home, the proportions choosing to respond in English in H3443 (19%) and H3815 (13%) were lower than in MA overall (26%), so if anything, this points to unusually good access to Spanish-language surveys for H3443 and H3815.

As we have noted, the survey vendor has attested that they followed Quality Assurance Plan & Technical Specifications (QAP&TS) procedures and used the language preference data shared by the plan. Taken together, there is no support for the contention that survey sampling or survey administration differed from standard protocols or adversely affected scores in any way.

Alignment mentions-very low reliability, which is a measurable statistical criterion related to several factors, including smaller sample sizes. It does not apply to any measures for these contracts. It is not a qualitative designation that is assigned in the event of data concerns, nor do such reliability concerns exist for this contract.

The fact that the contracts' performance was lower than Alignment had hoped does not constitute evidence of an error--that is simply an outcome and we have extensively verified the process. We have verified that the data are accurate, reliable, and comparable to the scores for other plans, as intended. It is often the case that changes in performance over time differ between contracts from the same sponsor. It appears that Alignment has focused on two contracts for which patient experience improved less than for other contracts. Even if Alignment believes that

they undertook similar quality improvement activities in all contracts, it is common that such efforts differ in effectiveness somewhat across contracts; this appears to be the case here. This may be an opportunity for Alignment to investigate how to better improve experiences in these contracts in particular.

Thank you,

MA & PDP CAHPS Survey Team

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Monday, September 23, 2024 11:22 PM
To: Dawn Maroney <DMaroney@ahcusa.com>; CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Cc: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>
Subject: Re: Plan Preview 2: CAHPS Results Dispute for H3815 and H3443 Contracts

Dear CMS Team,

To follow up on our CEO's message, I want to sincerely thank you for the time and effort your team has put into reviewing our concerns regarding the CAHPS results for our CA-HMO (H3815) and AZ-HMO (H3443) contracts.

However, we still believe there needs to be a resolution for the clear issue with the Spanish-language responses for these two contracts. While we understand CMS's position, as a health plan, we've done everything on our part. Survey administration is largely a black box to us, and there are only a few CMS-approved vendors with whom we can work. We've collaborated closely with our vendors, providing consistent member preference data year after year, particularly for our Spanish-speaking membership. We've always worked diligently with our members to collect their language preferences, not just for surveys but to better serve them. Unfortunately, beyond this, there is very little we can control as a plan in the survey process.

Although we appreciate CMS's thorough review, we will be severely penalized for issues beyond our control. Quality/Star Ratings is our company's North Star, and our teams have worked tirelessly to deliver the best care and experience to our members. To illustrate, our CA-PPO (H4961) contract's CAHPS score improved from 2.44 to 3.66, NV-HMO (H9686) contract from 2.66 to 3.33, and NC-HMO from 4.48 to 4.61. Our CA-HMO contract performed better than CA-PPO in the 2023 CAHPS survey, and AZ-HMO performed better than NV-HMO. If not for the Spanish-language preference issue, both CA-HMO and AZ-HMO would have reached at least the level of our NV-HMO contract. This would have resulted in our CA-HMO contract being rated 4.5 Stars overall and AZ-HMO at least 4 Stars.

It is deeply disappointing that, despite our hard work, we are not getting the ratings we've deserved due to issues entirely beyond our control. Our improvements are evident in other similar contracts, and the issue with Spanish-speaking members is equally clear. CMS suppresses CAHPS results when there is Very Low Reliability or insufficient responses. In our case, due to the Spanish-speaking issue, we didn't

receive enough responses from this group, and some Spanish-speaking members responded in English, affecting both the completeness and the reliability of our results. We are now faced with both insufficient data and unreliable outcomes. As a result, the underlying data is inaccurate, and the results are no longer reliable. CMS has the ability to suppress unreliable results (as shown in the tables below), and we kindly request—if not all, at least the suppression of two of the following measures: Getting Needed Care, Getting Care Quickly, and Care Coordination. We are aware that similar plans in these service areas have had these measures classified as having Very Low Reliability or insufficient data in previous years.

We would greatly appreciate CMS's consideration of necessary adjustments to resolve this issue.

We have not done anything wrong, nor are we seeking anything unreasonable. We are simply asking for a fair resolution on behalf of our beneficiaries, provider partners, employees, and stakeholders. Your reconsideration and resolution would mean the world to us.

Thank you again for your time and thoughtful consideration.

Respectfully,
Hakan Kardes
Chief Experience Officer

Tab e 1: ear o er year resu ts for our contracts s. ratio of Spanis -preferred members:

CAHPS Results – RY2024 vs. RY2025

Measure	NOCA HMO (H5296)				CA PPO (H4961)				NEVA HMO (H9686)				AZ HMO (H3443)				CA HMO (H3815)			
	RY 2024		RY 2025		RY 2024		RY 2025		RY 2024		RY 2025		RY 2024		RY 2025		RY 2024		RY 2025	
	Rate	Star	Rate	Star	Rate	Star	Rate	Star	Rate	Star	Rate	Star	Rate	Star	Rate	Star	Rate	Star	Rate	Star
Annual Flu Vaccine	78	4	74	4	75	4	72	4	67	2	62	2	71	3	71	4	76	4	73	4
Getting Needed Care	79	3	80	3	75	1	79	3	75	1	78	2	79	3	74	1	75	2	76	1
Getting Care Quickly	80	5	84	4	75	2	83	3	73	2	86	4	74	2	80	2	73	2	75	1
Customer Service	91	4	93	5	88	2	89	3	90	4	92	4	89	3	90	3	87	1	88	2
Rating of Health Care Quality	88	5	88	5	85	3	87	4	84	2	86	3	85	3	85	3	86	3	85	3
Rating of Health Plan	90	5	92	5	85	2	88	4	86	3	87	3	89	4	86	3	88	4	89	4
Care Coordination	88	5	89	5	83	2	88	4	83	2	86	3	82	1	83	1	83	2	81	1
Rating of Drug Plan	90	5	91	5	87	4	88	4	88	4	90	5	89	4	89	4	89	4	90	4
Getting Needed Prescription Drugs	92	4	93	5	89	3	91	4	89	3	89	3	89	3	87	2	87	2	89	3
Overall		4.48		4.61		2.42		3.64		2.61		3.33		2.88		2.42		2.55		2.42
% of Spanish Speaking CAHPS eligible		1.0%				2.8%				11.9%				25.8%				27.3%		

Green represents year over year score improvements

5

t er contracts in our competitor areas ere t eir CAH S measures ere suppressed ast year:

CA-HMO market competitors:

CONTRACT_TYPE	CONTRACT_ID	CONTRACT_NAME	STATE	MEASURE_NAME	QUESTION_NUMBER	DESCRIPTION	RESPONDENTS	PERCENT_BAR1	PERCENT_BAR2	PERCENT_BAR3	MEAN_SCORE	REL
Primary State	H3561	Wellcare by Health Net	CA	coc_comp	Composite	Care Coordination	197	N	N	N	N	Very
Primary State	H5087	Wellcare	CA	gcq_comp	Composite	Getting Appointments and Care Quickly	152	N	N	N	N	Very
Primary State	H5087	Wellcare	CA	cs_comp	Composite	Customer Service	168	N	N	N	N	Very
Primary State	H5087	Wellcare	CA	coc_comp	Composite	Care Coordination	139	N	N	N	N	Very
Primary State	H5087	Wellcare	CA	mapd_gneeded_com	Composite	Getting Needed Prescription Drugs	161	N	N	N	N	Very
Primary State	H5810	Molina Healthcare of California	CA	coc_comp	Composite	Care Coordination	191	N	N	N	N	Very
Primary State	H5810	Molina Healthcare of California	CA	mapd_gneeded_com	Composite	Getting Needed Prescription Drugs	210	N	N	N	N	Very
Primary State	H5852	AHF	CA	cs_comp	Composite	Customer Service	168	N	N	N	N	Very
Primary State	H5852	AHF	CA	coc_comp	Composite	Care Coordination	151	N	N	N	N	Very
Primary State	H5852	AHF	CA	mapd_gneeded_com	Composite	Getting Needed Prescription Drugs	170	N	N	N	N	Very
Primary State	H5943	VillageHealth	CA	coc_comp	Composite	Care Coordination	129	N	N	N	N	Very
Primary State	H5943	VillageHealth	CA	mapd_gneeded_com	Composite	Getting Needed Prescription Drugs	143	N	N	N	N	Very
Primary State	H7607	Clever Care Health Plan	CA	gcq_comp	Composite	Getting Appointments and Care Quickly	147	N	N	N	N	Very
Primary State	H7607	Clever Care Health Plan	CA	cs_comp	Composite	Customer Service	154	N	N	N	N	Very
Primary State	H7607	Clever Care Health Plan	CA	mapd_gneeded_com	Composite	Getting Needed Prescription Drugs	153	N	N	N	N	Very
Primary State	H7621	Humana	CA	coc_comp	Composite	Care Coordination	190	N	N	N	N	Very
Primary State	H8552	Anthem Blue Cross Life and Health Ins	CA	coc_comp	Composite	Care Coordination	187	N	N	N	N	Very

AZ-HMO market competitors:

CONTRACT_TYPE	CONTRACT_ID	CONTRACT_NAME	STATE	MEASURE_NAME	QUESTION_NUMBER	DESCRIPTION	RESPONDENTS	PERCENT_BAR1	PERCENT_BAR2	PERCENT_BAR3	MEAN_SCORE	RELIABI
Primary State	H2793	Imperial Insurance Cor	AZ	coc_comp	Composite	Care Coordination	207	N	N	N	N	Very Low
Primary State	H8553	Wellcare	AZ	cs_comp	Composite	Customer Service	185	N	N	N	N	Very Low
Primary State	H8553	Wellcare	AZ	coc_comp	Composite	Care Coordination	145	N	N	N	N	Very Low
Primary State	H8553	Wellcare	AZ	mapd_gneeded_com	Composite	Getting Needed Prescription Drugs	89	N	N	N	N	Very Low
Primary State	R7220	Humana	AZ	cs_comp	Composite	Customer Service	237	N	N	N	N	Very Low

Few examples where Not Enough Data is reported for one of the CAHPS measures:

CONTRACT_ID	Organization Type	Contract Name	Organization Marketing Name	Parent Organization	C19: Getting Needed Care	C20: Getting Appoi
H0088	Local CCP	WELLCARE HEALTH INSURANCE OF NEW YORK, INC.	Wellcare	Centene Corporation	1	Not enough data av
H1353	Local CCP	WELLCARE OF WASHINGTON, INC.	Wellcare	Centene Corporation	1	Not enough data av
H1722	Local CCP	HEALTHFIRST HEALTH PLAN, INC.	Healthfirst Medicare Plan	Healthfirst, Inc.	2	Not enough data av
H4868	Local CCP	NEW YORK QUALITY HEALTHCARE CORPORATION	Wellcare	Centene Corporation	1	Not enough data av
H5087	Local CCP	WELLCARE OF CALIFORNIA, INC.	Wellcare	Centene Corporation	1	Not enough data av
H7607	Local CCP	CLEVER CARE OF GOLDEN STATE, INC.	Clever Care Health Plan	Clever Care Health Plan, Inc.	1	Not enough data av

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From: Dawn Maroney <DMaroney@ahcusa.com>
Date: Monday, September 23, 2024 at 10:07 AM
To: CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Cc: Hakan Kardes <HKardes@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>, MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>
Subject: Re: Plan Preview 2: CAHPS Results Dispute for H3815 and H3443 Contracts

CMS team,

Good afternoon,

We appreciate your thorough review of our concerns and your ongoing efforts to address the issues raised. We value CMS's validation that the CAHPS data was handled in accordance with established methodologies and acknowledge that any changes to these processes must follow the formal rulemaking procedure. However, the low reliability identified in the "Getting Appointments and Care Quickly" measure for H3815 remains a critical concern for us, particularly as it pertains to accurately reflecting our members' experiences. We recognize that CMS asserts these measures were handled correctly, yet the implications of such reliability issues warrant further discussion.

To better understand the full impact, we kindly request additional insights into the specific factors contributing to the measure's low reliability and how these factors were accounted for in the assignment of the Star Rating. Our primary objective is to ensure that the ratings reflect the true quality of care and service provided to our members, encompassing the broader context of our overall ratings.

We also acknowledge CMS's guidance regarding survey language preferences, notably for Spanish-speaking members, and the efforts to mitigate these challenges. Nevertheless, the practical issues associated with survey administration and language barriers remain a significant focus for us. We would greatly benefit from any further recommendations or best practices CMS can share to enhance the survey process in partnership with our vendors.

Furthermore, we look forward to receiving updates on the D01 measure and understanding its potential impact on the overall Star Rating for H3815. We are committed to collaborating closely with CMS to ensure that the experiences of our members are accurately captured and appropriately valued in the rating process.

Thank you once again for your attention to these matters. We greatly appreciate your continued guidance and support.

Sincerely,

Dawn Maroney
CEO, Alignment Health Plan

From: CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Date: Monday, September 23, 2024 at 9:45 AM
To: Dawn Maroney <DMaroney@ahcusa.com>
Cc: Hakan Kardes <HKardes@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>, MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>
Subject: RE: Plan Preview 2: CAHPS Results Dispute for H3815 and H3443 Contracts

Good afternoon,

We have looked extensively into these concerns and have not found any errors with how CMS pulled the sample and analyzed your CAHPS data. And, as such, we have no authority to remove any of the CAHPS data from the contract's overall Star Rating. The methodology for the Star Ratings is determined through notice and comment rulemaking. Any changes to the 2025 Star Ratings methodology must go through rulemaking.

Based on the results for H3815 and H3443, we find no evidence that there is an issue with the reliability of the CAHPS Survey data. The ratings for H3815 and H3443 all have good reliability except Getting Appointments and Care Quickly for H3815 which is low reliability and is assigned a measure-level Star Rating accordingly.

MA & PDP CAHPS Survey results are adjusted for certain respondent characteristics not under the control of the health or drug plan but related to the sampled member's survey responses which ensures that scores from different contracts are comparable regardless of differences in their enrollee populations and respondent samples. The purpose of case-mix adjustment is to keep adjusted scores comparable when the respondent pool changes.

Whether or not Spanish-speaking members received surveys in English despite their preference is outside of CMS control. We provide administrative data on Spanish preference in the sample shared with survey vendors and offer suggestions for improving participation by non-English speaking members in the HPMS memo shared with plans and attached and in our survey vendor training materials. However, CMS does not get involved in how survey vendors implement language preference data. This is determined by the plan and their vendor working together.

There is no evidence of issues with the sample. For your contracts, the predicted Spanish probability of the random sample matches the Spanish probability among all those eligible for the CAHPS survey. The sample is provided to vendors by CMS; vendors do not conduct any additional sampling.

Regarding your recommendations, as we noted above we do not have the authority to suppress CAHPS results for your contracts. Lastly, MBIs are not provided to vendors in order to safeguard member privacy. CMS provides the vendor with DOB, name, sex, and address; this is a sufficient number of factors on which to match.

We do see for the D01 measure that you have updates to the measure score that could impact the overall rating for H3815. More information on the final Star Ratings will be available in the next couple of weeks.

Thank you,

MA & PDP CAHPS Survey Team

From: Dawn Maroney <DMaroney@ahcusa.com>
Sent: Friday, September 20, 2024 2:13 AM
To: CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Cc: Hakan Kardes <HKardes@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>
Subject: Re: Plan Preview 2: CAHPS Results Dispute for H3815 and H3443 Contracts

Good evening, CMS Team,

As the Chief Executive Officer of Alignment Health Plan, I wanted to personally extend my gratitude for your detailed analysis of the CAHPS survey data and your continued engagement with us. This matter is of great importance to us, particularly as we have seen significant growth in our Spanish-speaking population, driven by our commitment to health equity and tailored product design.

We have identified serious discrepancies in the CAHPS survey results that threaten the accuracy and validity of our Star Ratings. The execution of these surveys, particularly regarding language interpretation and fulfillment, is critical. The noted declines in Spanish-language survey completions—35% for contract H3815 (from 31% to 20%) and 21% for contract H3443 (from 24% to 19%)—are concerning and indicate flaws in survey administration that undermine our ability to accurately measure member satisfaction.

Key Observations/Concerns:

1.

Questionable Survey Reliability: The marked reduction in Spanish-language survey completions compromises the reliability of the CAHPS data, resulting in an inaccurate portrayal of our Spanish-speaking members' experiences. This discrepancy directly impacts our Star Ratings and unfairly penalizes our plan due to survey execution errors outside of our control.

2.

Inconsistent Communication Preferences: The misalignment between predicted Spanish preferences and actual Spanish responses suggests failures in the survey distribution process. The fact that Spanish-speaking members may have received surveys in English, contrary to their preferences, raises serious concerns about data accuracy and response rates, skewing our performance metrics.

3.

Errors in Administration and Fulfillment: The significant decline in Spanish completions suggests errors in sample selection or survey fulfillment by CMS-approved vendors. This inconsistency from prior years suggests systemic issues that adversely affect our ratings, despite our limited influence over the survey administration process.

Recommendations to Safeguard Our Star Ratings:

•

Request for Suppression of CAHPS Results for Contracts H3815 and H3443: Given the substantial decline in Spanish-language completions, we request the suppression of these results from Star Ratings calculations. Data with demonstrably low reliability should not be used to evaluate plan performance, as it distorts the true quality of our services.

•

Preventative Measures for Future Surveys: To ensure alignment with member preferences and improve data accuracy, we recommend that MBIs be incorporated into survey samples and that vendor processes be adjusted to better reflect communication preferences as indicated in our membership files.

These discrepancies have significant implications for our Star Ratings, strategic decision-making, and overall perception of our

plan quality. Immediate corrective action is necessary to ensure our members' experiences are accurately represented and our commitment to serving all populations is maintained.

Thank you for your prompt attention and help to this critical issue.

Sincerely,

Dawn Maroney

Chief Executive Officer

Alignment Health

On Sep 19, 2024, at 3:02 PM, CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov> wrote:

Good afternoon,

We have calculated the proportion of enrollees with high-predicted probabilities of Spanish preference for all CAHPS eligible enrollees in each contract, for the sample, and for the respondents in 2023 and 2024 as shown below. We also show the proportion of respondents who completed the survey in Spanish.

These results indicate that:

1) In each year in each contract the proportion of sampled enrollees with high predicted Spanish probability was similar to the proportion among the larger set of CAHPS eligibles from which the sample was drawn.

2) As is common for patient surveys, the proportion of those with high predicted Spanish probability was a little lower among respondents than those sampled, due to a lower response rate; this was a little more the case in 2024 than in 2023.

3) Not all of those who had a high predicted probability of preferring Spanish and who did respond chose to respond in Spanish, which is also typical.

These results are consistent with a random sample and typical patterns of survey nonresponse.

	2023	2024	Change
H3443			
High predicted Spanish probability among all eligibles	42%	43%	1%
High predicted Spanish probability in sample	41%	43%	2%
Respondents with high predicted probability of Spanish preference	41%	37%	-4%
Respondents who completed the Spanish language survey	24%	19%	-5%
H3815			
High predicted Spanish probability among all eligibles	38%	37%	-1%
High predicted Spanish probability in sample	39%	36%	-3%
Respondents with high predicted probability of Spanish preference	39%	28%	-11%
Respondents who completed the Spanish language survey	31%	20%	-11%

Thank you,

MA & PDP CAHPS Survey Team

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Thursday, September 19, 2024 1:15 PM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>; MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa)

Danaee <PDanaee@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>

Subject: Re: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

Thanks for the confirmation. We appreciate your continued assistance.

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Date: Thursday, September 19, 2024 at 10:12 AM
To: Hakan Kardes <HKardes@ahcusa.com>, CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>, MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

We have received it. We are working on the request.

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Thursday, September 19, 2024 12:52 PM
To: CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: Re: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

Dear CMS Team,
We kindly request confirmation that you have received this reconsideration request. We fully acknowledge the volume of inquiries you handle and sincerely appreciate your thorough and critical review of this matter.
Thank you for your attention and continued partnership.
Sincerely,
Hakan Kardes
Chief Experience Officer
Alignment Health

From: Hakan Kardes <HKardes@ahcusa.com>
Date: Tuesday, September 17, 2024 at 12:56 PM
To: CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>, MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: Re: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

Dear MA & PDP CAHPS Survey Team,

Thank you for providing the data regarding predicted Spanish preference and survey completions. We greatly appreciate your support in helping us identify and address bias to ensure the reliability of our scores.

While we await further response from our survey vendor, the data you've shared strengthens our concerns. Despite a slight year-over-year increase in the percentage of Spanish-speaking CAHPS-eligible members in the files we submitted to our vendor, there has been a significant decline in both predicted Spanish preference rates and Spanish survey completions among survey respondents. For our CA-HMO (H3815) contract, the percentage of completed Spanish surveys dropped from 31% to 20% (a 35% decline), and for the AZ-HMO (H3443) contract, it fell from 24% to 19% (a 21% decline). This clearly illustrates an issue either with the sample or the matching process, which significantly affects the reliability of the results for these contracts. As a health plan, we have limited control over this process. We provide our membership files to our CMS-approved vendor, including addresses and language preferences. However, sample selection is done by CMS, and the CAHPS vendor handles any additional data merging and fulfillment of the surveys per language preference.

To investigate further, we kindly request the percentage of high predicted probability of Spanish preference within the entire CAHPS-eligible population compared to the selected 800-sample. This will help us determine if there is any bias in the sample itself. If no bias is found, it will point to an issue with the matching or fulfillment process.

	2023	**2024**	**Change**
H3443			
# of CAHPS eligible members			
# of CAHPS eligible members with high predicted probability of Spanish preference			
% of high predicted probability of Spanish preference in eligible population			
# of members in the sample	800	800	
# of CAHPS eligible members with high predicted probability of Spanish preference			
% of high predicted probability of Spanish preference in the selected sample			
H3815			

# of CAHPS eligible members			
# of CAHPS eligible members with high predicted probability of Spanish preference			
% of high predicted probability of Spanish preference in eligible population			
# of members in the sample	800	800	
# of CAHPS eligible members with high predicted probability of Spanish preference			
% of high predicted probability of Spanish preference in the selected sample			

Alternatively, we are open to a swift and fair resolution. The data strongly indicates a language mismatch or sampling-bias, which has negatively impacted our CAHPS scores and led to reliability issues. The improvements we've made are evident in our other contracts, where the proportion of Spanish-speaking populations is much smaller.

Given these factors and the inconsistent results for these contracts (H3815 and H3443), we kindly request that CMS suppress the CAHPS results for these contracts and calculate our overall performance without including these scores for RY25. The underrepresentation of the Spanish-speaking population in our CAHPS results has led to significant reliability issues beyond our control. As a collaborative partner to CMS, we would also accept marking only two of the following measures as "Very Low Reliability" for these contracts: Getting Needed Care, Getting Care Quickly, and Care Coordination. These measures show much higher ratings among our Spanish-speaking population and/or involve more complex gating questions, which significantly affect the reliability of the ratings. Although many of our measures were close to the next Star rating cut-points, we believe this might be a fair middle ground. We have never experienced this issue with CMS-administered surveys in the past and understand this might be a one-off problem. Suppressing all of our CAHPS results could raise concerns from other plans about their results too, so we don’t want to add unnecessary burden to CMS. We strive to be a great partner to CMS, and at the same time, we need a resolution for our beneficiaries, provider partners, and stakeholders.

We look forward to your response and appreciate your continued assistance.

Best regards,
Hakan Kardes

From: CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Date: Tuesday, September 17, 2024 at 7:22 AM
To: Hakan Kardes <HKardes@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>, MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

Good morning,

Data on the language primarily spoken at home were not collected until 2024. The table below provides the percentage of respondents with a high (>30%) predicted probability of Spanish preference and the percentage of respondents who answered the survey in Spanish in each year for each contract:

	2023	2024	Change
H3443			
Respondents with high predicted probability of Spanish preference	41%	37%	-4%
Respondents who completed the Spanish language survey	24%	19%	-5%
H3815			
Respondents with high predicted probability of Spanish preference	39%	28%	-11%
Respondents who completed the Spanish language survey	31%	20%	-11%

As you may note, both the percentage of respondents who completed the Spanish language survey and the percentage of respondents likely to prefer Spanish dropped, with the decreases being similar for each contract.

Thank you,

MA & PDP CAHPS Survey Team

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Monday, September 16, 2024 1:53 PM
To: CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: Re: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

Dear MA & PDP CAHPS Survey Team,

Thank you for the detailed response and insights regarding the Spanish-speaking respondents. The completion numbers you provided are much appreciated.

The Spanish completion figures we shared were provided by our survey vendor, and we are currently double-checking with them to ensure accuracy. In the meantime, could you kindly provide the same table of data for last year's CAHPS survey for H3815 and H3443? This would greatly help us understand year-over-year trends and potential discrepancies.

Thank you for your continued support.

Best regards,

Hakan Kardes

From: CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Date: Monday, September 16, 2024 at 10:26 AM
To: Hakan Kardes <HKardes@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>, MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>
Cc: Dawn Maroney <DMaroney@ahcusa.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

Good afternoon,

Please note this is a response to your two related emails.

Although you note that your internal proxy surveys indicate certain results, please keep in mind that non-CAHPS surveys or unofficial implementation of CAHPS surveys may achieve different results due to many factors. CMS's approach to the design and conduct of the MA & PDP CAHPS survey ensures both the comparability of scores across contracts and high reliability of the results. While we understand that your efforts have led to positive reviews and improvements on other patient surveys, we can only comment on the scores for your official MA CAHPS data, which have been verified as accurate and based on a representative sample multiple times by multiple methodological experts.

Regarding the 2024 MA & PDP CAHPS results for contracts H3815 and H3443, we have confirmed that CMS drew a random sample of 800 eligible enrollees for each contract, H3815 and H3443, and the sampled enrollees had the required six months of continuous enrollment in the contract.

The table below provides the percentage of respondents who are reporting speaking primarily Spanish at home and the percentage of respondents who answered the survey in Spanish:

	H3443	H3815

Total count of respondents	303	259
Respondents who speak primarily Spanish at home	69 (23%)	56 (22%)
Respondents who completed the Spanish language survey	58 (19%)	52 (20%)

These validated numbers are somewhat higher than those you report and are consistent with choices made by members for whom both Spanish and English surveys were available.

CMS provides survey vendors with available CMS administrative data on Spanish-language preference available for sampled enrollees: whether the enrollee requested the Medicare & You handbook in Spanish (CMS language preference flag), and an estimate of Spanish preference. As indicated in the 10/26/2023 HPMS Memo "2024 Medicare CAHPS Survey," CMS strongly encourages plans to share their own language preference data with their survey vendors to promote identification of those who need Spanish-language surveys, or to "double stuff" mail packets to include both English- and Spanish- language surveys as that promotes participation by those who need a Spanish-language survey. For the MA&PDP CAHPS survey, CMS requires that at a minimum, Spanish surveys be made available upon request from members in response to bilingual prenotification materials. Please see page 50 of the MA & PDP CAHPS Quality Assurance Protocols & Technical Specifications, Version 14 (PDF) on the MA & PDP CAHPS website which details all the actions plans and survey vendors may employ to promote participation in Spanish.

For 2024 survey administration for contracts, H3815 and H3443, we understand from your survey vendor that your organization elected to use only one of the three potential sources of information about Spanish preference, the CMS Spanish language preference variable (the indicator of having requested Spanish language materials from CMS). In the future you might also consider using one or both of the additional information sources (the predicted Spanish preference that CMS supplies and your own records of members' Spanish preference).

Please note that the language preference flag supplied by CMS does not necessarily identify all of those who might prefer Spanish, as it corresponds to those who have indicated to CMS that they prefer to receive materials in Spanish. Finally, we note that the proportion of members with this flag in the sample is similar to that proportion among all eligibles, consistent with the result of a random sample.

Thank you,

MA & PDP CAHPS Survey Team

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Sunday, September 15, 2024 10:43 AM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>; CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: Re: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

Thank you for the confirmation. I'd like to apologize for the typo in my previous email— the correct H-code for our CA-HMO contract is H3815, not H31815. I appreciate your understanding and continued attention to our request.

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Date: Sunday, September 15, 2024 at 6:22 AM
To: Hakan Kardes <HKardes@ahcusa.com>, MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>, CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Cc: Dawn Maroney <DMaroney@ahcusa.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

Confirming receipt.

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Sunday, September 15, 2024 12:49 AM
To: MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: Re: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

Dear MA & PDP CAHPS Survey Project Team,

Thank you for your prompt response, and we truly appreciate your team's attention to our request. My team and I hold PhDs in data science, and we have thoroughly analyzed the situation. We are confident that there is an issue with the representation of Spanish-speaking members, as illustrated by the significant drop in the percentage of Spanish survey responses, despite the slight increase in the percentage of CAHPS-eligible Spanish-speaking members for both CA-HMO (H31815) and AZ-HMO (H3443).

We believe that this discrepancy may be the result of either a biased sample and/or that some Spanish-speaking members may have received the survey in English. For those who received the survey in English, it is possible that some chose not to respond, while others may have responded but did so in English. Research also shows that non-native English speakers often provide lower scores when responding in English instead of their native language. When we checked with our vendor, they shared that in the CMS sample they received, only 30 members had a Spanish-speaking flag. Based on these, we are confident that our scores have reliability issues and do not accurately represent our true performance for these two contracts.

We have been conducting proxy surveys as part of our ongoing efforts to improve quality and measure our performance. Our internal data has shown consistent results that align with our overall improvements this year, and we are well aware when something doesn't add up. As seen in our other contracts, we have achieved substantial improvements this year: our H4961 contract improved from a 2.42 CAHPS score to 3.64, our H9686 contract improved from 2.61 to 3.33, and our H5296 contract improved from 4.48 to 4.61. Both our CA-HMO (H31815) and AZ-HMO (H3443) contracts are similar to CA-PPO (H4961) and NV-HMO (H9686) in terms of provider network setup, member experience, and member demographics. Our members are very satisfied with our services, as evidenced by our improved Google rating of 4.9 Stars. You can view thousands of positive reviews here (https://g.co/kgs/m6xCXjT).

The potential bias in our sample or language preference issue has had a significant negative impact on our scores for the CA-HMO (H31815) and AZ-HMO (H3443) contracts. We sincerely appreciate your thorough assessment of this matter and your assistance in resolving this issue.

This matter significantly impacts our performance and, without remediation, unfairly penalizes us despite all our efforts. Moreover, It will also provide unreliable data points to our existing members and prospective members. We have always strived to be an excellent partner to CMS, committed to compliance and delivering high-quality care and experiences to our beneficiaries. We would deeply appreciate your efforts to resolve this matter.

Please let us know if any further information or documentation is required.

Thank you again for your support.

Best regards,
Hakan Kardes
Chief Experience Officer

Alignment Health

From: MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>
Date: Friday, September 13, 2024 at 3:19 PM
To: Hakan Kardes <HKardes@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>, CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Cc: Dawn Maroney <DMaroney@ahcusa.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, CMS PartC&DStarRatings

<PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

Dear Hakan Kardes:

Thank you for your request, which is under review. A response will be provided as soon as possible.

M r r

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6 2 241 5 M
M
d rg

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Friday, September 13, 2024 2:11 PM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>; CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: Re: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

You don't often get email from hkardes@ahcusa.com. Learn why this is important

Thanks for the confirmation and including the CAHPS mailbox.

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Date: Friday, September 13, 2024 at 2:03 PM
To: Hakan Kardes <HKardes@ahcusa.com>, MA-PDPCAHPS@hsag.com <MA-PDPCAHPS@hsag.com>, CMS MP-CAHPS <MP-CAHPS@cms.hhs.gov>
Cc: Dawn Maroney <DMaroney@ahcusa.com>, Cynthia Lynch <CLynch@ahcusa.com>, Padideh (Medisa) Danaee <PDanaee@ahcusa.com>, CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

Resending with the CAHPS mailbox included.

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Sent: Friday, September 13, 2024 5:02 PM
To: Hakan Kardes <HKardes@ahcusa.com>; MA-PDPCAHPS@hsag.com
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

Confirming receipt and including the CMS CAHPS mailbox on this email.

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Friday, September 13, 2024 5:00 PM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>; MA-PDPCAHPS@hsag.com
Cc: Dawn Maroney <DMaroney@ahcusa.com>; Cynthia Lynch <CLynch@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>
Subject: Plan Preview 2: CAHPS Results Dispute for H31815 and H3443 Contracts

Dear CMS Partners,

I hope this message finds you well. We are formally disputing the CAHPS results for our CA-HMO (H31815) and AZ-HMO (H3443) contracts, as the outcomes contradict the significant improvements we've implemented and the results from our internal proxy surveys. Over the past year, we have made substantial investments in member experience, in-sourcing all customer service operations and hiring more than 300 local member services agents across our markets. Additionally, we established a 24/7 Virtual Care Center staffed by Alignment-employed clinicians to provide immediate care. We also re-engineered our ACCESS On-demand Concierge Card, which led to increased member satisfaction in using their OTC, grocery, dental, vision, acupuncture, and gas/utilities benefits. These initiatives have driven reductions in disenrollments, improvements in CTMs, enhanced proxy CAHPS surveys, and overall growth in all markets.

While our CA-PPO (H4961), NC-HMO (H5296), and NV-HMO (H9686) contracts showed significant CAHPS score improvements consistent with our improvements and proxy surveys, we were surprised by the CAHPS outcomes for CA-HMO (H31815) and AZ-HMO (H3443). Our internal surveys consistently show high satisfaction, particularly among our Spanish-speaking members, with at least 10% higher satisfaction rates compared to English-speaking members. The results were particularly surprising because these two contracts have the highest number of Spanish-speaking members. So, we have done a thorough analysis to investigate our results for these contracts. We believe the CAHPS results for these contracts reflect sampling bias or language mismatches, as many Spanish-speaking members may not have received the Spanish version of the survey, despite this being their preferred language.

The following chart shows our year-over-year Spanish-speaking CAHPS-eligible population, which has slightly increased year over year:

<image001.png>

Despite this slight increase, Spanish survey responses dropped significantly this year:

<image002.png>

1. **CA-HM** : Spanish responses dropped from 31% of overall responses in 2023 to 18% in 2024.
2. **A -HM** : Spanish responses dropped from 24% of overall responses in 2023 to 16% in 2024.

After reviewing these results with our survey vendor, we learned that CMS's sample file contained only about 30 members with Spanish as the preferred language in our CA-HMO (H3815), which suggests either there were sampling issues, or many Spanish-speaking members may not have received the Spanish version of the survey. Please note that as a health plan, we have limited control on this process. We provide our membership files to our vendor along with addresses and language preferences. However, sample selection is done by CMS, and any additional data merging is performed by the CAHPS vendor. We understand that the CAHPS vendor also has limitations for matching, given that MBI is not included in the CAHPS files.

e uest for e ie :

Given the potential underrepresentation of our Spanish-speaking members, we respectfully request a review of the CAHPS samples for both contracts. Our data strongly indicates that a language mismatch or under-sampling had a significant negative impact on our CAHPS scores. Please note that many of our measures were close to the cut-points. We strongly believe that this unexpectedly low performance can be attributed to the aforementioned potential sampling issues. Considering these factors and the highly inconsistent results, we kindly request that CMS conduct a thorough examination of our samples or suppress the CAHPS results for these contracts. If these issues are confirmed, we respectfully ask CMS to calculate our overall performance without including the CAHPS ratings for RY25, as the current CAHPS results for these contracts do not accurately represent our true performance.

We look forward to your feedback on this matter and appreciate your attention to our request.

Thank you for your continued support.

Best regards,

Hakan Kardes

Chief Experience Officer

Alignment Health

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DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850

CENTER FOR MEDICARE

DATE: October 26, 2023

TO: Medicare Advantage, 1876 Cost Contracts, Medicare-Medicaid Plans, and Prescription Drug Plan Quality Contacts and Medicare Compliance Officers

FROM: Vanessa S. Duran
Acting Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: 2024 Medicare CAHPS® Survey

CMS would like to remind all Medicare Advantage Organizations (MAOs), 1876 Cost Contracts, Medicare-Medicaid Plans (MMPs), and Part D sponsors about the 2024 Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey, the procedures for requesting additional sample (referred to as oversampling), and the rules regarding the number of supplemental items. This memo also includes information on administering the survey in other languages (Spanish, Chinese, Vietnamese, Korean, Tagalog) as well as the timeline and process for receipt of official CMS survey results.

Vendors
MAOs, 1876 Cost Contracts, MMPs, and Part D sponsors will be required to contract for the 2024 survey administration with an approved Medicare Advantage (MA) and Prescription Drug Plan (PDP) CAHPS Survey vendor to collect the CAHPS data on their behalf. Specifically, sponsors with 600 or more enrollees as of July 1, 2023 are required to contract with CMS-approved MA & PDP CAHPS Survey vendors to conduct data collection. CMS provides information at the end of this memo about things to consider when selecting a survey vendor.

Authorizing a Vendor
Medicare Compliance Officers will use the web-based Survey Vendor Authorization and Oversample Request tool to authorize a CMS-approved vendor. The web-based tool will be available as of November 9, 2023. An email containing instructions for accessing the web-based tool will be sent to Medicare Compliance Officers. Compliance Officers who access the tool will be presented with a list of their contracts required to authorize a CAHPS vendor for 2024 survey administration, and will have the option of formally designating someone to act on their behalf. For Compliance Officers with multiple contracts, the tool will allow vendor authorization for each contract individually or all contracts as a group.

If you have questions about the Survey Vendor Authorization and Oversample Request tool you may contact the MA & PDP CAHPS Data Coordination Team via email at mapdpcahps@rand.org or toll-free at 1-866-690-1650. **Sponsors must inform CMS of the vendor that will be submitting data on their behalf no later than November 30, 2023**. CMS approves vendors for a fixed, one-year term. A list of vendors approved for 2024 survey administration can be found on the MA & PDP CAHPS website at https://ma-pdpcahps.org/en/approved-survey-vendor-list/.

Oversampling
The standard sample size for contracts is the same as in previous years:

- 800 for all MAOs (including all coordinated care plans, PFFS, MSA contracts), Section 1876 Cost Contracts even if closed for enrollment, Employer/union only contracts, and Medicare-Medicaid Plans
- 1,500 for PDPs, including Employer/union only contracts

Beneficiaries enrolled in I-SNPs are excluded from sampling.

CMS will continue to allow oversampling for the 2024 survey administration. All contracts required to conduct the survey will have the option of surveying a sample of enrollees that is larger than the required sample size. **Interested contracts must make a formal request for an increased sample no later than November 30, 2023.** The request should be made via the web-based Survey Vendor Authorization and Oversample Request tool. Note that the due date for oversample requests is the same as the due date for vendor authorization. In making the request Medicare Compliance Officers (or their designees) will be prompted to:

- Select the contract number for which increased sample is being requested (the standard sample size for each contract will be displayed)
- Enter the amount of oversample being requested
- Review the total sample being requested (standard sample plus oversample amount)

Supplemental Items
CMS continues to limit the number of supplemental items a contract may add to the MA & PDP CAHPS Survey instruments to a maximum of 12 questions. The purpose of limiting the number of supplemental items is to assure the highest possible response rate to the MA & PDP CAHPS Survey.

CMS reviews and approves all supplemental items, and items that were approved for 2023 survey administration are considered automatically approved for use – without changes – in 2024. Items denied for 2023 survey administration may not be resubmitted unless they have been revised to conform to CMS guidance for supplemental items. CMS approval guidelines prohibit use of supplemental items that:

- May affect responses to existing MA & PDP CAHPS Survey items
- Ask why a respondent selected a particular response option
- Do not focus on consumer experience with health care
- Contain content similar to existing MA & PDP CAHPS Survey items
- Contain content similar to other CMS surveys (e.g., HOS)
- Reference Star Ratings (in the item text or response options)
- Ask the survey respondent to identify a reason health care services may not have been received
- Ask about future intentions for plan membership
- Use the phrase “In the last 12 months”
- Contain more than 5 response options
- Are complex, multi-part questions
- Ask for opinions about written communication from the plan
- Ask about the need for training for plan staff or providers
- Collect information that could be used to identify an enrollee (either directly or through inference)

- May cause termination of the survey due to sensitivity of topic

Resources for supplemental items and detailed examples of supplemental items that do not meet CMS approval guidelines can be found in Appendix P of the MA & PDP CAHPS Survey Quality Assurance Protocols & Technical Specifications V14.0 available at https://ma-pdpcahps.org/en/quality-assurance/.

Note that all MMPs participating in 2024 MA & PDP CAHPS are required to field a common set of 10 supplemental items. These supplemental items are required by CMS as part of an evaluation of the state dual eligible demonstrations. Additional items may be required for MMPs in other states.

Please direct any questions about supplemental items or any other aspect of survey administration to the MA & PDP CAHPS Project Team via email at MA-PDPCAHPS@hsag.com or by phone at the following toll-free number: 1-877-735-8882.

Administering the Survey in Other Languages
CMS provides survey materials in Spanish, Chinese, Vietnamese, Korean, and Tagalog. The Chinese translation has been tested with and is suitable for speakers of both Cantonese and Mandarin. If contract members require materials in Spanish, Chinese, Vietnamese, Korean, or Tagalog, contracts can promote member participation in the survey by:

- Asking their vendor to "double stuff" mail survey packets with an English-language survey and a Spanish, Chinese, Vietnamese, Korean, or Tagalog-language survey, OR
- Providing their vendor with language preference data for enrollees and asking their vendor to use those data to mail Spanish, Chinese, Vietnamese, Korean, or Tagalog-language surveys to members who prefer Spanish, Chinese, Vietnamese, Korean, or Tagalog.

Using one of these approaches will increase survey response among contract members who prefer to answer the survey in a language other than English, compared to offering a mail survey translation upon request. Information on the Asian language translations of MA & PDP CAHPS can be found on the MA & PDP CAHPS Survey website at https://ma-pdpcahps.org/en/webcasts-and-educational-resources/.

Administering the Survey by Web
Beginning in 2024, web administration will be added to the MA & PDP CAHPS Survey procedures resulting in a web-mail-phone protocol. Contracts are encouraged to provide their MA & PDP CAHPS survey vendor with email addresses for all enrollees to support email delivery of web survey invitations to enrollees sampled for the 2024 survey. Enrollees without an available email address will receive the web survey invitation in a letter. Detailed information on the 2024 survey administration procedures can be found in the MA & PDP CAHPS Survey Quality Assurance Protocols & Technical Specifications V14.0 available at https://ma-pdpcahps.org/en/quality-assurance/.

Reports
Contracts participating in the 2024 survey administration will receive official reports of survey results from CMS. The anticipated delivery date for the preview report is August 2024, and the anticipated delivery date for the full plan report is October 2024. The preview version and the full plan report will be emailed to the contract's Medicare Compliance Officer listed in HPMS. Contracts are reminded to review and update their contact information in HPMS. Any questions about preview or final reports should be directed to CMS via email at MP-CAHPS@cms.hhs.gov.

Contracts are reminded that any results they receive from their vendor may differ from CMS results and are not to be considered official. Discrepancies may be due to factors such as vendor misapplication of forward-cleaning rules, vendor top-box scoring rather than linear mean scoring, misapplication of case-mix adjustment, and vendor errors in the determination of eligible surveys.

04.B H3815_Casemix_CAHPS_2024
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Contract	Sponsor	Predictor	Category	National	H3815	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.077872			-0.006074		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.179175	0.214634	0.035459	-0.013623	-0.000483	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.248507	0.302439	0.053932		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222699	0.190244	-0.032456	-0.004855	0.000158	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.153716	0.165854	0.012137	-0.013277	-0.000161	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.118030			-0.010573		X
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.053270	0.154107	0.100837	-0.037549	-0.003786	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.073535	0.091787	0.018252	-0.009141	-0.000167	
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.308543	0.211150	-0.097393		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.288263	0.307218	0.018955	-0.004797	-0.000091	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.128953	0.107417	-0.021536	-0.016438	0.000354	
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.147437	0.128323	-0.019114	0.001654	-0.000032	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057780			0.012246		X
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.267377	0.235498	-0.031879	0.015388	-0.000491	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.400374	0.382251	-0.018123		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.229523	0.290215	0.060691	-0.034644	-0.002103	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.044946			-0.052066		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.221873	0.190302	-0.031571	0.085238	-0.002691	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.324968	0.304820	-0.020148	0.044991	-0.000906	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.299969	0.404510	0.104541		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.130684			-0.029950		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022505			-0.056365		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.071636	0.090743	0.019107	0.000427	0.000008	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.033232			0.037464		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.214697	0.219512	0.004815	-0.021892	-0.000105	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025223			-0.009843		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002469	0.000000	-0.002469	-0.147644	0.000365	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.007172	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.239066	

[1]S - cell is suppressed per the requirement to suppress cells with counts of 1-10 observations.

X - cell is suppressed to prevent the exact inference of another cell with counts of 1-10 observations, per the requirements to prevent exact inference of such cells.

Contract	Sponsor	Predictor	Category	National	H3815	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.079197			0.042542		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.176280	0.207254	0.030974	0.014919	0.000462	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.247298	0.295337	0.048039		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.223616	0.191710	-0.031906	-0.055516	0.001771	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.154503	0.165803	0.011300	-0.108294	-0.001224	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.119107			-0.163453		X
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.053212	0.152501	0.099289	-0.016763	-0.001664	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.073770	0.097071	0.023301	0.024866	0.000579	
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.310441	0.212731	-0.097710		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.288466	0.319594	0.031128	-0.000764	-0.000024	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.127325	0.103204	-0.024121	-0.075298	0.001816	
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.146786	0.114899	-0.031887	-0.062517	0.001994	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.052450			0.077474		X
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.262591	0.222923	-0.039668	0.046772	-0.001855	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.404899	0.388539	-0.016360		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.234075	0.296460	0.062386	-0.050124	-0.003127	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045986			-0.134132		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.218229	0.181409	-0.036820	0.161404	-0.005943	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.323318	0.297866	-0.025452	0.078824	-0.002006	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.302620	0.419298	0.116679		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.133066			-0.023194		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022767			-0.106622		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.072510	0.100526	0.028016	0.102971	0.002885	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.033359			0.099226		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.214698	0.222798	0.008100	0.022407	0.000181	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025245			0.054827		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002346	0.000000	-0.002346	-0.260929	0.000612	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.001606	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.053537	

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Contract	Sponsor	Predictor	Category	National	H3815	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.078253			0.035614		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.179214	0.211111	0.031898	-0.025924	-0.000827	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.252544	0.311111	0.058567		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222986	0.200000	-0.022986	-0.008041	0.000185	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.152646	0.166667	0.014020	-0.009006	-0.000126	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.114358			-0.013312		X
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.054276	0.153288	0.099012	-0.030778	-0.003047	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.074583	0.098980	0.024397	0.014691	0.000358	
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.305783	0.201587	-0.104195		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.288230	0.299887	0.011657	-0.025244	-0.000294	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.128575	0.122336	-0.006240	-0.030983	0.000193	
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.148554	0.123923	-0.024631	-0.030219	0.000744	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.056748			0.079176		X
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.263079	0.233467	-0.029612	0.046877	-0.001388	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.402504	0.388822	-0.013682		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.232074	0.284538	0.052464	-0.073434	-0.003853	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045595			-0.128994		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.221826	0.182275	-0.039551	0.150209	-0.005941	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.323802	0.312169	-0.011633	0.079056	-0.000920	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.300142	0.408554	0.108411		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.131988			-0.020578		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022241			-0.095363		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.071961	0.087238	0.015277	-0.013734	-0.000210	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032439			0.000795		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.216713	0.227778	0.011065	-0.019924	-0.000220	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025264			-0.013913		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002557	0.000000	-0.002557	0.149466	-0.000382	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.012213	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.407099	

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Contract	Sponsor	Predictor	Category	National	H3815	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.102423			-0.040377		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.179641	0.214286	0.034645	-0.025150	-0.000871	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.246320	0.257143	0.010823		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.216087	0.242857	0.026770	-0.010234	-0.000274	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.141445			-0.005122		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.114084			-0.026622		S
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.071085	0.237668	0.166582	-0.024633	-0.004103	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.073660			-0.001022		S
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.287760	0.198776	-0.088984		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.288621	0.217026	-0.071595	-0.050956	0.003648	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.125473			-0.037932		S
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.153402	0.150321	-0.003081	-0.073762	0.000227	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.041260			0.038475		S
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.203141			0.000903		X
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.385592	0.373150	-0.012442		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.299933	0.354733	0.054800	-0.049196	-0.002696	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.070073			-0.088051		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.181815			0.098561		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.289889	0.228571	-0.061317	0.007139	-0.000438	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.314501	0.414286	0.099785		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.177072	0.157143	-0.019929	-0.056397	0.001124	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.036723			-0.141884		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.091590			0.016521		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.043434			0.037858		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.272524	0.314286	0.041761	-0.009988	-0.000417	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.029054			-0.046359		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.004494	0.000000	-0.004494	0.107154	-0.000482	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.002024	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.101183	

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Contract	Sponsor	Predictor	Category	National	H3815	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.077097			-0.004051		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.176138	0.236486	0.060349	-0.017010	-0.001027	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.247490	0.270270	0.022781		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.227141	0.182432	-0.044709	-0.021801	0.000975	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.157231	0.195946	0.038715	-0.031297	-0.001212	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.114903			-0.006301		X
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.047664	0.160783	0.113119	0.027100	0.003066	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.064260			-0.024410		S
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.291790	0.203668	-0.088122		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.300170	0.327634	0.027463	-0.047650	-0.001309	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.134620			-0.110353		X
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.161495	0.146304	-0.015191	-0.088945	0.001351	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.050991			-0.002509		S
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.253909	0.214669	-0.039239	0.007994	-0.000314	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.403508	0.402800	-0.000708		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.241055	0.283377	0.042322	0.000264	0.000011	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.050538			-0.027533		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.219945	0.214929	-0.005016	0.176753	-0.000887	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.325219	0.278314	-0.046905	0.078680	-0.003690	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.297439	0.388782	0.091343		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.135855			-0.068651		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.021542			-0.230525		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068976	0.097987	0.029011	0.021593	0.000626	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031506			-0.001006		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.202004	0.216216	0.014212	0.076578	0.001088	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.023498			0.020418		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002202	0.000000	-0.002202	-0.079373	0.000175	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						0.006301	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						0.210026	

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Contract	Sponsor	Predictor	Category	National	H3815	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.092895			-0.043303		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.190315	0.198529	0.008214	-0.028258	-0.000232	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.252240	0.301471	0.049231		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.214669	0.205882	-0.008787	-0.009088	0.000080	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.140419	0.183824	0.043404	0.000270	0.000012	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.109462			0.004544		S
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.066296	0.169958	0.103662	-0.068780	-0.007130	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.085462	0.107143	0.021680	-0.023062	-0.000500	
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.301152	0.217647	-0.083505		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.284311	0.280042	-0.004269	-0.076520	0.000327	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.124104	0.100840	-0.023263	-0.106038	0.002467	
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.138675	0.124370	-0.014305	-0.147872	0.002115	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057221			0.087005		S
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.243672	0.233611	-0.010061	0.037574	-0.000378	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.388454	0.372165	-0.016289		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.256853	0.301028	0.044174	-0.043663	-0.001929	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.053800			-0.027616		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.208699	0.183911	-0.024788	0.124168	-0.003078	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.305981	0.312412	0.006431	0.055090	0.000354	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.303942	0.352387	0.048445		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.152940			-0.028612		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.028438			-0.117183		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.074646	0.113247	0.038601	0.015990	0.000617	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032672			0.026849		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.287844	0.286765	-0.001079	0.064943	-0.000070	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.027302			0.024231		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.003231	0.000000	-0.003231	-0.059615	0.000193	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.002069	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.068962	

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H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.092361			-0.018615		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.189977	0.201439	0.011462	-0.022335	-0.000256	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.251076	0.294964	0.043888		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.215106	0.201439	-0.013667	0.003167	-0.000043	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.141282	0.194245	0.052963	-0.005182	-0.000274	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.110197			0.007751		S
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.066994	0.173484	0.106491	-0.020080	-0.002138	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.085997	0.104830	0.018833	-0.019524	-0.000368	
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.301881	0.227338	-0.074543		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.283340	0.273998	-0.009342	-0.035270	0.000330	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.123243	0.098664	-0.024579	-0.036343	0.000893	
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.138544	0.121686	-0.016859	-0.042457	0.000716	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057455			0.022274		S
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.243960	0.235763	-0.008196	-0.005334	0.000044	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.387583	0.371327	-0.016256		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.257317	0.301725	0.044408	-0.017079	-0.000758	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.053686			0.008667		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.209063	0.179942	-0.029122	0.101933	-0.002968	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.305622	0.312864	0.007242	0.064808	0.000469	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.304474	0.351976	0.047501		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.152895			0.001233		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.027945			-0.108087		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.074350	0.117997	0.043647	0.002267	0.000099	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032552			0.028737		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.288898	0.294964	0.006066	0.027754	0.000168	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.027408			0.042577		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.003255	0.000000	-0.003255	-0.166627	0.000542	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.002420	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.080672	

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H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.075993			0.006684		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.183568	0.198347	0.014779	0.003914	0.000058	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.250696	0.305785	0.055089		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222582	0.202479	-0.020102	-0.012607	0.000253	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.149788	0.161157	0.011369	-0.019080	-0.000217	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.117373			-0.023892		X
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.055910	0.152522	0.096612	-0.023517	-0.002272	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.074734	0.078428	0.003694	-0.008992	-0.000033	
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.312956	0.234475	-0.078481		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.283871	0.299899	0.016028	-0.019646	-0.000315	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.127830	0.100101	-0.027729	-0.018421	0.000511	
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.144700	0.134576	-0.010124	-0.039660	0.000402	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.067088			0.025940		X
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.277749	0.252166	-0.025584	0.013402	-0.000343	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.394552	0.367719	-0.026834		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.217764	0.277756	0.059992	-0.040168	-0.002410	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.042846			-0.041289		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.226275	0.203365	-0.022910	0.050851	-0.001165	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.328826	0.296635	-0.032191	0.020459	-0.000659	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.295087	0.381444	0.086358		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.127539			-0.036132		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022273			-0.070309		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068777	0.101248	0.032471	-0.030438	-0.000988	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031941			0.012409		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.214150	0.219008	0.004858	-0.044312	-0.000215	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.024646			-0.017965		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002484	0.000000	-0.002484	-0.061342	0.000152	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.005430	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.181002	

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Contract	Sponsor	Predictor	Category	National	H3815	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.093503			0.005166		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.173666	0.150685	-0.022981	0.044753	-0.001028	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.234313	0.260274	0.025961		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.218746	0.205479	-0.013267	0.028526	-0.000378	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.154098	0.191781	0.037683	0.062790	0.002366	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.125674			0.072369		S
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.053832			0.070341		S
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.080387			0.018716		S
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.304011	0.275930	-0.028082		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.296215	0.321778	0.025563	-0.026901	-0.000688	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.122802			-0.004157		S
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.142753	0.145932	0.003180	-0.073505	-0.000234	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.040077			0.051179		S
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.205018			0.037709		X
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.387541	0.421192	0.033650		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.290211	0.254167	-0.036044	-0.080825	0.002913	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.077152			-0.108908		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.189754			0.098437		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.297922	0.350620	0.052698	0.058557	0.003086	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.309907	0.353012	0.043104		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.167069			-0.034143		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.035348			-0.237357		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.077321			0.019447		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.038470			0.157062		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.242188	0.246575	0.004387	0.012005	0.000053	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.027113	0.000000	-0.027113	0.016612	-0.000450	
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002650	0.000000	-0.002650	-0.106902	0.000283	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						0.019583	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						0.652764	

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Contract	Sponsor	Predictor	Category	National	H3815	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.079677			0.017681		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.183527	0.216374	0.032848	-0.003451	-0.000113	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.253059	0.298246	0.045187		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.223473	0.210526	-0.012946	0.011455	-0.000148	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.148190	0.146199	-0.001991	0.030129	-0.000060	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.112075			0.041176		X
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.050341	0.136102	0.085761	-0.038988	-0.003344	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.067722	0.079842	0.012120	-0.015984	-0.000194	
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.291251	0.244612	-0.046640		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.294858	0.306337	0.011480	-0.046936	-0.000539	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.137132	0.110037	-0.027095	-0.051661	0.001400	
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.158696	0.123070	-0.035627	-0.085738	0.003055	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.058850			0.060365		S
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.272670	0.267667	-0.005002	0.034805	-0.000174	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.396415	0.342775	-0.053640		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.226127	0.297893	0.071767	-0.049593	-0.003559	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045939			-0.072507		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.224422	0.180173	-0.044249	0.144678	-0.006402	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.326317	0.322751	-0.003566	0.066536	-0.000237	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.295399	0.365729	0.070330		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.130701			-0.027751		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.023161			-0.158435		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068780	0.067850	-0.000929	0.027314	-0.000025	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.033084			0.058947		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.206609	0.233918	0.027309	0.027697	0.000756	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.024175			-0.011617		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002807	0.000000	-0.002807	-0.264277	0.000742	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.010159	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.338636	

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Contract	Sponsor	Predictor	Category	National	H3815	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.076232			-0.014982		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.181361	0.210526	0.029165	-0.015742	-0.000459	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.249933	0.295547	0.045614		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222510	0.190283	-0.032226	0.020674	-0.000666	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.150939	0.174089	0.023151	-0.000482	-0.000011	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.119026			0.022440		X
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.056540	0.158176	0.101636	-0.040168	-0.004082	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.076968	0.077171	0.000203	0.006496	0.000001	
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.314484	0.230654	-0.083830		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.282713	0.299083	0.016370	-0.053550	-0.000877	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.126538	0.102537	-0.024001	-0.055216	0.001325	
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.142757	0.132380	-0.010377	-0.084404	0.000876	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.065305			0.048035		X
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.275135	0.253158	-0.021977	0.059609	-0.001310	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.394737	0.371397	-0.023341		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.220950	0.282474	0.061524	-0.066934	-0.004118	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.043872			-0.116813		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.224940	0.204116	-0.020824	0.175390	-0.003652	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.326886	0.295884	-0.031002	0.093263	-0.002891	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.296286	0.383378	0.087092		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.129473			-0.054681		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022415			-0.128700		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.069106	0.101231	0.032125	0.003916	0.000126	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032198			0.057428		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.218098	0.230769	0.012671	0.010680	0.000135	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025606			0.013595		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002462	0.000000	-0.002462	0.045533	-0.000112	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.012162	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.405390	

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H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.076411			0.057616		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.176845	0.220930	0.044085	-0.025099	-0.001107	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.247111	0.267442	0.020330		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.227123	0.186047	-0.041076	0.004302	-0.000177	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.156913	0.203488	0.046575	0.008263	0.000385	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.115597			0.036364		X
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.047747	0.158567	0.110820	0.013616	0.001509	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.065189			-0.011853		S
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.292239	0.237375	-0.054863		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.297909	0.316184	0.018275	-0.066107	-0.001208	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.136580			-0.092131		X
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.160337	0.128168	-0.032169	-0.158786	0.005108	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.054479			0.139179		S
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.257674	0.219599	-0.038074	0.081562	-0.003105	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.401360	0.387293	-0.014066		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.237103	0.296161	0.059059	-0.061152	-0.003612	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.049384			-0.076166		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.222281	0.190753	-0.031528	0.177234	-0.005588	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.325037	0.274363	-0.050674	0.094339	-0.004781	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.296803	0.398487	0.101683		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.133777			-0.063006		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022102			-0.161834		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.066557	0.096526	0.029968	-0.008365	-0.000251	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031120			0.010385		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.200657	0.220930	0.020273	0.007534	0.000153	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.023146			-0.022591		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002395	0.000000	-0.002395	-0.014488	0.000035	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.009574	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.319149	

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H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.080630			-0.075632		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.180493	0.208333	0.027840	-0.043745	-0.001218	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.248628	0.283333	0.034705		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.220786	0.200000	-0.020786	0.003222	-0.000067	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.150984	0.175000	0.024016	0.019704	0.000473	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.118479			0.015765		X
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.060435	0.154456	0.094021	-0.051758	-0.004866	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.080714	0.083588	0.002874	0.000337	0.000001	
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.316797	0.229048	-0.087749		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.282362	0.303639	0.021278	-0.036569	-0.000778	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.124252	0.097194	-0.027059	-0.040479	0.001095	
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.135441	0.132075	-0.003366	-0.063800	0.000215	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.059385			0.019951		X
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.265838	0.237550	-0.028288	0.052965	-0.001498	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.398596	0.385392	-0.013205		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.230546	0.283785	0.053239	-0.061072	-0.003251	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045634			-0.091281		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.218488	0.188343	-0.030144	0.085595	-0.002580	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.324739	0.301240	-0.023499	0.054407	-0.001279	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.299187	0.393271	0.094083		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.134277			-0.029937		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.023309			-0.116450		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.072453	0.107513	0.035060	0.003552	0.000125	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032793			0.033114		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.232524	0.229167	-0.003357	0.057140	-0.000192	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.027316			0.048718		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002755	0.000000	-0.002755	-0.058218	0.000160	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.007691	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.256363	

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H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.080830			-0.036051		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.181057	0.220657	0.039600	-0.017776	-0.000704	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.250094	0.276995	0.026901		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.221992	0.192488	-0.029504	0.006929	-0.000204	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.150368	0.183099	0.032730	0.001450	0.000047	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.115658			-0.008348		X
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.052799	0.124097	0.071298	-0.047679	-0.003399	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.076607	0.087956	0.011350	0.003325	0.000038	
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.314274	0.216231	-0.098043		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.287896	0.322449	0.034553	-0.039991	-0.001382	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.128142	0.102903	-0.025239	-0.057914	0.001462	
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.140283	0.146364	0.006081	-0.078428	-0.000477	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057541			0.062051		X
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.267387	0.239493	-0.027893	0.056967	-0.001589	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.400943	0.391990	-0.008952		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.228208	0.272810	0.044601	-0.054833	-0.002446	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045921			-0.067566		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.221433	0.198133	-0.023299	0.086187	-0.002008	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.327468	0.297172	-0.030296	0.053238	-0.001613	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.297602	0.382089	0.084486		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.130624			-0.043771		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022872			-0.100109		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.069238	0.101891	0.032653	0.011718	0.000383	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031778			0.002963		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.219421	0.206573	-0.012848	0.022312	-0.000287	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.026772			-0.013860		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002741	0.000000	-0.002741	-0.001486	0.000004	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.007307	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.243560	

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Contract	Sponsor	Predictor	Category	National	H3815	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.078223			-0.041212		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.183536	0.213483	0.029947	0.001448	0.000043	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.254638	0.292135	0.037497		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.225466	0.202247	-0.023218	0.012133	-0.000282	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.148350	0.151685	0.003335	0.005173	0.000017	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.109787			-0.008455		X
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.045631	0.096148	0.050516	-0.060116	-0.003037	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.063700	0.076244	0.012544	-0.052094	-0.000653	
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.295515	0.216854	-0.078661		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.296734	0.354414	0.057681	0.002631	0.000152	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.137295	0.110754	-0.026541	0.003013	-0.000080	
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.161125	0.145586	-0.015539	-0.008107	0.000126	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057703			0.117365		S
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.275496	0.283809	0.008313	0.088196	0.000733	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.398858	0.366522	-0.032336		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.222523	0.256532	0.034009	-0.093994	-0.003197	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045420			-0.114572		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.224570	0.179842	-0.044728	0.141879	-0.006346	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.331365	0.311731	-0.019634	0.048900	-0.000960	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.293365	0.387217	0.093852		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.128154			-0.028255		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022547			-0.035636		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.067693	0.086526	0.018833	-0.102066	-0.001922	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031546			-0.057560		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.198001	0.179775	-0.018226	-0.004125	0.000075	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.023491			-0.072702		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002188	0.000000	-0.002188	-0.164118	0.000359	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.012204	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.406794	

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This item is no longer part of the Getting Appointments and Care Quickly composite measure.

Contract	Sponsor	Predictor	Category	National	H3815	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.075993			-0.068276		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.180671	0.211155	0.030484	-0.066866	-0.002038	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.249273	0.290837	0.041563		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222283	0.199203	-0.023080	0.031055	-0.000717	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.151683	0.167331	0.015648	0.034744	0.000544	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.120096			0.000631		X
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.056589	0.155655	0.099066	0.060706	0.006014	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.077226	0.075941	-0.001284	0.013147	-0.000017	
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.315588	0.230962	-0.084626		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.282427	0.302285	0.019858	-0.132482	-0.002631	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.126346	0.104887	-0.021459	-0.172886	0.003710	
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.141825	0.130271	-0.011554	-0.250930	0.002899	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.065709			0.333856		X
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.275023	0.257092	-0.017931	0.194923	-0.003495	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.395155	0.369462	-0.025693		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.220751	0.277972	0.057221	-0.252866	-0.014469	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.043362			-0.577438		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.224693	0.204847	-0.019846	0.505265	-0.010028	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.327454	0.299137	-0.028318	0.254550	-0.007208	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.296792	0.381253	0.084460		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.128801			-0.132011		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022258			-0.461045		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068829	0.095634	0.026805	-0.100814	-0.002702	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032165			0.108934		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.217531	0.227092	0.009560	0.029709	0.000284	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025444			0.058129		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002432	0.000000	-0.002432	0.358612	-0.000872	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.013236	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.132361	

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Contract	Sponsor	Predictor	Category	National	H3815	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.080037			-0.174480		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.183468	0.212245	0.028776	-0.112618	-0.003241	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.250256	0.285714	0.035458		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.220490	0.204082	-0.016409	0.081178	-0.001332	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.149430	0.163265	0.013835	0.152910	0.002116	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.116319			0.169308		X
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.060081	0.158167	0.098086	-0.003033	-0.000297	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.080859	0.077135	-0.003724	0.042783	-0.000159	
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.315769	0.234752	-0.081017		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.282137	0.299092	0.016955	-0.208372	-0.003533	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.125826	0.094377	-0.031449	-0.331318	0.010420	
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.135328	0.136476	0.001149	-0.421296	-0.000484	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.064924			0.276559		X
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.270018	0.252078	-0.017941	0.165075	-0.002962	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.394539	0.376002	-0.018537		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.226130	0.272781	0.046651	-0.181553	-0.008470	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.044388			-0.396043		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.223555	0.204908	-0.018647	0.308287	-0.005749	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.324420	0.282847	-0.041573	0.153810	-0.006394	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.296845	0.393408	0.096563		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.132145			-0.027309		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.023035			-0.323601		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.070480	0.100828	0.030348	-0.056715	-0.001721	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032668			-0.063287		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.231927	0.224490	-0.007437	0.529641	-0.003939	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.026954			0.375115		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002645	0.000000	-0.002645	-0.340272	0.000900	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.008447	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.084468	

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Contract	Sponsor	Predictor	Category	National	H3815	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3815	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.075544			-0.096883		S
H3815	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.181670	0.211382	0.029712	-0.075412	-0.002241	
H3815	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.250066	0.300813	0.050747		0	
H3815	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222122	0.195122	-0.027000	0.051122	-0.001380	
H3815	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.150661	0.162602	0.011941	0.080374	0.000960	
H3815	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.119938			0.093378		X
H3815	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.057020	0.154107	0.097086	0.127626	0.012391	
H3815	Alignment Healthcare USA, LLC	Education	Some high school	0.076762	0.081218	0.004456	0.033964	0.000151	
H3815	Alignment Healthcare USA, LLC	Education	High school graduate	0.314781	0.238792	-0.075989		0	
H3815	Alignment Healthcare USA, LLC	Education	Some college	0.282522	0.299087	0.016565	-0.212814	-0.003525	
H3815	Alignment Healthcare USA, LLC	Education	College graduate	0.126360	0.098474	-0.027886	-0.338018	0.009426	
H3815	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.142555	0.128323	-0.014233	-0.417341	0.005940	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.066527			0.263120		X
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.275494	0.248065	-0.027428	0.138605	-0.003802	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.394331	0.378000	-0.016332		0	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.220334	0.273239	0.052905	-0.149717	-0.007921	
H3815	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.043314			-0.315523		S
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.225245	0.204123	-0.021122	0.364195	-0.007692	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.327720	0.295877	-0.031843	0.176732	-0.005628	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.295857	0.391502	0.095645		0	
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.128952			-0.123117		X
H3815	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022226			-0.414629		S
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068861	0.100010	0.031149	-0.085032	-0.002649	
H3815	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032110			0.034847		S
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.216913	0.219512	0.002599	0.306516	0.000797	
H3815	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025334			0.083301		S
H3815	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002468	0.000000	-0.002468	-0.016978	0.000042	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						0.010152	
H3815	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						0.101516	

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contract_number	sponsor	measure	cahps_measure_description	usen	alln	original_range	mean_score_unadj	mean_score_adj	contract_weight	variance_mean	variance_between	exact_reliability	reliability_cat	delta	se_test	national_mean	t_statistic	t_test_significance	group_15_test	score_rounded	base_cutpoints	base_groups	stars
H3815	Alignment Healthcare USA, LLC	coc_comp	Coordination of Care (Comp)	219	259	1 to 4	80.859750	80.979136	282039.088803	2.152863	3.311952	0.606050		-5.250595	1.466426	86.229730	-3.580539	1	2	81	84_85_87_88	1	1
H3815	Alignment Healthcare USA, LLC	md_medrecs	How often personal dr have medical records about your care	205	259	1 to 4																	
H3815	Alignment Healthcare USA, LLC	md_talkmeds	How often talk with personal dr about medicines taking	193	259	1 to 4																	
H3815	Alignment Healthcare USA, LLC	md_testcomb	MD follows up test results and gives results as soon as needed	180	259	1 to 4	80.092593	80.499691															
H3815	Alignment Healthcare USA, LLC	r_md_getmnoca	Get help from dr office to manage providers and services care	70	259	1 to 3																	
H3815	Alignment Healthcare USA, LLC	sp_mdinformd	How often doctor seemed informed about care from specialist	148	259	1 to 4																	
H3815	Alignment Healthcare USA, LLC	cs_comp	Health Plan Customer Service (Comp)	246	259	1 to 4	87.742558	87.852769	183183.679537	1.389421	3.575144	0.720132		-2.296244	1.179849	90.149013	-1.946219	2		88	88_89_91_92	2	2
H3815	Alignment Healthcare USA, LLC	cs_csgetinfo	How often get needed information from customer service	136	259	1 to 4	78.676471	78.745433															
H3815	Alignment Healthcare USA, LLC	cs_csrespect	How often Customer Service treat with courteous/respectful	139	259	1 to 4																	
H3815	Alignment Healthcare USA, LLC	pl_ezpaper	How often health plan forms easy to fill out	242	259	1 to 4																	
H3815	Alignment Healthcare USA, LLC	qco_comp	Get Care Quickly (Comp)	194	259	1 to 4	74.769687	74.612623	86454.193050	5.063075	7.752602	0.604931	LowRel	-8.845460	2.248652	83.458083	-3.933673	1	1	75	80_82_84_86	1	1
H3815	Alignment Healthcare USA, LLC	ca_illasaw	Get care for illness as soon as wanted	73	259	1 to 4																	
H3815	Alignment Healthcare USA, LLC	ca_rtnasaw	Get appt for routine care as soon as wanted	171	259	1 to 4	76.023392	76.362028															
H3815	Alignment Healthcare USA, LLC	gnc_comp	Get Needed Care (Comp)	251	259	1 to 4	75.274613	75.636883	148460.274131	2.604663	8.070230	0.756001		-5.227375	1.613456	80.864258	-3.239862	1	2	76	77_79_82_83	1	1
H3815	Alignment Healthcare USA, LLC	pl_getcare	How often easy to get needed care through health plan	247	259	1 to 4	76.518219	76.923609															
H3815	Alignment Healthcare USA, LLC	sp_getappt	How often easy to get appointments with specialists	172	259	1 to 4	74.031008	74.350157															
H3815	Alignment Healthcare USA, LLC	im_flu1last	Flu Shot last year	249	259	0 to 1	73.493976	73.493976	88225.795367	7.823426	56.749662	0.878844		2.432982	2.798449	71.060994	0.869404	2		73	61_65_71_76	4	4
H3815	Alignment Healthcare USA, LLC	pd_gneeded_comp	Getting Needed Prescription Drugs (Comp)	241	259	1 to 4	88.363654	88.613616	160507.169884	1.375053	3.270264	0.703992		-1.069363	1.172170	89.682979	-0.912293	2		89	87_88_90_91	3	3
H3815	Alignment Healthcare USA, LLC	pd_ezrxmeds	Easy to get prescription medicines	240	259	1 to 4	87.916667	88.173030															
H3815	Alignment Healthcare USA, LLC	pd_mailpharm	Get PD from mail or pharmacy	213	259	1 to 4	88.810642	89.054202															
H3815	Alignment Healthcare USA, LLC	rate_care	Rate Health Care	251	259	0 to 10	84.661355	84.793715	88934.436293	1.517114	2.977384	0.662451		-1.904895	1.230728	86.698611	-1.547779	2		85	84_85_87_88	3	3
H3815	Alignment Healthcare USA, LLC	rate_pdp	Rate Prescription Drug Plan	245	259	0 to 10	89.510204	89.594672	86808.513514	0.669620	5.144999	0.884838		1.523492	0.819957	88.071180	1.858015	2		90	84_86_87_89	5	4
H3815	Alignment Healthcare USA, LLC	rate_plan	Rate Health Plan	246	259	0 to 10	88.699187	88.597671	87162.833977	1.086399	7.491712	0.873352		0.665455	1.042134	87.932216	0.638551	2		89	84_86_88_89	5	4

Variable name	Variable description
contract_number	Contract identification number
sponsor	Parent organization name
measure	Abbreviated identifier for item or composite measure
cahps_measure_description	Description for CAHPS measure
usen	Number of responses to an item, or at least one item of a composite, from this contract
alln	Number of responses to the survey, regardless of response to this item, from this contract
original_range	Scores for lowest and highest possible responses on measure
mean_score_unadj	Unadjusted mean score, 0-100 scale
mean_score_adj	Case-mix adjusted mean score, 0-100 scale
contract_weight	Weight of this contract in calculating national means
variance_mean	Sampling variance of adjusted sample mean for item or adjusted composite measure score, on 0-100 scale
variance_between	Estimated variance (between contracts) of contract population mean scores on 0-100 scale
exact_reliability	Reliability of measure for this contract, calculated as variance_between/(variance_between + variance_mean)
reliability_cat	Note for low reliability: .60<reliability<.75 flagged as "LowRel"; reliability<.60 flagged as "VeryLowRel" and scores are suppressed; cells where n<11 flagged as "Mask" and suppressed
delta	Difference between contract mean and national mean for measure, on 0-100 scale
se_test	Standard error of estimated difference between this contract's score and national mean score, on 0-100 scale
national_mean	National mean score, on 0-100 scale
t_statistic	T-test statistic of measure for this contract, calculated as delta / se_test
t_test_significance	T-test significance interpretation, coded as 1=significantly below national mean, 2=not significantly different from national mean, 3=significantly above national mean
group_15_test	Category 1: Star rating is 1, low reliability, and significantly below the base group 1/2 cutoff by 1 SE. Category 2: Star rating is 1, significantly below national mean, not low reliability OR star rating is 5, significantly above national mean, not low reliability. Category 3: Star rating is 5, low reliability, and significantly above the base group 4/5 cutoff by 1 SE.
score_rounded	Scaled score, rounded
base_cutpoints	Base group cutpoints, rounded
base_groups	Base group
stars	Measure-level star

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Contract	Sponsor	Predictor	Category	National	H3443	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.077872	0.093496	0.015624	-0.006074	-0.000095	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.179175	0.178862	-0.000314	-0.013623	0.000004	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.248507	0.256098	0.007591		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222699	0.239837	0.017138	-0.004855	-0.000083	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.153716	0.130081	-0.023635	-0.013277	0.000314	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.118030	0.101626	-0.016404	-0.010573	0.000173	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.053270	0.147789	0.094520	-0.037549	-0.003549	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.073535	0.059918	-0.013618	-0.009141	0.000124	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.308543	0.283008	-0.025536		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.288263	0.348675	0.060412	-0.004797	-0.000290	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.128953	0.084183	-0.044770	-0.016438	0.000736	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.147437	0.076428	-0.071008	0.001654	-0.000117	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057780			0.012246		S
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.267377	0.236635	-0.030742	0.015388	-0.000473	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.400374	0.352714	-0.047660		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.229523	0.327434	0.097911	-0.034644	-0.003392	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.044946			-0.052066		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.221873	0.170801	-0.051073	0.085238	-0.004353	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.324968	0.300041	-0.024927	0.044991	-0.001121	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.299969	0.341932	0.041963		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.130684			-0.029950		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022505			-0.056365		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.071636	0.046264	-0.025372	0.000427	-0.000011	
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.033232			0.037464		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.214697	0.223577	0.008881	-0.021892	-0.000194	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025223	0.065041	0.039817	-0.009843	-0.000392	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002469	0.000000	-0.002469	-0.147644	0.000365	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.014195	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.473155	

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Contract	Sponsor	Predictor	Category	National	H3443	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.079197	0.096234	0.017038	0.042542	0.000725	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.176280	0.179916	0.003637	0.014919	0.000054	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.247298	0.259414	0.012116		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.223616	0.238494	0.014878	-0.055516	-0.000826	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.154503	0.125523	-0.028980	-0.108294	0.003138	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.119107	0.100418	-0.018689	-0.163453	0.003055	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.053212	0.147934	0.094722	-0.016763	-0.001588	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.073770	0.053304	-0.020466	0.024866	-0.000509	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.310441	0.282928	-0.027513		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.288466	0.350519	0.062053	-0.000764	-0.000047	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.127325	0.086648	-0.040677	-0.075298	0.003063	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.146786	0.078667	-0.068119	-0.062517	0.004259	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.052450			0.077474		S
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.262591	0.224800	-0.037790	0.046772	-0.001768	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.404899	0.360086	-0.044813		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.234075	0.326064	0.091989	-0.050124	-0.004611	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045986			-0.134132		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.218229			0.161404		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.323318	0.295015	-0.028303	0.078824	-0.002231	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.302620	0.342103	0.039484		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.133066	0.170484	0.037418	-0.023194	-0.000868	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022767			-0.106622		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.072510			0.102971		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.033359			0.099226		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.214698	0.221757	0.007059	0.022407	0.000158	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025245	0.062762	0.037516	0.054827	0.002057	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002346	0.000000	-0.002346	-0.260929	0.000612	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.008990	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.299677	

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Contract	Sponsor	Predictor	Category	National	H3443	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.078253	0.101322	0.023069	0.035614	0.000822	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.179214	0.189427	0.010214	-0.025924	-0.000265	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.252544	0.259912	0.007368		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222986	0.229075	0.006089	-0.008041	-0.000049	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.152646	0.123348	-0.029298	-0.009006	0.000264	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.114358	0.096916	-0.017441	-0.013312	0.000232	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.054276	0.141874	0.087598	-0.030778	-0.002696	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.074583	0.068976	-0.005607	0.014691	-0.000082	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.305783	0.296602	-0.009180		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.288230	0.336854	0.048624	-0.025244	-0.001227	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.128575	0.073261	-0.055315	-0.030983	0.001714	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.148554	0.082433	-0.066120	-0.030219	0.001998	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.056748			0.079176		S
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.263079	0.238820	-0.024259	0.046877	-0.001137	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.402504	0.346994	-0.055510		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.232074	0.337219	0.105145	-0.073434	-0.007721	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045595			-0.128994		S
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.221826	0.176286	-0.045540	0.150209	-0.006840	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.323802	0.298723	-0.025079	0.079056	-0.001983	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.300142	0.344120	0.043978		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.131988			-0.020578		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022241			-0.095363		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.071961	0.049927	-0.022034	-0.013734	0.000303	
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032439			0.000795		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.216713	0.233480	0.016767	-0.019924	-0.000334	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025264	0.066079	0.040816	-0.013913	-0.000568	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002557	0.000000	-0.002557	0.149466	-0.000382	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.019549	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.651649	

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Contract	Sponsor	Predictor	Category	National	H3443	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.102423			-0.040377		S
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.179641	0.185567	0.005926	-0.025150	-0.000149	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.246320	0.278351	0.032030		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.216087	0.237113	0.021026	-0.010234	-0.000215	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.141445			-0.005122		S
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.114084			-0.026622		S
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.071085	0.191781	0.120695	-0.024633	-0.002973	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.073660			-0.001022		S
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.287760	0.238808	-0.048951		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.288621	0.321988	0.033367	-0.050956	-0.001700	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.125473			-0.037932		S
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.153402			-0.073762		S
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.041260			0.038475		S
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.203141			0.000903		X
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.385592	0.312923	-0.072669		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.299933	0.415565	0.115631	-0.049196	-0.005689	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.070073			-0.088051		S
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.181815			0.098561		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.289889	0.325808	0.035920	0.007139	0.000256	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.314501	0.337166	0.022665		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.177072	0.157714	-0.019358	-0.056397	0.001092	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.036723			-0.141884		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.091590			0.016521		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.043434			0.037858		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.272524	0.278351	0.005826	-0.009988	-0.000058	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.029054			-0.046359		S
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.004494	0.000000	-0.004494	0.107154	-0.000482	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.011278	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.563918	

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Contract	Sponsor	Predictor	Category	National	H3443	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.077097	0.086294	0.009197	-0.004051	-0.000037	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.176138	0.172589	-0.003549	-0.017010	0.000060	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.247490	0.258883	0.011393		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.227141	0.248731	0.021590	-0.021801	-0.000471	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.157231	0.142132	-0.015099	-0.031297	0.000473	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.114903	0.091371	-0.023532	-0.006301	0.000148	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.047664	0.156109	0.108444	0.027100	0.002939	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.064260	0.088381	0.024120	-0.024410	-0.000589	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.291790	0.261195	-0.030594		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.300170	0.312391	0.012221	-0.047650	-0.000582	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.134620	0.088294	-0.046327	-0.110353	0.005112	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.161495	0.093630	-0.067865	-0.088945	0.006036	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.050991			-0.002509		S
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.253909	0.218120	-0.035788	0.007994	-0.000286	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.403508	0.357432	-0.046076		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.241055	0.346391	0.105337	0.000264	0.000028	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.050538			-0.027533		S
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.219945			0.176753		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.325219	0.325923	0.000704	0.078680	0.000055	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.297439	0.352336	0.054897		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.135855	0.150237	0.014381	-0.068651	-0.000987	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.021542			-0.230525		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068976	0.067440	-0.001535	0.021593	-0.000033	
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031506			-0.001006		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.202004	0.213198	0.011194	0.076578	0.000857	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.023498	0.065990	0.042492	0.020418	0.000868	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002202	0.000000	-0.002202	-0.079373	0.000175	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.000358	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.011944	

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Contract	Sponsor	Predictor	Category	National	H3443	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.092895	0.087963	-0.004932	-0.043303	0.000214	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.190315	0.185185	-0.005130	-0.028258	0.000145	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.252240	0.259259	0.007020		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.214669	0.250000	0.035331	-0.009088	-0.000321	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.140419	0.115741	-0.024679	0.000270	-0.000007	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.109462	0.101852	-0.007610	0.004544	-0.000035	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.066296	0.153729	0.087433	-0.068780	-0.006014	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.085462	0.086377	0.000915	-0.023062	-0.000021	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.301152	0.251522	-0.049630		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.284311	0.307712	0.023401	-0.076520	-0.001791	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.124104	0.090880	-0.033223	-0.106038	0.003523	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.138675	0.109779	-0.028896	-0.147872	0.004273	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057221	0.051939	-0.005282	0.087005	-0.000460	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.243672	0.241723	-0.001949	0.037574	-0.000073	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.388454	0.322999	-0.065456		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.256853	0.326615	0.069762	-0.043663	-0.003046	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.053800	0.056725	0.002925	-0.027616	-0.000081	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.208699	0.184479	-0.024220	0.124168	-0.003007	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.305981	0.298650	-0.007331	0.055090	-0.000404	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.303942	0.322976	0.019034		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.152940			-0.028612		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.028438			-0.117183		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.074646	0.052469	-0.022177	0.015990	-0.000355	
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032672			0.026849		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.287844	0.250000	-0.037844	0.064943	-0.002458	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.027302	0.050926	0.023624	0.024231	0.000572	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.003231	0.000000	-0.003231	-0.059615	0.000193	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.009996	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.333208	

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Contract	Sponsor	Predictor	Category	National	H3443	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.092361	0.084112	-0.008249	-0.018615	0.000154	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.189977	0.186916	-0.003061	-0.022335	0.000068	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.251076	0.261682	0.010606		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.215106	0.257009	0.041903	0.003167	0.000133	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.141282	0.112150	-0.029132	-0.005182	0.000151	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.110197	0.098131	-0.012066	0.007751	-0.000094	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.066994	0.159839	0.092845	-0.020080	-0.001864	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.085997	0.091858	0.005860	-0.019524	-0.000114	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.301881	0.239854	-0.062027		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.283340	0.305915	0.022574	-0.035270	-0.000796	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.123243	0.091730	-0.031514	-0.036343	0.001145	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.138544	0.110805	-0.027739	-0.042457	0.001178	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057455	0.052220	-0.005235	0.022274	-0.000117	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.243960	0.238176	-0.005783	-0.005334	0.000031	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.387583	0.315019	-0.072563		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.257317	0.337566	0.080249	-0.017079	-0.001371	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.053686	0.057019	0.003333	0.008667	0.000029	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.209063	0.186203	-0.022860	0.101933	-0.002330	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.305622	0.292096	-0.013526	0.064808	-0.000877	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.304474	0.321321	0.016847		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.152895			0.001233		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.027945			-0.108087		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.074350	0.052960	-0.021390	0.002267	-0.000048	
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032552			0.028737		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.288898	0.242991	-0.045908	0.027754	-0.001274	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.027408	0.056075	0.028667	0.042577	0.001221	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.003255	0.000000	-0.003255	-0.166627	0.000542	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.004806	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.160187	

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Contract	Sponsor	Predictor	Category	National	H3443	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.075993	0.088028	0.012035	0.006684	0.000080	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.183568	0.169014	-0.014554	0.003914	-0.000057	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.250696	0.274648	0.023952		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222582	0.242958	0.020376	-0.012607	-0.000257	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.149788	0.130282	-0.019506	-0.019080	0.000372	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.117373	0.095070	-0.022303	-0.023892	0.000533	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.055910	0.149672	0.093762	-0.023517	-0.002205	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.074734	0.080359	0.005625	-0.008992	-0.000051	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.312956	0.284898	-0.028058		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.283871	0.310149	0.026278	-0.019646	-0.000516	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.127830	0.083759	-0.044070	-0.018421	0.000812	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.144700	0.091163	-0.053537	-0.039660	0.002123	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.067088	0.042716	-0.024373	0.025940	-0.000632	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.277749	0.256082	-0.021667	0.013402	-0.000290	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.394552	0.338242	-0.056311		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.217764	0.309610	0.091846	-0.040168	-0.003689	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.042846	0.053350	0.010505	-0.041289	-0.000434	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.226275	0.167283	-0.058992	0.050851	-0.003000	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.328826	0.306004	-0.022822	0.020459	-0.000467	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.295087	0.345273	0.050187		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.127539			-0.036132		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022273			-0.070309		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068777	0.050302	-0.018475	-0.030438	0.000562	
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031941			0.012409		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.214150	0.232394	0.018244	-0.044312	-0.000808	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.024646	0.052817	0.028171	-0.017965	-0.000506	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002484	0.000000	-0.002484	-0.061342	0.000152	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.009805	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.326822	

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H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.093503	0.132075	0.038572	0.005166	0.000199	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.173666			0.044753		X
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.234313	0.283019	0.048706		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.218746	0.245283	0.026537	0.028526	0.000757	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.154098	0.141509	-0.012589	0.062790	-0.000790	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.125674			0.072369		S
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.053832	0.137762	0.083930	0.070341	0.005904	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.080387			0.018716		S
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.304011	0.294004	-0.010007		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.296215	0.285216	-0.010999	-0.026901	0.000296	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.122802	0.106746	-0.016056	-0.004157	0.000067	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.142753			-0.073505		S
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.040077			0.051179		S
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.205018	0.134077	-0.070941	0.037709	-0.002675	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.387541	0.318563	-0.068978		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.290211	0.420272	0.130061	-0.080825	-0.010512	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.077152			-0.108908		S
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.189754			0.098437		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.297922	0.259514	-0.038408	0.058557	-0.002249	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.309907	0.337384	0.027477		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.167069	0.214583	0.047514	-0.034143	-0.001622	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.035348			-0.237357		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.077321			0.019447		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.038470			0.157062		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.242188	0.283019	0.040831	0.012005	0.000490	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.027113			0.016612		S
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002650	0.000000	-0.002650	-0.106902	0.000283	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.020887	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.696225	

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H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.079677	0.101852	0.022175	0.017681	0.000392	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.183527	0.166667	-0.016860	-0.003451	0.000058	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.253059	0.268519	0.015460		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.223473	0.250000	0.026527	0.011455	0.000304	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.148190	0.115741	-0.032449	0.030129	-0.000978	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.112075	0.097222	-0.014853	0.041176	-0.000612	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.050341	0.147704	0.097363	-0.038988	-0.003796	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.067722	0.062468	-0.005254	-0.015984	0.000084	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.291251	0.290493	-0.000758		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.294858	0.314117	0.019260	-0.046936	-0.000904	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.137132	0.090151	-0.046981	-0.051661	0.002427	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.158696	0.095066	-0.063630	-0.085738	0.005456	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.058850			0.060365		S
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.272670	0.230219	-0.042451	0.034805	-0.001477	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.396415	0.347503	-0.048912		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.226127	0.323747	0.097620	-0.049593	-0.004841	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045939			-0.072507		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.224422	0.159761	-0.064660	0.144678	-0.009355	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.326317	0.291227	-0.035090	0.066536	-0.002335	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.295399	0.366008	0.070609		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.130701			-0.027751		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.023161			-0.158435		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068780			0.027314		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.033084			0.058947		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.206609	0.263889	0.057280	0.027697	0.001586	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.024175	0.064815	0.040640	-0.011617	-0.000472	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002807	0.000000	-0.002807	-0.264277	0.000742	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.018088	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.602920	

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H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.076232	0.085034	0.008802	-0.014982	-0.000132	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.181361	0.166667	-0.014694	-0.015742	0.000231	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.249933	0.278912	0.028979		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222510	0.238095	0.015586	0.020674	0.000322	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.150939	0.136054	-0.014884	-0.000482	0.000007	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.119026	0.095238	-0.023788	0.022440	-0.000534	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.056540	0.151384	0.094844	-0.040168	-0.003810	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.076968	0.081027	0.004059	0.006496	0.000026	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.314484	0.288813	-0.025671		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.282713	0.313205	0.030492	-0.053550	-0.001633	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.126538	0.077509	-0.049029	-0.055216	0.002707	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.142757	0.088063	-0.054695	-0.084404	0.004616	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.065305			0.048035		S
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.275135	0.249021	-0.026114	0.059609	-0.001557	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.394737	0.356353	-0.038385		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.220950	0.307989	0.087039	-0.066934	-0.005826	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.043872			-0.116813		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.224940	0.166724	-0.058215	0.175390	-0.010210	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.326886	0.302075	-0.024810	0.093263	-0.002314	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.296286	0.357535	0.061249		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.129473			-0.054681		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022415			-0.128700		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.069106	0.049077	-0.020029	0.003916	-0.000078	
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032198			0.057428		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.218098	0.227891	0.009793	0.010680	0.000105	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025606	0.054422	0.028816	0.013595	0.000392	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002462	0.000000	-0.002462	0.045533	-0.000112	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.022630	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.754345	

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H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.076411	0.084821	0.008411	0.057616	0.000485	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.176845	0.174107	-0.002738	-0.025099	0.000069	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.247111	0.267857	0.020746		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.227123	0.245536	0.018413	0.004302	0.000079	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.156913	0.133929	-0.022984	0.008263	-0.000190	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.115597	0.093750	-0.021847	0.036364	-0.000794	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.047747	0.146221	0.098474	0.013616	0.001341	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.065189	0.077727	0.012539	-0.011853	-0.000149	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.292239	0.278819	-0.013420		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.297909	0.301523	0.003613	-0.066107	-0.000239	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.136580	0.086580	-0.050000	-0.092131	0.004607	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.160337	0.109130	-0.051206	-0.158786	0.008131	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.054479			0.139179		S
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.257674	0.227543	-0.030131	0.081562	-0.002458	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.401360	0.350063	-0.051297		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.237103	0.331424	0.094322	-0.061152	-0.005768	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.049384			-0.076166		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.222281	0.159277	-0.063004	0.177234	-0.011167	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.325037	0.322352	-0.002686	0.094339	-0.000253	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.296803	0.336653	0.039849		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.133777			-0.063006		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022102			-0.161834		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.066557	0.063776	-0.002782	-0.008365	0.000023	
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031120			0.010385		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.200657	0.223214	0.022557	0.007534	0.000170	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.023146	0.062500	0.039354	-0.022591	-0.000889	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002395	0.000000	-0.002395	-0.014488	0.000035	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.013045	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.434837	

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Contract	Sponsor	Predictor	Category	National	H3443	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.080630	0.084211	0.003581	-0.075632	-0.000271	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.180493	0.161404	-0.019089	-0.043745	0.000835	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.248628	0.280702	0.032074		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.220786	0.245614	0.024828	0.003222	0.000080	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.150984	0.129825	-0.021160	0.019704	-0.000417	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.118479	0.098246	-0.020233	0.015765	-0.000319	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.060435	0.152127	0.091692	-0.051758	-0.004746	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.080714	0.079789	-0.000926	0.000337	0	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.316797	0.293403	-0.023393		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.282362	0.300961	0.018600	-0.036569	-0.000680	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.124252	0.083189	-0.041063	-0.040479	0.001662	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.135441	0.090531	-0.044909	-0.063800	0.002865	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.059385	0.042259	-0.017126	0.019951	-0.000342	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.265838	0.246465	-0.019373	0.052965	-0.001026	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.398596	0.348609	-0.049987		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.230546	0.316876	0.086330	-0.061072	-0.005272	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045634	0.045791	0.000157	-0.091281	-0.000014	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.218488	0.170800	-0.047688	0.085595	-0.004082	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.324739	0.302480	-0.022259	0.054407	-0.001211	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.299187	0.355825	0.056638		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.134277			-0.029937		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.023309			-0.116450		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.072453	0.046617	-0.025836	0.003552	-0.000092	
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032793			0.033114		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.232524	0.224561	-0.007962	0.057140	-0.000455	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.027316	0.052632	0.025316	0.048718	0.001233	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002755	0.000000	-0.002755	-0.058218	0.000160	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.013124	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.437458	

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Contract	Sponsor	Predictor	Category	National	H3443	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.080830	0.089844	0.009014	-0.036051	-0.000325	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.181057	0.156250	-0.024807	-0.017776	0.000441	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.250094	0.277344	0.027249		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.221992	0.250000	0.028008	0.006929	0.000194	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.150368	0.128906	-0.021462	0.001450	-0.000031	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.115658	0.097656	-0.018001	-0.008348	0.000150	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.052799	0.125214	0.072415	-0.047679	-0.003453	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.076607	0.068654	-0.007953	0.003325	-0.000026	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.314274	0.289210	-0.025064		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.287896	0.332647	0.044750	-0.039991	-0.001790	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.128142	0.088091	-0.040051	-0.057914	0.002319	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.140283	0.096185	-0.044098	-0.078428	0.003459	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057541			0.062051		S
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.267387	0.258759	-0.008627	0.056967	-0.000491	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.400943	0.325600	-0.075343		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.228208	0.325429	0.097220	-0.054833	-0.005331	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045921			-0.067566		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.221433	0.173861	-0.047571	0.086187	-0.004100	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.327468	0.308223	-0.019245	0.053238	-0.001025	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.297602	0.328350	0.030748		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.130624			-0.043771		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022872			-0.100109		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.069238	0.048177	-0.021061	0.011718	-0.000247	
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031778			0.002963		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.219421	0.226563	0.007142	0.022312	0.000159	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.026772	0.062500	0.035728	-0.013860	-0.000495	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002741	0.000000	-0.002741	-0.001486	0.000004	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.013960	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.465328	

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Contract	Sponsor	Predictor	Category	National	H3443	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.078223	0.102804	0.024581	-0.041212	-0.001013	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.183536	0.158879	-0.024658	0.001448	-0.000036	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.254638	0.228972	-0.025666		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.225466	0.261682	0.036217	0.012133	0.000439	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.148350	0.140187	-0.008163	0.005173	-0.000042	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.109787	0.107477	-0.002310	-0.008455	0.000020	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.045631	0.112406	0.066774	-0.060116	-0.004014	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.063700	0.049417	-0.014282	-0.052094	0.000744	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.295515	0.299241	0.003726		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.296734	0.355876	0.059143	0.002631	0.000156	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.137295	0.086689	-0.050607	0.003013	-0.000152	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.161125	0.096371	-0.064754	-0.008107	0.000525	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057703			0.117365		S
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.275496	0.228830	-0.046666	0.088196	-0.004116	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.398858	0.371094	-0.027764		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.222523	0.304855	0.082332	-0.093994	-0.007739	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045420			-0.114572		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.224570	0.153493	-0.071077	0.141879	-0.010084	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.331365	0.315460	-0.015905	0.048900	-0.000778	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.293365	0.349358	0.055994		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.128154			-0.028255		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022547			-0.035636		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.067693			-0.102066		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031546			-0.057560		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.198001	0.233645	0.035644	-0.004125	-0.000147	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.023491			-0.072702		S
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002188	0.000000	-0.002188	-0.164118	0.000359	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.027636	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.921209	

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This item is no longer part of the Getting Appointments and Care Quickly composite measure.

Contract	Sponsor	Predictor	Category	National	H3443	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.075993	0.087838	0.011845	-0.068276	-0.000809	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.180671	0.162162	-0.018509	-0.066866	0.001238	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.249273	0.277027	0.027754		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222283	0.243243	0.020960	0.031055	0.000651	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.151683	0.135135	-0.016548	0.034744	-0.000575	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.120096	0.094595	-0.025501	0.000631	-0.000016	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.056589	0.150870	0.094282	0.060706	0.005723	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.077226	0.077379	0.000153	0.013147	0.000002	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.315588	0.297980	-0.017608		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.282427	0.308751	0.026324	-0.132482	-0.003488	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.126346	0.077251	-0.049094	-0.172886	0.008488	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.141825	0.087768	-0.054057	-0.250930	0.013564	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.065709	0.038049	-0.027660	0.333856	-0.009234	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.275023	0.248157	-0.026866	0.194923	-0.005237	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.395155	0.351761	-0.043394		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.220751	0.310333	0.089582	-0.252866	-0.022652	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.043362	0.051699	0.008338	-0.577438	-0.004815	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.224693	0.166170	-0.058523	0.505265	-0.029570	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.327454	0.304432	-0.023023	0.254550	-0.005860	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.296792	0.356310	0.059518		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.128801			-0.132011		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022258			-0.461045		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068829	0.048745	-0.020084	-0.100814	0.002025	
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032165			0.108934		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.217531	0.233108	0.015577	0.029709	0.000463	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025444	0.054054	0.028610	0.058129	0.001663	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002432	0.000000	-0.002432	0.358612	-0.000872	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.055606	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.556060	

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H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.080037	0.086207	0.006170	-0.174480	-0.001077	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.183468	0.165517	-0.017951	-0.112618	0.002022	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.250256	0.279310	0.029055		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.220490	0.241379	0.020889	0.081178	0.001696	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.149430	0.137931	-0.011499	0.152910	-0.001758	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.116319	0.089655	-0.026664	0.169308	-0.004514	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.060081	0.153472	0.093391	-0.003033	-0.000283	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.080859	0.082145	0.001286	0.042783	0.000055	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.315769	0.285900	-0.029869		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.282137	0.303732	0.021594	-0.208372	-0.004500	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.125826	0.082026	-0.043800	-0.331318	0.014512	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.135328	0.092726	-0.042602	-0.421296	0.017948	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.064924	0.044979	-0.019946	0.276559	-0.005516	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.270018	0.242215	-0.027803	0.165075	-0.004590	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.394539	0.346047	-0.048492		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.226130	0.314861	0.088731	-0.181553	-0.016109	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.044388	0.051898	0.007511	-0.396043	-0.002975	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.223555	0.170719	-0.052836	0.308287	-0.016289	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.324420	0.299673	-0.024748	0.153810	-0.003806	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.296845	0.348475	0.051629		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.132145			-0.027309		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.023035			-0.323601		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.070480	0.049589	-0.020891	-0.056715	0.001185	
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032668			-0.063287		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.231927	0.231034	-0.000892	0.529641	-0.000473	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.026954	0.058621	0.031667	0.375115	0.011879	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002645	0.000000	-0.002645	-0.340272	0.000900	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.012888	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.128876	

[1]S - cell is suppressed per the requirement to suppress cells with counts of 1-10 observations.

X - cell is suppressed to prevent the exact inference of another cell with counts of 1-10 observations, per the requirements to prevent exact inference of such cells.

Contract	Sponsor	Predictor	Category	National	H3443	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H3443	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.075544	0.083893	0.008349	-0.096883	-0.000809	
H3443	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.181670	0.174497	-0.007173	-0.075412	0.000541	
H3443	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.250066	0.278523	0.028458		0	
H3443	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222122	0.234899	0.012777	0.051122	0.000653	
H3443	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.150661	0.134228	-0.016433	0.080374	-0.001321	
H3443	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.119938	0.093960	-0.025978	0.093378	-0.002426	
H3443	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.057020	0.153213	0.096193	0.127626	0.012277	
H3443	Alignment Healthcare USA, LLC	Education	Some high school	0.076762	0.080215	0.003454	0.033964	0.000117	
H3443	Alignment Healthcare USA, LLC	Education	High school graduate	0.314781	0.289269	-0.025513		0	
H3443	Alignment Healthcare USA, LLC	Education	Some college	0.282522	0.306679	0.024157	-0.212814	-0.005141	
H3443	Alignment Healthcare USA, LLC	Education	College graduate	0.126360	0.080089	-0.046271	-0.338018	0.015640	
H3443	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.142555	0.090535	-0.052020	-0.417341	0.021710	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.066527	0.044359	-0.022168	0.263120	-0.005833	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.275494	0.245678	-0.029815	0.138605	-0.004133	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.394331	0.348214	-0.046118		0	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.220334	0.310567	0.090233	-0.149717	-0.013509	
H3443	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.043314	0.051183	0.007869	-0.315523	-0.002483	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.225245	0.171767	-0.053478	0.364195	-0.019477	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.327720	0.302389	-0.025331	0.176732	-0.004477	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.295857	0.347207	0.051350		0	
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.128952			-0.123117		X
H3443	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022226			-0.414629		S
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068861	0.048418	-0.020443	-0.085032	0.001738	
H3443	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032110			0.034847		S
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.216913	0.228188	0.011275	0.306516	0.003456	
H3443	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025334	0.057047	0.031713	0.083301	0.002642	
H3443	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002468	0.000000	-0.002468	-0.016978	0.000042	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.006220	
H3443	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.062201	

[1]S - cell is suppressed per the requirement to suppress cells with counts of 1-10 observations.

X - cell is suppressed to prevent the exact inference of another cell with counts of 1-10 observations, per the requirements to prevent exact inference of such cells.

04.E H3443_Means_Tests_CAHPS_2024
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contract_number	sponsor	measure	cahps_measure_description	usen	alln	original_range	mean_score_unadj	mean_score_adj	contract_weight	variance_mean	variance_between	exact_reliability	reliability_cat	delta	se_test	national_mean	t_statistic	t_test_significance	group_15_test	score_rounded	base_cutpoints	base_groups	stars
H3443	Alignment Healthcare USA, LLC	coc_comp	Coordination of Care (Comp)	270	303	1 to 4	82.877560	83.265925	6421.135314	1.334145	3.311952	0.712846		-2.963805	1.160825	86.229730	-2.553188	1	2	83	84_85_87_88	1	1
H3443	Alignment Healthcare USA, LLC	md_medrecs	How often personal dr have medical records about your care	246	303	1 to 4																	
H3443	Alignment Healthcare USA, LLC	md_talkmeds	How often talk with personal dr about medicines taking	239	303	1 to 4																	
H3443	Alignment Healthcare USA, LLC	md_testcomb	MD follows up test results and gives results as soon as needed	227	303	1 to 4	82.672540	83.324189															
H3443	Alignment Healthcare USA, LLC	r_md_getmnoca	Get help from dr office to manage providers and services care	97	303	1 to 3																	
H3443	Alignment Healthcare USA, LLC	sp_mdinformd	How often doctor seemed informed about care from specialist	197	303	1 to 4																	
H3443	Alignment Healthcare USA, LLC	cs_comp	Health Plan Customer Service (Comp)	295	303	1 to 4	90.073797	90.347203	4557.346535	0.847554	3.575144	0.808363		0.198190	0.928057	90.149013	0.213553	2		90	88_89_91_92	3	3
H3443	Alignment Healthcare USA, LLC	cs_csgetinfo	How often get needed information from customer service	216	303	1 to 4	83.024691	83.357900															
H3443	Alignment Healthcare USA, LLC	cs_csrespect	How often Customer Service treat with courteous/respectful	214	303	1 to 4	93.769470	93.929657															
H3443	Alignment Healthcare USA, LLC	pl_ezpaper	How often health plan forms easy to fill out	284	303	1 to 4	93.427230	93.754052															
H3443	Alignment Healthcare USA, LLC	qco_comp	Get Care Quickly (Comp)	237	303	1 to 4	79.517529	80.167101	2055.273927	3.238416	7.752602	0.705358		-3.290982	1.806803	83.458083	-1.821440	2		80	80_82_84_86	2	2
H3443	Alignment Healthcare USA, LLC	ca_illasaw	Get care for illness as soon as wanted	106	303	1 to 4																	
H3443	Alignment Healthcare USA, LLC	ca_rtnasaw	Get appt for routine care as soon as wanted	216	303	1 to 4	79.475309	80.078229															
H3443	Alignment Healthcare USA, LLC	gnc_comp	Get Needed Care (Comp)	296	303	1 to 4	73.720947	74.315538	3306.310231	2.076513	8.070230	0.795352		-6.548720	1.446789	80.864258	-4.526383	1	2	74	77_79_82_83	1	1
H3443	Alignment Healthcare USA, LLC	pl_getcare	How often easy to get needed care through health plan	294	303	1 to 4	76.757370	77.511715															
H3443	Alignment Healthcare USA, LLC	sp_getappt	How often easy to get appointments with specialists	224	303	1 to 4	70.684524	71.119361															
H3443	Alignment Healthcare USA, LLC	im_flu1last	Flu Shot last year	299	303	0 to 1	70.903010	70.903010	1908.468647	6.899880	56.749662	0.891596		-0.157984	2.638690	71.060994	-0.059872	2		71	61_65_71_76	4	4
H3443	Alignment Healthcare USA, LLC	pd_gneeded_comp	Getting Needed Prescription Drugs (Comp)	289	303	1 to 4	86.190607	86.642000	3453.115512	1.326016	3.270264	0.711502		-3.040979	1.155505	89.682979	-2.631731	1		87	87_88_90_91	2	2
H3443	Alignment Healthcare USA, LLC	pd_ezrxmeds	Easy to get prescription medicines	285	303	1 to 4	87.485380	87.922839															
H3443	Alignment Healthcare USA, LLC	pd_mailpharm	Get PD from mail or pharmacy	256	303	1 to 4	84.895833	85.361161															
H3443	Alignment Healthcare USA, LLC	rate_care	Rate Health Care	296	303	0 to 10	84.594595	85.150654	1889.320132	1.404464	2.977384	0.679481		-1.547956	1.188512	86.698611	-1.302432	2		85	84_85_87_88	3	3
H3443	Alignment Healthcare USA, LLC	rate_pdp	Rate Prescription Drug Plan	290	303	0 to 10	89.172414	89.301290	1851.023102	0.979786	5.144999	0.840029		1.230110	0.993673	88.071180	1.237943	2		89	84_86_87_89	5	4
H3443	Alignment Healthcare USA, LLC	rate_plan	Rate Health Plan	298	303	0 to 10	86.275168	86.337369	1902.085809	1.215826	7.491712	0.860371		-1.594847	1.105825	87.932216	-1.442224	2		86	84_86_88_89	3	3

Variable name	Variable description
contract_number	Contract identification number
sponsor	Parent organization name
measure	Abbreviated identifier for item or composite measure
cahps_measure_description	Description for CAHPS measure
usen	Number of responses to an item, or at least one item of a composite, from this contract
alln	Number of responses to the survey, regardless of response to this item, from this contract
original_range	Scores for lowest and highest possible responses on measure
mean_score_unadj	Unadjusted mean score, 0-100 scale
mean_score_adj	Case-mix adjusted mean score, 0-100 scale
contract_weight	Weight of this contract in calculating national means
variance_mean	Sampling variance of adjusted sample mean for item or adjusted composite measure score, on 0-100 scale
variance_between	Estimated variance (between contracts) of contract population mean scores on 0-100 scale
exact_reliability	Reliability of measure for this contract, calculated as variance_between/(variance_between + variance_mean)
reliability_cat	Note for low reliability: .60<reliability<.75 flagged as "LowRel"; reliability<.60 flagged as "VeryLowRel" and scores are suppressed; cells where n<11 flagged as "Mask" and suppressed
delta	Difference between contract mean and national mean for measure, on 0-100 scale
se_test	Standard error of estimated difference between this contract's score and national mean score, on 0-100 scale
national_mean	National mean score, on 0-100 scale
t_statistic	T-test statistic of measure for this contract, calculated as delta / se_test
t_test_significance	T-test significance interpretation, coded as 1=significantly below national mean, 2=not significantly different from national mean, 3=significantly above national mean
group_15_test	Category 1: Star rating is 1, low reliability, and significantly below the base group 1/2 cutoff by 1 SE. Category 2: Star rating is 1, significantly below national mean, not low reliability OR star rating is 5, significantly above national mean, not low reliability. Category 3: Star rating is 5, low reliability, and significantly above the base group 4/5 cutoff by 1 SE.
score_rounded	Scaled score, rounded
base_cutpoints	Base group cutpoints, rounded
base_groups	Base group
stars	Measure-level star

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Contract: H3815	Contract Type: Local & Regional CCP with SNP	Part C Improvement Measure Eligibility: Eligible

Part C Measures

Measure	Measure Weight	Eligibility	Eligible for Measure	CY2024 Measure Score	CY2025 Measure Score	CY2025-CY2024 Difference	CY2024 Measure Star	CY2025 Measure Star	CY2024 Numerator	CY2024 Denominator	CY2025 Numerator	CY2025 Denominator	CY2024 SE	CY2025 SE	NatAvgObs2024	NatAvgObs2025	Days 2024	Days 2025	Correlation	CY2025-CY2024 Difference Standard Error	Improve	Decline	Improvement, Decline, or No Change	Held Harmless	Weighted Score	Weighted Eligibility	Lower is Better
C01: Breast Cancer Screening	1	1	Eligible	80.62	78.65	-1.97	5	4		13177		16259					0.950135		0.950135	0.107535984	0	1	Significant Decline	Not Applicable	-1	1	
C02: Colorectal Cancer Screening	1	1	Eligible	82.9	82.93	0.03	5	5		269		246					0.89651		0.896510	1.072599606	0	0	No Significant Change	Not Applicable	0	1	
C03: Annual Flu Vaccine	1	1	Eligible	75.688073	73.493976	-2.194097	4	4					2.905328	2.797039			0.888026		0.888026	1.353365679	0	0	No Significant Change	Not Applicable	0	1	
C04: Monitoring Physical Activity	1	1	Eligible	51.51	53.97	2.46	3	4		365		541					0.845098		0.845098	1.400147954	0	0	No Significant Change	Not Applicable	0	1	
C05: Special Needs Plan (SNP) Care Management	1	1	Eligible	82.130375	88.738739	6.608364	4	5		6581		9990					0.889508		0.889508	0.239438381	1	0	Significant Improvement	Not Applicable	1	1	
C06: Care for Older Adults – Medication Review	1	1	Eligible	100	100	0	5	5					0	0			0.65105		0.651050	0	0	0	No Significant Change	Not Applicable	0	1	
C07: Care for Older Adults – Pain Assessment	1	1	Eligible	97.352255	97.239198	-0.113057	5	5					0.572738	0.624394			0.472401		0.472401	0.616459326	0	0	No Significant Change	Not Applicable	0	1	
C08: Osteoporosis Management in Women who had a Fracture	1	1	Eligible	77.41	71.39	-6.02	5	5		270		367					0.848314		0.848314	1.362310554	0	1	Significant Decline	Yes	0	1	
C09: Diabetes Care – Eye Exam	1	1	Eligible	83.46	84.78	1.32	5	5		260		184					0.85531		0.855310	1.372618286	0	0	No Significant Change	Not Applicable	0	1	
C10: Diabetes Care – Blood Sugar Controlled	3	1	Eligible	88.85	91.3	2.45	5	5		260		184					0.779129		0.779129	1.344387155	0	0	No Significant Change	Not Applicable	0	3	
C11: Controlling Blood Pressure	3	1	Eligible	81.62	85.38	3.76	5	5		321		260					0.787937		0.787937	1.417692454	1	0	Significant Improvement	Not Applicable	3	3	
C12: Reducing the Risk of Falling	1	1	Eligible	56.77	50.46	-6.31	3	2		155		216					0.84207		0.842070	2.146818393	0	1	Significant Decline	Not Applicable	-1	1	
C13: Improving Bladder Control	1	1	Eligible	49.59	49.48	-0.11	4	4		121		194					0.48039		0.480390	4.227183189	0	0	No Significant Change	Not Applicable	0	1	
C14: Medication Reconciliation Post-Discharge	1	1	Eligible	85.16	95.62	10.46	5	5		411		411					0.818848		0.818848	1.093143791	1	0	Significant Improvement	Not Applicable	1	1	
C15: Plan All Cause Readmission	3	1	Eligible	10.28872	9.293386	0.995334	4	4	847	903	887	1058			0.109719902	0.110821346	0.622494		0.622494	0.291591622	1	0	Significant Improvement	Not Applicable	3	3	1
C16: Statin Therapy for Patients with Cardiovascular Disease	1	1	Eligible	85.84	90.94	5.1	4	4		3164		3532					0.730543		0.730543	0.424322263	1	0	Significant Improvement	Not Applicable	1	1	
C17: Transitions of Care	1	1	Eligible	55.05	65.875	10.825	3	4					1.532781	1.473297			0.845898		0.845898	0.836383558	1	0	Significant Improvement	Not Applicable	1	1	
C18: Follow-up after Emergency Department Visit for People with Multiple High-R	1	1	Eligible	53.48	66.56	13.08	3	4		6945		8133					0.739526		0.739526	0.410847665	1	0	Significant Improvement	Not Applicable	1	1	
C19: Getting Needed Care	4	1	Eligible	75.077792	75.636883	0.559091	2	1					1.905278	1.613897			0.796622		0.796622	1.155701537	0	0	No Significant Change	Not Applicable	0	4	
C20: Getting Appointments and Care Quickly	4	1	Eligible	73.327555	74.612623	1.285068	2	1					1.951489	2.250128			0.477681		0.477681	2.162474327	0	0	No Significant Change	Not Applicable	0	4	
C21: Customer Service	4	1	Eligible	87.341504	87.852769	0.511265	1	2					1.266424	1.178737			0.709932		0.709932	0.934721834	0	0	No Significant Change	Not Applicable	0	4	
C22: Rating of Health Care Quality	4	1	Eligible	85.817796	84.793715	-1.024081	3	3					1.213965	1.231712			0.715693		0.715693	0.922246187	0	0	No Significant Change	Not Applicable	0	4	
C23: Rating of Health Plan	4	1	Eligible	88.131093	88.597671	0.466578	4	4					1.004332	1.042305			0.859045		0.859045	0.54456501	0	0	No Significant Change	Not Applicable	0	4	
C24: Care Coordination	4	1	Eligible	82.505435	80.979136	-1.526299	2	1					1.475597	1.467264			0.67045		0.670450	1.194604743	0	0	No Significant Change	Not Applicable	0	4	
C25: Complaints about the Health Plan	4	1	Eligible	0.163993	0.180728	-0.016735	4	4	176	88210	221	100507					0.826982	365	0.826982	5.44581681	0	0	No Significant Change	Not Applicable	0	4	1
C26: Members Choosing to Leave the Plan	4	1	Eligible	7.708881	10.366186	-2.657305	5	4		100715		117536					0.887075		0.887075	0.041369161	0	1	Significant Decline	Not Applicable	-4	4	1
C28: Plan Makes Timely Decisions about Appeals	4	1	Eligible	95.567867	95.121951	-0.445916	4	4		361		328					0.329153		0.329153	1.319035499	0	0	No Significant Change	Not Applicable	0	4	
C29: Reviewing Appeals Decisions	4	1	Eligible	96.918768	97.515528	0.59676	4	4		357		322					0.610325		0.610325	0.78772738	0	0	No Significant Change	Not Applicable	0	4	
C30: Call Center – Foreign Language Interpreter and TTY Availability	4	1	Eligible	98.412698	100	1.587302	5	5		63		63					0.280278		0.280278	1.574653766	0	0	No Significant Change	Not Applicable	0	4	

Part C Improvement Measure Score	0.073529
C27: Part C Improvement Measure Star	3

C27: Cut Points	1 Star	2 Star	3 Star	4 Star	5 Star
	< -0.179809	≥ -0.179809 to < 0	≥ 0 to < 0.174445	≥ 0.174445 to < 0.421057	≥ 0.421057

Year1	2024
Year2	2025

C27 Thresholds	
2 Star Threshold	-0.179809
3 Star Threshold	0.000000
4 Star Threshold	0.174445
5 Star Threshold	0.421057

Contract: H3815 | **Contract Type: Local & Regional CCP with SNP** | **Part D Improvement Measure Eligibility: Eligible**

Part D Measures

Measure Label	Measure Weight	Eligibility	Eligible for Measure	CY2024 Measure Score	CY2025 Measure Score	CY2024-CY2025 Difference	CY2024 Measure Star	CY2025 Measure Star	CY2024 Numerator	CY2024 Denominator	CY2025 Numerator	CY2025 Denominator	CY2024 SE	CY2025 SE	Days 2024	Days 2025	Correlation	CY2025-CY2024 Difference Standard Error	Improve	Decline	Improvement, Decline, or No Change	Held Harmless	Weighted Score	Weighted Eligibility	Lower is Better
D01: Call Center - Foreign Language Interpreter and TTY Availability	4	1	Eligible	96.875	100	3.125	5	5		64		61			0.30366		0.303658	2.174907954	0	0	No Significant Change	Not Applicable	0	4	
D02: Complaints about the Drug Plan	4	1	Eligible	0.163993	0.180728	-0.016735	4	4	176	88210	221	100507			0.8327	365	0.832704	5.408256675	0	0	No Significant Change	Not Applicable	0	4	1
D03: Members Choosing to Leave the Plan	4	1	Eligible	7.708881	10.366186	-2.657305	5	4		100715		117536			0.88151		0.881507	0.042363021	0	1	Significant Decline	Not Applicable	-4	4	1
D05: Rating of Drug Plan	4	1	Eligible	89.072549	89.594672	0.522123	4	4					0.900196	0.818303	0.81794		0.817940	0.524337013	0	0	No Significant Change	Not Applicable	0	4	
D06: Getting Needed Prescription Drugs	4	1	Eligible	87.13327	88.613616	1.480346	2	3					1.288431	1.172626	0.6592		0.659200	1.021373871	0	0	No Significant Change	Not Applicable	0	4	
D07: MPF Price Accuracy	1	1	Eligible	96.75	98.265	1.515	3	3					0.012219	0.007436	0.64312		0.643115	0.00936646	1	0	Significant Improvement	Not Applicable	1	1	
D08: Part D Medication Adherence for Diabetes Medications	3	1	Eligible	91.539554	93.72014	2.180586	5	5		17373		20442			0.64464		0.644643	0.16486489	1	0	Significant Improvement	Not Applicable	3	3	
D09: Part D Medication Adherence for Hypertension (RAS antagonists)	3	1	Eligible	92.1657	95.616549	3.450849	5	5		39511		45411			0.81256		0.812564	0.079989957	1	0	Significant Improvement	Not Applicable	3	3	
D10: Part D Medication Adherence for Cholesterol (Statins)	3	1	Eligible	90.965172	95.064282	4.09911	5	5		44038		52049			0.80728		0.807284	0.082068281	1	0	Significant Improvement	Not Applicable	3	3	
D11: MTM Program Completion Rate for CMR	1	1	Eligible	100	98.734177	-1.265823	5	5		46		79			0.8678		0.867800	1.257785839	0	0	No Significant Change	Not Applicable	0	1	
D12: Statin Use in Persons with Diabetes (SUPD)	1	1	Eligible	90.934197	93.72876	2.794563	4	5		13609		15203			0.83639		0.836392	0.135223424	1	0	Significant Improvement	Not Applicable	1	1	

MA-PD or PDP	**MA-PD**
Part D Improvement Measure Score	**0.218750**
D04: Part D Improvement Measure Star	**3**

D04: Cut Points	**Type**	**1 Star**	**2 Star**	**3 Star**	**4 Star**	**5 Star**
	MA-PD	< -0.218869	≥ -0.218869 to < 0	≥ 0 to < 0.242468	≥ 0.242468 to < 0.496603	≥ 0.496603
	PDP	< -0.2825	≥ -0.2825 to < 0	≥ 0 to < 0.273334	≥ 0.273334 to < 0.576667	≥ 0.576667

Year1 **2024**
Year2 **2025**

D04 Thresholds	**MA-PD**	**PDP**
2 Star Threshold	-0.218869	-0.282500
3 Star Threshold	0.000000	0.000000
4 Star Threshold	0.242468	0.273334
5 Star Threshold	0.496603	0.576667

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Contract: H3815 **Contract Type: Local & Regional CCP with SNP**

Contract Name: ALIGNMENT HEALTH PLAN

Domain	Primary Data Source	Quality Measure	Score	Star	Calculation Without Improvement: Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight	Calculation With Improvement: Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part C Measures																
1 - Staying Healthy: Screenings, Tests, and Vaccines	HEDIS	**C01: Breast Cancer Screening**	79	4	1	4	3.750000	0.250000	0.062500	0.062500	1	4	3.676471	0.323529	0.104671	0.104671
	HEDIS	**C02: Colorectal Cancer Screening**	83	5	1	5	3.750000	1.250000	1.562500	1.562500	1	5	3.676471	1.323529	1.751729	1.751729
	CAHPS	**C03: Annual Flu Vaccine**	73	4	1	4	3.750000	0.250000	0.062500	0.062500	1	4	3.676471	0.323529	0.104671	0.104671
	HEDIS / HOS	**C04: Monitoring Physical Activity**	54	4	1	4	3.750000	0.250000	0.062500	0.062500	1	4	3.676471	0.323529	0.104671	0.104671
2 - Managing Chronic (Long Term) Conditions	Plan Reporting	**C05: Special Needs Plan (SNP) Care Management**	89	5	1	5	3.750000	1.250000	1.562500	1.562500	1	5	3.676471	1.323529	1.751729	1.751729
	HEDIS	**C06: Care for Older Adults – Medication Review**	100	5	1	5	3.750000	1.250000	1.562500	1.562500	1	5	3.676471	1.323529	1.751729	1.751729
	HEDIS	**C07: Care for Older Adults – Pain Assessment**	97	5	1	5	3.750000	1.250000	1.562500	1.562500	1	5	3.676471	1.323529	1.751729	1.751729
	HEDIS	**C08: Osteoporosis Management in Women who had a Fracture**	71	5	1	5	3.750000	1.250000	1.562500	1.562500	1	5	3.676471	1.323529	1.751729	1.751729
	HEDIS	**C09: Diabetes Care – Eye Exam**	85	5	1	5	3.750000	1.250000	1.562500	1.562500	1	5	3.676471	1.323529	1.751729	1.751729
	HEDIS	**C10: Diabetes Care – Blood Sugar Controlled**	91	5	3	15	3.750000	1.250000	1.562500	4.687500	3	15	3.676471	1.323529	1.751729	5.255187
	HEDIS	**C11: Controlling Blood Pressure**	85	5	3	15	3.750000	1.250000	1.562500	4.687500	3	15	3.676471	1.323529	1.751729	5.255187
	HEDIS / HOS	**C12: Reducing the Risk of Falling**	50	2	1	2	3.750000	-1.750000	3.062500	3.062500	1	2	3.676471	-1.676471	2.810555	2.810555
	HEDIS / HOS	**C13: Improving Bladder Control**	49	4	1	4	3.750000	0.250000	0.062500	0.062500	1	4	3.676471	0.323529	0.104671	0.104671
	HEDIS	**C14: Medication Reconciliation Post-Discharge**	96	5	1	5	3.750000	1.250000	1.562500	1.562500	1	5	3.676471	1.323529	1.751729	1.751729
	HEDIS	**C15: Plan All-Cause Readmissions**	9	4	3	12	3.750000	0.250000	0.062500	0.187500	3	12	3.676471	0.323529	0.104671	0.314013
	HEDIS	**C16: Statin Therapy for Patients with Cardiovascular Disease**	91	4	1	4	3.750000	0.250000	0.062500	0.062500	1	4	3.676471	0.323529	0.104671	0.104671
	HEDIS	**C17: Transitions of Care**	66	4	1	4	3.750000	0.250000	0.062500	0.062500	1	4	3.676471	0.323529	0.104671	0.104671
	HEDIS	**C18: Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions**	67	4	1	4	3.750000	0.250000	0.062500	0.062500	1	4	3.676471	0.323529	0.104671	0.104671
3 - Member Experience with Health Plan	CAHPS	**C19: Getting Needed Care**	76	1	4	4	3.750000	-2.750000	7.562500	30.250000	4	4	3.676471	-2.676471	7.163497	28.653988
	CAHPS	**C20: Getting Appointments and Care Quickly**	75	1	4	4	3.750000	-2.750000	7.562500	30.250000	4	4	3.676471	-2.676471	7.163497	28.653988
	CAHPS	**C21: Customer Service**	88	2	4	8	3.750000	-1.750000	3.062500	12.250000	4	8	3.676471	-1.676471	2.810555	11.242220
	CAHPS	**C22: Rating of Health Care Quality**	85	3	4	12	3.750000	-0.750000	0.562500	2.250000	4	12	3.676471	-0.676471	0.457613	1.830452
	CAHPS	**C23: Rating of Health Plan**	89	4	4	16	3.750000	0.250000	0.062500	0.250000	4	16	3.676471	0.323529	0.104671	0.418684
	CAHPS	**C24: Care Coordination**	81	1	4	4	3.750000	-2.750000	7.562500	30.250000	4	4	3.676471	-2.676471	7.163497	28.653988
4 - Member Complaints and Improvement in the Health Plan's Performance	CTM	**C25: Complaints about the Health Plan**	0.18	4	4	16	3.750000	0.250000	0.062500	0.250000	4	16	3.676471	0.323529	0.104671	0.418684
	MBDSS	**C26: Members Choosing to Leave the Plan**	10	4	4	16	3.750000	0.250000	0.062500	0.250000	4	16	3.676471	0.323529	0.104671	0.418684
	Star Ratings	**C27: Health Plan Quality Improvement**	Medica	3	**Not used in this Calculation**						5	15	3.676471	-0.676471	0.457613	2.288065
5 - Health Plan Customer Service	IRE	**C28: Plan Makes Timely Decisions about Appeals**	95	4	4	16	3.750000	0.250000	0.062500	0.250000	4	16	3.676471	0.323529	0.104671	0.418684
	IRE	**C29: Reviewing Appeals Decisions**	98	4	4	16	3.750000	0.250000	0.062500	0.250000	4	16	3.676471	0.323529	0.104671	0.418684
	Call Center	**C30: Call Center – Foreign Language Interpreter and TTY Availability**	100	5	4	20	3.750000	1.250000	1.562500	6.250000	4	20	3.676471	1.323529	1.751729	7.006916
Part D Measures																
1 - Drug Plan Customer Service	Call Center	**D01: Call Center – Foreign Language Interpreter and TTY Availability**	100	5	4	20	3.750000	1.250000	1.562500	6.250000	4	20	3.676471	1.323529	1.751729	7.006916
2 - Member Complaints and Improvement in the Drug Plan's Performance	CTM	**D02 Complaints about the Drug Plan**	0.18	4	**Counted in Part C**						**Counted in Part C**					
	MBDSS	**D03: Members Choosing to Leave the Plan**	10	4	**Counted in Part C**						**Counted in Part C**					
	Star Ratings	**D04: Drug Plan Quality Improvement**	Medica	3	**Not used in this Calculation**						5	15	3.676471	-0.676471	0.457613	2.288065
3 - Member Experience with Drug Plan	CAHPS	**D05: Rating of Drug Plan**	90	4	4	16	3.750000	0.250000	0.062500	0.250000	4	16	3.676471	0.323529	0.104671	0.418684
	CAHPS	**D06: Getting Needed Prescription Drugs**	89	3	4	12	3.750000	-0.750000	0.562500	2.250000	4	12	3.676471	-0.676471	0.457613	1.830452
4 - Drug Pricing and Patient Safety	PDE & MPF Pricing Files	**D07: MPF Price Accuracy**	98	3	1	3	3.750000	-0.750000	0.562500	0.562500	1	3	3.676471	-0.676471	0.457613	0.457613
	PDE data	**D08: Medication Adherence for Diabetes Medications**	94	5	3	15	3.750000	1.250000	1.562500	4.687500	3	15	3.676471	1.323529	1.751729	5.255187
	PDE data	**D09: Medication Adherence for Hypertension (RAS antagonists)**	96	5	3	15	3.750000	1.250000	1.562500	4.687500	3	15	3.676471	1.323529	1.751729	5.255187
	PDE data	**D10: Medication Adherence for Cholesterol (Statins)**	95	5	3	15	3.750000	1.250000	1.562500	4.687500	3	15	3.676471	1.323529	1.751729	5.255187
	Part D Plan Reporting	**D11: MTM Program Completion Rate for CMR**	99	5	1	5	3.750000	1.250000	1.562500	1.562500	1	5	3.676471	1.323529	1.751729	1.751729
	PDE data	**D12: Statin Use in Persons with Diabetes (SUPD)**	94	5	1	5	3.750000	1.250000	1.562500	1.562500	1	5	3.676471	1.323529	1.751729	1.751729
Rated Like MA-PD	**Local & Regional CCP with SNP needs at least 19 of 38 measures**				**92** Sum of weights	**345** Sum of weights * stars	**3.750000** Calculated Summary Mean			**163.250000** Sum of weighted squared diffs	**102** Sum of weights	**375** Sum of weights * stars	**3.676471** Calculated Summary Mean			**168.323529** Sum of weighted squared diffs
	2022 Major Disaster % 0															
	2023 Major Disaster % 0															

New Measure(s) Improvement	With Without	With With
# Measures Needed	19	19
# Measures Scored	38	40
Variance Category	high	high
Reward Factor	0	0
Interim Summary	3.750000	3.676471
CAI Value	0.002506	0.002506
Final Summary	3.752506	3.678977
Overall Rating	4.0	3.5
Final Overall Rating	**4.0**	

38 # eligible measures

1.822415 Calculated Variance

40 # eligible measures

1.692544 Calculated Variance

- Categorize the variance into three categories:
  - o low (0 to < 30th percentile),
  - o medium (≥ 30th to < 70th percentile) and
  - o high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - o r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.0 (for other types of contracts)

Without Improvement	
Variance Thresholds	
Percentile	**Overall Rating**
30th	0.795388
70th	1.216635
Performance Summary Thresholds	
Percentile	**Overall Rating**
65th	3.662921
85th	3.977528

With Improvement	
Variance Thresholds	
Percentile	**Overall Rating**
30th	0.828220
70th	1.240423
Performance Summary Thresholds	
Percentile	**Overall Rating**
65th	3.646465
85th	3.949495

H3815 Part C

As of 5/13/2025

Contract: H3815 Contract Type: Local & Regional CCP with SNP					Calculation Without Improvement					
Contract Name: ALIGNMENT HEALTH PLAN										
Domain	**Primary Data Source**	**Quality Measure**	**Score**	**Star**	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part C Measures										
1 - Staying Healthy: Screenings, Tests, and Vaccines	HEDIS	**C01: Breast Cancer Screening**	79	4	1	4	3.514706	0.485294	0.235510	0.235510
	HEDIS	**C02: Colorectal Cancer Screening**	83	5	1	5	3.514706	1.485294	2.206098	2.206098
	CAHPS	**C03: Annual Flu Vaccine**	73	4	1	4	3.514706	0.485294	0.235510	0.235510
	HEDIS / HOS	**C04: Monitoring Physical Activity**	54	4	1	4	3.514706	0.485294	0.235510	0.235510
2 - Managing Chronic (Long Term) Conditions	Plan Reporting	**C05: Special Needs Plan (SNP) Care Management**	89	5	1	5	3.514706	1.485294	2.206098	2.206098
	HEDIS	**C06: Care for Older Adults – Medication Review**	100	5	1	5	3.514706	1.485294	2.206098	2.206098
	HEDIS	**C07: Care for Older Adults – Pain Assessment**	97	5	1	5	3.514706	1.485294	2.206098	2.206098
	HEDIS	**C08: Osteoporosis Management in Women who had a Fracture**	71	5	1	5	3.514706	1.485294	2.206098	2.206098
	HEDIS	**C09: Diabetes Care – Eye Exam**	85	5	1	5	3.514706	1.485294	2.206098	2.206098
	HEDIS	**C10: Diabetes Care – Blood Sugar Controlled**	91	5	3	15	3.514706	1.485294	2.206098	6.618295
	HEDIS	**C11: Controlling Blood Pressure**	85	5	3	15	3.514706	1.485294	2.206098	6.618295
	HEDIS / HOS	**C12: Reducing the Risk of Falling**	50	2	1	2	3.514706	-1.514706	2.294334	2.294334
	HEDIS / HOS	**C13: Improving Bladder Control**	49	4	1	4	3.514706	0.485294	0.235510	0.235510
	HEDIS	**C14: Medication Reconciliation Post-Discharge**	96	5	1	5	3.514706	1.485294	2.206098	2.206098
	HEDIS	**C15: Plan All-Cause Readmissions**	9	4	3	12	3.514706	0.485294	0.235510	0.706531
	HEDIS	**C16: Statin Therapy for Patients with Cardiovascular Disease**	91	4	1	4	3.514706	0.485294	0.235510	0.235510
	HEDIS	**C17: Transitions of Care**	66	4	1	4	3.514706	0.485294	0.235510	0.235510
	HEDIS	**C18: Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions**	67	4	1	4	3.514706	0.485294	0.235510	0.235510
3 - Member Experience with Health Plan	CAHPS	**C19: Getting Needed Care**	76	1	4	4	3.514706	-2.514706	6.323746	25.294985
	CAHPS	**C20: Getting Appointments and Care Quickly**	75	1	4	4	3.514706	-2.514706	6.323746	25.294985
	CAHPS	**C21: Customer Service**	88	2	4	8	3.514706	-1.514706	2.294334	9.177337
	CAHPS	**C22: Rating of Health Care Quality**	85	3	4	12	3.514706	-0.514706	0.264922	1.059689
	CAHPS	**C23: Rating of Health Plan**	89	4	4	16	3.514706	0.485294	0.235510	0.942041
	CAHPS	**C24: Care Coordination**	81	1	4	4	3.514706	-2.514706	6.323746	25.294985
4 - Member Complaints and Improvement in the Health Plan's Performance	CTM	**C25: Complaints about the Health Plan**	0.18	4	4	16	3.514706	0.485294	0.235510	0.942041
	MBDSS	**C26: Members Choosing to Leave the Plan**	10	4	4	16	3.514706	0.485294	0.235510	0.942041
	Star Ratings	**C27: Health Plan Quality Improvement**	Medic...	3	**Not used in this Calculation**					
5 - Health Plan Customer Service	IRE	**C28: Plan Makes Timely Decisions about Appeals**	95	4	4	16	3.514706	0.485294	0.235510	0.942041
	IRE	**C29: Reviewing Appeals Decisions**	98	4	4	16	3.514706	0.485294	0.235510	0.942041
	Call Center	**C30: Call Center – Foreign Language Interpreter and TTY Availability**	100	5	4	20	3.514706	1.485294	2.206098	8.824393
Rated Like MA-PD	**Local & Regional CCP with SNP needs at least 15 of 29 measures**				**68** Sum of weights	**239** Sum of weights * stars	**3.514706** Calculated Summary Mean			**132.985294** Sum of weighted squared diffs
	2022 Major Disaster %	**0**								
	2023 Major Disaster %	**0**								

New Measure(s) Improvement	**With Without**	**With With**
# Measures Needed	15	15
# Measures Scored	29	30
Variance Category	high	high
Reward Factor	0	0
Interim Summary	3.514706	3.479452
CAI Value	0.004257	0.004257
Final Summary	3.518963	3.483709
Part C Summary	3.5	3.5
Final Part C Summary	**3.5**	

29 # eligible measures

2.025511 Calculated Variance

- Categorize the variance into three categories:
  - o low (0 to < 30th percentile),
  - o medium (≥ 30th to < 70th percentile) and
  - o high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - o r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.0 (for other types of contracts)

Without Improvement	
Variance Thresholds	
Percentile	**Part C Summary**
30th	0.807024
70th	1.256410
Performance Summary Thresholds	
Percentile	**Part C Summary**
65th	3.707692
85th	4.044118

H3815 Part C

As of 5/13/2025

Contract: H3815 Contract Type: Local & Regional CCP with SNP					Calculation With Improvement					
Contract Name: ALIGNMENT HEALTH PLAN										
Domain	**Primary Data Source**	**Quality Measure**	**Score**	**Star**	Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part C Measures										
1 - Staying Healthy: Screenings, Tests, and Vaccines	HEDIS	**C01: Breast Cancer Screening**	79	4	1	4	3.479452	0.520548	0.270970	0.270970
	HEDIS	**C02: Colorectal Cancer Screening**	83	5	1	5	3.479452	1.520548	2.312066	2.312066
	CAHPS	**C03: Annual Flu Vaccine**	73	4	1	4	3.479452	0.520548	0.270970	0.270970
	HEDIS / HOS	**C04: Monitoring Physical Activity**	54	4	1	4	3.479452	0.520548	0.270970	0.270970
2 - Managing Chronic (Long Term) Conditions	Plan Reporting	**C05: Special Needs Plan (SNP) Care Management**	89	5	1	5	3.479452	1.520548	2.312066	2.312066
	HEDIS	**C06: Care for Older Adults – Medication Review**	100	5	1	5	3.479452	1.520548	2.312066	2.312066
	HEDIS	**C07: Care for Older Adults – Pain Assessment**	97	5	1	5	3.479452	1.520548	2.312066	2.312066
	HEDIS	**C08: Osteoporosis Management in Women who had a Fracture**	71	5	1	5	3.479452	1.520548	2.312066	2.312066
	HEDIS	**C09: Diabetes Care – Eye Exam**	85	5	1	5	3.479452	1.520548	2.312066	2.312066
	HEDIS	**C10: Diabetes Care – Blood Sugar Controlled**	91	5	3	15	3.479452	1.520548	2.312066	6.936199
	HEDIS	**C11: Controlling Blood Pressure**	85	5	3	15	3.479452	1.520548	2.312066	6.936199
	HEDIS / HOS	**C12: Reducing the Risk of Falling**	50	2	1	2	3.479452	-1.479452	2.188778	2.188778
	HEDIS / HOS	**C13: Improving Bladder Control**	49	4	1	4	3.479452	0.520548	0.270970	0.270970
	HEDIS	**C14: Medication Reconciliation Post-Discharge**	96	5	1	5	3.479452	1.520548	2.312066	2.312066
	HEDIS	**C15: Plan All-Cause Readmissions**	9	4	3	12	3.479452	0.520548	0.270970	0.812911
	HEDIS	**C16: Statin Therapy for Patients with Cardiovascular Disease**	91	4	1	4	3.479452	0.520548	0.270970	0.270970
	HEDIS	**C17: Transitions of Care**	66	4	1	4	3.479452	0.520548	0.270970	0.270970
	HEDIS	**C18: Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions**	67	4	1	4	3.479452	0.520548	0.270970	0.270970
3 - Member Experience with Health Plan	CAHPS	**C19: Getting Needed Care**	76	1	4	4	3.479452	-2.479452	6.147682	24.590729
	CAHPS	**C20: Getting Appointments and Care Quickly**	75	1	4	4	3.479452	-2.479452	6.147682	24.590729
	CAHPS	**C21: Customer Service**	88	2	4	8	3.479452	-1.479452	2.188778	8.755113
	CAHPS	**C22: Rating of Health Care Quality**	85	3	4	12	3.479452	-0.479452	0.229874	0.919497
	CAHPS	**C23: Rating of Health Plan**	89	4	4	16	3.479452	0.520548	0.270970	1.083881
	CAHPS	**C24: Care Coordination**	81	1	4	4	3.479452	-2.479452	6.147682	24.590729
4 - Member Complaints and Improvement in the Health Plan's Performance	CTM	**C25: Complaints about the Health Plan**	0.18	4	4	16	3.479452	0.520548	0.270970	1.083881
	MBDSS	**C26: Members Choosing to Leave the Plan**	10	4	4	16	3.479452	0.520548	0.270970	1.083881
	Star Ratings	**C27: Health Plan Quality Improvement**	Medic are	3	5	15	3.479452	-0.479452	0.229874	1.149371
5 - Health Plan Customer Service	IRE	**C28: Plan Makes Timely Decisions about Appeals**	95	4	4	16	3.479452	0.520548	0.270970	1.083881
	IRE	**C29: Reviewing Appeals Decisions**	98	4	4	16	3.479452	0.520548	0.270970	1.083881
	Call Center	**C30: Call Center – Foreign Language Interpreter and TTY Availability**	100	5	4	20	3.479452	1.520548	2.312066	9.248265
Rated Like MA-PD	**Local & Regional CCP with SNP needs at least 15 of 29 measures**				**73** Sum of weights	**254** Sum of weights * stars	**3.479452** Calculated Summary Mean			**134.219178** Sum of weighted squared diffs
	2022 Major Disaster %	**0**								
	2023 Major Disaster %	**0**								

New Measure(s)	With	With
Improvement	**Without**	**With**
# Measures Needed	15	15
# Measures Scored	29	30
Variance Category	high	high
Reward Factor	0	0
Interim Summary	3.514706	3.479452
CAI Value	0.004257	0.004257
Final Summary	3.518963	3.483709
Part C Summary	3.5	3.5
Final Part C Summary	**3.5**	

30 # eligible measures

1.902020 Calculated Variance

- Categorize the variance into three categories:
  - o low (0 to < 30th percentile),
  - o medium (≥ 30th to < 70th percentile) and
  - o high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - o r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.0 (for other types of contracts)

With Improvement	
Variance Thresholds	
Percentile	**Part C Summary**
30th	0.820452
70th	1.275376
Performance Summary Thresholds	
Percentile	**Part C Summary**
65th	3.703125
85th	4.014493

As of 5/13/2025

Contract: H3815 **Contract Type: Local & Regional CCP with SNP**

Contract Name: ALIGNMENT HEALTH PLAN

Domain	Primary Data Source	Quality Measure	Score	Star	Calculation Without Improvement: Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part D Measures										
1 - Drug Plan Customer Service	Call Center	**D01: Call Center – Foreign Language Interpreter and TTY Availability**	100	5	4	20	4.312500	0.687500	0.472656	1.890625
2 - Member Complaints and Improvement in the Drug Plan's Performance	CTM	**D02: Complaints about the Drug Plan**	0.18	4	4	16	4.312500	-0.312500	0.097656	0.390625
	MBDSS	**D03: Members Choosing to Leave the Plan**	10	4	4	16	4.312500	-0.312500	0.097656	0.390625
	Star Ratings	**D04: Drug Plan Quality Improvement**	Medic	3	**Not used in this Calculation**					
3 - Member Experience with Drug Plan	CAHPS	**D05: Rating of Drug Plan**	90	4	4	16	4.312500	-0.312500	0.097656	0.390625
	CAHPS	**D06: Getting Needed Prescription Drugs**	89	3	4	12	4.312500	-1.312500	1.722656	6.890625
4 - Drug Pricing and Patient Safety	PDE & MPF Pricing Files	**D07: MPF Price Accuracy**	98	3	1	3	4.312500	-1.312500	1.722656	1.722656
	PDE data	**D08: Medication Adherence for Diabetes Medications**	94	5	3	15	4.312500	0.687500	0.472656	1.417969
	PDE data	**D09: Medication Adherence for Hypertension (RAS antagonists)**	96	5	3	15	4.312500	0.687500	0.472656	1.417969
	PDE data	**D10: Medication Adherence for Cholesterol (Statins)**	95	5	3	15	4.312500	0.687500	0.472656	1.417969
	Part D Plan Reporting	**D11: MTM Program Completion Rate for CMR**	99	5	1	5	4.312500	0.687500	0.472656	0.472656
	PDE data	**D12: Statin Use in Persons with Diabetes (SUPD)**	94	5	1	5	4.312500	0.687500	0.472656	0.472656
Rated Like	**Local & Regional CCP with SNP needs at least 6 of 11 measures**				**32**	**138**	**4.312500**			**16.875000**
MA-PD	**2022 Major Disaster %**	**0**			**Sum of weights**	**Sum of weights * stars**	**Calculated Summary Mean**			**Sum of weighted squared diffs**
	2023 Major Disaster %	**0**								

Improvement	Without	With
# Measures Needed	6	6
# Measures Scored	11	12
Variance Category	low	low
Reward Factor	0.4	0.4
Interim Summary	4.712500	4.535135
CAI Value	-0.002424	-0.002424
Final Summary	4.710076	4.532711
Part D Summary	4.5	4.5
Final Part D Summary	**4.5**	

11 **# eligible measures**

0.580078 **Calculated Variance**

- Categorize the variance into three categories:
  - o low (0 to < 30th percentile),
  - o medium (≥ 30th to < 70th percentile) and
  - o high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - o r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.0 (for other types of contracts)

Without Improvement	
Variance Thresholds	
Percentile	**Part D Summary**
30th	0.654297
70th	1.210645
Performance Summary Thresholds	
Percentile	**Part D Summary**
65th	3.718750
85th	4.062500

As of 5/13/2025

Contract: H3815 **Contract Type: Local & Regional CCP with SNP**

Contract Name: ALIGNMENT HEALTH PLAN

Domain	Primary Data Source	Quality Measure	Score	Star	Calculation With Improvement: Weight	Weight * star	x bar	diff	diff squared	multiply by measure weight
Part D Measures										
1 - Drug Plan Customer Service	Call Center	**D01: Call Center – Foreign Language Interpreter and TTY Availability**	100	5	4	20	4.135135	0.864865	0.747991	2.991966
2 - Member Complaints and Improvement in the Drug Plan's Performance	CTM	**D02: Complaints about the Drug Plan**	0.18	4	4	16	4.135135	-0.135135	0.018261	0.073046
	MBDSS	**D03: Members Choosing to Leave the Plan**	10	4	4	16	4.135135	-0.135135	0.018261	0.073046
	Star Ratings	**D04: Drug Plan Quality Improvement**	Medic	3	5	15	4.135135	-1.135135	1.288531	6.442657
3 - Member Experience with Drug Plan	CAHPS	**D05: Rating of Drug Plan**	90	4	4	16	4.135135	-0.135135	0.018261	0.073046
	CAHPS	**D06: Getting Needed Prescription Drugs**	89	3	4	12	4.135135	-1.135135	1.288531	5.154126
4 - Drug Pricing and Patient Safety	PDE & MPF Pricing Files	**D07: MPF Price Accuracy**	98	3	1	3	4.135135	-1.135135	1.288531	1.288531
	PDE data	**D08: Medication Adherence for Diabetes Medications**	94	5	3	15	4.135135	0.864865	0.747991	2.243974
	PDE data	**D09: Medication Adherence for Hypertension (RAS antagonists)**	96	5	3	15	4.135135	0.864865	0.747991	2.243974
	PDE data	**D10: Medication Adherence for Cholesterol (Statins)**	95	5	3	15	4.135135	0.864865	0.747991	2.243974
	Part D Plan Reporting	**D11: MTM Program Completion Rate for CMR**	99	5	1	5	4.135135	0.864865	0.747991	0.747991
	PDE data	**D12: Statin Use in Persons with Diabetes (SUPD)**	94	5	1	5	4.135135	0.864865	0.747991	0.747991
Rated Like	**Local & Regional CCP with SNP needs at least 6 of 11 measures**				**37**	**153**	**4.135135**			**24.324324**
MA-PD	**2022 Major Disaster %**	**0**			**Sum of weights**	**Sum of weights * stars**	**Calculated Summary Mean**			**Sum of weighted squared diffs**
	2023 Major Disaster %	**0**								

Improvement	Without	With
# Measures Needed	6	6
# Measures Scored	11	12
Variance Category	low	low
Reward Factor	0.4	0.4
Interim Summary	4.712500	4.535135
CAI Value	-0.002424	-0.002424
Final Summary	4.710076	4.532711
Part D Summary	4.5	4.5
Final Part D Summary	**4.5**	

12 **# eligible measures**

0.717179 **Calculated Variance**

- Categorize the variance into three categories:
  - o low (0 to < 30th percentile),
  - o medium (≥ 30th to < 70th percentile) and
  - o high (≥ 70th percentile and above)
- Develop the Reward Factor as follows:
  - o r-Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - o r-Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - o r-Factor = 0.0 (for other types of contracts)

With Improvement	
Variance Thresholds	
Percentile	**Part D Summary**
30th	0.742679
70th	1.268610
Performance Summary Thresholds	
Percentile	**Part D Summary**
65th	3.666667
85th	4.000000

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Contract	Sponsor	Predictor	Category	National	H9686	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.077872	0.071090	-0.006782	-0.006074	0.000041	
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.179175	0.255924	0.076749	-0.013623	-0.001046	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.248507	0.317536	0.069029		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222699	0.208531	-0.014169	-0.004855	0.000069	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.153716	0.085308	-0.068408	-0.013277	0.000908	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.118030	0.061611	-0.056418	-0.010573	0.000597	
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.053270			-0.037549		S
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.073535			-0.009141		X
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.308543	0.278298	-0.030245		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.288263	0.365811	0.077548	-0.004797	-0.000372	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.128953	0.136449	0.007496	-0.016438	-0.000123	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.147437	0.097212	-0.050225	0.001654	-0.000083	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057780			0.012246		X
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.267377	0.288322	0.020945	0.015388	0.000322	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.400374	0.370301	-0.030073		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.229523	0.245016	0.015493	-0.034644	-0.000537	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.044946			-0.052066		S
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.221873	0.239309	0.017436	0.085238	0.001486	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.324968	0.296614	-0.028354	0.044991	-0.001276	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.299969	0.306129	0.006159		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.130684			-0.029950		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022505			-0.056365		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.071636			0.000427		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.033232			0.037464		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.214697	0.156398	-0.058299	-0.021892	0.001276	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025223			-0.009843		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002469	0.000000	-0.002469	-0.147644	0.000365	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						0.001930	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						0.064319	

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Contract	Sponsor	Predictor	Category	National	H9686	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.079197	0.075377	-0.003820	0.042542	-0.000163	
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.176280	0.246231	0.069952	0.014919	0.001044	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.247298	0.316583	0.069285		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.223616	0.211055	-0.012560	-0.055516	0.000697	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.154503	0.090452	-0.064051	-0.108294	0.006936	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.119107	0.060302	-0.058806	-0.163453	0.009612	
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.053212			-0.016763		S
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.073770			0.024866		X
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.310441	0.269954	-0.040486		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.288466	0.367769	0.079304	-0.000764	-0.000061	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.127325	0.134627	0.007301	-0.075298	-0.000550	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.146786	0.098048	-0.048738	-0.062517	0.003047	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.052450			0.077474		S
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.262591	0.265507	0.002916	0.046772	0.000136	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.404899	0.387606	-0.017293		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.234075	0.249741	0.015666	-0.050124	-0.000785	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045986			-0.134132		S
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.218229	0.242448	0.024219	0.161404	0.003909	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.323318	0.297954	-0.025364	0.078824	-0.001999	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.302620	0.308023	0.005403		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.133066			-0.023194		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022767			-0.106622		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.072510			0.102971		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.033359			0.099226		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.214698	0.150754	-0.063944	0.022407	-0.001433	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025245			0.054827		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002346	0.000000	-0.002346	-0.260929	0.000612	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						0.020625	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						0.687484	

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Contract	Sponsor	Predictor	Category	National	H9686	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.078253	0.061856	-0.016397	0.035614	-0.000584	
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.179214	0.247423	0.068209	-0.025924	-0.001768	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.252544	0.329897	0.077353		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222986	0.211340	-0.011646	-0.008041	0.000094	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.152646	0.087629	-0.065017	-0.009006	0.000586	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.114358	0.061856	-0.052502	-0.013312	0.000699	
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.054276			-0.030778		S
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.074583			0.014691		X
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.305783	0.282067	-0.023716		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.288230	0.361784	0.073554	-0.025244	-0.001857	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.128575	0.138096	0.009521	-0.030983	-0.000295	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.148554	0.095421	-0.053133	-0.030219	0.001606	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.056748			0.079176		X
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.263079	0.277505	0.014425	0.046877	0.000676	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.402504	0.366668	-0.035836		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.232074	0.251023	0.018949	-0.073434	-0.001391	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045595			-0.128994		S
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.221826	0.253851	0.032026	0.150209	0.004811	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.323802	0.290169	-0.033634	0.079056	-0.002659	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.300142	0.310807	0.010665		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.131988			-0.020578		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022241			-0.095363		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.071961			-0.013734		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032439			0.000795		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.216713	0.144330	-0.072383	-0.019924	0.001442	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025264			-0.013913		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002557	0.000000	-0.002557	0.149466	-0.000382	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						0.002689	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						0.089642	

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Contract	Sponsor	Predictor	Category	National	H9686	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.102423			-0.040377		S
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.179641	0.308642	0.129001	-0.025150	-0.003244	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.246320	0.283951	0.037630		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.216087	0.259259	0.043172	-0.010234	-0.000442	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.141445			-0.005122		S
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.114084			-0.026622		S
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.071085			-0.024633		S
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.073660			-0.001022		S
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.287760	0.208154	-0.079606		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.288621	0.445593	0.156972	-0.050956	-0.007999	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.125473	0.153029	0.027556	-0.037932	-0.001045	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.153402			-0.073762		S
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.041260			0.038475		S
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.203141			0.000903		X
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.385592	0.333333	-0.052259		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.299933	0.296296	-0.003637	-0.049196	0.000179	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.070073			-0.088051		S
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.181815	0.185185	0.003370	0.098561	0.000332	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.289889	0.283951	-0.005938	0.007139	-0.000042	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.314501	0.358025	0.043524		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.177072			-0.056397		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.036723			-0.141884		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.091590			0.016521		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.043434			0.037858		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.272524	0.148148	-0.124376	-0.009988	0.001242	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.029054			-0.046359		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.004494	0.000000	-0.004494	0.107154	-0.000482	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						0.002496	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						0.124807	

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Contract	Sponsor	Predictor	Category	National	H9686	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.077097			-0.004051		X
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.176138	0.218182	0.042044	-0.017010	-0.000715	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.247490	0.315152	0.067662		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.227141	0.230303	0.003162	-0.021801	-0.000069	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.157231	0.096970	-0.060261	-0.031297	0.001886	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.114903			-0.006301		S
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.047664			0.027100		S
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.064260			-0.024410		X
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.291790	0.245055	-0.046734		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.300170	0.386798	0.086628	-0.047650	-0.004128	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.134620	0.161569	0.026949	-0.110353	-0.002974	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.161495	0.081372	-0.080123	-0.088945	0.007127	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.050991			-0.002509		S
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.253909	0.274416	0.020507	0.007994	0.000164	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.403508	0.384108	-0.019400		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.241055	0.249896	0.008841	0.000264	0.000002	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.050538			-0.027533		S
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.219945	0.225740	0.005795	0.176753	0.001024	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.325219	0.304805	-0.020414	0.078680	-0.001606	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.297439	0.316949	0.019510		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.135855			-0.068651		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.021542			-0.230525		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068976			0.021593		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031506			-0.001006		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.202004	0.187879	-0.014125	0.076578	-0.001082	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.023498			0.020418		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002202	0.000000	-0.002202	-0.079373	0.000175	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						0.001910	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						0.063674	

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Contract	Sponsor	Predictor	Category	National	H9686	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.092895	0.088083	-0.004812	-0.043303	0.000208	
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.190315	0.248705	0.058389	-0.028258	-0.001650	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.252240	0.279793	0.027553		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.214669	0.233161	0.018491	-0.009088	-0.000168	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.140419	0.093264	-0.047155	0.000270	-0.000013	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.109462	0.056995	-0.052467	0.004544	-0.000238	
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.066296	0.063482	-0.002814	-0.068780	0.000194	
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.085462	0.069466	-0.015996	-0.023062	0.000369	
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.301152	0.250954	-0.050198		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.284311	0.382496	0.098185	-0.076520	-0.007513	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.124104	0.143310	0.019207	-0.106038	-0.002037	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.138675	0.090292	-0.048383	-0.147872	0.007155	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057221			0.087005		S
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.243672	0.308587	0.064915	0.037574	0.002439	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.388454	0.361429	-0.027025		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.256853	0.240755	-0.016099	-0.043663	0.000703	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.053800			-0.027616		S
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.208699	0.225359	0.016660	0.124168	0.002069	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.305981	0.288008	-0.017973	0.055090	-0.000990	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.303942	0.324317	0.020375		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.152940			-0.028612		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.028438			-0.117183		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.074646			0.015990		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032672			0.026849		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.287844	0.176166	-0.111678	0.064943	-0.007253	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.027302			0.024231		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.003231	0.000000	-0.003231	-0.059615	0.000193	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.005717	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.190560	

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Contract	Sponsor	Predictor	Category	National	H9686	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.092361	0.088083	-0.004279	-0.018615	0.000080	
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.189977	0.248705	0.058727	-0.022335	-0.001312	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.251076	0.279793	0.028716		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.215106	0.233161	0.018054	0.003167	0.000057	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.141282	0.093264	-0.048017	-0.005182	0.000249	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.110197	0.056995	-0.053202	0.007751	-0.000412	
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.066994	0.063482	-0.003512	-0.020080	0.000071	
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.085997	0.069466	-0.016531	-0.019524	0.000323	
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.301881	0.250954	-0.050927		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.283340	0.382496	0.099156	-0.035270	-0.003497	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.123243	0.143310	0.020067	-0.036343	-0.000729	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.138544	0.090292	-0.048252	-0.042457	0.002049	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057455			0.022274		S
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.243960	0.308587	0.064627	-0.005334	-0.000345	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.387583	0.356247	-0.031335		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.257317	0.245936	-0.011381	-0.017079	0.000194	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.053686			0.008667		S
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.209063	0.220178	0.011114	0.101933	0.001133	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.305622	0.288008	-0.017614	0.064808	-0.001142	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.304474	0.324317	0.019843		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.152895			0.001233		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.027945			-0.108087		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.074350			0.002267		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032552			0.028737		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.288898	0.176166	-0.112733	0.027754	-0.003129	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.027408			0.042577		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.003255	0.000000	-0.003255	-0.166627	0.000542	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.004325	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.144181	

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Contract	Sponsor	Predictor	Category	National	H9686	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.075993	0.079051	0.003059	0.006684	0.000020	
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.183568	0.260870	0.077301	0.003914	0.000303	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.250696	0.292490	0.041794		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222582	0.213439	-0.009143	-0.012607	0.000115	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.149788	0.090909	-0.058878	-0.019080	0.001123	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.117373	0.063241	-0.054132	-0.023892	0.001293	
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.055910	0.048825	-0.007085	-0.023517	0.000167	
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.074734	0.081303	0.006569	-0.008992	-0.000059	
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.312956	0.280663	-0.032293		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.283871	0.377670	0.093799	-0.019646	-0.001843	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.127830	0.126176	-0.001654	-0.018421	0.000030	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.144700	0.085363	-0.059337	-0.039660	0.002353	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.067088			0.025940		X
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.277749	0.278882	0.001133	0.013402	0.000015	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.394552	0.390339	-0.004214		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.217764	0.231090	0.013326	-0.040168	-0.000535	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.042846			-0.041289		S
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.226275	0.249989	0.023714	0.050851	0.001206	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.328826	0.301552	-0.027274	0.020459	-0.000558	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.295087	0.293662	-0.001424		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.127539			-0.036132		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022273			-0.070309		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068777			-0.030438		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031941			0.012409		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.214150	0.158103	-0.056048	-0.044312	0.002484	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.024646			-0.017965		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002484	0.000000	-0.002484	-0.061342	0.000152	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						0.007196	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						0.239866	

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H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.093503			0.005166		S
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.173666	0.263736	0.090070	0.044753	0.004031	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.234313	0.241758	0.007446		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.218746	0.197802	-0.020944	0.028526	-0.000597	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.154098	0.131868	-0.022230	0.062790	-0.001396	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.125674			0.072369		S
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.053832			0.070341		S
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.080387			0.018716		S
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.304011	0.251214	-0.052797		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.296215	0.330693	0.034477	-0.026901	-0.000927	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.122802	0.158191	0.035389	-0.004157	-0.000147	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.142753			-0.073505		S
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.040077			0.051179		S
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.205018	0.178886	-0.026132	0.037709	-0.000985	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.387541	0.355801	-0.031741		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.290211	0.321240	0.031028	-0.080825	-0.002508	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.077152			-0.108908		S
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.189754	0.186813	-0.002941	0.098437	-0.000289	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.297922	0.274725	-0.023197	0.058557	-0.001358	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.309907	0.340659	0.030752		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.167069			-0.034143		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.035348			-0.237357		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.077321			0.019447		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.038470			0.157062		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.242188	0.164835	-0.077353	0.012005	-0.000929	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.027113			0.016612		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002650	0.000000	-0.002650	-0.106902	0.000283	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.001581	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.052689	

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H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.079677	0.094527	0.014851	0.017681	0.000263	
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.183527	0.243781	0.060254	-0.003451	-0.000208	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.253059	0.268657	0.015598		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.223473	0.218905	-0.004567	0.011455	-0.000052	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.148190	0.099502	-0.048688	0.030129	-0.001467	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.112075	0.074627	-0.037448	0.041176	-0.001542	
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.050341			-0.038988		S
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.067722			-0.015984		X
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.291251	0.287169	-0.004082		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.294858	0.359135	0.064277	-0.046936	-0.003017	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.137132	0.128312	-0.008820	-0.051661	0.000456	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.158696	0.097073	-0.061624	-0.085738	0.005284	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.058850			0.060365		S
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.272670	0.256504	-0.016166	0.034805	-0.000563	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.396415	0.391820	-0.004595		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.226127	0.251073	0.024946	-0.049593	-0.001237	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045939			-0.072507		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.224422	0.216390	-0.008032	0.144678	-0.001162	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.326317	0.276545	-0.049772	0.066536	-0.003312	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.295399	0.331309	0.035910		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.130701			-0.027751		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.023161			-0.158435		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068780			0.027314		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.033084			0.058947		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.206609	0.149254	-0.057356	0.027697	-0.001589	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.024175			-0.011617		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002807	0.000000	-0.002807	-0.264277	0.000742	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.009769	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.325626	

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H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.076232	0.081081	0.004849	-0.014982	-0.000073	
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.181361	0.258687	0.077326	-0.015742	-0.001217	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.249933	0.301158	0.051225		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222510	0.204633	-0.017877	0.020674	-0.000370	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.150939	0.088803	-0.062135	-0.000482	0.000030	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.119026	0.065637	-0.053389	0.022440	-0.001198	
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.056540	0.043833	-0.012707	-0.040168	0.000510	
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.076968	0.083281	0.006313	0.006496	0.000041	
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.314484	0.289605	-0.024879		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.282713	0.365059	0.082346	-0.053550	-0.004410	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.126538	0.130975	0.004437	-0.055216	-0.000245	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.142757	0.087247	-0.055510	-0.084404	0.004685	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.065305	0.058578	-0.006727	0.048035	-0.000323	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.275135	0.277359	0.002223	0.059609	0.000133	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.394737	0.382755	-0.011982		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.220950	0.230496	0.009546	-0.066934	-0.000639	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.043872	0.050812	0.006940	-0.116813	-0.000811	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.224940	0.249013	0.024073	0.175390	0.004222	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.326886	0.291836	-0.035050	0.093263	-0.003269	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.296286	0.299587	0.003301		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.129473			-0.054681		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022415			-0.128700		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.069106			0.003916		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032198			0.057428		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.218098	0.166023	-0.052075	0.010680	-0.000556	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025606			0.013595		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002462	0.000000	-0.002462	0.045533	-0.000112	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.003801	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.126693	

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Contract	Sponsor	Predictor	Category	National	H9686	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.076411			0.057616		X
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.176845	0.215054	0.038209	-0.025099	-0.000959	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.247111	0.301075	0.053964		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.227123	0.236559	0.009436	0.004302	0.000041	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.156913	0.096774	-0.060139	0.008263	-0.000497	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.115597			0.036364		S
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.047747	0.060494	0.012748	0.013616	0.000174	
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.065189	0.082833	0.017644	-0.011853	-0.000209	
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.292239	0.233517	-0.058722		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.297909	0.386138	0.088229	-0.066107	-0.005832	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.136580	0.148704	0.012124	-0.092131	-0.001117	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.160337	0.088314	-0.072023	-0.158786	0.011436	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.054479			0.139179		S
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.257674	0.275692	0.018018	0.081562	0.001470	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.401360	0.351494	-0.049866		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.237103	0.264693	0.027590	-0.061152	-0.001687	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.049384			-0.076166		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.222281	0.220430	-0.001851	0.177234	-0.000328	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.325037	0.290323	-0.034715	0.094339	-0.003275	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.296803	0.322581	0.025777		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.133777			-0.063006		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022102			-0.161834		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.066557			-0.008365		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031120			0.010385		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.200657	0.177419	-0.023238	0.007534	-0.000175	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.023146			-0.022591		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002395	0.000000	-0.002395	-0.014488	0.000035	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.002814	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.093808	

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Contract	Sponsor	Predictor	Category	National	H9686	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.080630	0.087137	0.006507	-0.075632	-0.000492	
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.180493	0.253112	0.072619	-0.043745	-0.003177	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.248628	0.290456	0.041828		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.220786	0.207469	-0.013317	0.003222	-0.000043	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.150984	0.091286	-0.059698	0.019704	-0.001176	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.118479	0.070539	-0.047939	0.015765	-0.000756	
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.060435	0.055405	-0.005029	-0.051758	0.000260	
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.080714	0.085352	0.004638	0.000337	0.000002	
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.316797	0.286339	-0.030457		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.282362	0.354981	0.072619	-0.036569	-0.002656	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.124252	0.136608	0.012355	-0.040479	-0.000500	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.135441	0.081315	-0.054126	-0.063800	0.003453	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.059385	0.058566	-0.000819	0.019951	-0.000016	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.265838	0.267872	0.002035	0.052965	0.000108	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.398596	0.389028	-0.009568		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.230546	0.234297	0.003751	-0.061072	-0.000229	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045634	0.050236	0.004602	-0.091281	-0.000420	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.218488	0.259312	0.040825	0.085595	0.003494	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.324739	0.288737	-0.036003	0.054407	-0.001959	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.299187	0.292918	-0.006269		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.134277			-0.029937		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.023309			-0.116450		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.072453			0.003552		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032793			0.033114		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.232524	0.161826	-0.070698	0.057140	-0.004040	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.027316			0.048718		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002755	0.000000	-0.002755	-0.058218	0.000160	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.006646	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.221529	

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Contract	Sponsor	Predictor	Category	National	H9686	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.080830	0.077922	-0.002908	-0.036051	0.000105	
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.181057	0.246753	0.065696	-0.017776	-0.001168	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.250094	0.307359	0.057265		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.221992	0.216450	-0.005542	0.006929	-0.000038	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.150368	0.090909	-0.059459	0.001450	-0.000086	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.115658	0.060606	-0.055052	-0.008348	0.000460	
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.052799			-0.047679		S
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.076607			0.003325		X
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.314274	0.294406	-0.019868		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.287896	0.366019	0.078123	-0.039991	-0.003124	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.128142	0.138193	0.010051	-0.057914	-0.000582	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.140283	0.089164	-0.051119	-0.078428	0.004009	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057541	0.056773	-0.000768	0.062051	-0.000048	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.267387	0.283798	0.016411	0.056967	0.000935	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.400943	0.379895	-0.021048		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.228208	0.227124	-0.001084	-0.054833	0.000059	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045921	0.052411	0.006489	-0.067566	-0.000438	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.221433	0.257551	0.036118	0.086187	0.003113	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.327468	0.296907	-0.030561	0.053238	-0.001627	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.297602	0.301269	0.003667		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.130624			-0.043771		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022872			-0.100109		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.069238			0.011718		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031778			0.002963		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.219421	0.151515	-0.067906	0.022312	-0.001515	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.026772			-0.013860		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002741	0.000000	-0.002741	-0.001486	0.000004	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						0.001173	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						0.039092	

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H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.078223	0.086124	0.007901	-0.041212	-0.000326	
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.183536	0.239234	0.055698	0.001448	0.000081	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.254638	0.311005	0.056367		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.225466	0.210526	-0.014939	0.012133	-0.000181	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.148350	0.090909	-0.057441	0.005173	-0.000297	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.109787	0.062201	-0.047586	-0.008455	0.000402	
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.045631			-0.060116		S
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.063700			-0.052094		X
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.295515	0.308297	0.012782		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.296734	0.343645	0.046911	0.002631	0.000123	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.137295	0.141909	0.004613	0.003013	0.000014	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.161125	0.097734	-0.063391	-0.008107	0.000514	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.057703			0.117365		S
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.275496	0.284963	0.009467	0.088196	0.000835	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.398858	0.376822	-0.022036		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.222523	0.246247	0.023724	-0.093994	-0.002230	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.045420			-0.114572		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.224570	0.221278	-0.003292	0.141879	-0.000467	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.331365	0.298052	-0.033313	0.048900	-0.001629	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.293365	0.307639	0.014275		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.128154			-0.028255		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022547			-0.035636		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.067693			-0.102066		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.031546			-0.057560		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.198001	0.157895	-0.040106	-0.004125	0.000165	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.023491			-0.072702		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002188	0.000000	-0.002188	-0.164118	0.000359	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.004821	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.160714	

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Contract	Sponsor	Predictor	Category	National	H9686	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.075993	0.084291	0.008298	-0.068276	-0.000567	
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.180671	0.256705	0.076034	-0.066866	-0.005084	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.249273	0.295019	0.045746		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222283	0.210728	-0.011555	0.031055	-0.000359	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.151683	0.088123	-0.063560	0.034744	-0.002208	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.120096	0.065134	-0.054962	0.000631	-0.000035	
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.056589	0.051160	-0.005429	0.060706	-0.000330	
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.077226	0.082643	0.005417	0.013147	0.000071	
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.315588	0.291217	-0.024371		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.282427	0.358431	0.076004	-0.132482	-0.010069	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.126346	0.129971	0.003625	-0.172886	-0.000627	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.141825	0.086578	-0.055247	-0.250930	0.013863	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.065709	0.058129	-0.007580	0.333856	-0.002531	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.275023	0.275233	0.000210	0.194923	0.000041	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.395155	0.375991	-0.019164		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.220751	0.236393	0.015641	-0.252866	-0.003955	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.043362	0.054254	0.010893	-0.577438	-0.006290	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.224693	0.243273	0.018580	0.505265	0.009388	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.327454	0.293431	-0.034023	0.254550	-0.008661	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.296792	0.297292	0.000499		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.128801			-0.132011		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022258			-0.461045		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068829			-0.100814		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032165			0.108934		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.217531	0.168582	-0.048949	0.029709	-0.001454	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025444			0.058129		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002432	0.000000	-0.002432	0.358612	-0.000872	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.016176	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.161760	

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H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.080037	0.085603	0.005566	-0.174480	-0.000971	
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.183468	0.252918	0.069450	-0.112618	-0.007821	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.250256	0.303502	0.053246		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.220490	0.206226	-0.014264	0.081178	-0.001158	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.149430	0.089494	-0.059936	0.152910	-0.009165	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.116319	0.062257	-0.054062	0.169308	-0.009153	
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.060081	0.051956	-0.008125	-0.003033	0.000025	
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.080859	0.080038	-0.000821	0.042783	-0.000035	
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.315769	0.284077	-0.031692		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.282137	0.364009	0.081872	-0.208372	-0.017060	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.125826	0.135885	0.010059	-0.331318	-0.003333	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.135328	0.084035	-0.051293	-0.421296	0.021610	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.064924	0.058811	-0.006113	0.276559	-0.001691	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.270018	0.270651	0.000632	0.165075	0.000104	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.394539	0.380372	-0.014167		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.226130	0.239166	0.013036	-0.181553	-0.002367	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.044388	0.050999	0.006612	-0.396043	-0.002619	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.223555	0.243168	0.019614	0.308287	0.006047	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.324420	0.290216	-0.034204	0.153810	-0.005261	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.296845	0.298028	0.001183		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.132145			-0.027309		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.023035			-0.323601		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.070480			-0.056715		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032668			-0.063287		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.231927	0.167315	-0.064612	0.529641	-0.034221	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.026954			0.375115		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002645	0.000000	-0.002645	-0.340272	0.000900	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.059242	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.592417	

[1]S - cell is suppressed per the requirement to suppress cells with counts of 1-10 observations.

X - cell is suppressed to prevent the exact inference of another cell with counts of 1-10 observations, per the requirements to prevent exact inference of such cells.

Contract	Sponsor	Predictor	Category	National	H9686	Difference (Cntrt-Nat)	Coefficient	Coeff * Diff	Small Cell Flag[1]
H9686	Alignment Healthcare USA, LLC	Age	Age: 64 or under	0.075544	0.084291	0.008747	-0.096883	-0.000847	
H9686	Alignment Healthcare USA, LLC	Age	Age: 65 - 69	0.181670	0.252874	0.071204	-0.075412	-0.005370	
H9686	Alignment Healthcare USA, LLC	Age	Age: 70 - 74	0.250066	0.298851	0.048785		0	
H9686	Alignment Healthcare USA, LLC	Age	Age: 75 - 79	0.222122	0.210728	-0.011394	0.051122	-0.000583	
H9686	Alignment Healthcare USA, LLC	Age	Age: 80 - 84	0.150661	0.088123	-0.062538	0.080374	-0.005026	
H9686	Alignment Healthcare USA, LLC	Age	Age: 85 and older	0.119938	0.065134	-0.054804	0.093378	-0.005117	
H9686	Alignment Healthcare USA, LLC	Education	Less than an 8th grade education	0.057020	0.051160	-0.005861	0.127626	-0.000748	
H9686	Alignment Healthcare USA, LLC	Education	Some high school	0.076762	0.082643	0.005881	0.033964	0.000200	
H9686	Alignment Healthcare USA, LLC	Education	High school graduate	0.314781	0.287386	-0.027395		0	
H9686	Alignment Healthcare USA, LLC	Education	Some college	0.282522	0.362262	0.079740	-0.212814	-0.016970	
H9686	Alignment Healthcare USA, LLC	Education	College graduate	0.126360	0.133803	0.007443	-0.338018	-0.002516	
H9686	Alignment Healthcare USA, LLC	Education	More than a bachelor's degree	0.142555	0.082747	-0.059808	-0.417341	0.024960	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: excellent	0.066527	0.058129	-0.008397	0.263120	-0.002210	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: very good	0.275494	0.279065	0.003571	0.138605	0.000495	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: good	0.394331	0.379822	-0.014509		0	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: fair	0.220334	0.232561	0.012227	-0.149717	-0.001831	
H9686	Alignment Healthcare USA, LLC	Health Status	General health rating: poor	0.043314	0.050423	0.007108	-0.315523	-0.002243	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: excellent	0.225245	0.243273	0.018028	0.364195	0.006566	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: very good	0.327720	0.297263	-0.030457	0.176732	-0.005383	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: good	0.295857	0.297292	0.001435		0	
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: fair	0.128952			-0.123117		X
H9686	Alignment Healthcare USA, LLC	Mental Health	Mental health rating: poor	0.022226			-0.414629		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy helped	0.068861			-0.085032		S
H9686	Alignment Healthcare USA, LLC	Proxy	Proxy answered	0.032110			0.034847		S
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Medicaid dual eligible	0.216913	0.164751	-0.052162	0.306516	-0.015988	
H9686	Alignment Healthcare USA, LLC	Medicaid / LIS	Low-income subsidy (LIS)	0.025334			0.083301		S
H9686	Alignment Healthcare USA, LLC	Asian Language	Asian Language	0.002468	0.000000	-0.002468	-0.016978	0.000042	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, Original Scale						-0.028796	
H9686	Alignment Healthcare USA, LLC	Total Adjustment, 0 - 100 scale						-0.287959	

[1]S - cell is suppressed per the requirement to suppress cells with counts of 1-10 observations.

X - cell is suppressed to prevent the exact inference of another cell with counts of 1-10 observations, per the requirements to prevent exact inference of such cells.

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contract_number	sponsor	measure	cahps_measure_description	usen	alln	original_range	mean_score_unadj	mean_score_adj	contract_weight	variance_mean	variance_between	exact_reliability	reliability_cat	delta	se_test	national_mean	t_statistic	t_test_significance	group_15_test	score_rounded	base_cutpoints	base_groups	stars
H9686	Alignment Healthcare USA, LLC	coc_comp	Coordination of Care (Comp)	227	265	1 to 4	85.923917	85.712133	6213.018868	1.401966	3.311952	0.702590		-0.517597	1.189678	86.229730	-0.435073	2		86	84_85_87_88	3	3
H9686	Alignment Healthcare USA, LLC	md_medrecs	How often personal dr have medical records about your care	211	265	1 to 4																	
H9686	Alignment Healthcare USA, LLC	md_talkmeds	How often talk with personal dr about medicines taking	199	265	1 to 4																	
H9686	Alignment Healthcare USA, LLC	md_testcomb	MD follows up test results and gives results as soon as needed	194	265	1 to 4	84.536082	84.446441															
H9686	Alignment Healthcare USA, LLC	r_md_delmnoca	Get help from dr office to manage providers and services care	81	265	1 to 3																	
H9686	Alignment Healthcare USA, LLC	sp_mdinformd	How often doctor seemed informed about care from specialist	165	265	1 to 4																	
H9686	Alignment Healthcare USA, LLC	cs_comp	Health Plan Customer Service (Comp)	259	265	1 to 4	91.718264	91.749889	4670.728302	0.740177	3.575144	0.828477		1.600875	0.868292	90.149013	1.843707	2		92	88_89_91_92	5	4
H9686	Alignment Healthcare USA, LLC	cs_csqetinfo	How often get needed information from customer service	193	265	1 to 4	84.801382	84.991942															
H9686	Alignment Healthcare USA, LLC	cs_csrespect	How often Customer Service treat with courteous/respectful	193	265	1 to 4	96.545769	96.689949															
H9686	Alignment Healthcare USA, LLC	pl_ezpaper	How often health plan forms easy to fill out	253	265	1 to 4	93.807642	93.567776															
H9686	Alignment Healthcare USA, LLC	qco_comp	Get Care Quickly (Comp)	212	265	1 to 4	85.346163	85.535320	2134.354717	2.663839	7.752602	0.744266		2.077237	1.640132	83.458083	1.266506	2		86	80_82_84_86	5	4
H9686	Alignment Healthcare USA, LLC	ca_illasaw	Get care for illness as soon as wanted	91	265	1 to 4																	
H9686	Alignment Healthcare USA, LLC	ca_rtnasaw	Get appt for routine care as soon as wanted	201	265	1 to 4	84.245439	84.571065															
H9686	Alignment Healthcare USA, LLC	gnc_comp	Get Needed Care (Comp)	262	265	1 to 4	77.979477	78.089728	3252.698113	2.337676	8.070230	0.775394		-2.774530	1.534381	80.864258	-1.808241	2		78	77_79_82_83	2	2
H9686	Alignment Healthcare USA, LLC	pl_getcare	How often easy to get needed care through health plan	259	265	1 to 4	79.794080	79.920772															
H9686	Alignment Healthcare USA, LLC	sp_getappt	How often easy to get appointments with specialists	186	265	1 to 4	76.164875	76.258683															
H9686	Alignment Healthcare USA, LLC	im_flu1last	Flu Shot last year	256	265	0 to 1	62.109375	62.109375	1871.215094	9.192824	56.749662	0.860593		-8.951619	3.042253	71.060994	-2.942431	1		62	61_65_71_76	2	2
H9686	Alignment Healthcare USA, LLC	pd_gneeded_comp	Getting Needed Prescription Drugs (Comp)	247	265	1 to 4	88.842785	88.934003	3450.052830	1.383768	3.270264	0.702673		-0.748975	1.180227	89.682979	-0.634603	2		89	87_88_90_91	3	3
H9686	Alignment Healthcare USA, LLC	pd_ezrxmeds	Easy to get prescription medicines	241	265	1 to 4	88.796680	89.018210															
H9686	Alignment Healthcare USA, LLC	pd_mailpharm	Get PD from mail or pharmacy	231	265	1 to 4																	
H9686	Alignment Healthcare USA, LLC	rate_care	Rate Health Care	261	265	0 to 10	85.785441	85.947200	1907.762264	1.052843	2.977384	0.738763		-0.751411	1.030045	86.698611	-0.729493	2		86	84_85_87_88	3	3
H9686	Alignment Healthcare USA, LLC	rate_pdp	Rate Prescription Drug Plan	257	265	0 to 10	89.455253	90.047670	1878.524528	0.999186	5.144999	0.837377		1.976490	1.003384	88.071180	1.969824	3	2	90	84_86_87_89	5	5
H9686	Alignment Healthcare USA, LLC	rate_plan	Rate Health Plan	261	265	0 to 10	87.049808	87.337767	1907.762264	1.091403	7.491712	0.872843		-0.594449	1.048067	87.932216	-0.567186	2		87	84_86_88_89	3	3

Variable name	Variable description
contract_number	Contract identification number
sponsor	Parent organization name
measure	Abbreviated identifier for item or composite measure
cahps_measure_description	Description for CAHPS measure
usen	Number of responses to an item, or at least one item of a composite, from this contract
alln	Number of responses to the survey, regardless of response to this item, from this contract
original_range	Scores for lowest and highest possible responses on measure
mean_score_unadj	Unadjusted mean score, 0-100 scale
mean_score_adj	Case-mix adjusted mean score, 0-100 scale
contract_weight	Weight of this contract in calculating national means
variance_mean	Sampling variance of adjusted sample mean for item or adjusted composite measure score, on 0-100 scale
variance_between	Estimated variance (between contracts) of contract population mean scores on 0-100 scale
exact_reliability	Reliability of measure for this contract, calculated as variance_between/(variance_between + variance_mean)
reliability_cat	Note for low reliability: .60<reliability<.75 flagged as "LowRel"; reliability<.60 flagged as "VeryLowRel" and scores are suppressed; cells where n<11 flagged as "Mask" and suppressed
delta	Difference between contract mean and national mean for measure, on 0-100 scale
se_test	Standard error of estimated difference between this contract's score and national mean score, on 0-100 scale
national_mean	National mean score, on 0-100 scale
t_statistic	T-test statistic of measure for this contract, calculated as delta / se_test
t_test_significance	T-test significance interpretation, coded as 1=significantly below national mean, 2=not significantly different from national mean, 3=significantly above national mean
group_15_test	Category 1: Star rating is 1, low reliability, and significantly below the base group 1/2 cutoff by 1 SE. Category 2: Star rating is 1, significantly below national mean, not low reliability OR star rating is 5, significantly above national mean, not low reliability. Category 3: Star rating is 5, low reliability, and significantly above the base group 4/5 cutoff by 1 SE.
score_rounded	Scaled score, rounded
base_cutpoints	Base group cutpoints, rounded
base_groups	Base group
stars	Measure-level star

From: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Sent: Monday, August 21, 2023 12:54 PM
To: Hakan Kardes <HKardes@ahcusa.com>
Cc: Amin Serehali <Amin.Serehali@independenthealth.com>; Dawn Maroney <DMaroney@ahcusa.com>; Dawn Odrzywolski <Dawn.Odrzywolski@independenthealth.com>; Lesli Curry <LCurry@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; Xu, Celia (CMS/OPOLE) <Celia.Xu@cms.hhs.gov>; Flores, Militza (CMS/OPOLE) <Militza.Flores@cms.hhs.gov>; Cynthia Lynch <CLynch@ahcusa.com>; Christopher Joyce <CJoyce@ahcusa.com>; CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Subject: RE: Plan Preview #1: Appeals Regarding Key Reliability Concerns with Tukey Methodology for RY24 Star (H3815, H4961, H5296, H9686, H3443, H3362, H3344)

Responses are in red below.

Thanks!

Part C and D Star Ratings team

From: Hakan Kardes <HKardes@ahcusa.com>
Sent: Wednesday, August 16, 2023 4:52 PM
To: CMS PartC&DStarRatings <PartCandDStarRatings@cms.hhs.gov>
Cc: Amin Serehali <Amin.Serehali@independenthealth.com>; Dawn Maroney <DMaroney@ahcusa.com>; Dawn Odrzywolski <Dawn.Odrzywolski@independenthealth.com>; Lesli Curry <LCurry@ahcusa.com>; Padideh (Medisa) Danaee <PDanaee@ahcusa.com>; Xu, Celia (CMS/OPOLE) <Celia.Xu@cms.hhs.gov>; Flores, Militza (CMS/OPOLE) <Militza.Flores@cms.hhs.gov>; Cynthia Lynch <CLynch@ahcusa.com>; Christopher Joyce <CJoyce@ahcusa.com>
Subject: Plan Preview #1: Appeals Regarding Key Reliability Concerns with Tukey Methodology for RY24 Star (H3815, H4961, H5296, H9686, H3443, H3362, H3344)

*(Sending on behalf of **Hakan Kardes**, Alignment Health Plan Chief Technology and Experience Officer and **Amin Serehali**, Independent Health Plan Chief Data & Analytics Officer at Independent Health)*

Dear CMS Partners,

We are writing on behalf of Alignment Health Plan, a Medicare Advantage company that serves approximately 114,000 members across six states and Independent Health, a Medicare Advantage company that serves approximately 66,000 members. We are expressing serious shared concerns regarding the upcoming implementation of the Tukey outer fence outlier deletion methodology for determining cut points in the RY24 Star Ratings, especially for certain measures.

We appreciate CMS's ongoing commitment to reviewing the accuracy, reliability, and validity of measures and performance data, as demonstrated in the past, per 42 CFR § 422.164(b). For example, CMS has removed two HOS measures in August 2021 from RY22 due to such concerns. Similarly, CMS now has more data to assess the real impact of Tukey. While the intentions of improving predictability and stability year-to-year are well understood and appreciated, our analysis has relived the adverse effects of Tukey on the predictability, stability, and reliability of the cut points for the 2024 reporting year. Please see our analysis and the key issues that we identified:

1) **Unexpected Increase in Thresholds and Inefficacy of Guardrails:**

The decision to adopt the Tukey methodology was based on simulations indicating that it would primarily impact the lower end of measure scores. However, we've discovered unexpected and significant increases in thresholds for at least seven measures across different star categories, even to a degree that impacts their reliability. Furthermore, the guardrails meant to stabilize the process are not achieving their goal, leading to unpredictable and unstable cut points for the 2024 reporting year.

Impact on Specific Measures and Overall Ratings:
Please refer to Table 1 below, which provides specific examples of these discrepancies:

Table 1: 2023 Star Rating Simulation with Tukey – Adversely Impacted Measures

Measure			Actual RY 2023 Released Cut points				Simulated RY 2023 Tukey Cut points				Di ar
Name	Type	Weight	1 to 2 Stars	2 to 3 Stars	3 to 4 Stars	4 to 5 Stars	1 to 2 Stars	2 to 3 Stars	3 to 4 Stars	4 to 5 Stars	1 to 2 Stars
Call Center – Foreign Language Interpreter and TTY Availability (C28)	Admin	4	36	59	83	94	76	82	89	95	+40
Call Center – Foreign Language Interpreter and TTY Availability (D01)	Admin	4	30	64	80	91	68	81	91	97	+38
Complaints about the Health/Drug Plan (C23/D02)	Admin	4	1.53	0.89	0.5	0.19	0.68	0.43	0.25	0.12	-56%
Plan Makes Timely Decisions about Appeals (C26)	Admin	4	59	75	85	97	89	93	97	100	+30
Reviewing Appeals Decisions (C27)	Admin	4	68	83	91	97	84	90	95	98	+16
Diabetes Care – Blood Sugar Controlled (C11)	HEDIS	3	39	62	75	83	63	72	80	86	+24
Care for Older Adults – Medication Review (C06)	HEDIS	1	43	70	82	93	73	82	91	96	+30

These specific examples highlight a trend of significant increases in the simulated Tukey cut points that deviate from the actual values. Allow us to illustrate this issue with an example from the Plan Makes Timely Decisions about Appeals (C26) measure. A contract that achieved an 85 on this measure earned 4 Stars for the 2023 Star Ratings. Under the Tukey methodology for the 2024 Star Ratings, the 4 Star threshold for this measure is expected to jump to 97 or even higher (potentially a 12+ percentage points increase). This means that the same plan that earned 4 Stars for 2023 would only receive 2 Stars with Tukey methodology, even if the plan improves from 85 to 90, which is within the maximum amount set by the guardrails. Furthermore, if the plan improved from 85 to 88, it would receive a 1 Star (dropping from 4 Stars) with Tukey methodology. This decrease in a 4-weighted measure would have a significant impact on the overall Star rating.

This table above is simply pulling out the measures that do have large increases in cut points when outliers are removed. In fact, out of 20 Part C measures, there were 6 measures that had no changes in any cut points upon removing outliers. Of the remaining 8 measures (the Part C measures with changes and not already included in this table), 3 have no changes exceeding 5 points (diabetes-

eye, statin therapy, members choosing to leave plan), and 5 have changes in only the 1-2 and/or 2-3 star cut points (BCS, CRC, COA-pain assessment, diabetes-kidney, CBP).

Regardless of the fact that some measures do see significant increases in thresholds, the primary effect of Tukey outlier deletion is to make thresholds more accurate, reliable, and stable. Outlying contract scores can have undue influence on cut points, and this can lead to a single contract having a major influence on cut point values used to assign thresholds to stars for all contracts. Removing outliers means the thresholds are more stable since they are not influenced by scores on either extreme of the distribution. For the measure used in the example above, Plan Makes Timely Decisions about Appeals (C26), the reason for the upward shift in thresholds upon outlier removal is that the majority of contracts get very high scores on this measure. Then, a smaller group of very low-performing contracts get dropped with outlier deletion. If we were to retain that low-performing, outlying, group, they would pull down the thresholds, preventing us from distinguishing performance accurately for the remaining contracts. This enables better distinction between levels of performance for the majority of high-scoring contracts, instead of lumping them all together and giving them the same rating.

2) Impact on Reliability and Statistical Significance of the Measures

Another major issue that cannot be overlooked is the effect of the Tukey methodology on the reliability of these highly weighted measures. By significantly increasing all cut point thresholds and moving them closer to one another, the Tukey method jeopardizes the measures' reliability and statistical significance. Our detailed examples, including the "Plan Makes Timely Decisions about Appeals" measure and the "Complaints about Health/Drug Plan" measure, showcase the urgent need for a reassessment of the minimum denominator criteria for each measure to ensure the continued reliability of these measures.

To illustrate this concern, we'd like to refer to the "Plan Makes Timely Decisions about Appeals" measure, which has a minimum denominator threshold of 11 (Figure 1). Under the current system, the number of untimely appeals would result in a meaningful decrease in Star Ratings. However, with the new Tukey methodology, one untimely appeal would reduce a 4x-weighted measure's rating from 5 Stars to just 2 Stars. Such a drastic decrease might be caused by minor issues, such as a clerical error or oversight, and would substantially impact the plan's overall mean and variance scores, including the reward factor. While plans will be penalized very heavily for a single appeal, any additional untimely appeals will not have as much impact. Thus, this measure will not reliably distinguish the contract performance with the old minimum denominator thresholds. As illustrated in Figure 1 and based on our simulations, the new minimum threshold needs to be at least 30.

Figure 1: 2023 Star Rating Simulation with Tukey – Untimely Appeals

a)

2023 Star Rating Cutpoints	
1 Star	
2 Star	59
3 Star	75
4 Star	85
5 Star	97

# of untimely appeals	Denominator							
	3	5	7	9	11	15	20	25
0	100	100	100	100	100	100	100	100
1	66.7	80.0	85.7	88.9	90.9	93.3	95.0	96.0
2	33.3	60.0	71.4	77.8	81.8	86.7	90.0	92.0
3	0.0	40.0	57.1	66.7	72.7	80.0	85.0	88.0

b)

2023 Star Rating Cutpoints (\w Tukey)	
1 Star	
2 Star	89
3 Star	93
4 Star	97
5 Star	100

# of untimely appeals	Denominator							
	3	5	7	9	11	15	20	25
0	100	100	100	100	100	100	100	100
1	66.7	80.0	85.7	88.9	90.9	93.3	95.0	96.0
2	33.3	60.0	71.4	77.8	81.8	86.7	90.0	92.0
3	0.0	40.0	57.1	66.7	72.7	80.0	85.0	88.0

Another pertinent example involves the "Complaints about Health/Drug Plan" measure, which requires a minimum denominator threshold of 800. As it was shown in Table 1, this measure is expected to have 37% to 56% increase for each Star cut point. With the Tukey methodology, a contract just meeting the current denominator criteria and having 6 CTMs would earn only 1 Star, as opposed to 3 Stars without it last year. This makes cut point ranges less meaningful and has a substantial negative impact on the contract's overall Star Rating due to the decreased reliability of this measure in distinguishing true performance with certain denominators as shown in Figure 2.

Figure 2: 2023 Star Rating Simulation with Tukey – CTM

a)

2023 Star Rating Cutpoints	
1 Star	
2 Star	59
3 Star	75
4 Star	85
5 Star	97

Avg Membership	#CTMs												
	1	2	3	4	5	6	7	8	9	10	11	12	13
400	0.21	0.41	0.62	0.82	1.03	1.23	1.44	1.64	1.85	2.05	2.26	2.47	2.67
800	0.10	0.21	0.31	0.41	0.51	0.62	0.72	0.82	0.92	1.03	1.13	1.23	1.34
1200	0.07	0.14	0.21	0.27	0.34	0.41	0.48	0.55	0.62	0.68	0.75	0.82	0.89
1600	0.05	0.10	0.15	0.21	0.26	0.31	0.36	0.41	0.46	0.51	0.57	0.62	0.67
2000	0.04	0.08	0.12	0.16	0.21	0.25	0.29	0.33	0.37	0.41	0.45	0.49	0.53

b)

2023 Star Rating Cutpoints (\w Tukey)	
1 Star	
2 Star	89
3 Star	93
4 Star	97
5 Star	100

Avg Membership	#CTMs												
	1	2	3	4	5	6	7	8	9	10	11	12	13
400	0.21	0.41	0.62	0.82	1.03	1.23	1.44	1.64	1.85	2.05	2.26	2.47	2.67
800	0.10	0.21	0.31	0.41	0.51	0.62	0.72	0.82	0.92	1.03	1.13	1.23	1.34
1200	0.07	0.14	0.21	0.27	0.34	0.41	0.48	0.55	0.62	0.68	0.75	0.82	0.89
1600	0.05	0.10	0.15	0.21	0.26	0.31	0.36	0.41	0.46	0.51	0.57	0.62	0.67
2000	0.04	0.08	0.12	0.16	0.21	0.25	0.29	0.33	0.37	0.41	0.45	0.49	0.53

Outlier deletion may increase or decrease cut point thresholds, depending on the shape of the measure's score distribution. Closer cut points do not necessarily imply lower reliability or lessen the ability to distinguish between contracts. Tukey outlier deletion refines measurement by ensuring cut points reflect true variation in performance and are not unduly influenced by low or high performance of a few outlying contracts. Lessening the influence of a few outliers on cut point formation leads to more reliable and stable cut points.

The question of the minimum denominator that should be required for the measure to be reported or for the contract to have its measure score included in Star Ratings is a different one. The denominators required in the examples above (n=11 and n=800) are determined by different criteria, including the need to avoid identifying individuals and to obtain a sufficient level of reliability.

3) Potential Impact on Health Equity:

We also would like to draw attention to the possible adverse effects of the Tukey methodology on health equity, a priority that we wholeheartedly support in CMS's current agenda. As illustrated by the examples provided, highly performing contracts with minimum appeals, as well as newer and growing plans, will be significantly impacted due to the denominators and reliability of these measures. This outcome could inadvertently exacerbate disparities, contradicting the well-intentioned efforts to promote health equity. In fact, many SNP plans, including those serving low-income, poly-chronic, or disabled beneficiaries, will fall under this category. This will impact their revenues and, consequently, the benefits they offer to their beneficiaries. These beneficiaries will experience reduced benefits and may become confused by year-over-year performance fluctuations.

It is crucial to recognize that the promotion of health equity must be carefully balanced with the methodology's design and implementation. Failure to adequately consider this balance may lead to unintended consequences that undermine the very goals we all strive to achieve. We encourage a thoughtful

reevaluation of the Tukey methodology's potential impact on health equity, and we stand ready to support CMS in this effort.

There is no reason that SNP plans would be affected by outlier deletion to a greater degree than other plans (that perform at the same level), or that higher performing plans or newer and growing plans would be harmed to a greater degree. Prior analyses indicated that there was no significant difference in the number of D-SNP contracts that lost stars as compared to non-D-SNP contracts, and that there are very few low performing D-SNPs.

Some measures see increases in only lower end cut points, affecting mainly lower-performing contracts, and some measures see increases in all cut points, affecting all contracts. Smaller contracts that have fewer enrollees/smaller measure denominators do certainly have scores that are impacted more by a small change in the numerator (e.g., 1 additional breast cancer screening in a sample size of 100 leads to a larger increase in the score than 1 additional breast cancer screening in a sample size of 500) but not in such a way that smaller contracts are differentially negatively impacted by numerator changes as compared to larger contracts. A change in numerator for a small contract could just as easily result in an improvement in score as a worsening score, whereas the examples highlighted above by the commentor assume small changes can only worsen scores. Finally, a contract that is high-performing will still be rated as high-performing under the Star Ratings Tukey outlier deletion methodology, regardless of whether it is a small, new, or serves a certain patient mix.

Request for Immediate Review and Possible Solutions:

As evidenced by these examples, the implementation of the Tukey methodology without comprehensive statistical analysis and adjustment of the required minimum thresholds could result in significant unintended consequences on the overall Star Ratings. These observed differences call into question the reliability of the Tukey method as currently implemented. Given the critical misalignment between the intended effects of the Tukey method and the actual observed outcomes, we urge you to conduct an immediate and thorough review of this methodology and its potential impacts.

Our recommendation is to delay the implementation of the Tukey measure for these seven measures (identified in Table 1) to RY25 or RY26 and remediate the issues around this. Another potential solution might be computing plans' performance with and without these measures and giving them the better rating.

This methodology has already been codified in regulation and no changes can be made at this time.

In conclusion, these discrepancies will adversely affect many successful contracts and millions of beneficiaries. We are respectfully requesting your attention to address these issues prior to the RY24 announcements. We believe these actions and recommendations are in alignment with CMS's commitment to reviewing the accuracy, reliability, and validity of measures and performance data, as demonstrated in the past, per 42 CFR § 422.164(b).

Thank you for your attention to this urgent matter. We are available to discuss these concerns in more detail if you find it helpful.

We look forward to collaborating on this important matter.

Sincerely,

Amin Serehali,
Chief Data & Analytics Officer

Hakan Kardes,
Chief Technology and Experience Officer

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ATTACHMENT –
Being an Informed Consumer:
Things to Consider When Selecting an MA & PDP CAHPS Survey Vendor

All contracts that wish to participate in the MA & PDP CAHPS Survey must contract with a CMS-approved survey vendor and submit a Survey Vendor Authorization by November 30, 2023. A list of approved vendors can be found on the MA & PDP CAHPS Survey website at https://ma-pdpcahps.org/en/approved-survey-vendor-list/.

When shopping for an MA & PDP CAHPS vendor, contracts will have different priorities. The questions below are designed to enable contracts to match their priorities with vendor strengths and services, recognizing that there will be trade-offs in this decision-making process.

As you weigh the priorities for your organization, you may wish to ask questions similar to the following:

PREVIOUS EXPERIENCE

- How much experience have you had conducting the MA & PDP CAHPS Survey or similar surveys?
- What other kinds of surveys have you conducted for organizations like my contract?
- Do you have subcontractors that would be involved in data collection for my contract?
    - IF YES: How long have you worked with your subcontractors?
    - IF YES: How will you ensure that your subcontractors adhere to the survey procedures detailed in the MA & PDP CAHPS Quality Assurance Protocols & Technical Specifications Version 14.0?

Why it matters: In order to be approved to administer the MA & PDP CAHPS Survey, all vendors must meet a set of minimum requirements. These requirements can be found at: https://ma-pdpcahps.org/en/business-requirements/. Each year, vendors receive site visits to assess compliance with CMS specifications, guidelines, and timeline for administration of the survey.

Some vendors may have additional experience that is of particular interest to your organization; for example, they have a long history of conducting surveys of the Medicare population, they have conducted several different types of CAHPS surveys, or they have experience conducting the survey in the languages needed. In addition, understanding how a vendor works will ensure that your organization has a complete understanding of the survey administration process, roles, and responsibilities, and the process for subcontractor oversight.

RESPONSE RATES

- What response rate (or range of response rates) did you achieve on recent surveys for your MA & PDP CAHPS clients?
- What response rates do you typically achieve for Medicare and/or CAHPS surveys for other clients?

- Do you update enrollee contact information (address, phone number) provided by CMS?
  - How do you update enrollee addresses prior to mailing?
  - What do you do if a mail survey is returned as undeliverable?
    - Do you use a National Change of Address (NCOA) service to update addresses? (IF YES: Do you use information from the past 12 months or past 48 months?)
  - What do you do to obtain phone numbers when CMS is unable to provide a phone number for an enrollee, or if the number provided by CMS is no longer the correct number?
    - Do you use a look-up vendor? Directory assistance? Other service?
  - What information can my contract provide to help with locating sampled enrollees?

Why it matters: Maximizing response rates means that a contract receives more robust information about patient experience in its contract. The response rate for the MA & PDP CAHPS Survey is calculated as the percentage of complete or partially completed surveys out of the total number of eligible sampled enrollees. Historic response rates for MA & PDP CAHPS can be found at https://ma-pdpcahps.org/en/comparative-data/.

Ensuring that a vendor has correct contact information maximizes the potential that an enrollee will receive a survey and has the opportunity to respond. CMS provides the most recent contact information (address, phone number) on file for enrollees in each contract's sample. However, a vendor may take steps to ensure that this reflects the most up-to-date information for each enrollee. A contract can also work with the vendor to supplement the information provided. For example, if your organization can provide the vendor with phone numbers for all its enrollees, enrollee surveys that may have otherwise been categorized as "Bad Address and Bad Telephone Number" may actually become completed surveys.

More information on survey response rates and how your contract's MA & PDP CAHPS response rate can be affected by the administration of similar surveys is located on the MA & PDP CAHPS Survey website at https://ma-pdpcahps.org/en/webcasts-and-educational-resources/.

SURVEY LANGUAGES

- Which of the CMS-approved procedures for administration of Spanish-language surveys do you recommend for my organization?
- Do you have the capacity to conduct the MA & PDP CAHPS Survey in Chinese?
  - Which of the CMS-approved procedures for Chinese-language surveys do you recommend for my organization?
  - Our enrollees speak Cantonese/Mandarin/both Cantonese and Mandarin. Do you have interviewers that speak this dialect/both dialects?
- Do you have the capacity to conduct the MA & PDP CAHPS Survey in Vietnamese/Korean/Tagalog?
  - Which of the CMS-approved procedures for Vietnamese/Korean/Tagalog-language surveys do you recommend for my organization?

Why it matters: Ensuring that all of your enrollees have the opportunity to complete the survey in the language with which they are most comfortable provides the most accurate picture of patient experience in your contract.

DATA SECURITY

- In addition to the minimum data security requirements, what procedures do you follow to keep my contract's sample file and data secure and confidential?

Why it matters: In order to provide candid feedback, enrollees need to feel that their data are being processed securely and their confidentiality will be protected. Ensuring your vendor follows excellent data security practices protects your contract and your patients, and maintains confidence in the survey process.

COST AND ADDITIONAL SERVICES

- What will it cost to:
  - Request an oversample of [NUMBER] cases?
  - Add [NUMBER] supplemental items to the survey?
- What services do you offer in addition to conducting the CAHPS survey?
  - What reports can you provide for me?
  - What services do you offer to help my team understand our survey results and scores?

Why it matters: Knowing what a vendor charges for extra services will help you as you weigh costs against potential benefits of reaching more enrollees.

Each contract will receive a report from CMS that contains their scores on the MA & PDP CAHPS Survey. Vendors may provide supplementary reports or services that, while not official results, may provide insight for understanding survey results and for quality improvement activities. Contracts should understand exactly what supplementary services a vendor can provide, if they meet a contract's information needs, and what value they bring to understanding patient experience.

Quickly starting with the 2025 Star Ratings. The item remains in the 2024 MA-Only and MA-PD Survey versions but will not be included in scoring for the Getting Appointments and Care Quickly measure.

Customer Support Email: A customer support email address is required beginning in 2024 in support of web mode survey administration.

Revisions to Questionnaires: The MA-Only and MA-PD survey versions for 2024 have been revised to align with CAHPS Health Plan Version 5.1 to ask about care received in-person, by phone, or by video. Also, one question on mail order medications has been deleted (MA-Only Q47, MA-PD Q52), and two questions have been added to capture language spoken at home and perceived unfair treatment (MA-Only Q43 and Q48, MA-PD Q50 and Q53). Similar revisions have been made to the PDP survey version for 2024: one question on mail order medications has been removed (PDP Q14), and a question on language spoken at home (PDP Q12) has been added.

Removed skip logic: The Q20 skip logic for the "Never" response option has been removed in the 2024 MA-Only and MA-PD survey versions.

Timing of Inbound CATI Protocol: Beginning with 2024 MA & PDP CAHPS Survey administration, inbound CATI protocol will begin at the time of the mail-out of the web invite letter to enrollees without an email address.

Survey Material Submission: The English MA-PD CATI screenshots submitted to the project team for review must include skip logic and reflect the programmed survey that will be used for 2024 telephone survey administration. For all questions with skip programming logic, screenshots of the various skip options must be included in the submission file.

Data Collection Schedule: The data collection schedule for 2024 has been updated to include web mode survey implementation. Please see the Data Collection Schedule on pages 24-26.

Report of Web and Mail Survey Activity and Returns: The report of Mail Survey Activity and Returns has been revised to include web surveys beginning in 2024, and has been re-named Web and Mail Survey Activity and Returns.

First Interim Data Submission: Starting in 2024, the first interim data submission file will include web and inbound CATI completes, as well as mail survey completes, received up to three business days prior to the interim submission due date. As in 2023, outbound CATI survey data will not be submitted until the second interim data submission.

Appendix C, Model QAP: Guidance has been added to the Model QAP to include web mode survey administration processes. See Appendix C for additional details.

About the Survey

The MA & PDP CAHPS Survey includes three questionnaires: MA-Only, MA-PD, and PDP. While the MA-Only and MA-PD questionnaires have a nearly identical set of applicable Core

questions, each questionnaire also includes additional questions and response categories related to the enrollees' experiences in their own particular contract type. The PDP survey includes only questions about the drug plan. As noted earlier, the Medicare FFS CAHPS survey is fielded directly by CMS and collects data on the healthcare experiences of enrollees enrolled in the FFS Medicare plan.

The *MA-Only questionnaire* includes the following domains: Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Health Plan, and About You.

The *MA-PD questionnaire* includes the following domains: Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Health Plan, Your Prescription Drug Plan, and About You.

The *PDP questionnaire* includes the following domains: Your Prescription Drug Plan and About You.

Many of the items in the MA & PDP CAHPS Survey are preceded by screener questions. This allows only those enrollees for whom the item is relevant to answer the questions associated with the screener questions.

For scoring and reporting purposes, some questions are combined into the following composite measures:

- Getting Needed Care
- Getting Appointments and Care Quickly
- Doctors Who Communicate Well (reported to contracts – not reported to consumers)
- Customer Service
- Getting Needed Prescription Drugs (MA-PD and PDP)
- Care Coordination

In addition to the publicly reported composite measures listed above, the survey questionnaires include several publicly reported "member overall" ratings based on a 0-10 scale, where 0 is the lowest rating and 10 is the highest:

- Rating of Health Plan
- Rating of Health Care Quality
- Rating of Drug Plan (MA-PD and PDP)

The MA CAHPS Survey also includes the following single item measures, which are publicly reported:

- Annual Flu Vaccine
- Pneumonia Vaccine (reported to contracts – not reported to consumers)

Note: Please see Appendix K for the survey questions that comprise the measures described above.

Other measures reported to contracts include:

- Reminders to fill prescriptions
- Reminders to take medications

Administration of the MA & PDP CAHPS Survey

The MA & PDP CAHPS Survey is conducted with a sample of Medicare enrollees who are at least 18 years of age and currently enrolled in an MA contract or PDP for six months or more, and who live in the United States. Efforts are made by CMS to exclude enrollees who are known to be institutionalized at the time of the sample draw. The MA & PDP CAHPS Survey is administered using a single data collection protocol of web-mail-phone. The data collection protocol includes:

- A pre-notification letter
- An email or letter invitation to a web survey
- A web survey reminder email
- Up to two survey mailings to non-respondents to the web survey
- Telephone follow-up to non-respondents to the web and mail surveys

Prior to 2011, CMS paid for all data collection activities and contracted with a single survey vendor for data collection. Beginning in 2011, CMS required all MA and PDP contracts with at least 600 enrollees as of July the previous year to contract with approved MA & PDP CAHPS Survey vendors to collect and report MA & PDP CAHPS Survey data. Collection of MA & PDP CAHPS Survey data follows a specific data collection timeline and protocol established by CMS. Beginning with 2012 MA & PDP CAHPS Survey administration, CMS required all MA organizations, 1876 cost contracts, and Part D sponsors with 600 or more enrollees as of July the previous year to contract with approved MA & PDP CAHPS Survey vendors to collect and report MA & PDP CAHPS Survey data. Medicare-Medicaid plans (MMP) began fielding the survey in 2015.

The MA & PDP CAHPS Survey is conducted at the contract level. CMS will select the sample and provide the approved survey vendors with separate sample files for each Medicare contract. The MA & PDP CAHPS Survey is conducted on an annual basis. CMS will continue to implement the Medicare CAHPS Survey for enrollees in FFS Medicare.

Public Reporting and Use of the 2024 MA & PDP CAHPS Survey Data

The MA & PDP CAHPS Survey produces comparable data on the enrollee's experience of care that allow objective and meaningful comparisons between MA and PDP contracts on domains that are important to consumers. The survey results are publicly reported by CMS for each contract in the Medicare & You Handbook published each fall and on the Medicare Plan Finder website (www.medicare.gov). The survey results are used by enrollees to assist in their selection of an MA or PDP contract. The public and research community can use survey results to assess Medicare program performance. In addition, contracts can use survey results to identify areas for quality improvement. Medicare administrators and policymakers also rely on the use of measures to manage the program; devise, implement, and monitor quality improvement efforts; and make policy decisions. Beginning in 2012, the CAHPS data have been included in the Star Ratings for MA Quality Bonus Payments. CMS will also continue to make the FFS Medicare CAHPS measures available to the general public.

IV. SAMPLING

Overview

This section describes the process that will be used by CMS for selecting the sample for the 2024 MA & PDP CAHPS Survey. A random sample of Medicare enrollees by MA-Only, MA-PD, or PDP contract will be pulled from the Integrated Data Repository (IDR) in January 2024 by CMS.

Sample Selection and Eligibility Criteria

CMS has made no changes to sample selection or eligibility criteria for 2024 survey administration. In January, samples for the MA & PDP CAHPS Survey will be selected for MA and PDP contracts' current enrollees (each contract is identified by its name and five-digit contract number, including leading letters "H," "R," "E," or "S"). These contracts include Medicare Advantage Organizations (MAOs), 1876 cost contracts, Employer/union only contracts, Medicare-Medicaid Plans (MMPs), and Part D Sponsors. The target sample size varies by type of contract. MA contracts, with or without a PDP component, will survey approximately 800 cases. Those MA contracts with between 600 and 799 eligible enrollees will survey all eligible cases. PDP contracts will survey approximately 1,500 cases. Those PDPs with between 600 and 1,499 eligible enrollees will survey all eligible cases. All contracts with fewer than 600 eligible enrollees are not required to field the survey; if the number of eligible enrollees is between 450 and 599, a contract may field the survey on an optional basis. Contracts that choose to participate will have their scores reported and used in Star Ratings.

MA and PDP contracts with 600 or more enrollees as of July 2023 are required to administer MA & PDP CAHPS in 2024. Contracts must have a sufficient number of eligible enrollees continuously enrolled in that same contract for at least six months at the time of the sample draw in January. Continuous enrollment in the contract is determined using CMS monthly enrollment data. When a contract is listed in CMS's Health Plan Management System (HPMS) as a consolidation, merger, or novation between July of the prior year and January of the year when the CAHPS sample is drawn, the sampling frame for the surviving contract includes only enrollees who meet the 6-month continuous enrollment criteria. If a contract enrollee has any gaps in the CMS monthly enrollment data, he or she is excluded from the sample. Continuous enrollment is one of several eligibility criteria. Enrollees also have to be 18 years old or older at the time of the sample draw. Institutionalized enrollees are not eligible for selection, and are excluded if the enrollee address matches an institution in the CMS Provider of Services file or identifies an institution. Institutionalized enrollees identified during data collection are excluded from the analysis. All sampled enrollees who are determined to be under 18 years of age; deceased; reside outside the United States; or identified as being in the sample for another MA & PDP CAHPS Survey contract will also be excluded (i.e., sampled enrollees can only be in the survey for one type of contract). Additionally, CMS sample procedures prevent the selection of more than one enrollee per household.

In MA contracts where some, but not all enrollees are enrolled in the prescription drug (PD) benefit, samples will be drawn from both PD enrolled and non-enrolled enrollees. **Each group will be surveyed using the appropriate questionnaire.** Data from both groups will be combined to obtain estimates for non-PD survey items. The survey version for MA contract enrollees is determined by the plan benefit package (PBP) at the time of the January sample draw.

Note: Individuals enrolled in an MA-Only PBP within a contract also offering MA-PD PBPs must be sent the MA-Only survey version. Such enrollees will have a value of "1" indicating MA-Only survey version in the sample file variable "TYPE."

Do Not Survey List

Survey vendors may maintain a list of enrollees who have requested removal from contact for future surveys. Contracts may provide their "Do Not Survey" list to supplement survey vendor's list. If a vendor uses a "Do Not Survey" list provided by a contract, the vendor must document the process used to place enrollees on the list. If an enrollee named in the survey vendor (or contract client) "Do Not Survey" list appears in the sample drawn by CMS for MA & PDP CAHPS Survey administration and data collection **has not** begun, that enrollee may be removed from the sample and assigned a Final Disposition Code of "40 – Excluded from survey." If an enrollee requests to be placed on a "Do Not Survey" list **after** data collection has begun, that enrollee record should be assigned a Final Disposition Code of "32 – Refusal."

Note: Vendors and contracts should not reach out to enrollees to ask them to opt in or opt out of future administration of the survey. The purpose of the "Do Not Survey List" is to document individuals who have actively and explicitly refused participation in all future survey administration.

Oversampling

CMS will allow oversampling for the 2024 MA & PDP CAHPS Survey administration. Oversampling can only occur at the contract level and only if there is sufficient eligible enrollee volume to support additional sample after the required MA & PDP CAHPS Survey sample is drawn. Contracts are required to request an increase in sample size for their contract by November 30, 2023.

Note: If insufficient eligible enrollees are available to completely fill an oversample request, CMS attempts to fill the request up to the level of eligible enrollees.

Sample Preparation

The survey sample will be delivered by CMS to the MA & PDP CAHPS Data Coordination Team, who will conduct data checks for any anomalies in the sample file such as truncated name or address information. CMS will provide mailing addresses of enrollees for whom addresses are available in the IDR as of January 2024. A complete list of the variables that will be provided by CMS in the sample file, as well as the file record layout for the sample file, can be found below and in Appendix G.

Note: The MA & PDP CAHPS survey sample provided by CMS will not include email address. See Chapter VI. Data Collection Protocol for guidance on receiving email address data from client contracts and procedures to follow to match email address to CMS sample data.

Survey Vendor Task	Date	Time Frame in Survey Field Period
Conduct additional telephone attempts by CATI according to the following specifications: • Call attempts must occur in three different calendar weeks • Call attempts must be scheduled at different times of the day and on different days of the week The 5th call attempt must occur no sooner than 21 days after the 1st call attempt, if a 5th call attempt is necessary	5/5/2024 – 6/1/2024	days 68 – 95
Survey vendors must submit the second Vendor Report of Outbound CATI to the MA & PDP CAHPS Survey Project Team via MA-PDP CAHPS@hsag.com	5/13/2024	day 76
Cutoff date to complete the web survey and for returned mail surveys	6/1/2024	day 95
Customer support toll-free line and customer support email close	6/1/2024	day 95
Outbound telephone interviewing ends	6/1/2024	day 95
Submit final MA & PDP CAHPS data files to CMS approximately two weeks after close of data collection via the Data Submission website provided by the RAND Corporation. Data can be submitted as early as 6/11/2024 but vendors **must** have a final data file submitted, and deemed to be fully correct and accepted, by 6/13/2024.	6/11/2024 – 6/13/2024	days 105-107
Vendors serving MMP contracts submit the data from the fixed set of national MMP supplemental items approximately three weeks after the close of data collection via the Data Submission website provided by the RAND Corporation. Data can be submitted as early as 6/18/2024 but vendors **must** have a final data file submitted, and deemed to be fully correct and accepted, by 6/20/2024.	6/18/2024 – 6/20/2024	days 112 - 114

Description of the Questionnaires

The Core questions for each questionnaire must be placed at the beginning of the survey. The About You questions and any contract specific, CMS-approved supplemental questions must follow the Core MA & PDP CAHPS Survey questions in all three questionnaires. The order of the About You questions must not be altered regardless of whether they are placed before or after any contract specific supplemental questions.

The Core and About You questions in each questionnaire are as follows:

Questionnaire	*Core Questions*	*About You Questions*
MA-Only	*1 - 40*	*41 - 64*
MA-PD	*1 - 47*	*48 - 69*
PDP	*1 - 9*	*10 - 26*

The *MA-Only questionnaire* includes the following domains: Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Health Plan, and About You.

The *MA-PD questionnaire* includes the following domains: Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Health Plan, Your Prescription Drug Plan, and About You.

The *PDP questionnaire* includes the following domains: Your Prescription Drug Plan and About You.

Many of the items in the MA & PDP CAHPS Survey are preceded by screener questions. This allows only those enrollees for whom the item is relevant to answer the items following the screener questions.

In addition to the required languages of English and Spanish, survey vendors will have the option of offering Chinese, Korean, Tagalog, and Vietnamese translations of the MA & PDP CAHPS Survey questionnaires. The Chinese translation is appropriate for enrollees who speak Cantonese or Mandarin.

To ensure comparability, neither a contract nor a survey vendor may change the wording of the survey questions, the response categories, or the order of the questions. The survey vendor may make minor modifications to the format and layout of the questionnaires, adhering to the formatting parameters specified later in this section.

Web Mode Protocol

This section provides detailed information about the process for implementing the web component of the web-mail-phone mode data collection approach that will be used for the 2024 MA & PDP CAHPS Survey administration. Vendors are required to administer the web survey in English and Spanish. CMS will provide web survey materials in all required languages and the optional languages of Chinese, Korean, Tagalog, and Vietnamese.

Web Survey System

Survey vendors may use the web survey system and software of their choice, but the system must be linked electronically to the survey management system to allow tracking of the sampled enrollee through the survey administration process and the removal of enrollees from further attempts by mail or telephone following submission of a web survey. Survey vendors are responsible for programming the web survey to conform to the template and specifications found in Appendix M.

- The web survey system should support capture of data from web surveys that are initiated and suspended without submission of a completed survey.
- The web survey system should allow for web surveys to be suspended and resumed at a later date, returning the sampled enrollee to the first unanswered question.
- The web survey system should enable survey administration in English, Spanish, and the optional languages offered by CMS (Chinese, Korean, Tagalog, and Vietnamese).

If an MA & PDP CAHPS Survey is not completed as a result of the inbound CATI protocol, then the standard mail and telephone CATI protocols should be resumed and continued.

- Inbound CATI call attempts with an unsuccessful survey completion do not count toward the five call attempts of the telephone protocol

Note: The CATI script includes introductory text for inbound calls from enrollees requesting to complete the survey.

Mail Protocol

This section provides detailed information about the process for implementing the mail component of the web-mail-phone mode data collection approach that will be used for the 2024 MA & PDP CAHPS Survey administration.

- Survey vendors must be prepared to conduct the mail component of the web-mail-phone mode of survey administration in English and Spanish
- Survey vendors will have the option of offering Chinese, Korean, Tagalog, and Vietnamese translations of the MA & PDP CAHPS Survey questionnaires. The Chinese translation is appropriate for enrollees who speak Cantonese or Mandarin.
- Survey vendors will be provided with MA & PDP CAHPS Survey questionnaires in all available languages (English, Spanish, Chinese, Korean, Tagalog, and Vietnamese), as well as the pre-notification letter, OMB language, and survey cover letters
- To ensure the comparability of survey results across modes of data collection (web vs. mail vs. telephone) and across survey vendors, survey vendors cannot change the wording of survey questions, the response categories, or the order of questions
- Taglines or branding language added to cover letters at the request of a contract must be approved by CMS. CMS approval of taglines or branding text is required for each survey administration period.
- Survey vendors are not permitted to create or use any other translations of the MA & PDP CAHPS Survey, cover letters, or any other survey materials, and may not modify the translation of the questionnaires or related materials
- CMS permits the addition of supplemental survey questions that have been submitted to and approved by CMS. These supplemental questions may be placed on the survey questionnaires as described later in this section.

Note: Each survey vendor that has been authorized by at least one plan (contract) to collect data must submit copies of their pre-notification letters, web survey materials (email invites, web invite letters, reminder emails, and questionnaires for all three survey types: MA-Only, MA-PD, and PDP) and survey mailing materials (survey cover letters and questionnaires for all three survey types: MA-Only, MA-PD, and PDP) for review by the MA & PDP CAHPS Survey Project Team. Each survey vendor must also submit a copy of only the English MA-PD CATI telephone scripts (screenshots, including skip logic) for review by the MA & PDP CAHPS Survey Project Team with an assurance that the MA-Only and PDP versions will be in compliance with any corrections identified. Templates of pre-notification letters, emails, web invite letters, cover letters, web surveys, and mail surveys submitted for review must look the same as the versions that will be used for production but without the variable information (contract logos, enrollee names, etc.) and supplemental questions. Please see the Oversight section of this manual for more information.

Mailed Materials

The mailed components of the web-mail-phone mode data collection protocol include standardized questionnaires, a pre-notification letter, a web invitation letter, and survey cover letters provided by CMS. The questionnaires and cover letters are available on the MA & PDP CAHPS Survey website. The text of the letters and questionnaires was developed by CMS and may not be modified.

The survey vendor is responsible for reproducing a sufficient volume of English, Spanish, and if applicable, Chinese, Korean, Tagalog, and/or Vietnamese survey materials including questionnaires, pre-notification letters, web invitation letters, and survey cover letters required for the administration of the survey, including for sampled enrollees who request the survey in a language other than the one they received (i.e., English, Spanish, or optional Chinese, Korean, Tagalog, and Vietnamese).

Pre-notification Letter

CMS will provide two versions of the pre-notification letter, one for MA-Only and MA-PD survey types and one for PDP survey type.

- The pre-notification letter must contain a salutation that is personalized using the sample variables FNAME and LNAME
- Survey vendors cannot modify the wording of the pre-notification letter
- Survey vendors are not permitted to create or use any other translations of the pre-notification letter
- The pre-notification letter must include a URL to the online survey and a unique PIN code. The URL may not exceed 25 characters.
- The pre-notification letter must include the customer support telephone number and the customer support email address
- The CMS logo must appear in the return address section of the pre-notification letter to alert sampled enrollees that the packet is being sent to them by CMS. The vendor's return address must appear in the return address section of the pre-notification letter.
  - The CMS logo and return address block must be printed at the top of the letter right side up as indicated in the templates provided by CMS
- The pre-notification letter must be dated February, 28, 2024
- The pre-notification letter envelope must include the CMS logo with the survey vendor's return address and be marked with one of the following indicators to update records for enrollees who have moved:
  - "Return Service Requested" or,
  - "Change Service Requested" or,
  - "Address Service Requested" or,
  - "Electronic Service Requested"

  Note: The "Return Service Requested" or "Change Service Requested" or "Address Service Requested" or "Electronic Service Requested" for the outgoing envelopes is ***required*** *on the pre-notification letter and* ***optional*** *for the questionnaire mailing.*

- The pre-notification letter envelope must be white; colored envelopes are not permitted

- The pre-notification letter envelope **must not** be printed with any banners such as "Important Information Enclosed. Please Reply Immediately." or messages such as "Important Information From the Centers for Medicare & Medicaid Services Enclosed."
- The pre-notification letter must be printed using a font size equal to or larger than Times New Roman, Arial, Calibri, or Helvetica 12 point font
- The pre-notification letter is required to be printed with English on one side and Spanish on the other side; **however,** if a contract contains a substantial number of Chinese, Korean, Tagalog, or Vietnamese-speakers, the survey vendor has the option of including an English-Chinese, English-Korean, English-Tagalog, or English-Vietnamese letter, instead of the English-Spanish letter

Web Invitation Letter

Sampled enrollees without an email address will be mailed a web invitation letter. CMS will provide two versions of the web invitation letter, one for MA-Only and MA-PD survey types and one for PDP survey type. All web invitation letters sent to sampled enrollees must adhere to the guidelines described below:

- Full name and address are used to address the envelope to the sampled enrollee
- The web invitation letter must be dated March 1, 2024
- The web invitation letter must contain a salutation that is personalized using the sample variables FNAME and LNAME
- The web invitation letter will be signed by a CMS official
- The web invitation letter must be printed using the CMS logo; however, the return address must be that of the survey vendor ONLY (or survey vendor's mail processing location). It is optional to include the MA or PDP logo (or the MA or PDP parent organization logo).
  - The CMS logo and survey vendor return address block must be printed at the top of the letter; right side up as indicated in the letter templates provided by CMS.
- The web invitation letter must include a URL to the online survey and a unique PIN code. The URL may not exceed 25 characters.
- The web invitation letter must include the customer support telephone number and the customer support email address
- The web invitation letters must be printed using a font size equal to or larger than Times New Roman, Arial, Calibri, or Helvetica 11 point font
- The web invitation letter should be printed in English on one side, Spanish on the other.

  Note: If the survey vendor is administering the MA & PDP CAHPS Survey in one of the optional languages (Chinese, Korean, Tagalog, or Vietnamese), the web invitation letters should be provided in the optional languages.

- The web invitation letter envelope must be white; colored envelopes are not permitted
- The web invitation letter envelope must be printed with the survey vendor's address as the return address. The envelope must be printed with the CMS logo.
- Survey vendors have the option of placing the MA or PDP logo on web invitation letter envelopes. CMS and contract logos are the only logos that should appear on the envelope.
- The web invitation letter envelope **must not** be printed with any banners such as "Important Information Enclosed. Please Reply Immediately." or messages such as "Important Information From the Centers for Medicare & Medicaid Services Enclosed."

Survey Cover Letters

All survey cover letters sent to sampled enrollees must adhere to the guidelines described below:

- Full name and address are used to address all envelopes to the sampled enrollee. All questionnaires must include a survey cover letter that is to be printed on a separate sheet of paper, and not attached to the questionnaire
- The cover letter for the first questionnaire mailing must be dated March 13, 2024. The cover letter for the second questionnaire mailing must be dated April 2, 2024.
- The survey cover letters must contain a salutation that is personalized using the sample variables FNAME and LNAME
- The cover letters for the first and second questionnaire mailings will be signed by a CMS official
- The survey cover letter must be printed using the CMS logo; however, the return address must be that of the survey vendor ONLY (or survey vendor's mail processing location). It is optional to include the MA or PDP logo (or the MA or PDP parent organization logo).
- The survey cover letters must be printed using a font size equal to or larger than Times New Roman, Arial, Calibri, or Helvetica 12 point font
- The cover letter for the questionnaire mailings must contain Spanish text inviting Spanish speaking enrollees to call the survey vendor's toll-free telephone number to request the Spanish translation of the questionnaire

  Note: If the survey vendor is administering the MA & PDP CAHPS Survey in one of the optional languages (Chinese, Korean, Tagalog, or Vietnamese), the cover letters may include text in that optional language inviting enrollees to call the survey vendor's toll-free telephone number to request the survey translation.

Survey Envelopes

- The envelope in which the questionnaire is mailed must be printed with the survey vendor's address as the return address. The envelope must be printed with the CMS logo.
- Survey vendors have the option of placing the MA or PDP logo on survey mailing envelopes. CMS and contract logos are the only logos that should appear on the envelope.
- The outgoing questionnaire envelope **must not** be printed with any banners such as "Important Information Enclosed. Please Reply Immediately." or messages such as "Important Information From the Centers for Medicare & Medicaid Services Enclosed."

Mail Questionnaire Formatting and Printing Specifications

Survey vendors must adhere to the following specifications in formatting and producing the mail MA & PD CAHPS Survey questionnaires:

- The mail questionnaires must be printed as booklets and bound (using staples, stitches, adhesive, etc.) so there are no loose pages. Questionnaires may **not** be printed in any other format (e.g., trifold format).
- The full questionnaire title including the year must be placed at the top of page one
- The enrollee's name must not be printed on the questionnaire

- The first page of the questionnaire must include the survey instructions and the Office of Management and Budget (OMB) clearance statement, number, and expiration date (1/31/2025). *(Note: OMB clearance statement, number, and expiration date, may be printed in 10 point font.)*
  - The OMB statement, number, and expiration date may also appear on the cover letter
- All survey instructions must be printed at the top of the first page of the questionnaire. It is recommended to format the instructions using bullets.
- Question and answer category wording must not be changed. (All answer categories must be listed vertically, including 10 point scale response categories.)
- No changes are permitted to the order of the Core MA & PD CAHPS Survey questions
- No changes are permitted to the order of the About You questions, whether they are placed before or after any supplemental questions
- The About You questions cannot be eliminated from the questionnaire
- No changes are permitted to the order of the answer categories for the Core and About You questions
- Question and answer categories must remain together in the same column and on the same page
- The presentation of questions and response options (vertical vs. horizontal presentation of response options, use of matrix or grid format) cannot deviate from the format presented in the survey templates provided by the MA & PDP CAHPS Survey Project Team. That is, response choices must be listed individually for each question, not presented in a matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page. For example, when a series of questions is asked that have the same answer categories (e.g., Never, Sometimes, Usually, or Always), the answer categories must be repeated with every question. The only questions approved for presentation in a matrix or grid format are the required survey items listed below, and matrix formatted supplemental questions approved by CMS.
  - MA-Only (Q48, Q49)
  - MA-PD (Q41, Q53, Q54)
  - PDP (Q3, Q15)
- The contract marketing name provided in the sample file must be printed on the back page of the survey. In addition, CMS permits survey vendors to include a list of Plan Benefit Names on the last page of the survey(s). If a contract provides an additional Plan Benefit Name(s) to be included on the survey, the name(s) should be printed on the back page of the survey below the contract marketing name. The name(s) should be preceded by the phrase: "You may also know your plan by one of the following names." This phrase is to be used only if additional contract names are printed on the survey. The contract number is not to be included on the last page of the survey instrument(s).

  Example:
  Contract marketing name: XYZ Plan
  You may also know your plan by one of the following:
  ABC Plan
  CDD Plan
  EFG Plan

- Page numbers must be printed at the bottom of each page
- A form tracking ID linked to the Unique Respondent Finder Number must be printed on the last page of each survey

  Note: Placement of an internal tracking barcode next to the Unique Respondent Finder Number on the last page of the survey and other materials is acceptable.

- An identifier to differentiate between the first and second survey mailing must be included on each survey
- The survey vendor's return address for mail processing must appear on **both the back cover of the questionnaire and the bottom of the last page containing survey questions (which may be the same page as the back cover)** to ensure that the questionnaire is returned to the correct address in the event the enclosed return envelope is misplaced by the enrollee. No deviations from this guidance are permitted.
- All questionnaires must be printed with black text. Survey vendors may print questionnaires on white paper (with or without a highlight color) or on colored paper.
  - Use of colored paper must be limited to pastel hues; colors that may reduce readability, such as neon or dark colors, are prohibited
- All questionnaires must be printed using a font size of Arial, Calibri, Helvetica, or Times New Roman 12 point or larger
- A pre-paid Business Reply Envelope addressed to the survey vendor or the survey vendor's subcontracted scanning service must be included in each outgoing package

Recommended Formatting Guidelines

Survey vendors have some flexibility in formatting the MA & PD CAHPS Survey questionnaires. The following recommendations should be considered when formatting the survey questionnaires to ensure that they are easy to read, thus increasing the likelihood of receiving a completed survey:

- Two-column format
- Wide margins (at least ¾ inches) so that the survey has sufficient white space to enhance readability
- Ovals or circles instead of boxes may be used for response items
- Survey vendors may place a code on the mail survey to assist the survey vendor's customer service staff in identifying the survey type when assisting enrollees
- Placing the survey instructions on a separate page, rather than at the top of the first page of substantive survey questions
- Color can be used as a visual cue to promote navigation between survey questions

Note: Survey vendors may use pre-codes placed to the left of the response options as superscript or subscript. Pre-codes should not be used on 0-10 responses.

Supplemental Questions

All supplemental questions for proposed use in the 2024 MA & PDP CAHPS Survey administration must be submitted to CMS for review and consideration of approval using the Excel template found in Appendix P. Submissions that do not use the required template must be resubmitted using the correct template. Questions for consideration must be listed only once (not repeated several times or broken out into multiple worksheets by health plan). Contracts are permitted to add a maximum of 12 supplemental questions to the questionnaire. All supplemental

questions must be submitted electronically no later than December 1, 2023 to MA & PDP CAHPS Survey Technical Assistance for CMS to review and consider for approval. After the MA & PDP CAHPS Survey Project Team receives the questions for consideration, a confirmation email will be sent to the survey vendor that will include the number of supplemental items and the date the items were received. The survey vendor must confirm the count of supplemental items and notify the MA & PDP CAHPS Survey Project Team of any discrepancies. If no confirmation email has been received by the survey vendor within two business days, the survey vendor should resubmit/resend the email or contact the Technical Assistance line to confirm receipt.

Note: Questions from the 2016 MA & PDP CAHPS survey versions that were deleted from the 2017 surveys are approved as supplemental questions and do not need to be submitted for approval. Any questions previously approved for 2023 survey administration are automatically approved and do not need to be resubmitted for 2024. Previously approved questions cannot be revised in any way. Questions denied for 2023 survey administration cannot be resubmitted in the same format; they must be revised to conform to supplemental question guidance.

Within the cap of a maximum of 12 supplemental questions, the exact number of supplemental questions that a contract may add is left to the discretion of the contract or survey vendor. Each response-item in a supplemental question containing multi-response items (e.g., questions a through e) will count as one question toward the maximum cap of 12 supplemental questions. (For example, a supplemental question with sections a through e will count as five questions toward the maximum cap of 12 supplemental questions.)

Contracts and survey vendors must avoid using supplemental questions that:

- Pose a burden to the enrollee by presenting a complex (multi-part) question or providing more than five response options
- May affect responses to the MA & PDP CAHPS Survey
- May cause a respondent to terminate the survey (e.g., items that ask about sensitive medical, health, or personal topics)
- Could be used to identify an enrollee either directly or indirectly or that jeopardize respondent confidentiality (e.g., items that ask for the enrollee's Social Security number)
- Ask respondent why he/she chose a particular response to any of the questions
- Ask respondent how to improve any score previously given
- Use the phrase "In the last 12 months" (must only refer to a six month retroactive period)
- Are deemed by CMS to be similar to any of the MA & PDP CAHPS Survey questions
- Are similar or duplicative of the Medicare Health Outcomes Survey (HOS) (questions related to fall, exercise, urine leakage)
- Reference Star Ratings (in the question or response options)
- Ask respondent about the need for contract staff or provider training to improve treatment or services
- Ask any question that is not related to experience of health care (is not a report or rating of care or access to care) nor promotes quality improvement action with regard to care
- Address dollar amounts that enrollees pay
- Ask respondent what their future intentions are
- Ask respondent for their opinion of written materials
- Ask respondent to identify the reason health care services may not have been received

As a resource for possible supplemental questions, CMS suggests the use of the Supplemental Items for the Adult Health Plan Questionnaires posted on the AHRQ website. These items have been thoroughly tested; however, please note that some of these items may not meet the protocols for MA & PDP CAHPS Survey supplemental items. In addition, the following three MA-PPO questions from the 2012 MA & PDP CAHPS Survey may be considered as supplemental questions.

- Some insurance plans have a network or group of doctors who belong to the plan. You pay less if you use doctors who belong to the network, and more if you use doctors who are not part of the network. Does your health plan's network have enough doctors to choose from? (Response options of "Yes" or "No")
- In the last 6 months, did you try to find out if a doctor was part of your health plan's network? (Response options of "Yes" or "No")
- Was the information you found on whether a doctor was part of your health plan's network accurate? (Response options of "Yes" or "No" or "I did not find the information")

Placement of approved supplemental questions must follow the procedures outlined below:

- Supplemental questions must follow the Core questions
- The About You section in its entirety must be placed anywhere after the Core questions
- Phrases must be added to indicate a transition to the contract-specific supplemental questions. An example of such phrasing is as follows:
  "Now we would like to ask you a few more questions on topics we have asked you about before. These questions provide additional information on these important topics."
- Supplemental questions added to the web and mail questionnaires must also be added to the corresponding CATI version of the questionnaire and must be fully programmed and operational by the start of inbound CATI protocol

Confidential Tracking ID

Survey vendors must label questionnaires with a confidential identification number (referred to as the Unique Respondent Finder Number in the sample file) that will be created by the MA & PDP CAHPS Data Coordination Team, assigned to each enrollee and provided as part of the sample file to track the status of all enrollees in the sample file. This Unique Respondent Finder Number links each questionnaire to each enrollee in the sample file, along with each enrollee's identifying information (e.g., name and address). Survey vendors will use this information to generate all survey materials, such as cover letters and address labels, and to ensure that each enrollee gets the appropriate survey administration follow-up and disposition code. Survey vendors must create a master file that links the Unique Respondent Finder Number with the enrollee's contact information and update the master file throughout the data collection period to track the status of each enrollee in the survey sample.

Note: Placement of an internal tracking barcode next to the Unique Respondent Finder Number on the survey and other materials is acceptable.

To maintain the confidentiality of enrollees, the master file must not contain the actual survey responses. Survey responses must reside in a separate and distinct data file developed by the survey vendor according to specifications provided by CMS (see the section on Data Coding and Data

Preparation in this manual for more detailed information). The Survey Response Data File must be linked to the master file by the Unique Respondent Finder Number. ***Under no circumstances will the master file be released to the plans that contract with a survey vendor.***

Mailing of Survey Materials

Survey vendors must follow the procedures outlined below in mailing out all survey materials:

- Make every reasonable attempt to contact each eligible sampled enrollee, whether or not they have a complete mailing address. Survey vendors must retain a record of attempts to acquire missing address data. All materials related to survey administration are subject to review by CMS and the MA & PDP CAHPS Survey Project Team.
- Enclose a self-addressed, stamped Business Reply Envelope in the survey mail packet along with the cover letter and questionnaire. The questionnaire cannot be mailed without both a cover letter and a self-addressed, stamped Business Reply Envelope.
- Mail materials must be addressed to the sampled enrollee using the address provided in the sample file (unless the survey vendor receives an updated mailing address)
- To ensure delivery in a timely manner and to maximize response rates, survey vendors are strongly encouraged to mail the pre-notification letter and the questionnaires using first class postage or indicia
- The use of windowed envelopes is permissible, provided no personal information – other than enrollee name and address – is visible through the window

Address Standardization

Survey vendors must employ address standardization techniques to ensure address information is current and formatted to enhance deliverability. Survey vendors must use commercial tools such as the NCOA database to update addresses provided by CMS for sampled enrollees and to standardize addresses to conform to U.S. Postal Service formats. Survey vendors **must** also use the NCOA database to update addresses prior to mailing and for all mail materials returned as undeliverable.

Data Receipt of Questionnaires Completed by Mail

Survey vendors may use key-entry or scanning technology to capture survey data. Returned questionnaires must be tracked by date of receipt (date received from post office), processed, the survey data entered or scanned within three business days, and those records removed from further mail or CATI follow-up, as appropriate. Information on how to process receipt of blank surveys and multiple surveys from a single enrollee is located in the Data Coding and Data Preparation chapter.

Data Entry/Data Processing Procedures

Survey vendors must follow the data entry decision rules and the data storage requirements described below.

Survey vendors must review each returned mail survey for legibility and completeness. For ambiguous responses, a coding specialist employs decision rules to code responses (see the Data Coding & Data Preparation section in this manual). In processing surveys returned by mail, survey vendors must incorporate the following features:

- Unique record verification system: The survey management system or scanning software employed by survey vendors must perform a check to identify duplicate surveys

- Valid range checks: The data entry system or scanning software employed by survey vendors must identify responses or entries that are invalid or out of range
- Validation: Survey vendors must have a process in place to validate data entered or scanned (regardless of the mode of data entry) to ensure that data entered accurately capture the responses on the original survey. For key-entered data, a different staff member should validate the data and reconcile any discrepancies found.

Data Storage

Survey vendors must store all data files, audio recordings, and returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of three years. The retention requirement also applies to sample information.

Enrollee Correspondence

Survey vendors must forward enrollee correspondence received in emailed or written form to the MA & PDP CAHPS Survey project team on a bi-weekly basis. The MA & PDP CAHPS Survey project team will collect the enrollee correspondence on behalf of CMS and forward the material to CMS for review. Forwarded enrollee correspondence must include all email and white mail (i.e., notes from enrollees written on separate pieces of paper or separately mailed letters; cover letters, pre-notification letters, and envelopes should be included only if they contain commentary from the enrollee). It is not necessary to forward email or white mail that only indicates refusal to complete the survey or an enrollee is ineligible (e.g., institutionalized, mentally or physically unable to respond, language barrier, excluded from survey). If the correspondence is in one of the MA & PDP CAHPS optional languages being administered by the survey vendor, please notify the MA & PDP CAHPS Survey project team if any follow-up is needed.

Survey vendors should not submit enrollee emails acknowledging completion of the web survey, requesting to complete the survey via mail or telephone, or providing comments on individual survey items. Survey vendors should not submit enrollee comments written on or within the mail survey, including marginal comments. If survey vendors receive emails or comments that indicate an individual's health or well-being is at risk (e.g., regarding signs of neglect or abuse, signs of a distressed respondent), vendors should follow their own standard procedures for handling this type of information prior to forwarding the correspondence to the MA & PDP CAHPS Survey project team.

General guidelines for scanning and saving documents

- Each email or piece of white mail should be scanned separately and saved as an individual PDF. White mail from multiple enrollees should **not** be combined into one PDF.
- Each piece of scanned email or white mail should include the enrollee's name, mailing address, and telephone number (if available).
- Scanned email and white mail must be categorized by topic, using the categories described in the following section. Each scanned file should be named with the FINDER (Unique Respondent Finder Number assigned to the enrollee in the sample file) and the one word topic associated with the email or piece of white mail (Need/Distressed/Financial, Deceased, Other); e.g., 123444555_Financial.pdf or 543211233_Distressed.pdf.

Categorizing enrollee correspondence

- Each scanned email and piece of white mail should be categorized by topic.
- If an email or piece of white mail includes more than one topic, it should be categorized into the highest priority topic, using the hierarchy below. For example, if an email or piece of white mail includes comments about not being able to afford a prescription, and also comments about topics that should be included in the survey, it should be categorized as "Financial."
- The categories, with examples of correspondence that would fall under each category, are as follows:

  1. *Needs something or distressed or financial issues*
     - Signs of neglect or abuse
     - Signs of a distressed respondent
     - Comments about suspected fraud
     - Complaints about care requesting a response
     - Not able to afford medication, co-pays, treatment, or other care
     - Questions or disputes about denied coverage
     - Other billing issues

  Note: After following internal protocols for distressed or suicidal respondents, vendors should immediately notify the project team and forward correspondence requiring urgent attention or communicating thoughts of suicide.

  2. *Other*
     - Questions/comments about survey content
     - Questions/comments about purpose of survey
     - Questions about legitimacy of survey
     - Complaints about care or health plan that do not request a response
     - General comments about doctor visits, medical tests, prescriptions, health care, or health plan
     - Anything that does not fit into categories 1 or 2

Survey vendors should not email enrollee correspondence as it may contain PHI. Enrollee correspondence must be securely sent to the project team via the project team's Secure Access File Exchange (SAFE) site or another secure file transfer system; items that cannot be scanned may be mailed to MA & PDP CAHPS Survey Project Team, 3133 E. Camelback Road, Suite 140, Phoenix, AZ 85016-4545. Instructions for uploading documents to the project SFTP site will be provided via email, if needed. After documents have been received by the project team, an confirmation of receipt will be emailed to the vendor that will include the date of receipt and the number of pieces received.

Once enrollee correspondence has been uploaded to the MA & PDP CAHPS project team's SAFE site and the vendor has received confirmation of receipt, survey vendors may follow their standard procedures for secure storage and shredding of any hard copy materials. Enrollee correspondence does not have to meet the MA & PDP CAHPS survey materials data retention requirement of three years.

Quality Control Guidelines

Survey vendors are responsible for the quality of work performed by any staff and/or subcontractor(s), such as fulfillment houses, and should conduct on-site verification of printing and mailing processes, regardless of whether they are using organization staff or subcontractor(s) to perform this work. To provide CMS with information on "in progress" response rates and survey return processing, all vendors must complete and submit an MA & PDP CAHPS Vendor Report of Web and Mail Survey Activity and Returns using the Excel template found in Appendix S. The first report is due 14 days after the first survey mailing on 3/13/2024 and additional reports are due every two weeks after the first report.

To avoid survey administration errors and to ensure questionnaires are delivered as required, survey vendors must:

- Perform interval checking of printed mailing pieces for:
  - Fading, smearing and misalignment of printed materials
  - Appropriate survey content, accurate address information and proper postage of the survey packet
  - Assurance that all printed materials in a mailing envelope have the same unique identifier
- Include, track, and verify "seeded mailings." Check for timeliness of delivery, accuracy of address, and accuracy of the content of the mailing. It is strongly encouraged that recipients of the seeded mailing be MA & PDP CAHPS Survey vendor staff at an address other than the vendor's business address. Documentation of seeded mailings should be maintained to include date of receipt and any quality checks conducted on the seeded mail packet.
  - The MA & PDP CAHPS Survey project team must receive a seeded mailing in English and Spanish for each of the three survey types, MA-Only, MA-PD, and PDP (as applicable), for the prenotification letters, first, and second survey mailings (cover letter, questionnaire, return envelope). Survey vendors administering the MA & PDP CAHPS Survey in any of the optional languages (i.e., Chinese, Korean, Tagalog, and/or Vietnamese) must send the MA & PDP CAHPS Survey project team a seeded mailing in each of the optional languages being administered for each of the three survey types, MA-Only, MA-PD, and PDP (as applicable), for the prenotification letters, first, and second survey mailings. Survey vendors may choose the contracts for their seeds. The name and address of the seed recipient will be provided via email prior to the first survey mailing.
- Perform address validation to check for missing or incorrect information
- Perform address updates using the NCOA or other Postal Service and commercial address databases when available
- Conduct timely data verification

Note: Survey vendors must describe their quality control processes in detail in their QAP, and must retain records of all quality control activities conducted.

Example 2: On the second call attempt during outbound CATI, the enrollee comes to the telephone and indicates she prefers her husband to answer the interview on her behalf. The enrollee's husband comes to the telephone and completes the interview. In this scenario, the enrollee case received two call attempts and resulted in a completed proxy interview.

Incentives

CMS does **not** allow MA and PDP contracts or survey vendors to offer incentives of any kind to prompt, influence, or increase participation.

Confidentiality

Sampling procedures are designed so that participating contracts cannot identify enrollees selected to participate in the survey. Survey vendors are expected to maintain the confidentiality of enrollees and may not provide contracts/plans with the names of enrollees selected for the survey or any other enrollee information that could be used to identify an individual sampled enrollee (either directly or indirectly).

Administering the Survey in Other Languages

CMS provides the translations of MA & PDP CAHPS Surveys and supporting materials in Spanish, Chinese, Korean, Tagalog, and Vietnamese. Note the Chinese language survey is appropriate for enrollees who speak Cantonese or Mandarin, but survey vendors must maintain an interviewer pool that meets the needs of their Chinese speaking enrollees, if known (may require interviewers that speak both Cantonese and Mandarin). Spanish language questionnaires must be made available to all Spanish-speaking enrollees (in web, mail, and telephone administration). Use of the Chinese, Korean, Tagalog, and Vietnamese language questionnaires is **optional** and shall be done at the request of the contract. When the optional language questionnaires are used, they must be available for web, mail, and telephone administration. The procedures detailed below are to be used for enrollees who reside in the 50 U.S. states and the District of Columbia. Procedures for enrollees who reside in Puerto Rico are detailed separately.

Survey vendors may do any of the following at the request of the contract:

- Include instructions for requesting a Spanish language questionnaire with the pre-notification letter, web survey invitations, and all mailings of the English language questionnaire. Instructions must be written in Spanish.
- Include a Spanish language questionnaire in all mailings of the English language questionnaire (this is commonly referred to as "double stuffing"). Such packets may be sent to all enrollees within a contract, or to a subset of enrollees within a contract based on language preference data received from the contract or contained in the SPANISH PREFERENCE INDICATOR field in the sample data. The SPANISH PREFERENCE PROBABILITY can also be used; for example, English and Spanish language questionnaires could be sent to enrollees with a value of 1 or 2 in this sample field.
- Send web survey invitations in Spanish only to enrollees known to prefer Spanish. Those enrollees can be identified using a) language preference data received from the contract, b) the SPANISH PREFERENCE INDICATOR field in the sample data, or c) the SPANISH PREFERENCE PROBABILITY field in the sample data.

- Send a Spanish language questionnaire only in all mailings of the survey to enrollees known to prefer Spanish. Those enrollees can be identified using a) language preference data received from the contract, b) the SPANISH PREFERENCE INDICATOR field in the sample data, or c) the SPANISH PREFERENCE PROBABILITY field in the sample data.
- Include instructions for requesting an optional language (Chinese, Korean, Tagalog, or Vietnamese) questionnaire with the pre-notification letter, web survey invitations, and all mailings of the English language questionnaire. Instructions must be written in the optional language.
- Include an optional language questionnaire in all mailings of the English language questionnaire ("double stuff" packets). Such packets may be sent to all enrollees within a contract, or to a subset of enrollees within a contract based on language preference data received from the contract.
- Send an optional language questionnaire only in all mailings of the survey to enrollees known to prefer the optional language. Those enrollees would be identified using language preference data received from the contract.
- Send web survey invitations in an optional language only to enrollees known to prefer the optional language. Those enrollees would be identified using language preference data received from the contract.

Note: Survey vendors must describe the process for distributing the survey in Spanish and/or Chinese, Korean, Tagalog, or Vietnamese (if applicable) in their QAP.

Mailing the Pre-Notification Letter

If the contract has **not** requested use of any of the optional questionnaire translations, survey vendors must mail a pre-notification letter to all sampled enrollees residing in any of the 50 U.S. states or the District of Columbia that is printed in English on one side and in Spanish on the reverse side. The pre-notification letter will provide the survey vendor's toll-free telephone number for sampled enrollees to call to request a Spanish language survey. All such requests must be mailed within two days of the telephone request.

If the contract has requested use of any of the optional questionnaire translations, survey vendors must mail a pre-notification letter to all sampled enrollees residing in any of the 50 U.S. states or the District of Columbia that is printed with English on one side and Spanish on the other side; **however,** if a contract contains a substantial number of Chinese, Korean, Tagalog, or Vietnamese-speakers, the survey vendor has the option of including an English-Chinese, English-Korean, English-Tagalog, or English-Vietnamese letter, instead of the English-Spanish letter. The pre-notification letter will provide the survey vendor's toll-free telephone number for sampled enrollees to call to request a Spanish language survey **and** the survey vendor's toll-free telephone number for sampled enrollees to call to request the optional language survey. All such requests must be mailed within two days of the telephone request.

Additional Guidance for Administering the Optional Survey Translations

Health plans and survey vendors should follow the additional guidance below:

- Plans should request Chinese, Korean, Tagalog, or Vietnamese language survey administration for contracts that include a plurality of Chinese, Korean, Tagalog, or Vietnamese-speaking or preferring enrollees

- If a contract provides a survey vendor with language preference data, the data must include all contract enrollees for whom data are available or applicable. Survey vendors cannot provide any contract with names or other identifying information of sampled enrollees. Survey vendors should use name, address, city, and state to confirm a match with the contract's language preference data.
  - Survey vendors should perform reviews of the language preference files received from contracts to ensure data quality, such as checking that the data in the language field are consistent with other fields provided by the contract or confirming counts or percentages of enrollees requiring translations with the contract.

Administering the Survey for Enrollees Residing in Puerto Rico

Sampled enrollees residing in Puerto Rico must receive **Spanish questionnaires as the default language**. Survey vendors must mail a pre-notification letter printed in Spanish on one side and in English on the other side. The pre-notification letter will provide the survey vendor's toll-free telephone number for sampled enrollees to call to request an English language survey. Similarly, survey invitations sent via mail must be printed in Spanish on one side and in English on the other side.

At the request of the contract, survey vendors may:

- Include instructions for requesting an English language questionnaire with the pre-notification letter and all mailings of the Spanish language questionnaire. Instructions must be written in English.
- Send web survey invitations in English only to enrollees known to prefer English. Those enrollees can be identified using language preference data received from the contract.
- Include an English language questionnaire in all mailings of the Spanish language questionnaire ("double stuff" packets). Such packets may be sent to all enrollees within a contract or to a subset of enrollees within a contract based on language preference data received from the contract.
- Send an English language questionnaire only in all mailings of the survey to enrollees known to prefer English. Those enrollees would be identified using language preference data received from the contract.

Otherwise, all sampled enrollees residing in Puerto Rico must be sent web survey invitation emails and reminders in Spanish. They must be mailed a Spanish language questionnaire on the first and all subsequent mailings, if needed. Sampled enrollees assigned to telephone follow-up who reside in Puerto Rico must be called by a Spanish or bi-lingual (Spanish and English) interviewer, and CATI programmed in Spanish must be conducted with these sampled enrollees.

Timing of Contracts' Data Collection Efforts

To avoid over-burdening enrollees, survey vendors, contracts, or their agents are strongly discouraged from fielding other surveys of enrollees four weeks prior to, during, or four weeks after the 2024 MA & PDP CAHPS Survey administration (anytime from February 2 to July 2, 2024), except for other CMS surveys (e.g., Medicare Health Outcomes Survey).

IX. DATA ANALYSIS AND PUBLIC REPORTING

Overview

This section describes the public reporting of the 2024 survey results in the Medicare & You Handbook, in the Medicare Plan Finder website (www.medicare.gov), the reports prepared for plans, and the data analysis of the MA & PDP CAHPS Survey conducted by CMS. It also provides a discussion of data analyses that survey vendors may conduct for plans. Survey results for the 2023 MA & PDP CAHPS Survey will be available in the fall of 2024.

Reporting

Public Reporting of 2024 MA & PDP CAHPS Survey Data

MA & PDP CAHPS Survey data are publicly reported by contract (MA and PDP) and state (FFS). Limited information from the MA & PDP CAHPS Survey is published in the Medicare & You Handbook and additional measures are included on the Medicare Plan Finder website (www.medicare.gov) each fall. The survey data can also be found on CMS's website at https://go.cms.gov/partcanddstarratings. Public reporting of the survey results is designed to create incentives for contracts to improve their quality of care and also serves to enhance public accountability in healthcare by increasing the transparency of the quality of care provided by Medicare contracts. The measures derived from the surveys are used by enrollees to help choose an MA or PDP plan. Medicare administrators and policymakers also rely on the measures to manage the program; devise, implement, and monitor quality improvement efforts; and make policy decisions.

Additional Reporting of 2024 Medicare CAHPS Data to Plans

Official CAHPS preview reports will be emailed to Medicare Compliance Officers in late August 2024. In addition to these preview reports, CMS provides each MA and PDP contract that participates in the MA & PDP CAHPS Survey a more detailed report that summarizes that contract's survey results and compares contract scores to state and national-level benchmarks. Each plan report also compares the contract's CAHPS scores to those from FFS enrollees, as well as to other MA or PDP contracts within the contract's market area. Official CAHPS plan reports will be provided via email to Medicare Compliance Officers in late fall 2024.

In addition to the global ratings, individual items, and composite measures, the reports to plans include a response rate for the plan. The response rate reported to plans includes all surveys used in analysis divided by the total eligible sample. If survey vendors want to replicate this response rate for the purposes of internal client reporting, CMS recommends the following as a close approximation of that rate: include completed (code 10) and partially completed (code 31) surveys in the numerator, divided by the denominator of total sample minus all ineligible enrollees. Ineligible enrollees include sample cases with a final disposition of Institutionalized (code 11), Deceased (code 20), Mentally or Physically Unable to Respond (code 24), and Excluded From Survey (code 40).

When calculating the response rate, code 34 (incomplete or blank survey returned) is **not** included in the numerator, but **is** included in the total sample component of the denominator.

The manner in which CAHPS data are organized and displayed varies somewhat across reports as a function of their different purposes and intended audiences. For example, on www.medicare.gov, contract performance on CAHPS and other measures is summarized on a scale of one to five stars, based on case-mix adjusted mean scores, in combination with additional non-CAHPS measures. The tables posted to the MA & PDP CAHPS website use a 0 – 100 scale for each measure, while the reports to plans give more detail on the original scales of the items.

2024 Measures That Will be Publicly Reported

The reports to plans include those measures that are reported to consumers, plus additional measures. The measures that are publicly reported to consumers can be found in the Medicare Plan Finder at www.medicare.gov or are included in the display measures found at www.cms.gov. These publicly reported MA & PDP CAHPS Survey measures include six composites, three global ratings, and two individual items, as well as two other measures reported to contracts.

Composite measures:

- Getting Needed Care (MA)
- Getting Appointments and Care Quickly (MA)
- Customer Service (MA)
- Care Coordination (MA)
- Doctors Who Communicate Well (MA - reported to contracts – not reported to consumers)
- Getting Needed Prescription Drugs (MA-PD and PDP)

Global ratings:

- Rating of Health Plan (MA)
- Rating of Health Care Quality (MA)
- Rating of Drug Plan (MA-PD and PDP)

Individual items (MA):

- Annual Flu Vaccine
- Pneumonia Vaccine (reported to contracts – not reported to consumers)

Other measures reported to contracts (MA-PD and PDP):

- Reminders to fill prescriptions
- Reminders to take medications

Note: These items are included in Appendix K, List of Reportable Measures, but they are not part of the calculation of reportable measures used to assign survey status.

CMS Analysis of 2024 MA & PDP CAHPS Survey Data

Final Analysis Dataset

The final analysis dataset will include all completed and partially completed questionnaires.

Use of Composite Measures

When a survey covers many topics, a report that simply lists the answers to every question can be overwhelming to readers. To keep survey reports shorter and more comprehensible, without sacrificing important information, answers to questions about the same topic are combined to form composites. The items in a composite are given equal weight in calculating the composite score with two exceptions: Getting Needed Prescription Drugs and Care Coordination. For the composite regarding the ease of filling prescriptions by mail and at a pharmacy, mail and pharmacy answers are weighted within each contract proportionately to the number of enrollees who report attempting to fill prescriptions by mail or at a pharmacy in that contract.

Care Coordination Composite Scoring

The Care Coordination Composite measure is comprised of 6 survey items.	**Response Options**
Item 1: Personal MD had medical records or other info about care	Never (1) Sometimes (2) Usually (3) Always (4)
Item 2: How often talk about Rx medications	Never (1) Sometimes (2) Usually (3) Always (4)
Item 3: MD informed about care from specialists	Never (1) Sometimes (2) Usually (3) Always (4)
Item 4: Get needed help to manage care	No (2) Yes, somewhat (3) Yes, definitely (4)
Item 5: MD office follow-up to give test results*	Never (1) Sometimes (2) Usually (3) Always (4)
Item 6: Got test results as soon as needed*	Never (1) Sometimes (2) Usually (3) Always (4)

** Items 5 and 6 are averaged to generate a single item score.*

Item 4 (help to manage care) has a 3-level Yes/No scale and the other items in the composite have a 4-level Never/Always scale. The 0-100 composite reflects the weighted average of all 6 measures.

All 6 measures are translated to a 0-100 range based on their original response scale (2-4 for item 4, 1-4 for all other measures).

The general formula for converting items from their original response scale to the 0-100 scale is: (score on original scale - minimum possible on original scale) * 100 / (maximum possible on original scale - minimum possible on original scale).

To score the composite, the weighted average of 5 scores is calculated:

- The scores for items 1-4
- The average score of items 5 and 6

Customer Service Composite Scoring

The Customer Service Composite measure is comprised of 3 survey items.

	Response Options
Item 1: How often customer service gave you information or help as soon as needed	Never (1) Sometimes (2) Usually (3) Always (4)
Item 2: How often customer services staff treated you with courtesy and respect	Never (1) Sometimes (2) Usually (3) Always (4)
Item 3: How often health plan forms easy to fill out	Never (1) Sometimes (2) Usually (3) Always (4)

Item 3 has a screener, "Did your health plan give you any forms to fill out?" The screener responses are Yes (1) and No (2). Enrollees providing an item 3 screener response of No (2) are asked to skip Item 3.

If the item 3 screener is No (2), item 3 is recoded to Always (4) regardless of whether item 3 was skipped or how it was answered.

To score the composite, the average of 3 scores is calculated:

- The score for item 1
- The score for item 2 and
- The score for item 3, recoded if applicable

Data Cleaning Prior to Case-Mix Adjustment

A forward-cleaning approach is used for editing and cleaning survey data. This approach uses responses to the "screener" (or gate) items to control how subsequent items within the questionnaire are treated, such as setting responses to a missing value or retaining the original response. Under this forward data cleaning approach, screener items that were initially unanswered are **not** updated or back-filled based on responses to subsequent items.

Data are cleaned using the following forward-cleaning conventions and guidelines:

- Survey items that contain multiple responses (double-grid) when only one response is allowed are set to "M – Missing"
- If a screener question is blank, but there are data in the dependent questions, those data are used in analysis and the screener is recorded as "M – Missing"
- If the response to a screener question is valid, but the respondent violates the skip instruction by answering dependent questions that should have been skipped, the response to the screener question is retained and the responses for the dependent questions are set to "M – Missing" (with the exception of Customer Service, item 3 as referenced above)
- Embedded screener questions (a skip pattern within a skip pattern) are treated in the same way as a primary screener question. The embedded skip pattern is evaluated first, followed by the primary skip pattern.

Special missing value codes are assigned to recoded questionnaire variables to indicate the type of missing data.

Case-Mix Adjustment and Weighting

Certain respondent characteristics, such as education, are not under the control of the health plan, but are related to the sampled enrollee's survey responses. To ensure that comparisons between contracts reflect differences in performance rather than differences in case-mix, CMS adjusts for such respondent characteristics when comparing contracts in preview reports and public reporting.

In general, for example, individuals with less education and those who report better general and mental health provide more positive ratings and reports of care. The case-mix model used for analyzing MA & PDP CAHPS Survey data includes the following variables (each of which has mutually exclusive categories):

- Education
- Self-reported general health status
- Self-reported mental health status
- Proxy completion of the survey or other proxy assistance
- Dual eligibility*; Low income subsidy but not dual eligibility*
- Age* (calculated as the difference between survey finalization year and year of birth)
- Asian (Chinese, Korean, Tagalog, and Vietnamese) language survey completion

** Note: CMS Administrative Data*

Although proxy reporting has contributed very weakly to differences in contract means, it has been retained as an adjustor to allay concerns that are occasionally voiced about the effects of proxy responses on scores.

Case-mix adjustment is implemented via linear regression models predicting CAHPS measures from case-mix adjustors and contract indicators. In these models, missing case-mix adjustors are imputed as the contract mean. Adjusted means represent the mean that would be obtained for a given contract if the average of the case-mix variables for that contract was equal to the national average across all contracts.[2]

Respondent data for each contract are weighted by the ratio of survey-eligible enrollment in the contract to respondents. Some MA contracts include both one or more plans with a Part D benefit and one or more MA-Only plans; these two subgroups are therefore differentially weighted in scoring and case-mix calculations for Part C (MA) measures in such contracts. See "Sample Selection and Eligibility Criteria" for additional information. For the applicable contracts, these weights are necessary to reproduce official scores on Part C measures.

The following three components are needed for case-mix adjustment at the contract level:

- Weighted contract means for each case-mix variable for respondents who answered the item being adjusted
- Weighted national means for each case-mix variable for respondents who answered the item being adjusted
- Individual-level coefficients for each case-mix variable in the model predicting individual responses, conditional on contract indicator variables

Vendors have the data to calculate the first component. CMS now supplies the second and third components annually.

Note: Each of these components is based only on respondents who answered the corresponding CAHPS items.

The formula used to calculate a case-mix adjusted score is as follows: Adjusted Score = Raw Score – Net Adjustment. The net adjustment is the sum of a series of products. Each product is, for a single case-mix adjusted variable, calculated as follows: (Contract Mean – National Mean) * Coefficient.

[2] Consequently, the national mean of contract means for any rating or report is unchanged by case-mix adjustment.

To illustrate how the contract mean for a given case-mix variable is calculated, consider the case of age range. The table below displays age data for a hypothetical contract with 7 respondents. Seven indicator (0 or 1) age variables are created for each of the 6 age range groups. The age 70-74 category is not shown because it serves as the reference category.

Survey ID	Age	Age 64 and under	Age 65-69	Age 75-79	Age 80-84	Age 85 and older
1	65	0	1	0	0	0
2	57	1	0	0	0	0
3	82	0	0	0	1	0
4	71	0	0	0	0	0
5	88	0	0	0	0	1
6	36	1	0	0	0	0
7	66	0	1	0	0	0

For this contract, assuming no applicable Part D weights for simplicity, the mean of each of the 5 age range variables is calculated as follows:

$H_{\leq 64} = (0+1+0+0+0+1+0) / 7 = 2/7 = 0.29$
$H_{65\text{-}69} = (1+0+0+0+0+0+1) / 7 = 2/7 = 0.29$
$H_{75\text{-}79} = (0+0+0+0+0+0+0) / 7 = 0/7 = 0.00$
$H_{80\text{-}84} = (0+0+1+0+0+0+0) / 7 = 1/7 = 0.14$
$H_{85+} = (0+1+0+0+0+0+0) / 7 = 1/7 = 0.14$

Case-mix adjustment is performed by CMS contractors. The case-mix coefficients are re-estimated each year based on data CMS receives. Case-mix coefficients appear each year in the plan reports, and the coefficients are also available in the Part C & D Star Ratings Technical Notes and on the MA & PDP CAHPS website.

Significance Testing, Reliability and Star Assignment

Two-tailed tests are used to compare the case-mix adjusted mean for each contract to the overall mean for all contracts in the nation. In the plan reports (but not consumer reports), contract scores that are significantly different from the national mean at the $p<0.05$ level are marked with an up or down arrow. The absence of an arrow means that the contract's score was not significantly different from the national average. In accordance with confidentiality requirements, "N/A" is reported for any item or composite with fewer than 11 observations. These non-reportable scores do not affect Star Ratings. When 11 or more observations are present but a measure's interunit reliability is less than 75%, the mean score is italicized.[3] Starting in 2011, scores with very low interunit reliability (<60%) were suppressed from public reporting and do not affect Star Ratings.

Interunit reliability (which is related to Spearman-Brown reliability) is calculated for each contract's score for each measure. This 0-1 measure indicates how well the score for a single contract is measured and how well it distinguishes its performance from that of other contracts. Interunit reliability is calculated using the following formula: $R = 1-V/(V+t^2)$, where t^2 is the between-contract variance of the mean for that measure and V is the sampling variance of the contract's mean score.

The following table describes the rules used to determine Star Ratings (1 to 5 stars). The particular Star Rating a contract receives for a given measure depends in part on where the score lies in the distribution of all scores for that measure. Specific percentile cutoffs are applied (the 15th, 30th, 60th, and 80th percentiles). Star assignment also depends on whether the score is statistically significantly different from the national average score (at the $p<0.05$ level), along with the direction of the difference, whether interunit reliability is low, and the standard error of the mean score. The comparison of a contract's score to percentiles is based on rounded scores on the 0-100 scale, while the significance tests, reliability calculations, and test of 1 standard error (SE) difference are based on unrounded scores.

[3] For measures for which more than 12% of all contracts with sample size of 11 or more had low reliability, only the 12% of contracts with the lowest reliability are italicized.

CAHPS Star Assignment Rules

	Criteria for Assigning Star Ratings
1	A contract is assigned one star if both criteria (a) and (b) are met plus at least one of criteria (c) and (d): (a) its average CAHPS measure score is lower than the 15th percentile; AND (b) its average CAHPS measure score is statistically significantly lower than the national average CAHPS measure score; (c) the reliability is not low; OR (d) its average CAHPS measure score is more than one standard error (SE) below the 15th percentile.
2	A contract is assigned two stars if it does not meet the one-star criteria and meets at least one of these three criteria: (a) its average CAHPS measure score is lower than the 30th percentile and the measure does not have low reliability; OR (b) its average CAHPS measure score is lower than the 15th percentile and the measure has low reliability; OR (c) its average CAHPS measure score is statistically significantly lower than the national average CAHPS measure score and below the 60th percentile.
3	A contract is assigned three stars if it meets at least one of these three criteria: (a) its average CAHPS measure score is at or above the 30th percentile and lower than the 60th percentile, AND it is not statistically significantly different from the national average CAHPS measure score; OR (b) its average CAHPS measure score is at or above the 15th percentile and lower than the 30th percentile, AND the reliability is low, AND the score is not statistically significantly lower than the national average CAHPS measure score; OR (c) its average CAHPS measure score is at or above the 60th percentile and lower than the 80th percentile, AND the reliability is low, AND the score is not statistically significantly higher than the national average CAHPS measure score.
4	A contract is assigned four stars if it does not meet the five-star criteria and meets at least one of these three criteria: (a) its average CAHPS measure score is at or above the 60th percentile and the measure does not have low reliability; OR (b) its average CAHPS measure score is at or above the 80th percentile and the measure has low reliability; OR (c) its average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score and above the 30th percentile.
5	A contract is assigned five stars if both criteria (a) and (b) are met plus at least one of criteria (c) and (d): (a) its average CAHPS measure score is at or above the 80th percentile; AND (b) its average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score; (c) the reliability is not low; OR (d) its average CAHPS measure score is more than one standard error (SE) above the 80th percentile.

Note: Questions regarding Star Ratings calculations should be directed to PartCandDStarRatings@cms.hhs.gov.

The following table presents an alternative description of the same star assignment system. Scores are initially classified into "base groups" based on where they lie in the distribution. The numbers in the color-coded section refer to the Star Rating; color coding is used to differentiate each of the five star levels.

Illustration of the 2024 CAHPS Star Assignment Rules:

Mean Score	Base Group	Signif. below avg., low reliability	Signif. below avg., not low reliability	Not signif. diff. from avg., low reliability	Not signif. diff. from avg., not low reliability	Signif. above avg., low reliability	Signif. above avg., not low reliability
< 15th percentile by > 1 SE	1	1	1	2	2	2	2
< 15th percentile by ≤ 1 SE		2	1	2	2	2	2
≥ 15th to < 30th percentile	2	2	2	3	2	3	2
≥ 30th to < 60th percentile	3	2	2	3	3	4	4
≥ 60th to < 80th percentile	4	3	4	3	4	4	4
≥ 80th percentile by ≤ 1 SE	5	4	4	4	4	4	5
≥ 80th percentile by > 1 SE		4	4	4	4	5	5

Notes: If reliability is very low (<0.60), the contract does not receive a Star Rating. Low reliability scores are defined as those with at least 11 respondents and reliability ≥0.60 but <0.75 and also in the lowest 12% of contracts ordered by reliability. The SE is considered when the measure score is below the 15th percentile (in base group 1), significantly below average, and has low reliability: in this case, 1 star is assigned if and only if the measure score is at least 1 SE below the unrounded base group 1/2 cut point. Similarly, the SE is considered when the measure score is at or above the 80th percentile (in base group 5), significantly above average, and has low reliability: in this case, 5 stars are assigned if and only if the measure score is at least 1 SE above the unrounded base group 4/5 cut point.

For consumer reporting via the Medicare & You Handbook and in the Medicare Plan Finder website, CMS uses a Star Rating system, assigning between one to five stars to a contract for a given CAHPS measure as a way of summarizing the contract's performance. CMS does this by converting a contract's score on a given measure into a certain number of stars based on the percentile rank of each contract's case-mix adjusted score and the difference between that rank and the national (overall) mean score. The CAHPS measures are case-mix adjusted to take into account differences in the characteristics of enrollees across contracts that may potentially impact survey responses.

The percentile cut points for base groups are defined by current-year distribution of case-mix adjusted contract means. Percentile cut points are rounded to the nearest integer on the 0-100 reporting scale, and each base group includes those contracts whose rounded mean score is at or above the lower limit and below the upper limit. The number of stars assigned is determined by the position of the contract mean score relative to percentile cutoffs from the distribution of mean scores from all contracts (which determines the base group), statistical significance of the difference of the contract mean from the national mean along with the direction of the difference, the statistical reliability of the estimate (based on the ratio of sampling variation for each contract mean to between-contract variation), and the SE of the mean score. All statistical tests, including comparisons involving SEs, are computed using unrounded scores.

CAHPS reliability calculation details are provided in the document, "https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/helpful-resources/analysis/2020-instructions-for-analyzing-data.pdf."

Defining Market Areas

Each contract's "market area" is determined by comparing its county-level survey samples with those of every other MA or PDP contract. Another contract is included in the report contract's market area for comparison if there is an overlap of at least five percent of the report contract's enrollment and vice-versa (the other contract must also have at least five percent of its enrollment in the report contract's county). Private Fee-for-Service (PFFS) MA contracts, which typically have multi-state if not national enrollment, are not included in the market area definition. However, enrollees in PFFS MA contracts are included in the national and state benchmarks.

Survey Vendor Analysis of MA & PDP CAHPS Survey Data

CMS-calculated results for the MA & PDP CAHPS Survey are the official survey results. CMS will continue to provide MA & PDP contracts with reports that contain information that can be used for quality improvement purposes (including information related to market and service area as described above). However, a survey vendor may analyze the survey data to provide contracts with additional information that contracts can use for quality improvement purposes as long as **the vendor suppresses any report or display of data that includes cell sizes with fewer than 11 observations.** No cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms. This guidance also applies to reporting response rates. Intervention or follow-up with low scoring individuals is not permitted. Survey vendors should ensure that contracts recognize that these survey vendor analyses are **not** official survey results and should **only** be used for quality improvement purposes. Survey vendors may provide contracts with preliminary survey data that the survey vendor develops specifically for the contract. As a result, the survey vendor scores may differ slightly from the official CMS results. When providing contracts with preliminary survey data, survey vendors must communicate to contracts that the survey vendor scores are **not** the official CMS scores. **All reports provided to the contracts must include a statement on each page that vendor results are unofficial and are for the contract's internal quality improvement purposes only, whether paper or electronic report format. The statement must be printed in a minimum 14-point font size.**

In addition, survey vendors will not be able to provide enrollee -level datasets to their contracts, as these data could be used to identify an individual, which would violate the guarantee of confidentiality that CMS provides all survey respondents. For example, survey vendors may **not** provide contracts with names of enrollees selected for the survey, or provide contracts their full enrollee file with names of sampled enrollees removed. Survey vendors must not use any MA & PDP CAHPS survey data, whether preliminary or final results, for any purpose beyond client reports for quality improvement purposes. Survey results may not be published on public facing websites or in marketing materials. Findings may not be shared beyond quality improvement reports to clients. Vendor marketing materials should be limited to the vendor's role in data collection activities and may not state or imply that the vendor can improve a client's Star Ratings**.**

Appendix K

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® Survey List of Reportable Measures

Composite Measures	Survey Items Included in the Composite
Getting Needed Care	In the last 6 months, how often was it easy to get the care, tests or treatment you needed? MA-Only - #10 MA-PD - #10 PDP - N/A
	In the last 6 months, how often did you get an appointment with a specialist as soon as you needed? MA-Only - #29 MA-PD - #29 PDP - N/A
Getting Appointments and Care Quickly	In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? MA-Only - #4 MA-PD - #4 PDP - N/A
	In the last 6 months, how often did you get an appointment for a checkup or routine care as soon as you needed? MA-Only - #6 MA-PD - #6 PDP - N/A
Doctors Who Communicate Well (reported to contracts – not reported to consumers)	In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? MA-Only - #13 MA-PD - #13 PDP - N/A
	In the last 6 months, how often did your personal doctor listen carefully to you? MA-Only - #14 MA-PD - #14 PDP - N/A
	In the last 6 months, how often did your personal doctor show respect for what you had to say? MA-Only - #15 MA-PD - #15 PDP - N/A
	In the last 6 months, how often did your personal doctor spend enough time with you? MA-Only - #16 MA-PD - #16 PDP - N/A

Introduction

CMS created the Part C & D Star Ratings to provide quality and performance information to Medicare beneficiaries to assist them in choosing their health and drug services during the annual fall open enrollment period. We refer to them as the '2025 Medicare Part C & D Star Ratings' because they are posted prior to the 2025 open enrollment period.

This document describes the methodology for creating the Part C & D Star Ratings displayed on the Medicare Plan Finder (MPF) at http://www.medicare.gov/ and posted on the CMS website at http://go.cms.gov/partcanddstarratings. A Glossary of Terms used in this document can be found in Attachment R.

The Star Ratings data are also displayed in the Health Plan Management System (HPMS). In HPMS, the data can be found by selecting: "Quality and Performance," then "Performance Metrics," then "Reports," then "Star Ratings and Display Measures," then "Star Ratings" for the report type, and "2025" for the report period. See Attachment S: Health Plan Management System Module Reference for descriptions of the HPMS pages.

The Star Ratings Program is consistent with the "Meaningful Measures" framework which focuses on measures related to person-centered care, equity, safety, affordability and efficiency, chronic conditions, wellness and prevention, seamless care coordination, and behavioral health. With Meaningful Measures 2.0, CMS plans to better address health care priorities and gaps, emphasize digital quality measurement, and promote patient perspectives of care. The Star Ratings include measures applying to the following five broad categories:

- Outcomes: Outcome measures reflect improvements in a beneficiary's health and are central to assessing quality of care.
- Intermediate outcomes: Intermediate outcome measures reflect actions taken which can assist in improving a beneficiary's health status. Diabetes Care – Blood Sugar Controlled is an example of an intermediate outcome measure where the related outcome of interest would be better health status for beneficiaries with diabetes.
- Patient experience: Patient experience measures reflect beneficiaries' perspectives of the care they received.
- Access: Access measures reflect processes and issues that could create barriers to receiving needed care. Plan Makes Timely Decisions about Appeals is an example of an access measure.
- Process: Process measures capture the health care services provided to beneficiaries which can assist in maintaining, monitoring, or improving their health status.

Note on References to the 2024 Star Ratings

Throughout these technical notes, previous year and 2024 Star Ratings refer to the recalculated 2024 Star Ratings and cut points which were recalculated using the published 2023 Star Ratings cut points to determine the guardrails for 2024 Star Ratings (i.e., Tukey outliers were not removed from the 2023 Star Ratings measure scores when determining cut points).

Differences between the 2024 Star Ratings and 2025 Star Ratings

There have been several changes between the 2024 Star Ratings and the 2025 Star Ratings. This section provides a synopsis of the notable differences; the reader should examine the entire document for full details

Sources of the Star Ratings Measure Data

The 2025 Star Ratings include a maximum of 9 domains comprised of a maximum of 42 measures.

- MA-Only contracts are measured on 5 domains with a maximum of 30 measures.
- PDPs are measured on 4 domains with a maximum of 12 measures.
- MA-PD contracts are measured on all 9 domains with a maximum of 42 measures, 40 of which are unique measures. Two of the measures are shown in both Part C and Part D so that the results for a MA-PD contract can be compared to an MA-Only contract or a PDP contract. Only one instance of those two measures is used in calculating the overall rating. The two duplicated measures are Complaints about the Health/Drug Plan (CTM) and Members Choosing to Leave the Plan (MCLP).

For a health and/or drug plan to be included in the Part C & D Star Ratings, they must have an active contract with CMS to provide health and/or drug services to Medicare beneficiaries. All of the data used to rate the plans are collected through normal contractual requirements or directly from CMS systems. Information about Medicare Advantage contracting can be found at: https://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/index.html and Prescription Drug Coverage contracting at: https://www.cms.gov/Medicare/Prescription-Drug-coverage/PrescriptionDrugCovContra/index.html. The data used in the Star Ratings come from four categories of data sources which are shown in Figure 2.

Figure 2: The Four Categories of Data Sources

Improvement Measures

Unlike the other Star Rating measures which are derived from data sources external to the Star Ratings, the Part C and Part D improvement measures are derived through comparisons of a contract's current and prior year measure scores. For a measure to be included in the improvement calculation the measure must not have had a significant specification change during those years. The Part C improvement measure includes only Part C measure scores and the Part D improvement measure includes only Part D measure scores. The measures and formulas for the improvement measure calculations are found in Attachment I. If a scaled reduction is applied to the Part C appeals measure in the previous year, the associated appeals measures will not be included in the Health Plan Quality Improvement measure.

The numeric results of these calculations are not publicly posted; only the measure ratings are reported publicly. Further, to receive a Star Rating in the improvement measures, a contract must have measure scores for both years in at least half of the required measures used to calculate the Part C improvement or Part D improvement measures. Improvement scores are not calculated for reconfigured regional contracts until data is available for the reconfigured structure from both years. Improvement scores are not calculated for consolidated contracts in their first year. Table 4 presents the minimum number of measure scores required to receive a rating for the improvement measures.

- Affected contracts with missing data:
    - If an affected contract has missing data in either the current or previous year (e.g., because of a data integrity issue, it is too new, or it is too small), the final measure rating comes from the current year. Missing data includes data where there is a data integrity issue.
- Reward Factor:
    - Affected contracts with 60% or more of their enrollees impacted by a 2023 disaster are excluded from the determination of the performance summary and variance thresholds for the Reward Factor.
- Cut points:
    - Clustering Methodology: For all measures that use the clustering methodology for cut point generation, the measure scores for contracts with 60% or more of their enrollment affected by a disaster are excluded from creating those cut points.

Methodology for Assigning Stars to the Part C and Part D Measures

CMS assigns stars for each numeric measure score by applying one of two methods: clustering, or relative distribution and significance testing. Each method is described below. Attachment K explains the clustering and relative distribution and significance testing (used for CAHPS measures) methods in greater detail.

A. Clustering

This method is applied to the majority of the Star Ratings measures, ranging from operational and process-based measures, to HEDIS and other clinical care measures. Using this method, the Star Rating for each measure is determined by applying a clustering algorithm to the measure's numeric value scores from all contracts. Conceptually, the clustering algorithm identifies the "gaps" among the scores and creates four cut points resulting in the creation of five levels (one for each Star Rating). The scores in the same Star Rating level are as similar as possible; the scores in different Star Rating levels are as different as possible. Star Rating levels 1 through 5 are assigned with 1 being the worst and 5 being the best.

Technically, the variance in measure scores is separated into within-cluster and between-cluster sum of squares components. The clusters reflect the groupings of numeric value scores that minimize the variance of scores within the clusters. The Star Ratings levels are assigned to the clusters that minimize the within-cluster sum of squares. The cut points for star assignments are derived from the range of measure scores per cluster, and the star levels associated with each cluster are determined by ordering the means of the clusters.

Tukey outlier deletion is used to determine the cut points for all non-CAHPS measures. Tukey outlier deletion involves removing Tukey outer fence outlier contract scores, those defined as measure-specific scores outside the bounds of 3.0 times the measure-specific interquartile range subtracted from the 1st quartile or added to the 3rd quartile. Outliers are removed prior to applying mean resampling within the hierarchical clustering algorithm.

Mean resampling is used to determine the cut points for all non-CAHPS measures. With mean resampling, measure-specific scores for the current year's Star Ratings are randomly separated into 10 equal-sized groups. The hierarchal clustering algorithm is then applied 10 times, each time leaving one of the 10 groups out of the clustered data. The method results in 10 sets of measure-specific cut points. The mean for each 1 through 5 star level cut point is taken across the 10 sets for each measure to produce the final cut points.

Guardrails are used to cap the amount of increase or decrease in measure cut point values from one year to the next. Specifically, each 1 to 5 star level cut point is compared to the prior year's value and capped at an increase or decrease of at most 5 percentage points for measures having a 0 to 100 scale (absolute percentage cap) or at most 5 percent of the prior year's restricted score range for measures not having a 0 to 100 scale (restricted range cap). The final capped cut points after comparing each 1 through 5 star level cut point to the prior year's values are used for assigning measure stars.

B. Relative Distribution and Significance Testing (CAHPS)

This method is applied to determine valid star cut points for CAHPS measures. In order to account for the reliability of scores produced from the CAHPS survey, the method combines evaluating the relative percentile distribution with significance testing. For example, to obtain 5 stars, a contract's CAHPS measure score needs to be ranked at least at the 80th percentile and be statistically significantly higher than the national average CAHPS measure score, as well as either have not low reliability or have a measure score more than one standard error above the 80th percentile. To obtain 1 star, a contract's CAHPS measure score needs to be ranked below the 15th percentile and be statistically significantly lower than the national average CAHPS measure score, as well as either have not low reliability or have a measure score more than one standard error below the 15th percentile.

Methodology for Calculating Stars at the Domain Level

A domain rating is the average, unweighted mean, of the domain's measure stars. To receive a domain rating, a contract must meet or exceed the minimum number of rated measures required for the domain. The minimum number of rated measures required for a domain is determined based on whether the total number of measures in the domain for a contract type is odd or even:

- If the total number of measures that comprise the domain for a contract type is odd, divide the number of measures in the domain by two and round the quotient to the next whole number.
    - Example: If the total number of measures required in a domain for a contract type is 3, the value 3 is divided by 2. The quotient, in this case 1.5, is then rounded to the next whole number. To receive a domain rating, the contract must have a Star Rating for at least 2 of the 3 required measures.
- If the total number of measures that comprise the domain for a contract type is even, divide the number of measures in the domain by two and add one to the quotient.
    - Example: If the total number of measures required in a domain for a contract type is 6, the value 6 is divided by 2. In this example, 1 is then added to the quotient of 3. To receive a domain rating, the contract must have a Star Rating for at least 4 of the 6 required measures.

Table 5 details the minimum number of rated measures required for a domain rating by contract type.

Table 5: Minimum Number of Rated Measures Required for a Domain Rating by Contract Type

Part	Domain Name (Identifier)	1876 Cost †	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
C	Staying Healthy: Screenings, Tests and Vaccines (HD1)	3 of 4	3 of 4	3 of 4	2 of 2	3 of 4	N/A	3 of 4
C	Managing Chronic (Long Term) Conditions (HD2)	5 of 8	6 of 11	8 of 14	6 of 10	6 of 11	N/A	6 of 11
C	Member Experience with Health Plan (HD3)	4 of 6	4 of 6	4 of 6	N/A	4 of 6	N/A	4 of 6
C	Member Complaints and Changes in the Health Plan's Performance (HD4)	2 of 3	2 of 3	2 of 3	2 of 3	2 of 3	N/A	2 of 3
C	Health Plan Customer Service (HD5)	2 of 2	2 of 3	2 of 3	2 of 3	2 of 2	N/A	2 of 3
D	Drug Plan Customer Service (DD1)	N/A*	1 of 1	1 of 1	1 of 1	N/A	1 of 1	1 of 1*
D	Member Complaints and Changes in the Drug Plan's Performance (DD2)	2 of 3*	2 of 3	2 of 3	2 of 3	N/A	2 of 3	2 of 3*
D	Member Experience with the Drug Plan (DD3)	2 of 2*	2 of 2	2 of 2	N/A	N/A	2 of 2	2 of 2*
D	Drug Safety and Accuracy of Drug Pricing (DD4)	4 of 6*	4 of 6	4 of 6	4 of 6	N/A	4 of 6	4 of 6*

* Note: Does not apply to MA-Only, 1876 Cost, and PFFS contracts which do not offer drug benefits.
† Note: 1876 Cost contracts that offer drug benefits and which do not submit data for the MPF measure must have a rating in 3 out of 5 Drug Safety and Accuracy of Drug Pricing (DD4) measures to receive a rating in that domain.

Summary and Overall Ratings: Weighting of Measures

The summary and overall ratings are calculated as weighted averages of the measure stars. For the 2025 Star Ratings, CMS assigns the highest weight to the improvement measures, followed by patient experience/complaints and access measures, then by outcome and intermediate outcome measures, and finally process measures. New measures included in the Star Ratings are given a weight of 1 for their first year of inclusion in the ratings; in subsequent years the weight associated with the measure weighting category is used. The weights assigned to each measure and their weighting category are shown in Attachment G.
In calculating the summary and overall ratings, a measure given a weight of 3 counts three times as much as a measure given a weight of 1. For any given contract, any measure without a rating is not included in the calculation. The first step in the calculation is to multiply each measure's weight by the measure's rating and sum these results. The second step is to divide this sum by the sum of the weights of the contract's rated measures. For the summary and overall ratings, half stars are assigned to allow for more variation across contracts.

Methodology for Calculating Part C and Part D Summary Ratings

The Part C and Part D summary ratings are calculated by taking a weighted average of the measure stars for Parts C and D, respectively. To receive a Part C and/or Part D summary rating, a contract must meet the minimum number of rated measures. The Parts C and D improvement measures are not included in the count of the minimum number of rated measures. The minimum number of rated measures required is determined as follows:

- If the total number of measures required for the organization type is odd, divide the number by two and round it to a whole number.
    - Example: if there are 13 required Part D measures for the organization, 13 / 2 = 6.5, when rounded the result is 7. The contract needs at least 7 measures with ratings out of the 13 total measures to receive a Part D summary rating.
- If the total number of measures required for the organization type is even, divide the number of measures by two.
    - Example: if there are 30 required Part C measures for the organization, 30 / 2 = 15. The contract needs at least 15 measures with ratings out of the 30 total measures to receive a Part C summary rating.

Table 6 shows the minimum number of rated measures required by each contract type to receive a summary rating.

Table 6: Minimum Number of Rated Measures Required for Part C and Part D Ratings by Contract Type

Rating	1876 Cost †	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Part C summary	11 of 22	13 of 26	15 of 29	9 of 17	13 of 25	N/A	13 of 26
Part D summary	5 of 10*	6 of 11	6 of 11	5 of 9	N/A	6 of 11	6 of 11*

* Note: Does not apply to MA-Only, 1876 Cost, and PFFS contracts which do not offer drug benefits.
† Note: 1876 Cost contracts which do not submit data for the MPF measure must have ratings in 5 out of 9measures to receive a Part D rating.

Methodology for Calculating the Overall MA-PD Rating

For MA-PDs to receive an overall rating, the contract must have stars assigned to both the Part C and Part D summary ratings. If an MA-PD contract has only one of the two required summary ratings, the overall rating will show as "Not enough data available."

The overall rating for a MA-PD contract is calculated using a weighted average of the Part C and Part D measure stars. The weights assigned to each measure are shown in Attachment G.

There are a total of 42 measures (30 in Part C, 12 in Part D) in the 2025 Star Ratings. The following two measures are contained in both the Part C and D measure lists:

- Complaints about the Health/Drug Plan (CTM)
- Members Choosing to Leave the Plan (MCLP)

These measures share the same data source, so CMS includes only one instance of each of these two measures in the calculation of the overall rating. In addition, the Part C and D improvement measures are not included in the count for the minimum number of measures. Therefore, a total of 38 distinct measures plus the two improvement measures are used in the calculation of the overall rating.

The minimum number of rated measures required for an overall MA-PD rating is determined using the same methodology as for the Part C and D summary ratings. Table 7 provides the minimum number of rated measures required for an overall Star Rating by contract type.

Table 7: Minimum Number of Rated Measures Required for an Overall Rating by Contract Type

Rating	1876 Cost †	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Overall Rating	15 of 30*	18 of 35	19 of 38	12 of 24	N/A	N/A	18 of 35*

* Note: Does not apply to MA-Only, 1876 Cost, and PFFS contracts which do not offer drug benefits.
† Note: 1876 Cost contracts which do not submit data for the MPF measure must have ratings in 15 out of 29 measures to receive an overall rating.

The overall and summary Star Ratings are calculated based on the measures required to be collected and reported for the contract type being offered for the Star Ratings year. For example, the 2025 Star Ratings are calculated for the 2025 contract year using data primarily from measurement year 2023. If a contract offered a SNP PBP in measurement year 2023, but is no longer offering a SNP PBP for the 2025 contract year, the 2025 Star Ratings exclude the SNP-only measures and the contract is rated as ''Coordinated Care Plan without SNP.''

Completing the Summary and Overall Rating Calculations

There are two adjustments made to the results of the summary and overall calculations described above. First, to reward consistently high performance, CMS utilizes both the mean and the variance of the measure stars to differentiate contracts for the summary and overall ratings. If a contract has both high and stable relative performance, a reward factor is added to the contract's ratings. Details about the reward factor can be found in the section entitled "Applying the Reward Factor." Second, the summary and overall ratings include a Categorical Adjustment Index (CAI) factor, which is added to or subtracted from a contract's summary and overall ratings. Details about the CAI can be found in the section entitled "Categorical Adjustment Index (CAI)."

The summary and overall rating calculations are run twice, once including the improvement measures and once without including the improvement measures. Based on a comparison of the results of these two calculations a decision is made as to whether the improvement measures are to be included in calculating a contract's final summary and overall ratings. Details about the application of the improvement measures can be found in the section entitled "Applying the Improvement Measure(s)."

Lastly, standard rounding rules are applied to convert the results of the final summary and overall ratings calculations into the publicly reported Star Ratings. Details about the rounding rules are presented in the section "Rounding Rules for Summary and Overall Ratings."

Applying the Improvement Measure(s)

The Part C Improvement Measure - Health Plan Quality Improvement (C27) and the Part D Improvement Measure - Drug Plan Quality Improvement (D04) were introduced earlier in this document in the section entitled "Improvement Measures." The measures and formulas for the improvement measures can be found in Attachment I. This section discusses whether and how to apply the improvement measures in calculating a contract's final summary and overall ratings.

Since high performing contracts have less room for improvement and consequently may have lower ratings on these measure(s), CMS has developed the following rules to not penalize contracts receiving 4 or more stars for their highest rating.

Part C Domain and Measure Details

See Attachment C for the national averages of individual Part C measures.

Domain: 1 - Staying Healthy: Screenings, Tests and Vaccines

Measure: C01 - Breast Cancer Screening

Title	Description
Label for Stars:	Breast Cancer Screening
Label for Data:	Breast Cancer Screening
Description:	Percent of female plan members aged 52-74 who had a mammogram during the past two years.
HEDIS Label:	Breast Cancer Screening (BCS)
Measure Reference:	NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 606
Metric:	The percentage of women MA enrollees 50 to 74 years of age (denominator) as of December 31 of the measurement year who had a mammogram to screen for breast cancer in the past two years (numerator).
Primary Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Exclusions:	• Members in hospice or using hospice services any time during the measurement period. • Members receiving palliative care any time during the measurement period. • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year. • Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness during the measurement year. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded: – At least two indications of frailty with different dates of service during the measurement period. – At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, or nonacute inpatient encounters or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. • Members receiving palliative care during the measurement year • Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through December 31 of the measurement year. Any of the following meet criteria for bilateral mastectomy: – Bilateral mastectomy. – Unilateral mastectomy with a bilateral modifier (same procedure). – Two unilateral mastectomies found in clinical data with a bilateral modifier (same procedure).

Title	Description
	– History of bilateral mastectomy. • Any combination of the following that indicate a mastectomy on both the left and right side on the same or on different dates of service: –Unilateral mastectomy with a right-side modifier (same procedure). – Unilateral mastectomy with a left-side modifier (same procedure). – Absence of the left breast. – Absence of the right breast. – Left unilateral mastectomy. – Right unilateral mastectomy. Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2023 enrollment report and having measure score reliability less than 0.7 are excluded. Contracts whose enrollment was less than 500 as of the July 2023 enrollment report are excluded from this measure.
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Included
Case-Mix Adjusted:	No
Weighting Category:	Process Measure
Weighting Value:	1
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Wellness and Prevention
CMIT #:	00093-02-C-PARTC
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 53 %	>= 53 % to < 67 %	>= 67 % to < 75 %	>= 75 % to < 82 %	>= 82 %

Measure: C02 - Colorectal Cancer Screening

Title	Description
Label for Stars:	Colorectal Cancer Screening
Label for Data:	Colorectal Cancer Screening
Description:	Percent of plan members aged 50-75 who had appropriate screening for colon cancer.
HEDIS Label:	Colorectal Cancer Screening (COL)
Measure Reference:	NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 102
Metric:	The percentage of MA enrollees aged 50 to 75 (denominator) as of December 31 of the measurement year who had appropriate screenings for colorectal cancer (numerator).
Primary Data Source:	HEDIS Patient-level Data
Data Source Category:	Health and Drug Plans

Exclusions:

• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
– Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.
• Members 66 years of age and older as of December 31 of the measurement year with frailty ***and*** advanced illness during the measurement year. Members must meet both of the frailty and advanced illness criteria to be excluded:

1. – At least two indications of frailty with different dates of service during the measurement year.
2. – Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
   – At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters, or nonacute inpatient discharges. Visit type need not be the same for the two visits.
   – At least one acute inpatient encounter with an advanced illness diagnosis.
   – At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim.
   – A dispensed dementia medication.

• (Required) Exclude members who meet any of the following criteria:
– Members who had colorectal cancer or a total colectomy any time during the member's history through December 31 of the measurement year.
– Members receiving palliative care during the measurement year.
– Members in hospice or using hospice services during the measurement year.

Title	Description

– Members receiving palliative care during the measurement year.
– Members who died during the measurement year.

Contracts whose enrollment was at least 500 but less than 1,000 as of the enrollment report and having measure score reliability less than 0.7 are excluded.

Contracts whose enrollment was less than 500 as of the July 2023 enrollment report are excluded from this measure.

Data Time Frame: 01/01/2023 – 12/31/2023

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Included

Case-Mix Adjusted: No

Weighting Category: Process Measure

Weighting Value: 1

Major Disaster: Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.

Meaningful Measure Area: Wellness and Prevention

CMIT #: 00139-02-C-PARTC

Data Display: Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 53 %	>= 53 % to < 65 %	>= 65 % to < 75 %	>= 75 % to < 83 %	>= 83 %

Measure: C03 - Annual Flu Vaccine

Title	Description
Label for Stars:	Yearly Flu Vaccine
Label for Data:	Yearly Flu Vaccine
Description:	Percent of plan members who got a vaccine (flu shot).
Metric:	The percentage of sampled Medicare enrollees (denominator) who received an influenza vaccination (numerator).
Primary Data Source:	CAHPS
Data Source Description:	CAHPS Survey Question (question number varies depending on survey type): • Have you had a flu shot since July 1, 2023?
Data Source Category:	Survey of Enrollees
General Notes:	This measure is not case-mix adjusted. CAHPS Survey results were sent to each contract's Medicare Compliance Officer in August 2024. These reports provide further explanation of the CAHPS scoring methodology and provide detailed information on why a specific rating was assigned.
Data Time Frame:	03/2024 – 06/2024
General Trend:	Higher is better
Statistical Method:	Relative Distribution and Significance Testing
Improvement Measure:	Included
CAI Usage:	Included
Case-Mix Adjusted:	No
Weighting Category:	Process Measure
Weighting Value:	1
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Wellness and Prevention
CMIT #:	00259-01-C-PARTC
Data Display:	Percentage with no decimal place

Title	Description

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	No	Yes	No	Yes

Base Group Cut Points:

Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
< 61	>= 61 to < 65	>= 65 to < 71	>= 71 to < 76	>= 76

These technical notes show the base group cut points for CAHPS measures; please see the Attachment K for the CAHPS Methodology for final star assignment rules.

Measure: C04 - Monitoring Physical Activity

Title	Description
Label for Stars:	Monitoring Physical Activity
Label for Data:	Monitoring Physical Activity
Description:	Percent of senior plan members who discussed exercise with their doctor and were advised to start, increase, or maintain their physical activity during the year.
HEDIS Label:	Physical Activity in Older Adults (PAO)
Measure Reference:	NCQA HEDIS Measurement Year 2022 Specifications for the Medicare Health Outcomes Survey Volume 6, page 36
Metric:	The percentage of sampled Medicare members 65 years of age or older who had a doctor's visit in the past 12 months (denominator) and who received advice to start, increase or maintain their level exercise or physical activity (numerator).
Primary Data Source:	HEDIS-HOS
Data Source Description:	Cohort 24 Follow-up Data collection (2023) and Cohort 26 Baseline data collection (2023). HOS Survey Question 42: In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise. HOS Survey Question 43: In the past 12 months, did a doctor or other health care provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.
Data Source Category:	Survey of Enrollees
Exclusions:	Members who responded "I had no visits in the past 12 months" to Question 42 are excluded from results calculations for Question 43. Contracts must achieve a denominator of at least 100 to obtain a reportable result. If the denominator is less than 100, the measure result will be "Not enough data available." Members with evidence from CMS administrative records of a hospice start date are excluded.
Data Time Frame:	07/17/2023 – 11/01/2023

Title	Description
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Included
Case-Mix Adjusted:	No
Weighting Category:	Process Measure
Weighting Value:	1
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2022 disasters.
Meaningful Measure Area:	Wellness and Prevention
CMIT #:	00450-01-C-PARTC
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	No	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 41 %	>= 41 % to < 47 %	>= 47 % to < 52 %	>= 52 % to < 60 %	>= 60 %

Domain: 2 - Managing Chronic (Long Term) Conditions

Measure: C05 - Special Needs Plan (SNP) Care Management

Title	Description
Label for Stars:	Members Whose Plan Did an Assessment of Their Health Needs and Risks
Label for Data:	Members Whose Plan Did an Assessment of Their Health Needs and Risks
Description:	Percent of members whose plan did an assessment of their health needs and risks in the past year. The results of this review are used to help the member get the care they need. (Medicare does not collect this information from all plans. Medicare collects it only for Special Needs Plans. These plans are a type of Medicare Advantage plan designed for certain people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for people who have both Medicare and Medicaid, and some are for people who live in an institution such as a nursing home.)
Metric:	This measure is defined as the percent of eligible Special Needs Plan (SNP) enrollees who received a health risk assessment (HRA) during the measurement year. The denominator for this measure is the sum of the number of new enrollees due for an Initial HRA (Element A) and the number of enrollees eligible for an annual reassessment HRA (Element B). The numerator for this measure is the sum of the number of initial HRAs performed on new enrollees (Element C) and the number of annual reassessments performed on enrollees eligible for a reassessment (Element F). The equation for calculating the SNP Care Management Assessment Rate is: [Number of initial HRAs performed on new enrollees (Element C) + Number of annual reassessments performed on enrollees eligible for a reassessment (Element F)] / [Number of new enrollees due for an Initial HRA (Element A) + Number of enrollees eligible for an annual reassessment HRA (Element B)]
Primary Data Source:	Part C Plan Reporting
Data Source Description:	Data reported by contracts to CMS per the 2023 Part C Reporting Requirements. Validation for data performed during the 2024 Data Validation cycle (data pulled June 2023). Validation of these data was performed retrospectively during the 2024 data validation cycle (deadline June 15, 2024 and data validation results pulled July 2024).
Data Source Category:	Health and Drug Plans
Exclusions:	Contracts and PBPs with an effective termination date on or before the deadline to submit data validation results to CMS (June 15, 2024) are excluded and listed as “No data available.” SNP Care Management Assessment Rates are not provided for contracts that did not score at least 95% on data validation for the SNP Care Management reporting section or were not compliant with data validation standards/sub-standards for any of the following SNP Care Management data elements. We define a contract as being non-complaint if either it receives a "No" or a 1, 2, or 3 on the 5-point Likert scale in the specific data element's data validation. • Number of new enrollees due for an initial HRA (Element A) • Number of enrollees eligible for an annual reassessment HRA (Element B) • Number of initial HRAs performed on new enrollees (Element C)

Title	Description
	• Number of annual reassessments performed on enrollees eligible for reassessment (Element F) Contracts excluded from the SNP Care Management Assessment Rates due to data validation issues are shown as “CMS identified issues with this plan's data.” Contracts can view their data validation results in HPMS (https://hpms.cms.gov/). To access this page, from the top menu select “Monitoring,” then “Plan Reporting Data Validation.” Select the appropriate contract year. Select the PRDVM Reports. Select “Score Detail Report.” Select the applicable reporting section. If you cannot see the Plan Reporting Data Validation module, contact CMSHPMS_Access@cms.hhs.gov. Additionally, contracts must have 30 or more enrollees in the denominator [Number of new enrollees due for an Initial HRA (Element A) + Number of enrollees eligible for an annual HRA (Element B) ≥ 30] in order to have a calculated rate. Contracts with fewer than 30 eligible enrollees are listed as "No data available.”
General Notes:	More information about the data used to calculate this measure can be found in Attachment E. The Part C reporting requirement fields listed below are not used in calculating this measure: • Data Element D Number of initial HRA refusals • Data Element E Number of initial HRAs where SNP is unable to reach new enrollees • Data Element G Number of annual reassessment refusals • Data Element H Number of annual reassessments where SNP is unable to reach enrollee
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	No
Weighting Category:	Process Measure
Weighting Value:	1
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Chronic Conditions

Title	Description
CMIT #:	00685-01-C-PARTC
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
No	No	Yes	Yes	No	No	No

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 46 %	>= 46 % to < 62 %	>= 62 % to < 76 %	>= 76 % to < 89 %	>= 89 %

Measure: C06 - Care for Older Adults – Medication Review

Title	Description
Label for Stars:	Yearly Review of All Medications and Supplements Being Taken
Label for Data:	Yearly Review of All Medications and Supplements Being Taken
Description:	Percent of plan members whose doctor or clinical pharmacist reviewed a list of everything they take (prescription and non-prescription drugs, vitamins, herbal remedies, other supplements) at least once a year. (Medicare does not collect this information from all plans. Medicare collects it only for Special Needs Plans. These plans are a type of Medicare Advantage plan designed for certain people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for people who have both Medicare and Medicaid, and some are for people who live in an institution such as a nursing home.)
HEDIS Label:	Care for Older Adults (COA) – Medication Review
Measure Reference:	NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 115
Metric:	The percentage of Medicare Advantage Special Needs Plan enrollees 66 years and older (denominator) who received at least one medication review (Medication Review Value Set) conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record (Medication List Value Set) (numerator).
Primary Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Exclusions:	SNP benefit packages whose enrollment was less than 30 as of February 2023 SNP Comprehensive Report were excluded from this measure. Exclude members in hospice or using hospice services or who died any time during the measurement year.
General Notes:	The formula used to calculate this measure can be found in Attachment E.
Data Time Frame:	01/01/2023 – 12/31/2023

Title	Description
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	No
Weighting Category:	Process Measure
Weighting Value:	1
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Seamless Care Coordination
CMIT #:	00110-01-C-PARTC
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
No	No	Yes	Yes	No	No	No

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 53 %	>= 53 % to < 80 %	>= 80 % to < 92 %	>= 92 % to < 98 %	>= 98 %

Measure: C07 - Care for Older Adults – Pain Assessment

Title	Description
Label for Stars:	Yearly Pain Screening or Pain Management Plan
Label for Data:	Yearly Pain Screening or Pain Management Plan
Description:	Percent of plan members who had a pain screening at least once during the year. (Medicare does not collect this information from all plans. Medicare collects it only for Special Needs Plans. These plans are a type of Medicare Advantage plan designed for certain people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for people who have both Medicare and Medicaid, and some are for people who live in an institution such as a nursing home.)
HEDIS Label:	Care for Older Adults (COA) – Pain Screening
Measure Reference:	NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 115

Title	Description
Metric:	The percentage of Medicare Advantage Special Needs Plan enrollees 66 years and older (denominator) who received at least one pain assessment (Pain Assessment Value Set) plan during the measurement year (numerator).
Primary Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Exclusions:	SNP benefit packages whose enrollment was less than 30 as of February 2023 SNP Comprehensive Report were excluded from this measure. Exclude members in hospice or using hospice services or who died any time during the measurement year.
General Notes:	The formula used to calculate this measure can be found in Attachment E.
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	No
Weighting Category:	Process Measure
Weighting Value:	1
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Wellness and Prevention
CMIT #:	00111-01-C-PARTC
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
No	No	Yes	Yes	No	No	No

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 60 %	>= 60 % to < 81 %	>= 81 % to < 92 %	>= 92 % to < 96 %	>= 96 %

Measure: C08 - Osteoporosis Management in Women who had a Fracture

Title	Description
Label for Stars:	Osteoporosis Management
Label for Data:	Osteoporosis Management
Description:	Percent of female plan members who broke a bone and got screening or treatment for osteoporosis within 6 months.
HEDIS Label:	Osteoporosis Management in Women Who Had a Fracture (OMW)
Measure Reference:	NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 232
Metric:	The percentage of woman MA enrollees 67 - 85 who suffered a fracture (denominator) and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture (numerator).
Primary Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Exclusions:	• Members who had a BMD test (Bone Mineral Density Tests Value Set) during the 730 days (24 months) prior to the IESD. • Members who had a claim/encounter for osteoporosis therapy (Osteoporosis Medications Value Set) during the 365 days (12 months) prior to the IESD. • Members who received a dispensed prescription or had an active prescription to treat osteoporosis (Osteoporosis Medications List) during the 365 days (12 months) prior to the IESD. • Members in hospice or using hospice services any time during the measurement year. • Members who died any time during the measurement year. • Members who received palliative care any time during the intake period through the end of the measurement year. • Members 67 years of age and older as of December 31 of the measurement year who meet either of the following: – Members who are enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Members living long-term in an institution any time during the measurement year. • Members 67-80 years of age as of December 31 of the measurement year with frailty and advanced illness. Members must meet both of the following frailty and advanced illness criteria to be excluded: • At least two indications of frailty with different dates of service during the intake period through the end of the measurement year. • Any of the following during the measurement year or the year prior to the measurement year: • At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. • At least one acute inpatient encounter with an advanced illness diagnosis. • At least on acute inpatient discharge with an advanced illness diagnosis on the discharge claim.

Title	Description

• A dispenses dementia medication.
• Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the intake period through the end of the measurement year.

Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2023 enrollment report and having measure score reliability less than 0.7 are excluded.

Contracts whose enrollment was less than 500 as of the July 2023 enrollment report are excluded from this measure.

Data Time Frame: 01/01/2023 – 12/31/2023

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Included

Case-Mix Adjusted: No

Weighting Category: Process Measure

Weighting Value: 1

Major Disaster: Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.

Meaningful Measure Area: Chronic Conditions

CMIT #: 00484-02-C-PARTC

Data Display: Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	No	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 27 %	>= 27 % to < 39 %	>= 39 % to < 52 %	>= 52 % to < 71 %	>= 71 %

Measure: C09 - Diabetes Care – Eye Exam

Title	Description
Label for Stars:	Eye Exam to Check for Damage from Diabetes
Label for Data:	Eye Exam to Check for Damage from Diabetes
Description:	Percent of plan members with diabetes who had an eye exam to check for damage from diabetes during the year.
HEDIS Label:	Eye Exam for Patients with Diabetes (EED)
Measure Reference:	NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 203
Metric:	The percentage of diabetic MA enrollees age 18-75 with diabetes (type 1 and type 2) (denominator) who had an eye exam (retinal) performed during the measurement year (numerator).
Primary Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Exclusions:	• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. • Members 66 years of age and older as of December 31 of the measurement year with both frailty and advanced illness during the measurement year. Members must meet both the following frailty and advanced illness criteria to be excluded: • At least two indications of frailty with different dates of service during the measurement year. • Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): o At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters, nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. o At least one acute inpatient encounter with an advanced illness diagnosis. o At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. o A dispensed dementia medication. • (Required) Exclude members who meet any of the following criteria: – Members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year. – Members in hospice or using hospice services any time during the measurement year.

Title	Description

– Members who died any time during the measurement year.
– Members receiving palliative care any time during the measurement year.

Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2023 enrollment report and having measure score reliability less than 0.7 are excluded.

Contracts whose enrollment was less than 500 as of the July 2023 enrollment report are excluded from this measure.

Data Time Frame: 01/01/2023 – 12/31/2023

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Included

Case-Mix Adjusted: No

Weighting Category: Process Measure

Weighting Value: 1

Major Disaster: Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.

Meaningful Measure Area: Chronic Conditions

CMIT #: 00203-02-C-PARTC

Data Display: Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 57 %	>= 57 % to < 70 %	>= 70 % to < 77 %	>= 77 % to < 83 %	>= 83 %

Measure: C10 - Diabetes Care – Blood Sugar Controlled

Title	Description
Label for Stars:	Plan Members with Diabetes whose Blood Sugar is Under Control
Label for Data:	Plan Members with Diabetes whose Blood Sugar is Under Control
Description:	Percent of plan members with diabetes who had an A1c lab test during the year that showed their average blood sugar is under control.
HEDIS Label:	Hemoglobin A1c Control for Patients with Diabetes (HBD) – HbA1c poor control (>9.0%)
Measure Reference:	NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 184
Metric:	The percentage of diabetic MA enrollees age 18-75 (denominator) whose most recent HbA1c level is greater than 9%, or who were not tested during the measurement year (numerator). (This measure for public reporting is reverse scored so higher scores are better.) To calculate this measure, subtract the submitted rate from 100.
Primary Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Exclusions:	• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. • Members 66 years of age and older as of December 31 of the measurement year with both frailty and advanced illness during the measurement year. Members must meet both the following frailty and advanced illness criteria to be excluded: • At least two indications of frailty with different dates of service during the measurement year. • Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): o At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters, or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. o At least one acute inpatient encounter with an advanced illness diagnosis. o At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. o A dispensed dementia medication. • (Required) Exclude members who meet any of the following criteria: – Members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

Title	Description

– Members in hospice or using hospice services any time during the measurement year.
– Members who died any time during the measurement year.
– Members receiving palliative care any time during the measurement year.

Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2023 enrollment report and having measure score reliability less than 0.7 are excluded.

Contracts whose enrollment was less than 500 as of the July 2023 enrollment report are excluded from this measure.

Data Time Frame: 01/01/2023 – 12/31/2023

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Included

Case-Mix Adjusted: No

Weighting Category: Intermediate Outcome Measure

Weighting Value: 3

Major Disaster: Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.

Meaningful Measure Area: Chronic Conditions

CMIT #: 00204-02-C-PARTC

Data Display: Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 49 %	>= 49 % to < 72 %	>= 72 % to < 84 %	>= 84 % to < 90 %	>= 90 %

Measure: C11 - Controlling Blood Pressure

Title	Description
Label for Stars:	Controlling Blood Pressure
Label for Data:	Controlling Blood Pressure
Description:	Percent of plan members with high blood pressure who got treatment and were able to maintain a healthy pressure.
HEDIS Label:	Controlling High Blood Pressure (CBP)
Measure Reference:	NCQA HEDIS MY 2023 Technical Specifications Volume 2, page 152
Metric:	The percentage of MA members 18–85 years of age who had a diagnosis of hypertension (HTN) (denominator) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) (numerator).
Primary Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Exclusions:	Exclude members who meet any of the following criteria: • Members 66 years of age and older as of December 31 of the measurement year who meet either of the following: – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year. • Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year. • Members 66–80 years of age and older as of December 31 of the measurement year with frailty and advanced illness. Members must meet both of the following frailty and advanced illness criteria to be excluded: • At least two indications of frailty with different dates of service during the measurement year. • Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): • At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters, or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. • At least one acute inpatient encounter with an advanced illness diagnosis. • At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. • A dispensed dementia medication. • (Required) Exclude members who meet any of the following criteria: – • Members with evidence of end-stage renal

Title	Description

disease (ESRD), dialysis, nephrectomy, or kidney transplant any time during the member's history on or prior to December 31 of the measurement year.

- • Members receiving palliative care during the measurement year.
- • Members with a diagnosis of pregnancy during the measurement year.
- • Members in hospice or using hospice services any time during the measurement year.
- • Members who died any time during the measurement year.

Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2023 enrollment report and having measure score reliability less than 0.7 are excluded.

Contracts whose enrollment was less than 500 as of the July 2023 enrollment report are excluded from this measure.

Data Time Frame: 01/01/2023 – 12/31/2023

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Included

Case-Mix Adjusted: No

Weighting Category: Intermediate Outcomes Measure

Weighting Value: 3

Major Disaster: Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.

Meaningful Measure Area: Chronic Conditions

CMIT #: 00167-02-C-PARTC

Data Display: Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 69 %	>= 69 % to < 74 %	>= 74 % to < 80 %	>= 80 % to < 85 %	>= 85 %

Measure: C12 - Reducing the Risk of Falling

Title	Description
Label for Stars:	Reducing the Risk of Falling
Label for Data:	Reducing the Risk of Falling
Description:	Percent of plan members with a problem falling, walking, or balancing who discussed it with their doctor and received a recommendation for how to prevent falls during the year.
HEDIS Label:	Fall Risk Management (FRM)
Measure Reference:	NCQA HEDIS Measurement Year 2022 Specifications for the Medicare Health Outcomes Survey Volume 6, page 38
Metric:	The percentage of Medicare members 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months (denominator) and who received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner (numerator).
Primary Data Source:	HEDIS-HOS
Data Source Description:	Cohort 24 Follow-up Data collection (2023) and Cohort 26 Baseline data collection (2023). HOS Survey Question 44: A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking? HOS Survey Question 45: Did you fall in the past 12 months? HOS Survey Question 46: In the past 12 months have you had a problem with balance or walking? HOS Survey Question 47: Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include: • Suggest that you use a cane or walker. • Suggest that you do an exercise or physical therapy program. • Suggest a vision or hearing test.
Data Source Category:	Survey of Enrollees
Exclusions:	Members who responded "I had no visits in the past 12 months" to Question 44 or Question 47 are excluded from results calculations. Contracts must achieve a denominator of at least 100 to obtain a reportable result. If the denominator is less than 100, the measure result will be "Not enough data available." Members with evidence from CMS administrative records of a hospice start date are excluded.
Data Time Frame:	07/17/2023 – 11/01/2023
General Trend:	Higher is better

Title	Description
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Included
Case-Mix Adjusted:	No
Weighting Category:	Process Measure
Weighting Value:	1
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2022 disasters.
Meaningful Measure Area:	Safety
CMIT #:	00646-01-C-PARTC
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	No	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 50 %	>= 50 % to < 56 %	>= 56 % to < 63 %	>= 63 % to < 73 %	>= 73 %

Measure: C13 - Improving Bladder Control

Title	Description
Label for Stars:	Improving Bladder Control
Label for Data:	Improving Bladder Control
Description:	Percent of plan members with a urine leakage problem in the past 6 months who discussed treatment options with a provider.
HEDIS Label:	Management of Urinary Incontinence in Older Adults (MUI)
Measure Reference:	NCQA HEDIS Measurement Year 2022 Specifications for the Medicare Health Outcomes Survey Volume 6, page 33
Metric:	The percentage of Medicare members 65 years of age or older who reported having any urine leakage in the past six months (denominator) and who discussed treatment options for their urinary incontinence with a provider (numerator).
Primary Data Source:	HEDIS-HOS
Data Source Description:	Cohort 24 Follow-up Data collection (2023) and Cohort 26 Baseline data collection (2023).

Title	Description
	HOS Survey Question 38: Many people experience leaking of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine? HOS Survey Question 41: There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches? Member choices must be as follows to be included in the denominator: • Q38 = "Yes." • Q41 = "Yes" or "No." The numerator contains the number of members in the denominator who indicated they discussed treatment options for their urinary incontinence with a health care provider. Member choice must be as follows to be included in the numerator: • Q41 = "Yes."
Data Source Category:	Survey of Enrollees
Exclusions:	Contracts must achieve a denominator of at least 100 to obtain a reportable result. If the denominator is less than 100, the measure result will be "Not enough data available." Members with evidence from CMS administrative records of a hospice start date are excluded.
Data Time Frame:	07/17/2023 – 11/01/2023
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Included
Case-Mix Adjusted:	No
Weighting Category:	Process Measure
Weighting Value:	1
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2022 disasters.
Meaningful Measure Area:	Chronic Conditions
CMIT #:	00378-01-C-PARTC
Data Display:	Percentage with no decimal place

Title	Description

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	No	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 39 %	>= 39 % to < 44 %	>= 44 % to < 48 %	>= 48 % to < 52 %	>= 52 %

Measure: C14 - Medication Reconciliation Post-Discharge

Title	Description
Label for Stars:	The Plan Makes Sure Member Medication Records Are Up-to-Date After Hospital Discharge
Label for Data:	The Plan Makes Sure Member Medication Records Are Up-to-Date After Hospital Discharge
Description:	This shows the percent of plan members whose medication records were updated within 30 days after leaving the hospital. To update the record, a doctor or other health care professional looks at the new medications prescribed in the hospital and compares them with the other medications the patient takes. Updating medication records can help to prevent errors that can occur when medications are changed.
HEDIS Label:	Medication Reconciliation Post-Discharge (MRP)
Measure Reference:	NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 330
Metric:	The percentage of discharges from January 1–December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).
Primary Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Exclusions:	Members in hospice or using hospice services any time during the measurement year. Members who died any time during the measurement year. Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2023 enrollment report and having measure score reliability less than 0.7 are excluded. Contracts whose enrollment was less than 500 as of the July 2023 enrollment report are excluded from this measure.
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Included

Title	Description
CAI Usage:	Included
Case-Mix Adjusted:	No
Weighting Category:	Process Measure
Weighting Value:	1
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Seamless Care Coordination
CMIT #:	00441-01-C-PARTC
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 42 %	>= 42 % to < 57 %	>= 57 % to < 73 %	>= 73 % to < 87 %	>= 87 %

Measure: C15 - Plan All-Cause Readmissions

Title	Description
Label for Stars:	Readmission to a Hospital within 30 Days of Being Discharged (more stars are better because it means fewer members are being readmitted)
Label for Data:	Readmission to a Hospital within 30 Days of Being Discharged (lower percentages are better because it means fewer members are being readmitted)
Description:	Percent of plan members aged 18 and older discharged from a hospital stay who were readmitted to a hospital within 30 days, either for the same condition as their recent hospital stay or for a different reason. (Patients may have been readmitted back to the same hospital or to a different one. Rates of readmission take into account how sick patients were when they went into the hospital the first time. This “risk-adjustment” helps make the comparisons between plans fair and meaningful.)
HEDIS Label:	Plan All-Cause Readmissions (PCR)
Measure Reference:	NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 498
Metric:	The percentage of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, for members 18 years of age and older using the following formula to control for differences in the case mix of patients across different contracts. For contract A, their case-mix adjusted readmission rate relative to the national average

Title	Description
	is the observed readmission rate for contract A divided by the expected readmission rate for contract A. This ratio is then multiplied by the national average observed rate. See Attachment F: Calculating Measure C15: Plan All-Cause Readmissions (18+) for the complete formula, example calculation and National Average Observation value used to complete this measure.
Primary Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Exclusions:	Exclude hospital stays for the following reasons: • The member died during the stay. • Members with a principal diagnosis of pregnancy on the discharge claim. • A principal diagnosis of a condition originating in the perinatal period on the discharge claim. (Required) Exclude members in hospice or using hospice services any time during the measurement year. Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2023 enrollment report and having measure score reliability less than 0.7 are excluded. Contracts whose enrollment was less than 500 as of the July 2023 enrollment report are excluded from this measure. As listed in the HEDIS Technical Specifications. CMS has excluded contracts whose denominator was less than 150.
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Lower is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Included
Case-Mix Adjusted:	Yes
Weighting Category:	Outcome Measure
Weighting Value:	3
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Admissions and Readmissions to Hospitals

Title	Description
CMIT #:	00561-02-C-PARTC
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
No	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
> 14 %	> 12 % to <= 14 %	> 10 % to <= 12 %	> 8 % to <= 10 %	<= 8 %

Measure: C16 - Statin Therapy for Patients with Cardiovascular Disease

Title	Description
Label for Stars:	The Plan Makes Sure Members with Heart Disease Get the Most Effective Drugs to Treat High Cholesterol
Label for Data:	The Plan Makes Sure Members with Heart Disease Get the Most Effective Drugs to Treat High Cholesterol
Description:	This rating is based on the percent of plan members with heart disease who get the right type of cholesterol-lowering drugs. Health plans can help make sure their members are prescribed medications that are more effective for them.
HEDIS Label:	Statin Therapy for Patients with Cardiovascular Disease (SPC)
Measure Reference:	NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 168
Metric:	The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) (denominator) and were dispensed at least one high or moderate-intensity statin medication during the measurement year (numerator).
Primary Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Exclusions:	Exclude members who meet any of the following criteria: • Pregnancy during the measurement year or year prior to the measurement year. • In vitro fertilization in the measurement year or year prior to the measurement year. • Dispensed at least one prescription for clomiphene (Table SPC-A) during the measurement year or the year prior to the measurement year. • ESRD or dialysis during the measurement year or the year prior to the measurement year. • Cirrhosis during the measurement year or the year prior to the measurement year. • Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year. • Members in hospice or using hospice services any time during the measurement year. • Members who died any time during the measurement year. • Members receiving palliative care any time during the measurement year. • Members 66 years of age and older as of December 31 of the measurement year who meet either of the following: – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.

Title	Description
	– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year. • Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness during the measurement year. Members must meet both of the following frailty and advanced illness criteria to be excluded: – At least two indications of frailty with different dates of service during the measurement year. – Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): 1. At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits, virtual check-ins, nonacute inpatient encounters, or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. 2. At least one acute inpatient encounter with an advanced illness diagnosis. 3. At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. 4. A dispensed dementia medication. Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2023 enrollment report and having measure score reliability less than 0.7 are excluded. Contracts whose enrollment was less than 500 as of the July 2023 enrollment report are excluded from this measure.
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Included
Case-Mix Adjusted:	No
Weighting Category:	Process Measure
Weighting Value:	1
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Chronic Conditions
CMIT #:	00700-01-C-PARTC

Title	Description
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
No	Yes	Yes	No	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 81 %	>= 81 % to < 85 %	>= 85 % to < 88 %	>= 88 % to < 92 %	>= 92 %

Measure: C17 - Transitions of Care

Title	Description
Label for Stars:	After hospital stay, members receive information and care they need
Label for Data:	After hospital stay, members receive information and care they need
Description:	This rating is based on the percent of plan members who got follow-up care after a hospital stay. Follow-up care includes: getting information about their health problem and what to do next, having a visit or call with a doctor, and having a doctor or pharmacist make sure the plan member's medication records are up to date.
HEDIS Label:	Transitions of Care (TRC)
Measure Reference:	NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 330
Metric:	The average of the rates for Transitions of Care - Medication Reconciliation Post-Discharge, Transitions of Care - Notification of Inpatient Admission, Transitions of Care - Patient Engagement After Inpatient Discharge, and Transitions of Care - Receipt of Discharge Information.
Primary Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Exclusions:	If the discharge is followed by a readmission or direct transfer to an acute or nonacute inpatient care setting on the date of discharge through 30 days after discharge (31 days total), use the admit date from the first admission and the discharge date from the last discharge. To identify readmissions and direct transfers during the 31-day period: 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Identify the admission date for the stay (the admission date must occur during the 31-day period). 3. Identify the discharge date for the stay (the discharge date is the event date). If the admission dates and the discharge date for an acute inpatient stay occur between the admission and discharge dates for a nonacute inpatient stay, include only the nonacute inpatient discharge. Required exclusions: • Members in hospice or using hospice services any time during the measurement year. • Members who died any time during the measurement year.

Title	Description

Exclude both the initial and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the measurement year.

Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2023 enrollment report and having measure score reliability less than 0.7 are excluded.

Contracts whose enrollment was less than 500 as of the July 2023 enrollment report are excluded from this measure.

Data Time Frame: 01/01/2023 – 12/31/2023

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Included

Case-Mix Adjusted: No

Weighting Category: Process Measure

Weighting Value: 1

Major Disaster: Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.

Meaningful Measure Area: Seamless Care Coordination

CMIT #: 00729-01-C-PARTC

Data Display: Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
No	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 44 %	>= 44 % to < 52 %	>= 52 % to < 63 %	>= 63 % to < 77 %	>= 77 %

Measure: C18 - Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions

Title	Description
Label for Stars:	Members with 2 or more chronic conditions receive follow-up care within 7 days after an emergency department visit
Label for Data:	Members with 2 or more chronic conditions receive follow-up care within 7 days after an emergency department visit
Description:	This rating is based on the percent of plan members with 2 or more chronic conditions who got follow-up care within 7 days after they had an emergency department (ED) visit. Depending on the person's needs this might be a visit with a health care provider, an appointment with a case manager, or a home visit.
HEDIS Label:	Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)
Measure Reference:	NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 340
Metric:	The percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.
Primary Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Exclusions:	Exclude ED visits that result in an inpatient stay. Exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission. To identify admissions to an acute or nonacute inpatient care setting: 1. Identify all acute and nonacute inpatient stays. 2. Identify the admission date for the stay. These events are excluded from the measure because admission to an acute or nonacute setting may prevent an outpatient follow-up visit from taking place Required exclusions: • Members in hospice or using hospice services any time during the measurement year. • Members who died any time during the measurement year. Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2023 enrollment report and having measure score reliability less than 0.7 are excluded. Contracts whose enrollment was less than 500 as of the July 2023 enrollment report are excluded from this measure.
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Higher is better
Statistical Method:	Clustering

Title	Description
Improvement Measure:	Included
CAI Usage:	Included
Case-Mix Adjusted:	No
Weighting Category:	Process Measure
Weighting Value:	1
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Chronic Conditions
CMIT #:	00263-01-C-PARTC
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 39 %	>= 39 % to < 53 %	>= 53 % to < 60 %	>= 60 % to < 69 %	>= 69 %

Domain: 3 - Member Experience with Health Plan

Measure: C19 - Getting Needed Care

Title	Description
Label for Stars:	Ease of Getting Needed Care and Seeing Specialists
Label for Data:	Ease of Getting Needed Care and Seeing Specialists (on a scale from 0 to 100)
Description:	Percent of the best possible score the plan earned on how easy it is for members to get needed care, including care from specialists.
Metric:	This case-mix adjusted composite measure is used to assess how easy it was for a member to get needed care and see specialists. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) score uses the mean of the distribution of responses converted to a scale from 0 to 100. The score shown is the percentage of the best possible score each contract earned.
Primary Data Source:	CAHPS
Data Source Description:	CAHPS Survey Questions (question numbers vary depending on survey type): • In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? • In the last 6 months, how often was it easy to get the care, tests or treatment you needed?
Data Source Category:	Survey of Enrollees
General Notes:	CAHPS Survey results were sent to each contract's Medicare Compliance Officer in August 2024. These reports provide further explanation of the CAHPS scoring methodology and provide detailed information on why a specific rating was assigned.
Data Time Frame:	03/2024 – 06/2024
General Trend:	Higher is better
Statistical Method:	Relative Distribution and Significance Testing
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	Yes
Weighting Category:	Patients' Experience and Complaints Measure
Weighting Value:	4
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.

Title	Description
Meaningful Measure Area:	Person-Centered Care
CMIT #:	00293-02-C-PARTC
Data Display:	Numeric with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	No	Yes	No	Yes

Base Group Cut Points:

Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
< 77	>= 77 to < 79	>= 79 to < 82	>= 82 to < 83	>= 83

These technical notes show the base group cut points for CAHPS measures; please see the Attachment K for the CAHPS Methodology for final star assignment rules.

Measure: C20 - Getting Appointments and Care Quickly

Title	Description
Label for Stars:	Getting Appointments & Care Quickly
Label for Data:	Getting Appointments & Care Quickly (on a scale from 0 to 100)
Description:	Percent of the best possible score the plan earned on how quickly members get appointments and care.
Metric:	This case-mix adjusted composite measure is used to assess how quickly the member was able to get appointments and care. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) score uses the mean of the distribution of responses converted to a scale from 0 to 100. The score shown is the percentage of the best possible score each contract earned.
Primary Data Source:	CAHPS
Data Source Description:	CAHPS Survey Questions (question numbers vary depending on survey type): • In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? • In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?
Data Source Category:	Survey of Enrollees
General Notes:	CAHPS Survey results were sent to each contract's Medicare Compliance Officer in August 2024. These reports provide further explanation of the CAHPS scoring methodology and provide detailed information on why a specific rating was assigned.
Data Time Frame:	03/2024 – 06/2024
General Trend:	Higher is better

Title	Description
Statistical Method:	Relative Distribution and Significance Testing
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	Yes
Weighting Category:	Patients' Experience and Complaints Measure
Weighting Value:	4
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Person-Centered Care
CMIT #:	00292-01-C-PARTC
Data Display:	Numeric with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	No	Yes	No	Yes

Base Group Cut Points:

Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
< 80	>= 80 to < 82	>= 82 to < 84	>= 84 to < 86	>= 86

These technical notes show the base group cut points for CAHPS measures; please see the Attachment K for the CAHPS Methodology for final star assignment rules.

Measure: C21 - Customer Service

Title	Description
Label for Stars:	Health Plan Provides Information or Help When Members Need It
Label for Data:	Health Plan Provides Information or Help When Members Need It (on a scale from 0 to 100)
Description:	Percent of the best possible score the plan earned on how easy it is for members to get information and help from the plan when needed.
Metric:	This case-mix adjusted composite measure is used to assess how easy it was for the member to get information and help when needed. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) score uses the mean of the distribution of responses converted to a scale from 0 to 100. The score shown is the percentage of the best possible score each contract earned.
Primary Data Source:	CAHPS
Data Source Description:	CAHPS Survey Questions (question numbers vary depending on survey type): • In the last 6 months, how often did your health plan's customer service give you the

Title	Description
	information or help you needed? • In the last 6 months, how often did your health plan's customer service treat you with courtesy and respect? • In the last 6 months, how often were the forms from your health plan easy to fill out?
Data Source Category:	Survey of Enrollees
General Notes:	CAHPS Survey results were sent to each contract's Medicare Compliance Officer in August 2024. These reports provide further explanation of the CAHPS scoring methodology and provide detailed information on why a specific rating was assigned.
Data Time Frame:	03/2024 – 06/2024
General Trend:	Higher is better
Statistical Method:	Relative Distribution and Significance Testing
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	Yes
Weighting Category:	Patients' Experience and Complaints Measure
Weighting Value:	4
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Person-Centered Care
CMIT #:	00181-01-C-PARTC
Data Display:	Numeric with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	No	Yes	No	Yes

Base Group Cut Points:

Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
< 88	>= 88 to < 89	>= 89 to < 91	>= 91 to < 92	>= 92

These technical notes show the base group cut points for CAHPS measures; please see the Attachment K for the CAHPS Methodology for final star assignment rules.

Measure: C22 - Rating of Health Care Quality

Title	Description
Label for Stars:	Members' Rating of Health Care Quality
Label for Data:	Members' Rating of Health Care Quality (on a scale from 0 to 100)
Description:	Percent of the best possible score the plan earned from members who rated the quality of the health care they received.
Metric:	This case-mix adjusted measure is used to assess members' view of the quality of care received from the health plan. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) score uses the mean of the distribution of responses converted to a scale from 0 to 100. The score shown is the percentage of the best possible score each contract earned.
Primary Data Source:	CAHPS
Data Source Description:	CAHPS Survey Question (question numbers vary depending on survey type): • Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?
Data Source Category:	Survey of Enrollees
General Notes:	CAHPS Survey results were sent to each contract's Medicare Compliance Officer in August 2024. These reports provide further explanation of the CAHPS scoring methodology and provide detailed information on why a specific rating was assigned.
Data Time Frame:	03/2024 – 06/2024
General Trend:	Higher is better
Statistical Method:	Relative Distribution and Significance Testing
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	Yes
Weighting Category:	Patients' Experience and Complaints Measure
Weighting Value:	4
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Person-Centered Care
CMIT #:	00642-01-C-PARTC

Title	Description
Data Display:	Numeric with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	No	Yes	No	Yes

Base Group Cut Points:

Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
< 84	>= 84 to < 85	>= 85 to < 87	>= 87 to < 88	>= 88

These technical notes show the base group cut points for CAHPS measures; please see the Attachment K for the CAHPS Methodology for final star assignment rules.

Measure: C23 - Rating of Health Plan

Title	Description
Label for Stars:	Members' Rating of Health Plan
Label for Data:	Members' Rating of Health Plan (on a scale from 0 to 100)
Description:	Percent of the best possible score the plan earned from members who rated the health plan.
Metric:	This case-mix adjusted measure is used to assess members' overall view of their health plan. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) score uses the mean of the distribution of responses converted to a scale from 0 to 100. The score shown is the percentage of the best possible score each contract earned.
Primary Data Source:	CAHPS
Data Source Description:	CAHPS Survey Question (question numbers vary depending on survey type): • Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?
Data Source Category:	Survey of Enrollees
General Notes:	CAHPS Survey results were sent to each contract's Medicare Compliance Officer in August 2024. These reports provide further explanation of the CAHPS scoring methodology and provide detailed information on why a specific rating was assigned.
Data Time Frame:	03/2024 – 06/2024
General Trend:	Higher is better
Statistical Method:	Relative Distribution and Significance Testing
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	Yes

Title	Description
Weighting Category:	Patients' Experience and Complaints Measure
Weighting Value:	4
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters. Person-Centered Care
CMIT #:	00643-02-C-PARTC
Data Display:	Numeric with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	No	Yes	No	Yes

Base Group Cut Points:

Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
< 84	>= 84 to < 86	>= 86 to < 88	>= 88 to < 89	>= 89

These technical notes show the base group cut points for CAHPS measures; please see the Attachment K for the CAHPS Methodology for final star assignment rules.

Measure: C24 - Care Coordination

Title	Description
Label for Stars:	Coordination of Members' Health Care Services
Label for Data:	Coordination of Members' Health Care Services (on a scale from 0 to 100)
Description:	Percent of the best possible score the plan earned on how well the plan coordinates members' care. (This includes whether doctors had the records and information they needed about members' care and how quickly members got their test results.)
Metric:	This case-mix adjusted composite measure is used to assess Care Coordination. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) score uses the mean of the distribution of responses converted to a scale of 0 to 100. The score shown is the percentage of the best possible score each contract earned.
Primary Data Source:	CAHPS
Data Source Description:	CAHPS Survey Questions (question numbers vary depending on survey type): • In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care? • In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results? • In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them? • In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

Title	Description
	• In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services? • In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
Data Source Category:	Survey of Enrollees
General Notes:	CAHPS Survey results were sent to each contract's Medicare Compliance Officer in August 2024. These reports provide further explanation of the CAHPS scoring methodology and provide detailed information on why a specific rating was assigned.
Data Time Frame:	03/2024 – 06/2024
General Trend:	Higher is better
Statistical Method:	Relative Distribution and Significance Testing
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	Yes
Weighting Category:	Patients' Experience and Complaints Measure
Weighting Value:	4
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Seamless Care Coordination
CMIT #:	00106-02-C-PARTC
Data Display:	Numeric with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	No	Yes	No	Yes

Base Group Cut Points:

Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
< 84	>= 84 to < 85	>= 85 to < 87	>= 87 to < 88	>= 88

These technical notes show the base group cut points for CAHPS measures; please see the Attachment K for the CAHPS Methodology for final star assignment rules.

Domain: 4 - Member Complaints and Changes in the Health Plan's Performance

Measure: C25 - Complaints about the Health Plan

Title	Description
Label for Stars:	Complaints about the Health Plan (more stars are better because it means fewer complaints)
Label for Data:	Complaints about the Health Plan (lower numbers are better because it means fewer complaints)
Description:	Rate of complaints filed with Medicare about the health plan.
Metric:	Rate of complaints about the health plan per 1,000 members. For each contract, this rate is calculated as: [(Total number of all complaints logged into the Complaints Tracking Module (CTM)) / (Average Contract enrollment)] * 1,000 * 30 / (Number of Days in Period). Number of Days in Period = 366 for leap years, 365 for all other years. • Complaints data are pulled after the end of the measurement timeframe to serve as a snapshot of CTM data. • Enrollment numbers used to calculate the complaint rate were based on the average enrollment for the time period measured for each contract. • A contract's failure to follow CMS's CTM Standard Operating Procedures will not result in CMS's adjustment of the data used for these measures.
Primary Data Source:	Complaints Tracking Module (CTM)
Data Source Description:	Data were obtained from the CTM in the Health Plan Management System (HPMS) based on the contract entry date (the date that complaints are assigned or re-assigned to contracts; also known as the contract assignment/reassignment date) for the reporting period specified. The status of any specific complaint at the time the data are pulled stands for use in the reports. Any changes to the complaints data subsequent to the data pull cannot be excluded retroactively. CMS allows for an approximate 6-month "wash out" period to account for any adjustments per CMS's CTM Standard Operating Procedures. Therefore, all Plan Requests for 2023 complaints made by the June 28, 2024 deadline are captured. Complaint rates per 1,000 enrollees are adjusted to a 30-day basis. Monthly enrollment files from HPMS were used to calculate the average enrollment for the contract for the measurement period.
Data Source Category:	CMS Administrative Data
Exclusions:	On May 10, 2019, CMS released an HPMS memo on the Complaints Tracking Module (CTM) Updated Standard Operating Procedures (SOP). Plans should review all complaints at intake and verify the contract assignment and issue level. The APPENDIX A - Category and Subcategory Listing in the SOP lists the subcategories that are excluded. Complaint rates are not calculated for contracts with average enrollment of less than 800 enrollees during the measurement period.
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Lower is better

Title	Description
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	No
Weighting Category:	Patients' Experience and Complaints Measure
Weighting Value:	4
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Person-Centered Care
CMIT #:	00142-02-C-PARTC
Data Display:	Numeric with 2 decimal places

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
> 1.39	> 0.76 to <= 1.39	> 0.37 to <= 0.76	> 0.12 to <= 0.37	<= 0.12

Measure: C26 - Members Choosing to Leave the Plan

Title	Description
Label for Stars:	Members Choosing to Leave the Plan (more stars are better because it means fewer members choose to leave the plan)
Label for Data:	Members Choosing to Leave the Plan (lower percentages are better because that indicates fewer members choose to leave the plan)
Description:	Percent of plan members who chose to leave the plan.
Metric:	The percent of members who chose to leave the contract comes from disenrollment reason codes in Medicare's enrollment system. The percent is calculated as the number of members who chose to leave the contract between January 1, 2023–December 31, 2023 (numerator) divided by all members enrolled in the contract at any time during 2023 (denominator).
Primary Data Source:	MBDSS
Data Source Description:	Medicare Beneficiary Database Suite of Systems (MBDSS)
Data Source Category:	CMS Administrative Data

Title	Description
Exclusions:	Members who involuntarily left their contract due to circumstances beyond their control are removed from the final numerator, specifically: • Members affected by a contract service area reduction • Members affected by PBP termination • Members in PBPs that were granted special enrollment exceptions • Members affected by PBP service area reductions where there are no PBPs left within the contract that the enrollee is eligible to enroll into • Members affected by LIS reassignments • Members who are enrolled in employer group plans • Members who were passively enrolled into a Demonstration (MMP) • Contracts with less than 1,000 enrollees • 1876 Cost contract disenrollments into the transition MA contract (H contract) • Members who moved out of the service area of the contract from which they disenrolled (based on the member's address as submitted by the plan into which the member enrolled or the member's current SSA address if there is no address submitted by the plan into which the member enrolled) or where the service area of the contract they enrolled into does not intersect with the service area of the contract from which they disenrolled.
General Notes:	This measure includes members with a disenrollment effective date between 1/1/2023 and 12/31/2023 who disenrolled from the contract with any one of the following disenrollment reason codes: 11 - Voluntary Disenrollment through plan 13 - Disenrollment because of enrollment in another Plan 14 - Retroactive 99 - Other (not supplied by beneficiary). If all potential members in the numerator meet one or more of the exclusion criteria, the measure result will be "Not enough data available". The Disenrollment Reasons Survey (DRS) data available in the HPMS plan preview and in the CMS downloadable Master Table, are not used in the calculation of this measure. The DRS data are presented in each of the systems for information purposes only.
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Lower is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	No
Weighting Category:	Patients' Experience and Complaints Measure
Weighting Value:	4

Title	Description
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Person-Centered Care
CMIT #:	00446-01-C-PARTC
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
> 36 %	> 24 % to <= 36 %	> 17 % to <= 24 %	> 8 % to <= 17 %	<= 8 %

Measure: C27 - Health Plan Quality Improvement

Title	Description
Label for Stars:	Improvement (if any) in the Health Plan's Performance
Label for Data:	Improvement (if any) in the Health Plan's Performance
Description:	This shows how much the health plan's performance improved or declined from one year to the next. If a plan receives **1 or 2 stars**, it means, on average, the plan's scores **declined** (got worse). If a plan receives **3 stars**, it means, on average, the plan's scores **stayed about the same**. If a plan receives **4 or 5 stars**, it means, on average, the plan's scores **improved**. Keep in mind that a plan that is already doing well in most areas may not show much improvement. It is also possible that a plan can start with low ratings, show a lot of improvement, and still not be performing very well.
Metric:	The numerator is the net improvement, which is a weighted sum of the number of significantly improved measures minus the number of significantly declined measures. The denominator is the sum of the weights associated with the measures eligible for the improvement measure (i.e., the measures that were included in the 2024 and 2025 Star Ratings for this contract and had no specification changes).
Primary Data Source:	Star Ratings
Data Source Description:	2024 and 2025 Star Ratings
Data Source Category:	Star Ratings
Exclusions:	Contracts must have data in at least half of the measures used to calculate improvement to be rated in this measure.
General Notes:	Attachment H contains the formulas used to calculate the improvement measure and lists indicating which measures were used.

Title	Description
Data Time Frame:	Not Applicable
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Not Included
CAI Usage:	Not Included
Case-Mix Adjusted:	No
Weighting Category:	Improvement Measure
Weighting Value:	5
Major Disaster:	Includes only measures which have data from both years.
Meaningful Measure Area:	Person-centered Care
CMIT #:	00300-01-C-PARTC
Data Display:	Not Applicable

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< -0.179809	>= -0.179809 to < 0	>= 0 to < 0.174445	>= 0.174445 to < 0.421057	>= 0.421057

Domain: 5 - Health Plan Customer Service

Measure: C28 - Plan Makes Timely Decisions about Appeals

Title	Description
Label for Stars:	Health Plan Makes Timely Decisions about Appeals
Label for Data:	Health Plan Makes Timely Decisions about Appeals
Description:	This rating shows how fast a plan sends information for an independent review.
Metric:	Percent of appeals timely processed by the plan (numerator) out of all the plan's appeals decided by the Independent Review Entity (IRE) (includes upheld, overturned, partially overturned appeals and appeals not evaluated by the IRE because plan agreed to cover) (denominator). This is calculated as: ([Number of Timely Appeals] / ([Appeals Upheld] + [Appeals Overturned] + [Appeals Partially Overturned] + [Appeals Not Evaluated by the IRE Because Plan Agreed to Cover])) * 100.
Primary Data Source:	Independent Review Entity (IRE)
Data Source Description:	Data were obtained from the Independent Review Entity (IRE) contracted by CMS for Part C appeals. The appeals used in this measure are based on the date in the calendar year the appeal was received by the IRE, not the date a decision was reached by the IRE. The timeliness is based on the actual IRE received date and is compared to the date the appeal should have been received by the IRE.
Data Source Category:	Data Collected by CMS Contractors
Exclusions:	If the denominator is ≤ 10, the result is "Not enough data available." Dismissed appeals (except appeals not evaluated by the IRE because plan agreed to cover) and Withdrawn appeals are excluded from this measure.
General Notes:	This measure includes all Standard Coverage, Standard Claim, and Expedited appeals received by the IRE, regardless of the appellant. This includes appeals requested by a beneficiary, appeals requested by a party on behalf of a beneficiary, and appeals requested by non-contract providers. The number of timely appeals can be calculated using this formula: [Number of Timely Appeals] = ([Appeals Upheld] + [Appeals Overturned] + [Appeals Partially Overturned]) + [Appeals Not Evaluated by the IRE Because Plan Agreed to Cover]) - [Late] Note: Appeals Not Evaluated by the IRE Because Plan Agreed to Cover were formerly called Dismissed Because Plan Agreed to Cover. When reviewing IRE data from the Maximus appeals website found at http://www.medicareappeal.com/AppealSearch and in data files, appeal disposition codes have been updated from the prior codes. Below is a crosswalk of previous appeal disposition codes and current codes:

Title	Description

Previous Field Name	Current Field Name
Upheld	Unfavorable
Overturn	Favorable
Partially Overturn	Partially favorable

Data Time Frame: 01/01/2023 – 12/31/2023

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Not Included

Case-Mix Adjusted: No

Weighting Category: Measures Capturing Access

Weighting Value: 4

Major Disaster: Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.

Meaningful Measure Area: Affordability and Efficiency

CMIT #: 00562-01-C-PARTC

Data Display: Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 69 %	>= 69 % to < 85 %	>= 85 % to < 95 %	>= 95 % to < 99 %	>= 99 %

Measure: C29 - Reviewing Appeals Decisions

Title	Description

Label for Stars: Fairness of the Health Plan's Appeal Decisions, Based on an Independent Reviewer

Label for Data: Fairness of the Health Plan's Appeal Decisions, Based on an Independent Reviewer

Description: This rating shows how often an independent reviewer found the health plan's decision to deny coverage to be reasonable.

Title	Description
Metric:	Percent of appeals where a plan's decision was "upheld" by the Independent Review Entity (IRE) (numerator) out of all the plan's appeals (upheld, overturned, and partially overturned appeals only) that the IRE reviewed (denominator). This is calculated as: ([Appeals Upheld] / ([Appeals Upheld] + [Appeals Overturned] + [Appeals Partially Overturned]))* 100.
Primary Data Source:	Independent Review Entity (IRE)
Data Source Description:	Data were obtained from the Independent Review Entity (IRE) contracted by CMS for Part C appeals. The appeals used in this measure are based on the date in the calendar year the appeal was received by the IRE, not the date a decision was reached by the IRE. If a Reopening occurs and is decided prior to June 30, 2024, the Reopened decision is used in place of the Reconsideration decision. Reopenings decided on or after June 30, 2024 are not reflected in these data and the original decision result is used. The results of appeals that occur beyond Level 2 (i.e., Administrative Law Judge or Medicare Appeals Council appeals) are not included in the data.
Data Source Category:	Data Collected by CMS Contractors
Exclusions:	If the minimum number of appeals (upheld + overturned + partially overturned) is ≤ 10, the result is "Not enough data available." Dismissed and Withdrawn appeals are excluded from this measure.
General Notes:	This measure includes all Standard Coverage, Standard Claim, and Expedited appeals received by the IRE, regardless of the appellant. This includes appeals requested by a beneficiary, appeals requested by a party on behalf of a beneficiary, and appeals requested by non-contract providers.
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	No
Weighting Category:	Measures Capturing Access
Weighting Value:	4
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Affordability and Efficiency
CMIT #:	00652-01-C-PARTC

Title	Description
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 78 %	>= 78 % to < 92 %	>= 92 % to < 96 %	>= 96 % to < 99 %	>= 99 %

Measure: C30 - Call Center – Foreign Language Interpreter and TTY Availability

Title	Description
Label for Stars:	Availability of TTY Services and Foreign Language Interpretation When Prospective Members Call the Health Plan
Label for Data:	Availability of TTY Services and Foreign Language Interpretation When Prospective Members Call the Health Plan
Description:	Percent of time that TTY services and foreign language interpretation were available when needed by people who called the health plan's prospective enrollee customer service phone line.
Metric:	The calculation of this measure is the number of completed contacts with the interpreter and TTY divided by the number of attempted contacts. Completed contact with an interpreter is defined as establishing contact with an interpreter and confirming that the customer service representative can answer questions about the plan's Medicare Part C benefit within eight minutes. Completed TTY contact is defined as establishing contact with and confirming that the customer service representative can answer questions about the plan's Medicare Part C benefit within seven minutes.
Primary Data Source:	Call Center
Data Source Description:	Call center monitoring data collected by CMS. The Customer Service Contact for Prospective Members phone number associated with each contract was monitored.
Data Source Category:	Data Collected by CMS Contractors
Exclusions:	Data were collected from contracts that cover U.S territories but were not collected from the following organization types: 1876 Cost, Employer/Union Only Direct Contract PDP, Employer/Union Only Direct Contract PFFS, National PACE, MSA, employer contracts, organizations that did not have a phone number accessible to survey callers, and MAOs, MA-PDs, and MMPs under sanction.
General Notes:	Specific questions about Call Center Monitoring and requests for detail data should be directed to CallCenterMonitoring@cms.hhs.gov.
Data Time Frame:	02/2024 – 05/2024
General Trend:	Higher is better
Statistical Method:	Clustering

Title	Description
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	No
Weighting Category:	Measures Capturing Access
Weighting Value:	4
Major Disaster:	No adjustment for 2022 or 2023 disasters.
Meaningful Measure Area:	Person-centered Care
CMIT #:	00096-01-C-PARTC
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
No	Yes	Yes	Yes	No	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 46 %	>= 46 % to < 69 %	>= 69 % to < 93 %	>= 93 % to < 100 %	100 %

Part D Domain and Measure Details

See Attachment C for the national averages of individual Part D measures.

Domain: 1 - Drug Plan Customer Service

Measure: D01 - Call Center – Foreign Language Interpreter and TTY Availability

Title	Description
Label for Stars:	Availability of TTY Services and Foreign Language Interpretation When Prospective Members Call the Drug Plan
Label for Data:	Availability of TTY Services and Foreign Language Interpretation When Prospective Members Call the Drug Plan
Description:	Percent of time that TTY services and foreign language interpretation were available when needed by people who called the drug plan's prospective enrollee customer service line.
Metric:	The calculation of this measure is the number of completed contacts with the interpreter and TTY divided by the number of attempted contacts. Completed contact with an interpreter is defined as establishing contact with an interpreter and confirming that the customer service representative can answer questions about the plan's Medicare Part D benefit within eight minutes. Completed TTY contact is defined as establishing contact with and confirming that the customer service representative can answer questions about the plan's Medicare Part D benefit within seven minutes.
Primary Data Source:	Call Center
Data Source Description:	Call center monitoring data collected by CMS. The Customer Service Contact for Prospective Members phone number associated with each contract was monitored.
Data Source Category:	Data Collected by CMS Contractors
Exclusions:	Data were collected from contracts that cover U.S territories but were not collected from the following organization types: 1876 Cost, Employer/Union Only Direct Contract PDP, Employer/Union Only Direct Contract PFFS, National PACE, MSA, employer contracts, organizations that did not have a phone number accessible to survey callers, and MA-PDs, PDPs, and MMPs under sanction.
General Notes:	Specific questions about Call Center Monitoring and requests for detail data should be directed to CallCenterMonitoring@cms.hhs.gov.
Data Time Frame:	02/2024 – 05/2024
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	No
Weighting Category:	Measures Capturing Access

Title	Description

Weighting Value: 4

Major Disaster: No adjustment for 2022 or 2023 disasters.

Meaningful Measure Area: Person-Centered Care

CMIT #: 00096-01-C-PARTD

Data Display: Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
No	Yes	Yes	Yes	No	Yes	Yes

Cut Points:

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	< 40 %	>= 40 % to < 74 %	>= 74 % to < 90 %	>= 90 % to < 100 %	100 %
PDP	< 70 %	>= 70 % to < 85 %	>= 85 % to < 98 %	>= 98 % to < 100 %	100 %

Domain: 2 - Member Complaints and Changes in the Drug Plan's Performance

Measure: D02 - Complaints about the Drug Plan

Title	Description
Label for Stars:	Complaints about the Drug Plan (more stars are better because it means fewer complaints)
Label for Data:	Complaints about the Drug Plan (number of complaints for every 1,000 members). (Lower numbers are better because it means fewer complaints.)
Description:	Rate of complaints filed with Medicare about the drug plan.
Metric:	Rate of complaints about the drug plan per 1,000 members. For each contract, this rate is calculated as: [(Total number of all complaints logged into the Complaints Tracking Module (CTM)) / (Average Contract enrollment)] * 1,000 * 30 / (Number of Days in Period). Number of Days in Period = 366 for leap years, 365 for all other years. • Complaints data are pulled after the end of the measurement timeframe to serve as a snapshot of CTM data. • Enrollment numbers used to calculate the complaint rate were based on the average enrollment for the time period measured for each contract. • A contract's failure to follow CMS's CTM Standard Operating Procedures will not result in CMS's adjustment of the data used for these measures.
Primary Data Source:	Complaints Tracking Module (CTM)
Data Source Description:	Data were obtained from the CTM in the Health Plan Management System (HPMS) based on the contract entry date (the date that complaints are assigned or re-assigned to contracts; also known as the contract assignment/reassignment date) for the reporting period specified. The status of any specific complaint at the time the data are pulled stands for use in the reports. Any changes to the complaints data subsequent to the data pull cannot be excluded retroactively. CMS allows for an approximate 6-month "wash out" period to account for any adjustments per CMS's CTM Standard Operating Procedures. Therefore, all Plan Requests for 2023 complaints made by the June 28, 2024 deadline are captured. Complaint rates per 1,000 enrollees are adjusted to a 30-day basis. Monthly enrollment files from HPMS were used to calculate the average enrollment for the contract for the measurement period.
Data Source Category:	CMS Administrative Data
Exclusions:	On May 10, 2019, CMS released an HPMS memo on the Complaints Tracking Module (CTM) Updated Standard Operating Procedures (SOP). Plans should review all complaints at intake and verify the contract assignment and issue level. The APPENDIX A - Category and Subcategory Listing in the SOP lists the subcategories that are excluded. Complaint rates are not calculated for contracts with average enrollment of less than 800 enrollees during the measurement period.
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Lower is better

Title	Description
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	No
Weighting Category:	Patients' Experience and Complaints Measure
Weighting Value:	4
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Person-Centered Care
CMIT #:	00142-02-C-PARTD
Data Display:	Numeric with 2 decimal places

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	No	Yes	Yes

Cut Points:

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	> 1.39	> 0.76 to <= 1.39	> 0.37 to <= 0.76	> 0.12 to <= 0.37	<= 0.12
PDP	> 0.32	> 0.2 to <= 0.32	> 0.11 to <= 0.2	> 0.04 to <= 0.11	<= 0.04

Measure: D03 - Members Choosing to Leave the Plan

Title	Description
Label for Stars:	Members Choosing to Leave the Plan (more stars are better because it means fewer members choose to leave the plan)
Label for Data:	Members Choosing to Leave the Plan (lower percentages are better because that indicates fewer members choose to leave the plan)
Description:	Percent of plan members who chose to leave the plan.
Metric:	The percent of members who chose to leave the contract comes from disenrollment reason codes in Medicare's enrollment system. The percent is calculated as the number of members who chose to leave the contract between January 1, 2023–December 31, 2023 (numerator) divided by all members enrolled in the contract at any time during 2023 (denominator).
Primary Data Source:	MBDSS
Data Source Description:	Medicare Beneficiary Database Suite of Systems (MBDSS)

Title	Description
Data Source Category:	CMS Administrative Data
Exclusions:	Members who involuntarily left their contract due to circumstances beyond their control are removed from the final numerator, specifically: • Members affected by a contract service area reduction • Members affected by PBP termination • Members in PBPs that were granted special enrollment exceptions • Members affected by PBP service area reductions where there are no PBPs left within the contract that the enrollee is eligible to enroll into • Members affected by LIS reassignments • Members who are enrolled in employer group plans • Members who were passively enrolled into a Demonstration (MMP) • Contracts with less than 1,000 enrollees • 1876 Cost contract disenrollments into the transition MA contract (H contract) • Members who moved out of the service area of the contract from which they disenrolled (based on the member's address as submitted by the plan into which the member enrolled or the member's current SSA address if there is no address submitted by the plan into which the member enrolled) or where the service area of the contract they enrolled into does not intersect with the service area of the contract from which they disenrolled.
General Notes:	This measure includes members with a disenrollment effective date between 1/1/2023 and 12/31/2023 who disenrolled from the contract with any one of the following disenrollment reason codes: 11 - Voluntary Disenrollment through plan 13 - Disenrollment because of enrollment in another Plan 14 - Retroactive 99 - Other (not supplied by beneficiary). If all potential members in the numerator meet one or more of the exclusion criteria, the measure result will be "Not enough data available". The Disenrollment Reasons Survey (DRS) data available in the HPMS plan preview and in the CMS downloadable Master Table, are not used in the calculation of this measure. The DRS data are presented in each of the systems for information purposes only.
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Lower is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	No
Weighting Category:	Patients' Experience and Complaints Measure

Title	Description
Weighting Value:	4
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Person-Centered Care
CMIT #:	00446-01-C-PARTD
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	No	Yes	Yes

Cut Points:

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	> 36 %	> 24 % to <= 36 %	> 17 % to <= 24 %	> 8 % to <= 17 %	<= 8 %
PDP	> 22 %	> 16 % to <= 22 %	> 9 % to <= 16 %	> 5 % to <= 9 %	<= 5 %

Measure: D04 - Drug Plan Quality Improvement

Title	Description
Label for Stars:	Improvement (if any) in the Drug Plan's Performance
Label for Data:	Improvement (If any) in the Drug Plan's Performance
Description:	This shows how much the drug plan's performance has improved or declined from one year to the next year. If a plan receives **1 or 2 stars**, it means, on average, the plan's scores **declined** (got worse). If a plan receives **3 stars**, it means, on average, the plan's scores **stayed about the same**. If a plan receives **4 or 5 stars**, it means, on average, the plan's scores **improved**. Keep in mind that a plan that is already doing well in most areas may not show much improvement. It is also possible that a plan can start with low ratings, show a lot of improvement, and still not be performing very well.
Metric:	The numerator is the net improvement, which is a weighted sum of the number of significantly improved measures minus the number of significantly declined measures. The denominator is the sum of the weights associated with the measures eligible for the improvement measure (i.e., the measures that were included in the 2024 and 2025 Star Ratings for this contract and had no specification changes).
Primary Data Source:	Star Ratings
Data Source Description:	2024 and 2025 Star Ratings
Data Source Category:	Star Ratings

Title	Description
Exclusions:	Contracts must have data in at least half of the measures used to calculate improvement to be rated in this measure.
General Notes:	Attachment I contains the formulas used to calculate the improvement measure and lists indicating which measures were used.
Data Time Frame:	Not Applicable
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Not Included
CAI Usage:	Not Included
Case-Mix Adjusted:	No
Weighting Category:	Improvement Measure
Weighting Value:	5
Major Disaster:	Includes only measures which have data from both years.
Meaningful Measure Area:	Person-Centered Care
CMIT #:	00224-01-C-PARTD
Data Display:	Not Applicable

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	No	Yes	Yes

Cut Points:

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	< -0.218869	>= -0.218869 to < 0	>= 0 to < 0.242468	>= 0.242468 to < 0.496603	>= 0.496603
PDP	< -0.282500	>= -0.282500 to < 0	>= 0 to < 0.273334	>= 0.273334 to < 0.576667	>= 0.576667

Domain: 3 - Member Experience with the Drug Plan

Measure: D05 - Rating of Drug Plan

Title	Description
Label for Stars:	Members' Rating of Drug Plan
Label for Data:	Members' Rating of Drug Plan (on a scale from 0 to 100)
Description:	Percent of the best possible score the plan earned from members who rated the prescription drug plan.
Metric:	This case-mix adjusted measure is used to assess members' overall view of their prescription drug plan. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) score uses the mean of the distribution of responses converted to a scale from 0 to 100. The score shown is the percentage of the best possible score each contract earned.
Primary Data Source:	CAHPS
Data Source Description:	CAHPS Survey Question (question numbers vary depending on survey type): • Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan?
Data Source Category:	Survey of Enrollees
General Notes:	CAHPS Survey results were sent to each contract's Medicare Compliance Officer in August 2024. These reports provide further explanation of the CAHPS scoring methodology and provide detailed information on why a specific rating was assigned.
Data Time Frame:	03/2024 – 06/2024
General Trend:	Higher is better
Statistical Method:	Relative Distribution and Significance Testing
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	Yes
Weighting Category:	Patients' Experience and Complaints Measure
Weighting Value:	4
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Person-Centered Care

Title	Description
CMIT #:	00641-01-C-PARTD
Data Display:	Numeric with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	No	No	Yes	Yes

Base Group Cut Points:

Type	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
MA-PD	< 84	>= 84 to < 86	>= 86 to < 87	>= 87 to < 89	>= 89
PDP	< 79	>= 79 to < 82	>= 82 to < 85	>= 85 to < 87	>= 87

These technical notes show the base group cut points for CAHPS measures; please see the Attachment K for the CAHPS Methodology for final star assignment rules.

Measure: D06 - Getting Needed Prescription Drugs

Title	Description
Label for Stars:	Ease of Getting Prescriptions Filled When Using the Plan
Label for Data:	Ease of Getting Prescriptions Filled When Using the Plan (on a scale from 0 to 100)
Description:	Percent of the best possible score the plan earned on how easy it is for members to get the prescription drugs they need using the plan.
Metric:	This case-mix adjusted measure is used to assess the ease with which a beneficiary gets the medicines their doctor prescribed. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) score uses the mean of the distribution of responses converted to a scale from 0 to 100. The score shown is the percentage of the best possible score each contract earned.
Primary Data Source:	CAHPS
Data Source Description:	CAHPS Survey Questions (question numbers vary depending on survey type): • In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed? • In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy? • In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?
Data Source Category:	Survey of Enrollees
General Notes:	CAHPS Survey results were sent to each contract's Medicare Compliance Officer in August 2024. These reports provide further explanation of the CAHPS scoring methodology and provide detailed information on why a specific rating was assigned.
Data Time Frame:	03/2024 – 06/2024
General Trend:	Higher is better

Title	Description
Statistical Method:	Relative Distribution and Significance Testing
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	Yes
Weighting Category:	Patients' Experience and Complaints Measure
Weighting Value:	4
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Person-Centered Care
CMIT #:	00294-01-C-PARTD
Data Display:	Numeric with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	No	No	Yes	Yes

Base Group Cut Points:

Type	Base Group 1	Base Group 2	Base Group 3	Base Group 4	Base Group 5
MA-PD	< 87	>= 87 to < 88	>= 88 to < 90	>= 90 to < 91	>= 91
PDP	< 86	>= 86 to < 87	>= 87 to < 89	>= 89 to < 90	>= 90

These technical notes show the base group cut points for CAHPS measures; please see the Attachment K for the CAHPS Methodology for final star assignment rules.

Domain: 4 - Drug Safety and Accuracy of Drug Pricing

Measure: D07 - MPF Price Accuracy

Title	Description
Label for Stars:	Plan Provides Accurate Drug Pricing Information for This Website
Label for Data:	Plan Provides Accurate Drug Pricing Information for This Website (higher scores are better because they mean more accurate prices)
Description:	A score comparing the drug's total cost at the pharmacy to the drug prices the plan provided for the Medicare Plan Finder (MPF) website. Higher scores are better because they mean the plan provided more accurate prices.
Metric:	This measure evaluates the accuracy of drug prices posted on the MPF tool. A contract's score is based on the accuracy index, or magnitude of difference, and the claim percentage index, or frequency of difference. The accuracy index – or magnitude of difference - considers both ingredient cost and dispensing fee and measures the amount that the PDE price is higher than the MPF price. The claim percentage index – or frequency of difference - also considers both ingredient cost and dispensing fee while measuring how often the PDE price is higher than the MPF price. Therefore, prices that are overstated on MPF will not count against a plan's score. The accuracy index is computed as: (Total amount that PDE is higher than MPF + Total PDE cost) / (Total PDE cost). The claim percentage index is computed as: (Total number of PDEs where PDE cost is higher than MPF) / (Total number of PDEs). The best possible accuracy index is 1 and claim percentage index is 0. Indexes with these values indicate that a plan did not have PDE prices greater than MPF prices. A contract's score is computed using its accuracy index and claim percentage index as: 0.5 x (100 – ((accuracy index – 1) x 100)) + 0.5 x ((1 – claim percentage index) x 100).
Primary Data Source:	PDE data, MPF Pricing Files
Data Source Description:	Data used in this measure are obtained from a number of sources: MPF Pricing Files and PDE data are the primary data sources. The PDE data were submitted by drug plans to CMS Drug Data Processing Systems (DDPS) and accepted by the 2023 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2023- September 30, 2023. If the PDE edit results in the PDE being rejected by DDPS, then the PDE is not used in the measure. If the PDE edit is informational, and therefore does not result in the PDE being rejected, then the PDE is used. Reminder, CMS uses the term "final action" PDE to describe the most recently accepted original, adjustment, or deleted PDE record representing a single dispensing event. Original and adjustment final action PDEs submitted by the sponsor and accepted by DDPS prior to the 2023 PDE submission deadline are used to calculate this measure. The HPMS-approved formulary extracts, and data from First DataBank and Medi-span are also used.
Data Source Category:	Data Collected by CMS Contractors

Title	Description
Exclusions:	A contract with less than 30 PDE claims over the measurement period. PDEs must also meet the following criteria: • If the NPI in the Pharmacy Cost (PC) file represents a retail only pharmacy or retail and limited access drug only pharmacy, all corresponding PDEs will be eligible for the measure. However, if the NPI in the PC file represents a retail and other pharmacy type (such as Mail, Home Infusion or Long Term Care pharmacy), only the PDE where the pharmacy service type is identified as either Community/Retail or Managed Care Organization (MCO) will be eligible. • Drug must appear in formulary file and in MPF pricing file • PDE must be a 28-34, 60-62, or 90-93 day supply. If a plan's bid indicates a 1, 2, or 3 month retail days supply amount outside of the 28-34, 60-62, or 90-93 windows, then additional days supply values may be included in the accuracy measure for the plan. • Date of service must occur at a time that data are not suppressed for the plan on MPF • PDE must not be a compound claim • PDE must not be a non-covered drug
General Notes:	Please see Attachment M: Methodology for Price Accuracy Measure for more information about this measure.
Data Time Frame:	01/01/2023 – 09/30/2023
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Not Included
Case-Mix Adjusted:	No
Weighting Category:	Process Measure
Weighting Value:	1
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Affordability and Efficiency
CMIT #:	00452-01-C-PARTD
Data Display:	Numeric with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	No	Yes	Yes

Cut Points:

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	< 97	>= 97 to < 98	>= 98 to < 99	>= 99 to < 100	100
PDP	< 97	>= 97 to < 98	>= 98 to < 99	>= 99 to < 100	100

Measure: D08 - Medication Adherence for Diabetes Medications

Title	Description

Label for Stars: Taking Diabetes Medication as Directed

Label for Data: Taking Diabetes Medication as Directed

Description: Percent of plan members with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

One of the most important ways people with diabetes can manage their health is by taking their medication as directed. The plan, the doctor, and the member can work together to find ways to do this. ("Diabetes medication" means a *biguanide drug,* a *sulfonylurea drug,* a *thiazolidinedione drug*, a *DPP-4 inhibitor,* a *GIP/GLP-1 receptor agonist*, a *meglitinide drug,* or an *SGLT2 inhibitor*. Plan members who take insulin are not included.)

Metric: This measure is defined as the percent of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy across classes of diabetes medications: biguanides, sulfonylureas, thiazolidinediones, DiPeptidyl Peptidase (DPP)-4 Inhibitors, GIP/GLP-1 receptor agonists, meglitinides, and sodium glucose cotransporter 2 (SGLT2) inhibitors. This percentage is calculated as the number of member-years of enrolled beneficiaries 18 years and older with a proportion of days covered (PDC) at 80 percent or higher across the classes of diabetes medications during the measurement period (numerator) divided by the number of member-years of enrolled beneficiaries 18 years and older with at least two fills of diabetes medication(s) on unique dates of service during the measurement period (denominator).

The PDC is the percent of days in the measurement period "covered" by prescription claims for the same medication or another in its therapeutic category. Beneficiaries are only included in the measure calculation if the first fill of their diabetes medication occurs at least 91 days before the end of the enrollment period, end of measurement period, or death, whichever comes first.

The Medication Adherence measure is adapted from the Medication Adherence-Proportion of Days Covered measure that was developed and endorsed by the Pharmacy Quality Alliance (PQA).

See the medication list for this measure. The Medication Adherence rate is calculated using the National Drug Code (NDC) list maintained by the PQA. The complete NDC list, including diagnosis codes, is posted along with these technical notes.

Primary Data Source: Prescription Drug Event (PDE) data

Data Source Description: The data for this measure come from PDE data submitted by drug plans to CMS Drug Data Processing Systems (DDPS) and accepted by the 2023 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2023-December 31, 2023. If the PDE edit results in the PDE being rejected by DDPS, then

Title	Description
	the PDE is not used in the Patient Safety measure calculations. If the PDE edit is informational and therefore, does not result in the PDE being rejected, then the PDE is used in the Patient Safety measure calculations. Reminder, CMS uses the term "final action" PDE to describe the most recently accepted original, adjustment, or deleted PDE record representing a single dispensing event. Original and adjustment final action PDEs submitted by the sponsor and accepted by DDPS prior to the 2023 PDE submission deadline are used to calculate this measure. PDE claims are limited to members who received at least two prescriptions on unique dates of service for diabetes medication(s). PDE adjustments made post-reconciliation were not reflected in this measure. Additional data sources include the Common Medicare Environment (CME), the Medicare Enrollment Database (EDB), the Common Working File (CWF), and the Encounter Data Systems (EDS). The data cut off date for all the additional data sources listed below such as the CME, CWF, and EDS is determined by the same PDE submission deadline for the annual Part D payment reconciliation. • CME is used for enrollment information. • EDB is used to identify beneficiaries who elected to receive hospice care or with ESRD status (dialysis start and end dates within the measurement period). Due to CMS's migration of the beneficiary database, including the EDB and CME, to the Amazon Web Services (AWS Cloud), equivalent EDB information to identify beneficiaries in hospice and with ESRD status is pulled from the CME beneficiary tables from the Integrated Data Repository (CME IDRC), sourced from the same upstream database. • CWF is used to identify exclusion diagnoses based on ICD-10-CM codes, inpatient (IP) and skilled nursing facility (SNF) stays for PDPs and MA-PDs (if available). • EDS is used to identify diagnoses based on ICD-10-CM codes, and SNF/IP stays for MA-PD beneficiaries.
Data Source Category:	Health and Drug Plans
Exclusions:	Contracts with 30 or fewer enrolled member-years (in the denominator). The following beneficiaries are also excluded from the denominator if at any time during the measurement period: • In hospice • ESRD diagnosis or dialysis coverage dates • One or more prescriptions for insulin
General Notes:	Part D drugs do not include drugs or classes of drugs, or their medical uses, which may be excluded from coverage or otherwise restricted under section 1927(d)(2) of the Act, except for smoking cessation agents. As such, these drugs, which may be included in the PQA medication or NDC lists, are excluded from CMS analyses. Also, the member-years of enrollment adjustment is made by CMS to account for partial enrollment within the benefit year. Enrollment is measured at the episode level, and inclusion in the measure is determined separately for each episode – i.e., to be included for a given episode, the beneficiary must meet the initial inclusion criteria for the measure during that episode. The measure is weighted based on the total number of member-years for each enrollment episode in which the beneficiary meets the measure criteria. For instance, if a beneficiary is enrolled for a three-month episode, disenrolled for a six-month episode,

Title	Description

reenrolled for a three-month episode, and meets the measure criteria during each enrollment episode, s/he will count as 0.5 member years in the rate calculation (3/12 + 3/12 = 6/12).

The PDC calculation is adjusted for overlapping prescriptions for the same drug which is defined by the active ingredient at the generic name level using the NDC list maintained by PQA. The calculation also adjusts for Part D beneficiaries' stays in IP settings, and stays in SNFs. The discharge date is included as an adjustment for IP/SNF stays. Please see Attachment L: Medication Adherence Measure Calculations for more information about these calculation adjustments.

When available, beneficiary death date from the CME is the end date of a beneficiary's measurement period.

Data Time Frame: 01/01/2023 – 12/31/2023

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Included

Case-Mix Adjusted: No

Weighting Category: Intermediate Outcome Measure

Weighting Value: 3

Major Disaster: Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.

Meaningful Measure Area: Chronic Conditions

CMIT #: 00436-01-C-PARTD

Data Display: Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	No	Yes	Yes

Cut Points:

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	< 80 %	>= 80 % to < 85 %	>= 85 % to < 87 %	>= 87 % to < 91 %	>= 91 %
PDP	< 85 %	>= 85 % to < 87 %	>= 87 % to < 89 %	>= 89 % to < 93 %	>= 93 %

Measure: D09 - Medication Adherence for Hypertension (RAS antagonists)

Title	Description
Label for Stars:	Taking Blood Pressure Medication as Directed
Label for Data:	Taking Blood Pressure Medication as Directed
Description:	Percent of plan members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. One of the most important ways people with high blood pressure can manage their health is by taking medication as directed. The plan, the doctor, and the member can work together to do this. ("Blood pressure medication" means an *ACEI (angiotensin converting enzyme inhibitor)*, an *ARB (angiotensin receptor blocker),* or a *direct renin inhibitor drug*.)
Metric:	This measure is defined as the percent of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy for renin angiotensin system (RAS) antagonists: angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor medications. This percentage is calculated as the number of member-years of enrolled beneficiaries 18 years and older with a proportion of days covered (PDC) at 80 percent or higher for RAS antagonist medications during the measurement period (numerator) divided by the number of member-years of enrolled beneficiaries 18 years and older with at least two RAS antagonist medication fills on unique dates of service during the measurement period (denominator). The PDC is the percent of days in the measurement period "covered" by prescription claims for the same medication or another in its therapeutic category. Beneficiaries are only included in the measure calculation if the first fill of their RAS antagonist medication occurs at least 91 days before the end of the enrollment period, end of measurement period, or death, whichever comes first. The Part D Medication Adherence measure is adapted from the Medication Adherence-Proportion of Days Covered measure that was developed and endorsed by the PQA. See the medication list for this measure. The Part D Medication Adherence rate is calculated using the NDC list maintained by the PQA. The complete NDC list, including diagnosis codes, is posted along with these technical notes.
Primary Data Source:	Prescription Drug Event (PDE) data
Data Source Description:	The data for this measure come from PDE data submitted to the CMS DDPS and accepted by the 2023 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2023-December 31, 2023. If the PDE edit results in the PDE being rejected by DDPS, then the PDE is not used in the Patient Safety measure calculations. If the PDE edit is informational and therefore, does not result in the PDE being rejected, then the PDE is used in the Patient Safety measure calculations. Reminder, CMS uses the term "final action" PDE to describe the most recently accepted original, adjustment, or deleted PDE record representing a single dispensing event. Original and adjustment final action PDEs submitted by the sponsor and accepted by DDPS prior to the 2023 PDE submission deadline are used to calculate this measure. PDE claims are limited to members who received at least two

Title	Description
	prescriptions on unique dates of service for RAS antagonist medication(s). PDE adjustments made post-reconciliation were not reflected in this measure. Additional data sources include the CME, the EDB, and the CWF, and the EDS. The data cut off date for all the additional data sources listed below such as the CME, CWF, and EDS is determined by the same PDE submission deadline for the annual Part D payment reconciliation. • CME is used for enrollment information. • EDB is used to identify beneficiaries who elected to receive hospice care or with ESRD status (dialysis start and end dates within the measurement period). Due to CMS's migration of the beneficiary database, including the EDB and CME, to the Amazon Web Services (AWS Cloud), equivalent EDB information to identify beneficiaries in hospice and with ESRD status is pulled from the CME beneficiary tables from the Integrated Data Repository (CME IDRC), sourced from the same upstream database. • CWF is used to identify exclusion diagnoses based on ICD-10-CM codes, inpatient and SNF stays for PDPs and MA-PDs (if available). • EDS is used to identify diagnoses based on ICD-10-CM codes, and SNF/IP stays for MA-PD beneficiaries.
Data Source Category:	Health and Drug Plans
Exclusions:	Contracts with 30 or fewer enrolled member-years (in the denominator). The following beneficiaries are also excluded from the denominator if at any time during the measurement period: • In hospice • ESRD diagnosis or dialysis coverage dates • One or more prescriptions for sacubitril/valsartan
General Notes:	Part D drugs do not include drugs or classes of drugs, or their medical uses, which may be excluded from coverage or otherwise restricted under section 1927(d)(2) of the Act, except for smoking cessation agents. As such, these drugs, which may be included in the PQA medication or NDC lists, are excluded from CMS analyses. Also, the member-years of enrollment adjustment is made by CMS to account for partial enrollment within the benefit year. Enrollment is measured at the episode level, and inclusion in the measure is determined separately for each episode – i.e., to be included for a given episode, the beneficiary must meet the initial inclusion criteria for the measure during that episode. The measure is weighted based on the total number of member-years for each enrollment episode in which the beneficiary meets the measure criteria. For instance, if a beneficiary is enrolled for a three-month episode, disenrolled for a six-month episode, reenrolled for a three-month episode, and meets the measure criteria during each enrollment episode, s/he will count as 0.5 member years in the rate calculation (3/12 + 3/12 = 6/12). The PDC calculation is adjusted for overlapping prescriptions for the same drug which is defined by active ingredient at the generic name level using the NDC list maintained by PQA. The calculation also adjusts for Part D beneficiaries' stays in IP settings, and stays in SNFs. The discharge date is included as an adjustment day for IP/SNF stays.

Title	Description

Please see Attachment L: Medication Adherence Measure Calculations for more information about these calculation adjustments.

When available, beneficiary death date from the CME is the end date of a beneficiary's measurement period.

Data Time Frame: 01/01/2023 – 12/31/2023

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Included

Case-Mix Adjusted: No

Weighting Category: Intermediate Outcome Measure

Weighting Value: 3

Major Disaster: Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.

Meaningful Measure Area: Chronic Conditions

CMIT #: 00437-01-C-PARTD

Data Display: Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	No	Yes	Yes

Cut Points:

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	< 83 %	>= 83 % to < 87 %	>= 87 % to < 90 %	>= 90 % to < 92 %	>= 92 %
PDP	< 87 %	>= 87 % to < 89 %	>= 89 % to < 90 %	>= 90 % to < 92 %	>= 92 %

Measure: D10 - Medication Adherence for Cholesterol (Statins)

Title	Description
Label for Stars:	Taking Cholesterol Medication as Directed
Label for Data:	Taking Cholesterol Medication as Directed
Description:	Percent of plan members with a prescription for a cholesterol medication (a *statin drug*) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. One of the most important ways people with high cholesterol can manage their health is by taking medication as directed. The plan, the doctor, and the member can work together to do this.
Metric:	This measure is defined as the percent of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy for statin cholesterol medications. This percentage is calculated as the number of member-years of enrolled beneficiaries 18 years and older with a proportion of days covered (PDC) at 80 percent or higher for statin cholesterol medication(s) during the measurement period (numerator) divided by the number of member-years of enrolled beneficiaries 18 years and older with at least two statin cholesterol medication fills on unique dates of service during the measurement period (denominator). The PDC is the percent of days in the measurement period "covered" by prescription claims for the same medication or another in the therapeutic category. Beneficiaries are only included in the measure calculation if the first fill of their statin medication occurs at least 91 days before the end of the enrollment period, end of measurement period, or death, whichever comes first. The Medication Adherence measure is adapted from the Medication Adherence-Proportion of Days Covered measure that was developed and endorsed by the PQA. See the medication list for this measure. The Medication Adherence rate is calculated using the NDC list maintained by the PQA. The complete NDC list, including diagnosis codes, is posted along with these technical notes.
Primary Data Source:	Prescription Drug Event (PDE) data
Data Source Description:	The data for this measure come from PDE data submitted by drug plans to the CMS DDPS and accepted by the 2023 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2023-December 31, 2023. If the PDE edit results in the PDE being rejected by DDPS, then the PDE is not used in the Patient Safety measure calculations. If the PDE edit is informational and therefore, does not result in the PDE being rejected, then the PDE is used in the Patient Safety measure calculations. Reminder, CMS uses the term "final action" PDE to describe the most recently accepted original, adjustment, or deleted PDE record representing a single dispensing event. Original and adjustment final action PDEs submitted by the sponsor and accepted by DDPS prior to the 2023 PDE submission deadline are used to calculate this measure. PDE claims are limited to members who received at least two prescriptions on unique dates of service for statin medication. PDE adjustments made post-reconciliation were not reflected in this measure.

Title	Description
	Additional data sources include the CME, the EDB, the CWF, and the EDS. The data cut off date for all the additional data sources listed below such as the CME, CWF, and EDS is determined by the same PDE submission deadline for the annual Part D payment reconciliation. • CME is used for enrollment information. • EDB is used to identify beneficiaries who elected to receive hospice care or with ESRD status (dialysis start and end dates within the measurement period). Due to CMS's migration of the beneficiary database, including the EDB and CME, to the Amazon Web Services (AWS Cloud), equivalent EDB information to identify beneficiaries in hospice and with ESRD status is pulled from the CME beneficiary tables from the Integrated Data Repository (CME IDRC), sourced from the same upstream database. • CWF is used to identify exclusion diagnoses based on ICD-10-CM codes, IP and SNF stays for PDPs and MA-PDs (if available). • EDS is used to identify diagnoses based on ICD-10-CM codes, and SNF/IP stays for MA-PD beneficiaries.
Data Source Category:	Health and Drug Plans
Exclusions:	Contracts with 30 or fewer enrolled member-years (in the denominator). The following beneficiaries are also excluded from the denominator if at any time during the measurement period: • In hospice • ESRD diagnosis or dialysis coverage dates
General Notes:	Part D drugs do not include drugs or classes of drugs, or their medical uses, which may be excluded from coverage or otherwise restricted under section 1927(d)(2) of the Act, except for smoking cessation agents. As such, these drugs, which may be included in the PQA medication or NDC lists, are excluded from CMS analyses. Also, the member-years of enrollment adjustment is made by CMS to account for partial enrollment within the benefit year. Enrollment is measured at the episode level, and inclusion in the measure is determined separately for each episode – i.e., to be included for a given episode, the beneficiary must meet the initial inclusion criteria for the measure during that episode. The measure is weighted based on the total number of member-years for each enrollment episode in which the beneficiary meets the measure criteria. For instance, if a beneficiary is enrolled for a three-month episode, disenrolled for a six-month episode, reenrolled for a three-month episode, and meets the measure criteria during each enrollment episode, s/he will count as 0.5 member years in the rate calculation (3/12 + 3/12 = 6/12). The PDC calculation is adjusted for overlapping prescriptions for the same drug which is defined by active ingredient at the generic name level using the NDC list maintained by PQA. The calculation also adjusts for Part D beneficiaries' stays in IP settings, and stays in SNFs. The discharge date is included as an adjustment day for IP/SNF stays. Please see Attachment L: Medication Adherence Measure Calculations for more information about these calculation adjustments. When available, beneficiary death date from the CME is the end date of a beneficiary's measurement period.

Title	Description
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Included
Case-Mix Adjusted:	No
Weighting Category:	Intermediate Outcome Measure
Weighting Value:	3
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Chronic Conditions
CMIT #:	00435-01-C-PARTD
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	No	Yes	Yes

Cut Points:

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	< 80 %	>= 80 % to < 85 %	>= 85 % to < 89 %	>= 89 % to < 93 %	>= 93 %
PDP	< 86 %	>= 86 % to < 88 %	>= 88 % to < 89 %	>= 89 % to < 92 %	>= 92 %

Measure: D11 - MTM Program Completion Rate for CMR

Title	Description
Label for Stars:	Members Who Had a Pharmacist (or Other Health Professional) Help them Understand and Manage Their Medications
Label for Data:	Members Who Had a Pharmacist (or Other Health Professional) Help them Understand and Manage Their Medications
Description:	Some plan members are in a program (called a *Medication Therapy Management* program) to help them manage their drugs. The measure shows how many members in the program had an assessment of their medications from the plan. The assessment includes a discussion between the member and a pharmacist (or other health care professional) about all of the member's medications. The member also receives a written summary of the discussion, including an action plan that recommends what the member can do to better understand and use his or her medications.

Title	Description
Metric:	This measure is defined as the percent of Medication Therapy Management (MTM) program enrollees who received a Comprehensive Medication Review (CMR) during the reporting period. Numerator = Number of beneficiaries from the denominator who received a CMR at any time during their period of MTM enrollment in the reporting period. Denominator = Number of beneficiaries who were at least 18 years or older as of the beginning of the reporting period and who were enrolled in the MTM program for at least 60 days during the reporting period. Only those beneficiaries who meet the contracts' specified targeting criteria per CMS – Part D requirements pursuant to §423.153(d) of the regulations at any time in the reporting period are included in this measure. Beneficiaries who were in hospice at any point during the reporting period are excluded. Beneficiaries who were enrolled in the contract's MTM program for less than 60 days at any time in the measurement year are only included in the denominator and the numerator if they received a CMR within this timeframe. Beneficiaries are excluded from the measure calculation if they were enrolled in the contract's MTM program for less than 60 days and did not receive a CMR within this timeframe. The date of enrollment is counted towards the 60 days but the opt-out date is not. A beneficiary's MTM eligibility, receipt of CMRs, etc., is determined for each contract he/she was enrolled in during the measurement period. Similarly, a contract's CMR completion rate is calculated based on each of its eligible MTM enrolled beneficiaries. For example, a beneficiary must meet the inclusion criteria for the contract to be included in the contract's CMR rate. A beneficiary who is enrolled in two different contracts' MTM programs for 30 days each is therefore excluded from both contracts' CMR rates. The beneficiary is only included in the measure calculation for the contract(s) where they were enrolled at least 60 days or received a CMR if enrolled for less than 60 days. Beneficiaries with multiple records that contain varying information for the same contract are excluded from the measure calculation for that contract. Beneficiaries may be enrolled in MTM based on the contracts' specified targeting criteria per CMS – Part D requirements and/or based on expanded, other plan-specific targeting criteria. Beneficiaries who were initially enrolled in MTM due to other plan-specific (expanded) criteria and then later met the contracts' specified targeting criteria per CMS – Part D requirements at any time in the reporting period are included in this measure. In these cases, a CMR received after the date of MTM enrollment but before the date the beneficiary met the specified targeting criteria per CMS – Part D requirements are included.
Primary Data Source:	Part D Plan Reporting
Data Source Description:	The data for this measure were reported by contracts to CMS per the 2023 Part D Reporting Requirements (data pulled June 2024). Validation of these data was performed retrospectively during the 2024 data validation cycle (deadline June 15, 2024 and data validation results pulled July 2024). Additionally, the Medicare Enrollment Database (EDB) from the Integrated Data Repository (CME IDRC) is used to identify beneficiaries in hospice (data pulled June 2024).
Data Source Category:	Health and Drug Plans

Title	Description
Exclusions:	Contracts with an effective termination date on or before the deadline to submit data validation results to CMS (June 15, 2024) are excluded and listed as “Not required to report.” MTM CMR rates are not provided for contracts that did not score at least 95% on data validation for the Medication Therapy Management Program reporting section or were not compliant with data validation standards/sub-standards for any of the following Medication Therapy Management Program data elements. We define a contract as being non-complaint if either it receives a "No" or a 1, 2, or 3 on the 5-point Likert scale in the specific data element's data validation. • MBI Number (Element B) • Date of MTM program enrollment (Element H) • Met the specified targeting criteria per CMS – Part D requirements (Element I) • Date met the specified targeting criteria per CMS – Part D requirements (Element J) • Date of MTM program opt-out, if applicable (Element K) • Received annual CMR with written summary in CMS standardized format (Element O) • Date(s) of CMR(s) (Element P) MTM CMR rates are also not provided for contracts that failed to submit their MTM file and pass system validation by the reporting deadline or who had a missing data validation score for MTM. Contracts excluded from the MTM CMR Rates due to data validation issues are shown as “CMS identified issues with this plan's data.” See Attachment N for more details on the MTM CMR completion rate measure scoring methodology. Contracts can view their data validation results in HPMS (https://hpms.cms.gov/). To access this page, from the top menu select “Monitoring,” then “Plan Reporting Data Validation.” Select the appropriate contract year. Select the PRDVM Reports. Select “Score Detail Report.” Select the applicable reporting section. If you cannot see the Plan Reporting Data Validation module, contact CMS at HPMS_Access@cms.hhs.gov. Additionally, contracts must have 31 or more enrollees in the denominator in order to have a calculated rate. Contracts with fewer than 31 eligible enrollees are listed as "Not enough data available".
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Higher is better
Statistical Method:	Clustering
Improvement Measure:	Included
CAI Usage:	Included
Case-Mix Adjusted:	No
Weighting Category:	Process Measure

Title	Description
Weighting Value:	1
Major Disaster:	Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.
Meaningful Measure Area:	Seamless Care Coordination
CMIT #:	00454-01-C-PARTD
Data Display:	Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	No	Yes	Yes

Cut Points:

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	< 57 %	>= 57 % to < 77 %	>= 77 % to < 89 %	>= 89 % to < 93 %	>= 93 %
PDP	< 30 %	>= 30 % to < 55 %	>= 55 % to < 68 %	>= 68 % to < 80 %	>= 80 %

Measure: D12 - Statin Use in Persons with Diabetes (SUPD)

Title	Description
Label for Stars:	The Plan Makes Sure Members with Diabetes Take the Most Effective Drugs to Treat High Cholesterol
Label for Data:	The Plan Makes Sure Members with Diabetes Take the Most Effective Drugs to Treat High Cholesterol
Description:	To lower their risk of developing heart disease, most people with diabetes should take cholesterol medication. This rating is based on the percent of plan members with diabetes who take the most effective cholesterol-lowering drugs. Plans can help make sure their members get these prescriptions filled.
Metric:	This measure is defined as the percent of Medicare Part D beneficiaries 40-75 years old who were dispensed at least two diabetes medication fills on unique dates of service and received a statin medication fill during the measurement period. The percentage is calculated as the number of member-years of enrolled beneficiaries 40-75 years old who received a statin medication fill during the measurement period (numerator) divided by the number of member-years of enrolled beneficiaries 40-75 years old with at least two diabetes medication fills on unique dates of service during the measurement period (denominator). Beneficiaries are only included in the measure calculation if the first fill of their diabetes medication occurs at least 90 days before the end of the measurement year or end of the enrollment episode. The SUPD measure is adapted from the measure concept that was developed and endorsed by the PQA. See the medication list for this measure. The SUPD measure is calculated using the NDC lists updated by the PQA. The complete NDC lists, including diagnosis codes, are posted along with these technical notes.

Title	Description
Primary Data Source:	Prescription Drug Event (PDE) data
Data Source Description:	The data for this measure come from Prescription Drug Event (PDE) data submitted by drug plans to the CMS DDPS and accepted by the 2023 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2023 – December 31, 2023. If the PDE edit results in the PDE being rejected by DDPS, then the PDE is not used in the Patient Safety measure calculations. If the PDE edit is informational and therefore, does not result in the PDE being rejected, then the PDE is used in the Patient Safety measure calculations. Reminder, CMS uses the term "final action" PDE to describe the most recently accepted original, adjustment, or deleted PDE record representing a single dispensing event. Original and adjustment final action PDEs submitted by the sponsor and accepted by DDPS prior to the 2023 PDE submission deadline are used to calculate this measure. PDE adjustments made post-reconciliation were not reflected in this measure. Additional data sources include the CME, the EDB, the CWF, and the EDS. The data cut off date for all the additional data sources listed below such as the CME, CWF, and EDS is determined by the same PDE submission deadline for the annual Part D payment reconciliation. • CME is used for enrollment information. • EDB is used to identify beneficiaries who elected to receive hospice care or with ESRD status (dialysis start and end dates within the measurement period). Due to CMS's migration of the beneficiary database, including the EDB and CME, to the Amazon Web Services (AWS Cloud), equivalent EDB information to identify beneficiaries in hospice and with ESRD status is pulled from the CME beneficiary tables from the Integrated Data Repository (CME IDRC), sourced from the same upstream database. • CWF is used to identify exclusion diagnoses based on ICD-10-CM codes. • EDS is used to identify diagnoses based on ICD-10-CM codes.
Data Source Category:	Health and Drug Plans
Exclusions:	Contracts with 30 or fewer enrolled member-years (in the denominator). The following beneficiaries are excluded from the denominator if at any time during the measurement period: • Hospice enrollment • ESRD diagnosis or dialysis coverage dates • Rhabdomyolysis and myopathy • Pregnancy, Lactation, and fertility • Cirrhosis • Pre-Diabetes • Polycystic Ovary Syndrome
General Notes:	Part D drugs do not include drugs or classes of drugs, or their medical uses, which may be excluded from coverage or otherwise restricted under section 1927(d)(2) of the Act, except for smoking cessation agents. As such, these drugs, which may be included in the PQA medication or NDC lists, are excluded from CMS analyses. Also, the member-years of enrollment adjustment is made by CMS to account for partial enrollment within the benefit year. Enrollment is measured at the episode level, and inclusion in the measure is determined separately for each episode – i.e., to be included for a given

Title	Description

episode, the beneficiary must meet the initial inclusion criteria for the measure during that episode.

The measure is weighted based on the total number of member years for each episode in which the beneficiary meets the measure criteria. For instance, if a beneficiary is enrolled for a three-month episode, disenrolled for a six-month episode, reenrolled for a three-month episode, and meets the measure criteria during each enrollment episode, s/he will count as 0.5 member years in the rate calculation (3/12 + 3/12 = 6/12).

Data Time Frame: 01/01/2023 – 12/31/2023

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Included

Case-Mix Adjusted: No

Weighting Category: Process Measure

Weighting Value: 1

Major Disaster: Higher measure star (2024-2025) for contracts with 25% or more enrolled affected by 2023 disasters.

Meaningful Measure Area: Chronic Conditions

CMIT #: 00702-01-C-PARTD

Data Display: Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	No	Yes	Yes

Cut Points:

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	< 81 %	>= 81 % to < 86 %	>= 86 % to < 89 %	>= 89 % to < 93 %	>= 93 %
PDP	< 80 %	>= 80 % to < 83 %	>= 83 % to < 85 %	>= 85 % to < 87 %	>= 87 %

Attachment D: Part C and D Data Time Frames

Table D-1: Part C Measure Data Time Frames

Measure ID	Measure Name	Primary Data Source	Data Time Frame
C01	Breast Cancer Screening	HEDIS	01/01/2023 – 12/31/2023
C02	Colorectal Cancer Screening	HEDIS	01/01/2023 – 12/31/2023
C03	Annual Flu Vaccine	CAHPS	03/2024 – 06/2024
C04	Monitoring Physical Activity	HEDIS-HOS	07/17/2023 – 11/01/2023
C05	Special Needs Plan (SNP) Care Management	Part C Plan Reporting	01/01/2023 – 12/31/2023
C06	Care for Older Adults – Medication Review	HEDIS	01/01/2023 – 12/31/2023
C07	Care for Older Adults – Pain Assessment	HEDIS	01/01/2023 – 12/31/2023
C08	Osteoporosis Management in Women who had a Fracture	HEDIS	01/01/2023 – 12/31/2023
C09	Diabetes Care – Eye Exam	HEDIS	01/01/2023 – 12/31/2023
C10	Diabetes Care – Blood Sugar Controlled	HEDIS	01/01/2023 – 12/31/2023
C11	Controlling Blood Pressure	HEDIS	01/01/2023 – 12/31/2023
C12	Reducing the Risk of Falling	HEDIS-HOS	07/17/2023 – 11/01/2023
C13	Improving Bladder Control	HEDIS-HOS	07/17/2023 – 11/01/2023
C14	Medication Reconciliation Post-Discharge	HEDIS	01/01/2023 – 12/31/2023
C15	Plan All-Cause Readmission	HEDIS	01/01/2023 – 12/31/2023
C16	Statin Therapy for Patients with Cardiovascular Disease	HEDIS	01/01/2023 – 12/31/2023
C17	Transitions of Care	HEDIS	01/01/2023 – 12/31/2023
C18	Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	HEDIS	01/01/2023 – 12/31/2023
C19	Getting Needed Care	CAHPS	03/2024 – 06/2024
C20	Getting Appointments and Care Quickly	CAHPS	03/2024 – 06/2024
C21	Customer Service	CAHPS	03/2024 – 06/2024
C22	Rating of Health Care Quality	CAHPS	03/2024 – 06/2024
C23	Rating of Health Plan	CAHPS	03/2024 – 06/2024
C24	Care Coordination	CAHPS	03/2024 – 06/2024
C25	Complaints about the Health Plan	Complaints Tracking Module (CTM)	01/01/2023 – 12/31/2023
C26	Members Choosing to Leave the Plan	MBDSS	01/01/2023 – 12/31/2023
C27	Health Plan Quality Improvement	Star Ratings	Not Applicable
C28	Plan Makes Timely Decisions about Appeals	Independent Review Entity (IRE)	01/01/2023 – 12/31/2023
C29	Reviewing Appeals Decisions	Independent Review Entity (IRE)	01/01/2023 – 12/31/2023
C30	Call Center – Foreign Language Interpreter and TTY Availability	Call Center	02/2024 – 05/2024

Table D-2: Part D Measure Data Time Frames

Measure ID	Measure Name	Primary Data Source	Data Time Frame
D01	Call Center – Foreign Language Interpreter and TTY Availability	Call Center	02/2024 – 05/2024
D02	Complaints about the Drug Plan	Complaints Tracking Module (CTM)	01/01/2023 – 12/31/2023
D03	Members Choosing to Leave the Plan	MBDSS	01/01/2023 – 12/31/2023
D04	Drug Plan Quality Improvement	Star Ratings	Not Applicable
D05	Rating of Drug Plan	CAHPS	03/2024 – 06/2024
D06	Getting Needed Prescription Drugs	CAHPS	03/2024 – 06/2024
D07	MPF Price Accuracy	PDE data, MPF Pricing Files	01/01/2023 – 09/30/2023
D08	Medication Adherence for Diabetes Medications	Prescription Drug Event (PDE) data	01/01/2023 – 12/31/2023
D09	Medication Adherence for Hypertension (RAS antagonists)	Prescription Drug Event (PDE) data	01/01/2023 – 12/31/2023
D10	Medication Adherence for Cholesterol (Statins)	Prescription Drug Event (PDE) data	01/01/2023 – 12/31/2023
D11	MTM Program Completion Rate for CMR	Part D Plan Reporting	01/01/2023 – 12/31/2023
D12	Statin Use in Persons with Diabetes (SUPD)	Prescription Drug Event (PDE) data	01/01/2023 – 12/31/2023

Attachment I: Calculating the Improvement Measure and the Measures Used

Calculating the Improvement Measure

Contracts must have data for at least half of the attainment measures used to calculate the Part C or Part D improvement measure to be eligible to receive a rating in that improvement measure.

The improvement change score was determined for each measure for which a contract was eligible by calculating the difference in measure scores between Star Rating years 2024 and 2025.

For measures where a higher score is better:

$$\text{Improvement Change Score} = \text{Score in 2025} - \text{Score in 2024}$$

For measures where a lower score is better:

$$\text{Improvement Change Score} = \text{Score in 2024} - \text{Score in 2025}$$

An eligible measure was defined as a measure for which a contract was scored in both the 2024 and 2025 Star Ratings, and there were no significant measure specification changes or a regional contract reconfiguration for which only contract data is available from the original contract in one or both years.

For each measure, significant improvement or decline between Star Ratings years 2024 and 2025 was determined by a two-sided t-test at the 0.05 significance level:

$$\text{If } \frac{\text{Improvement Change Score}}{\text{Standard Error of Improvement Change Score}} > 1.96, \text{ then YES = significant improvement}$$

$$\text{If } \frac{\text{Improvement Change Score}}{\text{Standard Error of Improvement Change Score}} < -1.96, \text{ then YES = significant decline}$$

Hold Harmless Provision for Individual Measures: If a contract demonstrated statistically significant decline (at the 0.05 significance level) on an attainment measure for which they received five stars during both the current contract year and the prior contract year, then this measure will be counted as showing no significant change. Measures that are held harmless as described here will be considered eligible for the improvement measure. Net improvement is calculated for each class of measures (e.g., outcome, access, and process) by subtracting the number of significantly declined measures from the number of significantly improved measures.

$$\text{Net Improvement} = \text{Number of significantly improved measures} - \text{Number of significantly declined measures}$$

The improvement measure score is calculated for Parts C and D separately by taking a weighted sum of net improvement divided by the weighted sum of the number of eligible measures.

Measures are generally weighted as follows:

Outcome or intermediate outcome measure: Weight of 3

Access or patient experience/complaints measure: Weight of 4

Process measure: Weight of 1

Specific weights for each measure, which may deviate from the general scheme above are described in Attachment G. When the weight of an individual measure changes over the two years of data used, the newer weight value is used in the improvement calculation.

$$\text{Improvement Measure Score} = \frac{\text{Net_Imp_Process} + 3 * \text{Net_Imp_Outcome} + 4 * \text{Net_Imp_PtExp}}{\text{Elig_Process} + 3 * \text{Elig_Outcome} + 4 * \text{Elig_PtExp}}$$

Net_Imp_Process = Net improvement for process measures
Net_Imp_Outcome = Net improvement for outcome and intermediate outcome measures
Net_Imp_PtExp = Net improvement for patient experience/complaints and access measures
Elig_Process = Number of eligible process measures
Elig_Outcome = Number of eligible outcome and intermediate outcome measures
Elig_PtExp = Number of eligible patient experience/complaints and access measures

The improvement measure score is converted into a Star Rating using the clustering method. Conceptually, the clustering algorithm identifies the "gaps" in the data and creates cut points that result in the creation of five categories (one for each Star Rating) such that scores of contracts in the same score category (Star Rating) are as similar as possible, and scores of contracts in different categories are as different as possible. Improvement scores of 0 (equivalent to no net change on the attainment measures included in the improvement measure calculation) will be centered at 3 stars when assigning the improvement measure Star Rating. Then, the remaining contracts are split into two groups and clustered: 1) improvement scores less than zero receive one or two stars on the improvement measure and 2) improvement scores greater than or equal to zero receive 3, 4, or 5 stars.

General Standard Error Formula

Because a contract's score on a given measure in one year is not independent of its score in the next year, the standard error for the improvement change score for each measure is calculated using the standard approach for estimating the variance of the difference between two variables that may not be independent. In particular, the standard error of the improvement change score is calculated using the formula:

$$\sqrt{se(Y_{i2})^2 + se(Y_{i1})^2 - 2 * Cov(Y_{i2}, Y_{i1})}$$

Using measure C01 as an example, the change score standard error is:

$se(Y_{i2})$ Represents the 2025 standard error for contract i on measure C01

$se(Y_{i1})$ Represents the 2024 standard error for contract i on measure C01

Y_{i2} Represents the 2025 rate for contract i on measure C01

Y_{i1} Represents the 2024 rate for contract i on measure C01

cov Represents the covariance between Y_{i2} and Y_{i1} computed using the correlation across all contracts observed at both time points (2025 and 2024). In other words:

$$cov(Y_{i2}, Y_{i1}) = se(Y_{i2}) * se(Y_{i1}) * Corr(Y_{i2}, Y_{i1})$$

where the correlation $Corr(Y_{i2}, Y_{i1})$ is assumed to be the same for all contracts and is computed using data for all contracts for which both years' measure scores are available and not excluded by the disaster policy. This assumption is needed because only one score is observed for each contract in each year; therefore, it is not possible to compute a contract-specific correlation.

Improvement Change Score Standard Error Numerical Example

For measure C03, contract A:

$se(Y_{i2})$ = 2.805

$se(Y_{i1})$ = 3.000

$Corr(Y_{i2}, Y_{i1})$ = 0.901

Improvement change score standard error for measure C03 for contract A = sqrt ($2.805^2 + 3.000^2 - 2 * 0.901 * 2.805 * 3.000$) = 1.305

Standard Error Formulas (SEF) for Specific Measures

The following formulas are used for calculating the contract-specific standard errors for specific measures in the 2025 Star Ratings. These standard errors are used in calculating the improvement change score standard error.

1. SEF for Measures: C01, C02, C04, C05, C08 – C14, C16, C18, C26, C28 – C30, D01, D03, D08 – D12

$$SE_y = \sqrt{\frac{Score_y * (100 - Score_y)}{Denominator_y}}$$

for y = 2024, 2025

$Denominator_y$ is as defined in the Measure Details section for each measure.

2. SEF for Measures: C06, C07

These measures are rolled up from the plan level to the contract level following the formula outlined in Attachment E: NCQA HEDIS Measures. The standard error at the contract level is calculated as shown below. The specifications are written for two PBP submissions, which we distinguish as 1 and 2, but the methodology easily extends to any number of submissions.

The plan level standard error is calculated as:

$$SE_{yj} = \sqrt{\frac{Score_{yj} * (100 - Score_{yj})}{Denominator_{yj}}}$$

for y = 2024, 2025 and j = Plan 1, Plan 2

The contract level standard error is then calculated as:

Let W_{y1} = The weight assigned to the first PBP results (estimated, auditable) for year y, where y = 2024, 2025. This result is estimated by the formula $W_{y1} = N_{y1} / (N_{y1} + N_{y2})$

Let W_{y2} = The weight assigned to the second PBP results (estimated, auditable) for year y, where y = 2024, 2025. This result is estimated by the formula

$$W_{y2} = N_{y2} / (N_{y1} + N_{y2})$$

$$SE_{yi} = \sqrt{(W_{y1})^2 * (SE_{y1})^2 + (W_{y2})^2 * (SE_{y2})^2}$$

for y = Contract Year 2024, Contract Year 2025 and i = Contract i

3. SEF for Measure C15

$$SE_y = 100 * \text{National Observed Rate}_y * \sqrt{\frac{\text{Oberved Count}_y}{\text{Expected Count}_y^2}}$$

for y = 2024, 2025

National Observed Rate, Observed Count, and Expected Count as defined in Attachment F.

4. SEF for Measure C17

Let T_{1y}, T_{2y}, T_{3y}, and T_{4y} be the four Transitions of Care component measures.

Let Z_y be the Transitions of Care measure, which is calculated as an average of the four component measures.

$$\mathrm{Var}(\mathrm{Z_y}) = \frac{1}{16} * [\mathrm{Var}(\mathrm{T_{1y}}) + \mathrm{Var}(\mathrm{T_{2y}}) + \mathrm{Var}(\mathrm{T_{3y}}) + \mathrm{Var}(\mathrm{T_{4y}}) + 2\mathrm{Cov}(\mathrm{T_{1y}}, \mathrm{T_{2y}}) + 2\mathrm{Cov}(\mathrm{T_{1y}}, \mathrm{T_{3y}}) + 2\mathrm{Cov}(\mathrm{T_{1y}}, \mathrm{T_{4y}}) + 2\mathrm{Cov}(\mathrm{T_{2y}}, \mathrm{T_{3y}}) + 2\mathrm{Cov}(\mathrm{T_{2y}}, \mathrm{T_{4y}}) + 2\mathrm{Cov}(\mathrm{T_{3y}}, \mathrm{T_{4y}})]$$

$$\mathrm{SE_y} = \sqrt{\mathrm{Var}(\mathrm{Z_y})}$$

for y = 2024, 2025

In the above formula, $Var(T_{1y}) = (100 * \frac{n_{1y}}{d_{1y}}) * \frac{(100-(100*\frac{n_{1y}}{d_{1y}})}{d_{1y}}$ where n_{1y} is the numerator for T_{1y} and d_{1y} the denominator, and so on for each of the four component measures.

$Cov(T_{1y}, T_{2y}) = Corr(T_{1y}, T_{2y}) * \sqrt{Var(T_{1y})} * \sqrt{Var(T_{2y})}$ and so on for each pair of component measures. We estimate the correlations between pairs of component measures by calculating the sample correlation across all contract scores. These correlations are shown in the table below.

Measures		2024 Correlation	2025 Correlation
Patient Engagement After Inpatient Discharge	Receipt of Discharge Information	0.5365156597	0.5723177632
Patient Engagement After Inpatient Discharge	Notification of Inpatient Admission	0.5772548760	0.4998099740
Patient Engagement After Inpatient Discharge	Medication Reconciliation Post-Discharge	0.6402980802	0.5632670669
Receipt of Discharge Information	Notification of Inpatient Admission	0.8834120211	0.7605860074
Receipt of Discharge Information	Medication Reconciliation Post-Discharge	0.4149497554	0.4270200633
Notification of Inpatient Admission	Medication Reconciliation Post-Discharge	0.5010530425	0.5317177847

5. SEF for Measures: C03, C19 – C24, and D05, D06

The CAHPS measure standard errors for 2024 and 2025 were provided to CMS by the CAHPS contractor following the formulas documented in the CAHPS Macro Manual. The actual values used for each contract are included on the Measure Detail CAHPS page in the HPMS preview area.

6. SEF for Measures: C25, D02

$$\mathrm{SE_y} = \sqrt{\frac{\text{Total Number of Complaints}_y}{(\text{Average Contract Enrollment}_y)^2}} * \frac{1000*30}{\text{NumDays}}$$

NumDays: 2024 = 365, 2025 = 365

7. SEF for Measure D07

The standard error of the MPF Composite Price Accuracy Score for each contract is calculated by using binomial approximations for each of the component scores (Price Accuracy Score and Claim Percentage Score, as described in Attachment M). Since the MPF Composite Price Accuracy Score is equal to (0.5 x Price Accuracy Score) + (0.5 x Claim Percentage Score), the composite measure's variance (and standard error) is a function of the variance of the Price Accuracy Score, the variance of the Claim Percentage Score, and the covariance between them. We assume that the product of the total PDE cost and the Price Accuracy Score (on a 0-1 scale) follows a binomial distribution, and likewise that the product of the number of PDE claims and the Claims Percentage Score (on a 0-1 scale) also follows a binomial distribution. With these assumptions in place, the standard error of the MPF Composite Accuracy Score is calculated as follows:

1. The contract's component scores, on their original 0-100 scale, have variances calculable using formulas based on the binomial variance assumptions described above, separately for each year y = 2024, 2025.

    a. For the Price Accuracy Score, the variance in year y is represented by

$$Var\left(Price\ Acc.Score_y\right) = \frac{\left(Price\ Acc.Score_y \times \left(100 - Price\ Acc.Score_y\right)\right)}{Total\ PDE\ Cost_y}$$

    b. For the Claim Percentage Score, the variance in year y is represented by

$$Var\left(Claims\ Pct.Score_y\right) = \frac{\left(Claims\ Pct.Score_y \times \left(100 - Claims\ Pct.Score_y\right)\right)}{Number\ of\ PDE\ Claims_y}$$

2. The contract-specific covariance between the component scores, shown as $Cov\left(Price\ Acc.\ Score_y, Claim\ Pct.\ Score_y\right)$ in step 3 below, is calculated as the product of:
    a. the contract-specific standard errors of the two component scores, which are the square roots of the two variance estimates shown above in step 1, and
    b. the correlation between the two component scores estimated based on all contracts. The correlations for the two measurement years are show below.

2024 Correlation	2025 Correlation
0.6214825861	0.5681259498

3. The standard error of the MPF Composite Price Accuracy Score is calculated from the components calculated in steps 1 and 2 as shown below:

$$SE_y = \sqrt{\frac{Var\left(Price\ Acc.\ Score_y\right)}{4} + \frac{Var\left(Claim\ Pct.\ Score_y\right)}{4} + \frac{Cov\left(Price\ Acc.\ Score_y, Claim\ Pct.\ Score_y\right)}{2}}$$

for y = 2024, 2025

Star Ratings Measures Used in the Improvement Measures

Table I-1: Part C Measures Used in the Improvement Measure

Measure ID	Measure Name	Measure Usage	Correlation
C01	Breast Cancer Screening	Included	0.950135
C02	Colorectal Cancer Screening	Included	0.896510
C03	Annual Flu Vaccine	Included	0.888026
C04	Monitoring Physical Activity	Included	0.845098
C05	Special Needs Plan (SNP) Care Management	Included	0.889508
C06	Care for Older Adults – Medication Review	Included	0.651050
C07	Care for Older Adults – Pain Assessment	Included	0.472401
C08	Osteoporosis Management in Women who had a Fracture	Included	0.848314
C09	Diabetes Care – Eye Exam	Included	0.855310
C10	Diabetes Care – Blood Sugar Controlled	Included	0.779129
C11	Controlling Blood Pressure	Included	0.787937
C12	Reducing the Risk of Falling	Included	0.842070
C13	Improving Bladder Control	Included	0.480390
C14	Medication Reconciliation Post-Discharge	Included	0.818848
C15	Plan All-Cause Readmissions	Included	0.622494
C16	Statin Therapy for Patients with Cardiovascular Disease	Included	0.730543
C17	Transitions of Care	Included	0.845898
C18	Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	Included	0.739526
C19	Getting Needed Care	Included	0.796622
C20	Getting Appointments and Care Quickly	Included	0.477681
C21	Customer Service	Included	0.709932
C22	Rating of Health Care Quality	Included	0.715693
C23	Rating of Health Plan	Included	0.859045
C24	Care Coordination	Included	0.670450
C25	Complaints about the Health Plan	Included	0.826982
C26	Members Choosing to Leave the Plan	Included	0.887075
C27	Health Plan Quality Improvement	Not Included	-
C28	Plan Makes Timely Decisions about Appeals	Included	0.329153
C29	Reviewing Appeals Decisions	Included	0.610325
C30	Call Center – Foreign Language Interpreter and TTY Availability	Included	0.280278

Table I-2: Part D Measures Used in the Improvement Measure

Measure ID	Measure Name	Measure Usage	Correlation
D01	Call Center – Foreign Language Interpreter and TTY Availability	Included	0.303658
D02	Complaints about the Drug Plan	Included	0.832704
D03	Members Choosing to Leave the Plan	Included	0.881507
D04	Drug Plan Quality Improvement	Not Included	-
D05	Rating of Drug Plan	Included	0.817940
D06	Getting Needed Prescription Drugs	Included	0.659200
D07	MPF Price Accuracy	Included	0.643115
D08	Medication Adherence for Diabetes Medications	Included	0.644643
D09	Medication Adherence for Hypertension (RAS antagonists)	Included	0.812564
D10	Medication Adherence for Cholesterol (Statins)	Included	0.807284
D11	MTM Program Completion Rate for CMR	Included	0.867800
D12	Statin Use in Persons with Diabetes (SUPD)	Included	0.836392

Attachment K: Individual Measure Star Assignment Process

This attachment provides detailed information about the clustering and the relative distribution and significance testing (CAHPS) methodologies used to assign stars to individual measures.

Clustering Methodology Introduction

To separate a distribution of scores into distinct groups or categories, a set of values must be identified to separate one group from another group. The set of values that break the distribution of the scores into non-overlapping groups is the set of cut points.

For each individual measure, CMS determines the measure cut points using the information provided from the hierarchical clustering algorithm in SAS, described in "Clustering Methodology Detail" below. Conceptually, the clustering algorithm identifies the natural gaps that exist within the distribution of the scores and creates groups (clusters) that are then used to identify the cut points that result in the creation of a pre-specified number of categories.

For Star Ratings, the algorithm is run with the goal of determining the four cut points (labeled in the Figure J-1 below as A, B, C, and D) that are used to create the five non-overlapping groups that correspond to each of the Star Ratings (labeled in the diagram below as G1, G2, G3, G4, and G5). For Part D measures, CMS determines MA-PD and PDP cut points separately. Data identified to be biased, erroneous, or excluded by disaster rules are removed from the algorithm. The scores are grouped such that scores within the same Star Rating category are as similar as possible, and scores in different categories are as different as possible.

Figure K-1: Diagram showing gaps in data where cut points are assigned.

As mentioned, the cut points are used to create five non-overlapping groups. The value of the lower bound for each group is included in the category, while the value of the upper bound is not included in the category. CMS does not require the same number of observations (contracts) within each group. The groups are identified such that within a group the measure scores must be similar to each other and between groups, the measure scores in one group are not similar to measure scores in another group. The groups are then used for the conversion of the measure scores to one of five Star Ratings categories. For most measures, a higher score is better, and thus, the group with the highest range of measure scores is converted to a rating of five stars. An example of a measure for which higher is better is *Medication Adherence for Diabetes Medications*. For some measures a lower score is better, and thus, the group with the lowest range of measure scores is converted to a rating of five stars. An example of a measure for which a lower score is better is *Members Choosing to Leave the Plan*.

Example 1 – Clustering Methodology for a Higher is Better measure

Consider the information provided for the cut points for *Medication Adherence for Diabetes Medications* in Table K-1 below. As stated previously, for Part D measures CMS calculates MA-PD and PDP cut points separately (e.g., different cut points are calculated for MA-PD and PDPs). If the MA-PD cut points identified using the clustering algorithm are 80%, 85%, 87%, and 91%; for PDPs, the cut points are 84%, 86%, 88%, and 90%. (The set of values corresponds to the cut points in figure J-2 below as A, B, C, and D and the categories for each of the five Star Ratings are indicated above each group.) Since a measure score can only assume a value between 0% and 100% (including 0% and 100%), the one-star and five-star categories contain only a single value in the table below as the upper or lower bound.

Table K-1: Medication Adherence for Diabetes Medications cut points example: cut points are for illustrative purposes

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	< 80 %	>= 80 % to < 85 %	>= 85 % to < 87 %	>= 87 % to < 91 %	>= 91 %
PDP	< 84 %	>= 84 % to < 86 %	>= 86 % to < 88 %	>= 88 % to < 90 %	>= 90 %

Figure K-2: Diagram showing star assignment based cut points.

Since higher is better for *Medication Adherence for Diabetes Medications*, a rating of one star is assigned to all MA-PD measure scores below 80% in this example. For each of the other Star Rating categories, the value of the lower bound is included in the rating category, while the upper bound value is not included. Focusing solely on the cut points for MA-PDs, a rating of two stars is assigned to each measure score that is at least 80% (the first cut point) to less than 85% (the second cut point) in this example. Since measure scores are reported as percentages with no decimal places, any measure score of 80% to 84% would be assigned two stars, while a measure score of 85% would be assigned a rating of three stars. Measure scores that are at least 85% to less than 87% would be assigned a rating of three stars. For a conversion to four stars, a measure score of at least 87% to less than 91% would be needed. A rating of five stars would be assigned to any measure score of 91% or more. PDPs have different cut points, but the same overall rules apply for converting the measure score to a Star Rating.

Example 2 – Clustering Methodology for a Lower is Better measure

Consider the information provided for the cut points for *Members Choosing to Leave the Plan* in Table K-2 below. As stated previously, for Part D measures CMS calculates MA-PD and PDP cut points separately. In the example, the MA-PD cut points for *Members Choosing to Leave the Plan* determined using the clustering algorithm are 44%, 29%, 16%, and 9%; for PDPs, the cut points are 20%, 13%, 19%, and 6%. (These correspond to the cut points in figure J-3 as A, B, C, and D).

Since lower is better for this measure, the five-star category will have the lowest measure score range, while the one-star category will have scores that are highest in value. For each of the other Star Rating categories, the value of the lower bound is not included in the rating category, while the upper bound value is included. (The inclusivity and exclusivity of the upper and lower bounds is opposite for a measure score where lower is better as compared to higher is better.) For MA-PDs, a rating of five stars would be assigned to measure scores of 9% or less. Measure scores that are greater than 9% up to a maximum value of 16% (including a measure score of 16%) would be assigned a rating of four stars. A rating of three stars would be assigned to measure scores greater than 16% up to a maximum value of 29%. A rating of two stars would be assigned to a measure score that is greater than 29% up to and including 44%. A rating of one star would be assigned to any measure score greater than 44%. PDPs have different cut points, but the same overall rules apply for converting the measure score to a Star Rating.

Table K-2: Members Choosing to Leave the Plan cut points example: cut points are for illustrative purposes

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	> 44 %	> 29 % to <= 44 %	> 16 % to <= 29 %	> 9 % to <= 16 %	<= 9 %
PDP	> 20 %	> 13 % to <= 20 %	> 9 % to <= 13 %	> 6 % to <= 9 %	<= 6 %

Figure J-3: Diagram showing star assignment based on cut points.

Clustering Methodology Detail

This section details the steps of the clustering method performed in SAS to allow the conversion of the measure scores to measure-level stars.

Tukey outlier deletion is used to determine the cut points for all non-CAHPS measures. Tukey outlier deletion involves removing Tukey outer fence outlier contract scores, those defined as measure-specific scores outside the bounds of 3.0 times the measure-specific interquartile range subtracted from the 1st quartile or added to the 3rd quartile. Outliers are removed prior to applying mean resampling to the hierarchical clustering algorithm. The 1st and 3rd quartiles can be obtained by using the MEANS procedure in SAS. The Tukey outer fence outlier cutoffs can then be calculated as:

- Lower outlier cutoff: first quartile – 3.0*(third quartile – first quartile)
- Upper outlier cutoff: third quartile + 3.0*(third quartile – first quartile).

Measures with data displays of percentages with no decimal places ranging from 0 to 100 will have the lower and upper outlier cutoffs capped at those values, respectively. Any other measures with range restrictions, such as have a lower bound of zero, will have the respective outlier cutoff capped at the restricted value.

Mean resampling is used to determine the cut points for all non-CAHPS measures. With mean resampling, measure-specific scores for the current year's Star Ratings are separated into 10 equal-sized groups, using a random assignment process to assign each contract's measure score to a group. The random assignment of contracts into 10 groups can be produced using the SURVEYSELECT procedure in SAS as follows:

```
proc surveyselect data=inclusterdat groups=10 seed=8675309 out=inclusterdat_random;
run;
```

In the above code, the input dataset, *inclusterdat,* is the list of contracts without missing, flagged, excluded by disaster rules or voluntary contract scores for a particular measure. The *group=10* option identifies that 10 random groupings of the data should be created. The *seed=8675309* option specifies the seed value that controls the starting point of the random sequence of numbers and allows for future replication of the randomization process. The output dataset, *inclusterdat_random,* is identical to the input dataset with the addition of a new column, named *groupid,* that has the group assignments (from 1 through 10) for each contract.
The hierarchal clustering algorithm (steps 1 through 4 below) is then applied 10 times, each time leaving out one of the 10 groups. For each measure and leave-one-out contract set, the clustering method does the following:

- Produces the individual measure distance matrix.
- Groups the measure scores into an initial set of clusters.
- Selects the set of clusters.

1. Produce the individual measure distance matrix.

For each pair of contracts j and k (j>=k) among the n contracts with measure score data, compute the Euclidian distance of their measure scores (e.g., the absolute value of the difference between the two

measure scores). Enter this distance in row j and column k of a distance matrix with n rows and n columns. This matrix can be produced using the DISTANCE procedure in SAS as follows:

```
proc distance data= inclusterdat  leave1out out=distancedat method=Euclid;
        var interval(measure_score);
        id contract_id;
run;
```

In the above code, the input data set, *inclusterdat_leave1out,* is the list of contracts (excluding the group left out) without missing, flagged, excluded by disaster rules or voluntary contract scores for a particular measure. Each record has a unique contract identifier, *contract_id*. The option *method=Euclid* specifies that distances between contract measure scores should be based on Euclidean distance. The input data contain a variable called *measure_score* that is formatted to the display criteria outlined in the Technical Notes. In the *var* call, the parentheses around *measure_score* indicate that *measure_score* is considered to be an interval or numeric variable. The distances computed by this code are stored to an output data set called *distancedat.*

2. Create a tree of cluster assignments.

The distance matrix calculated in Step 1 is the input to the clustering procedure. The stored distance algorithm is implemented to compute cluster assignments. The following process is implemented by using the CLUSTER procedure in SAS:

- The input measure score distances are squared.
- The clusters are initialized by assigning each contract to its own cluster.
- In order to determine which pair of clusters to merge, Ward's minimum variance method is used to separate the variance of the measure scores into within-cluster and between-cluster sum of squares components.
- From the existing clusters, two clusters are selected for merging to minimize the within-cluster sum of squares over all possible sets of clusters that might result from a merge.
- Steps 3 and 4 are repeated to reduce the number of clusters by one until a single cluster containing all contracts results.

The result is a data set that contains a tree-like structure of cluster assignments, from which any number of clusters between 1 and the number of contract measure scores could be computed. The SAS code for implementing these steps is:

```
proc cluster data=distancedat method=ward outtree=treedat noprint;
        id contract_id;
run;
```

The *distancedat* data set containing the Euclidian distances was created in Step 1. The option *method=ward* indicates that Ward's minimum variance method should be used to group clusters. The output data set is denoted with the *outtree* option and is called *treedat*.

3. Select the final set of clusters from the tree of cluster assignments.

The process outlined in Step 2 will produce a tree of cluster assignments, from which the final number of clusters is selected using the TREE procedure in SAS as follows:

```
proc tree data=treedat ncl=NSTARS horizontal out=outclusterdat noprint;
```

```
        id contract_id;
run;
```

The input data set, treedat, is created in Step 2 above. The syntax, ncl=NSTARS, denotes the desired final number of clusters (or star levels). For most measures, NSTARS= 5. In cases where multiple clusters have the same score value range those clusters are combined, leading to fewer than 5 clusters. Since the improvement measures have a constraint that contracts with improvement scores of zero or greater are to be assigned at least 3 stars for improvement, the clustering is conducted separately for contract measure scores that are greater than or equal to zero versus those that are less than zero. Specifically, Steps 1-3 are first applied to contracts with improvement scores that meet or exceed zero, in which case NSTARS equals three. The resulting improvement measure stars can take on values of 3, 4, or 5. For those contracts with improvement scores less than zero, Steps 1-3 are applied with NSTARS=2 and these contracts will either receive 1 or 2 stars.

4. Final Thresholds

The cluster assignments produced by the above approach have cluster labels that are unordered. The final step after applying the above steps to all contract measure scores is to order the cluster labels so that the 5-star category reflects the cluster with the best performance and the 1-star category reflects the cluster with the worst performance. With the exception of the improvement measures which are assigned lower thresholds of zero for the 3-star category, the measure thresholds are defined by examining the range of measure scores within each of the final clusters. The lower limit of each cluster becomes the cut point for the star categories.

Determining Stars from Scores and Thresholds

The mean-resampling approach results in 10 sets of measure-specific cut points, one for each of the 10 implementations of the hierarchical clustering algorithm. For higher-is-better measures, the minimum score observed in each star category defines the effective cut points for the star categories. For lower-is-better measures, the maximum score observed in each star category defines the effective cut points for the star categories. These cut points are calculated after the application of Tukey outlier deletion. The final set of estimated thresholds are then calculated as the mean cut point for each threshold per measure from the 10 different cut point values. Tables K-3 and K-4 show the mean resampling final estimated thresholds for the 2025 Star Ratings. Tables K-5 and K-6 show the upper and lower Tukey outlier cutoffs.

AEP	The annual period from October 15 until December 7 when a Medicare beneficiary can enroll into a Medicare Part C or D plan or re-enroll into their existing Medicare Part C or D Plan or change into another Medicare plan is known as the Annual Election Period (AEP). The chosen Medicare Part C or D plan coverage begins on January 1st.
C-SNP	Chronic Condition Special Needs Plans (C-SNPs) are SNPs that restrict enrollment to special needs individuals with specific severe or disabling chronic conditions, defined in 42 CFR 422.2.
CAHPS	The term CAHPS refers to a comprehensive and evolving family of surveys that ask consumers and patients to evaluate the interpersonal aspects of health care. CAHPS surveys probe those aspects of care for which consumers and patients are the best and/or only source of information, as well as those that consumers and patients have identified as being important. CAHPS initially stood for the Consumer Assessment of Health Plans Study, but as the products have evolved beyond health plans, the acronym now stands for Consumer Assessment of Healthcare Providers and Systems.
CCP	A Coordinated Care Plan (CCP) is a health plan that includes a network of providers that are under contract or arrangement with the organization to deliver the benefit package approved by CMS. The CCP network is approved by CMS to ensure that all applicable requirements are met, including access and availability, service area, and quality requirements. CCPs may use mechanisms to control utilization, such as referrals from a gatekeeper for an enrollee to receive services within the plan, and financial arrangements that offer incentives to providers to furnish high quality and cost-effective care. CCPs include HMOs, PSOs, local and regional PPOs, and senior housing facility plans. SNPs can be offered under any type of CCP that meets CMS's requirements.
Cohort	A cohort is a group of people who share a common designation, experience, or condition (e.g., Medicare beneficiaries). For the HOS, a cohort refers to a random sample of Medicare beneficiaries that is drawn from each Medicare Advantage Organization (MAO) with a minimum of 500 enrollees and surveyed every spring (i.e., a baseline survey is administered to a new cohort each year). Two years later, the baseline respondents are surveyed again (i.e., follow up measurement). For data collection years 1998-2006, the MAO sample size was 1,000. Effective 2007, the MAO sample size was increased to 1,200.
Cost Plan	A plan operated by a Health Maintenance Organization (HMO) or Competitive Medical Plan in accordance with a cost reimbursement contract under §1876(h) of the Act. In the Star Ratings, CMS classifies a Cost Plan not offering Part D as MA-Only and a Cost Plan offering Part D as MA-PD.
D-SNP	Dual Eligible Special Needs Plans (D-SNPs) enroll individuals who are entitled to both Medicare (title XVIII) and medical assistance from a state plan under Medicaid (title XIX). States cover some Medicare costs, depending on the state and the individual's eligibility.

Disability Status	Based on the original reason for entitlement for Medicare (Disability insurance benefits or both Disability insurance benefits and End-Stage Renal Disease).
Dual eligibles	Individuals who are entitled to Medicare Part A and/or Part B and are eligible for some form of Medicaid benefit.
Euclidean distance	The absolute value of the difference between two points, x-y.
HEDIS	The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA).
HOS	The Medicare Health Outcomes Survey (HOS) is the first patient reported outcomes measure used in Medicare managed care. The goal of the Medicare HOS program is to gather valid, reliable, and clinically meaningful health status data in the Medicare Advantage (MA) program for use in quality improvement activities, pay for performance, program oversight, public reporting, and improving health. All managed care organizations with MA contracts must participate.
I-SNP	Institutional Special Needs Plans (I-SNPs) are SNPs that restrict enrollment to institutionalized special needs individuals defined in 42 CFR 422.2.
IRE	The Independent Review Entity (IRE) is an independent entity contracted by CMS to review Medicare health and drug plans' adverse reconsiderations of organization determinations.
LIS	The Low Income Subsidy (LIS) from Medicare provides financial assistance for beneficiaries who have limited income and resources. Those who receive the LIS get help paying for their monthly premium, yearly deductible, prescription coinsurance, and copayments and they will have no gap in coverage.
LIS/DE	Beneficiaries who qualify at any point in the year for a low income subsidy through the application process and/or who are full or partial Dual (Medicare and Medicaid) beneficiaries.
MA	A Medicare Advantage (MA) organization is a public or private entity organized and licensed by a State as a risk-bearing entity (with the exception of provider-sponsored organizations receiving waivers) that is certified by CMS as meeting the MA contract requirements.
MA-Only	An MA organization that does not offer Medicare prescription drug coverage.
MA-PD	An MA organization that offers Medicare prescription drug coverage and Part A and Part B benefits in one plan.
MSA	Medicare Medical Savings Account (MSA) plans combine a high deductible MA plan and a medical savings account (which is an account established for the purpose of paying the qualified medical expenses of the account holder).
Percentage	A part of a whole expressed in hundredths. For example, a score of 45 out of 100 possible points is the same as 45%.

Percentile	The value below which a certain percent of observations fall. For example, a score equal to or greater than 97 percent of other scores attained on the same measure is said to be in the 97th percentile.
PDP	A Prescription Drug Plan (PDP) is a stand-alone drug plan, offered by insurers and other private companies to beneficiaries who receive their Medicare Part A and/or B benefits either through the Original Medicare Plan, Medicare Private Fee-for-Service Plans that do not offer prescription drug coverage, or Medicare Cost Plans that do not offer Medicare prescription drug coverage.
PFFS	Private Fee-for-Service (PFFS) is defined as an MA plan that pays providers of services at a rate determined by the plan on a fee-for-service basis without placing the provider at financial risk; does not vary the rates for a provider based on the utilization of that provider's services; and does not restrict enrollees' choices among providers who are lawfully authorized to provide services and agree to accept the plan's terms and conditions of payment. The Medicare Improvements for Patients and Providers Act (MIPPA) added that although payment rates cannot vary based solely on utilization of services by a provider, a PFFS plan is permitted to vary the payment rates for a provider based on the specialty of the provider, the location of the provider, or other factors related to the provider that are not related to utilization. Furthermore, MIPPA also allows PFFS plans to increase payment rates to a provider based on increased utilization of specified preventive or screening services. See section 30.4 of the Medicare Managed Care Manual Chapter 1 for further details on PFFS plans.
Reliability	A measure of the fraction of the variation among the observed measure values that is due to real differences in quality (“signal”) rather than random variation (“noise”). On a scale from 0 (all differences among plans are due to randomness of sampling) to 1 (every plan's quality is measured with perfect accuracy).
SNP	A Special Needs Plan (SNP) is a Medicare Advantage (MA) coordinated care plan (CCP) specifically designed to provide targeted care and limits enrollment to special needs individuals. A special needs individual could be any one of the following: 1) an institutionalized individual, 2) a dual eligible beneficiary, or 3) an individual with a severe or disabling chronic condition, as specified by CMS. A SNP may be any type of MA CCP. There are three major types of SNPs: 1) Chronic Condition SNP (C-SNP), 2) Dual Eligible SNP (D-SNP), and 3) Institutional SNP (I-SNP).
Sponsor	An entity that sponsors a health or drug plan.
Statistical Significance	Statistical significance assesses how likely differences observed are due to chance when plans are actually the same. CMS uses statistical tests (e.g., t-test) to determine if a contract’s measure value is statistically significantly greater or less than the national average for that measure, or whether conversely the observed differences from the national average could have arisen by chance.
Sum of Squares	Method used to measure variation or deviation from the mean.
TTY	A teletypewriter (TTY) is an electronic device for text communication via a telephone line, used when one or more of the parties has hearing or speech difficulties.

Very Low Reliability	For CAHPS, an indication that reliability is less than 0.6, indicating that 40% or more of observed variation is due to random noise.

D. *Table of Data Collection Protocol by Contract and Language*

The following table shows the planned data collection protocol by contract. For contracts located in the continental United States, we initially contact all enrollees in English. For contracts in Puerto Rico, we initially contact beneficiaries in Spanish. Plans may provide us with a preferred language file for all of their enrollees, in which case, contract enrollees will be contacted in language – English or Spanish.

Contract #	Process for Spanish / English	Process for Chinese, Korean, Vietnamese, Tagalog
H2416	Spanish on request	NA
H2417	Spanish on request	NA
H2419	Spanish on request	NA
H3443	Language identified for Spanish and Spanish on request	NA
H3815	Language identified for Spanish and Spanish on request	NA
H4961	Language identified for Spanish and Spanish on request	NA
H5209	Spanish on request	NA
H5296	Language identified for Spanish and Spanish on request	NA
H5433	Language identified for Spanish and Spanish on request	NA
H6529	Spanish on request	NA
H9042	Spanish on request	NA
H9686	Language identified for Spanish and Spanish on request	NA

From: Tony Baumgartner
To: dschlang@rand.org; julieb@rand.org
Cc: dembosky@rand.org; Marc Elliott; Laura Giordano; Renny Bagchi; Janet Heatherly; Mel Borstad
Subject: [EXT] FW: MA & PDP CAHPS Spanish Language Procedures -DataStat
Date: Wednesday, September 18, 2024 11:41:08 AM

Hi Danielle,

We received the response from DataStat below. HSAG will remind DataStat that to minimize the sensitivity of the data included in the sample file, MBI is not included in the sample file. This information was also shared with DataStat via their 2024 site visit feedback report.

Please let us know if RAND has any additional questions.

Thank you,

Tony Baumgartner
Project Manager
Health Services Advisory Group
602.801.6700 | tbaumgartner@hsag.com

From: Marielle Weindorf <mweindorf@datastat.com>
Sent: Wednesday, September 18, 2024 7:34 AM
To: MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>; MACAHPS@datastat.com
Cc: Steven Weindorf <sweindorf@datastat.com>
Subject: RE: MA & PDP CAHPS Spanish Language Procedures -DataStat

Hello –

I am responding to your inquiry because I have been dealing with our client on this issue. Yes – we received a preferred language file and matched it as well as possible to the CMS sample file we received for each plan. Since we don't receive MBI in the CMS file, we must match on other components such as name and detailed components of the address to be sure the match is correct. This address matching is done after we have CASS certified the file to be sure we have all of the intelligent address data before we approve the match. This is a very conservative approach, but allows for precaution against HIPAA breach. The very sparsely populated data in the CMS file was also used to indicate Spanish language preference, but if it conflicted with the plan data, we defaulted to the plan data because it is inherently more up to date than the CMS file.

As I believe we have discussed before, we would like MBI to be added to the sample data we receive from CMS. It will not only solidify matching processes like this, but will also improve the match rate within the file because it's a much more solid way to be sure we have the exact correct case, rather than deciding not to match because something is conflicting in the drill down data.

--Marielle

From: MA-PDPCAHPS <MA-PDPCAHPS@hsag.com>

Sent: Tuesday, September 17, 2024 5:48 PM
To: MACAHPS@datastat.com
Cc: 'Steven Weindorf' <sweindorf@datastat.com>
Subject: MA & PDP CAHPS Spanish Language Procedures -DataStat [external]

Dear Mr. Weindorf:

CMS and the MA & PDP CAHPS Survey project team are requesting information regarding DataStat's 2024 Spanish language procedures. Please confirm if DataStat received language preference data for contracts H3815 and H3443.

Please provide this information by no later than **noon ET tomorrow 9/18/24.**

The MA & PDP CAHPS Survey Project Team

Telephone: 1-877-735-8882
Fax: 602-241-0757 (Attn: MA-PDPCAHPS)
Email: MA-PDPCAHPS@hsag.com
Website: www.ma-pdpcahps.org

PUBLIC SUBMISSION

As of: March 04, 2024
Received: February 13, 2023
Status: Posted
Posted: February 15, 2023
Category: Health Plan or Association - HP010
Tracking No. le3-5y1d-ksdo
Comments Due: February 13, 2023
Submission Type: API

Docket: CMS-2022-0191
Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Program for Contract Year 2024

Comment On: CMS-2022-0191-0001
Medicare Program: Contract Year 2024 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, etc.

Document: CMS-2022-0191-0547
Comment on CMS-2022-0191-0001

Submitter Information

Email: GHertel@ahcusa.com
Organization: Alignment Healthcare USA, LLC

General Comment

Medicare Program; Contract Year 2024 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, CMS-4201-P

Attachments

ALHC Comment Letter_MA Part D Rule 2023.0213_FINAL

Alignment Health™

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VIA ELECTRONIC SUBMISSION: http://regulations.gov/

February 13, 2023

Chiquita Brooks-LaSure
Administrator, Centers for Medicare and Medicaid Services

Meena Seshamani, MD, Ph.D.
Principal Deputy Administrator and Director
Center of Medicare

Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS–4201-P
P.O. Box 8013
Baltimore, MD 21244

Re: Alignment Health Plan Comments on CY 2024 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Program CMS–4201–P

Dear Administrator Brooks-LaSure and Deputy Administrator Seshamani:

On behalf of Alignment Health, we appreciate the opportunity to comment on the proposed rule: 87 FR 79452 released December 27, 2022 by the Centers for Medicare & Medicaid Services (CMS) titled: *"Medicare Program; Contract Year 2024 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, Medicare Parts A, B, C, and D Overpayment Provisions of the Affordable Care Act and Programs of All-Inclusive Care for the Elderly; Health Information Technology Standards and Implementation Specifications."*

BACKGROUND

Alignment Health is championing a new path in senior care that empowers members to age well and live their most vibrant lives. Alignment Health is a tech-enabled Medicare Advantage company that serves approximately 108,000 members in 52 counties across six states. The company partners with nationally recognized and trusted local providers to deliver coordinated care. Every member also benefits from Alignment Health's customized care model, powered by its 24/7 concierge care team and purpose-built technology, AVA®. Alignment's mission-focused team makes high-quality, low-cost care a reality for members every day. As we scale our high-quality plans nationwide, Alignment Health upholds its core values of leading with a serving heart and putting the senior first and honoring the voice of the patient.

Alignment Health has dealt with unique challenges with having ten H-contracts ranging in membership from 47 to 77,589 in multiple markets, with the delegated provider healthcare model in California, and with the lingering impacts of the COVID Public Health Emergency, we are proud of our strong Medicare Advantage Star Ratings. Alignment achieved 5 out of 5 stars for its North Carolina HMO plan and an overall 4 stars for its HMO in California in 2023, marking the sixth consecutive year the plan has earned 4 stars or more in California. Alignment Health is also rated 5-star for Part D, as well as rated 5-star in CAHPS "Rating of Health Plan" 2018-2022 which demonstrates our commitment to providing consistent well-coordinated care to our members, to the Centers for Medicare and Medicaid Services (CMS) and the Stars Program evolving goals.

ALIGNMENT HEALTH COMMENTS ON SELECTED PROVISIONS

III. Enhancements to the Medicare Advantage and Medicare Prescription Drug Benefit Programs

P. Medicare Advantage (MA) and Part D Marketing (Subpart V of Parts 422 and 423)

CMS proposes changes related to MA and Part D marketing and advertising rules. We support CMS' proposals to help better educate Medicare beneficiaries about the choices in coverage and protect them from misleading advertising and marketing practices. **We are concerned, however, that more time for implementation is necessary due to the need for more guidance from CMS and potential expanded training for downstream entities well in advance of the fall 2023 Annual Enrollment Period (AEP).** We would like to seek clarification and offer comments on the following provisions:

- CMS proposes to prohibit plans from advertising benefits not available in a service area, unless doing so is unavoidable in a local market.
  We seek clarification from CMS on the definition of "unavoidable." We believe "unavoidable" may be open to interpretation by each organization.

- CMS proposes to require plans to provide an opportunity for a beneficiary to opt-out from contact regarding plan business at least annually in writing. CMS solicits comment on

whether CMS should expand notice requirements to ensure that Medicare beneficiaries are not marketed by MA and Part D plans in a way that is similar enough to cold calling that it should be prohibited.
We recommend this be one-time, upon enrollment and beneficiaries could opt-out by calling in at any time. By requiring plans to send out an annual letter asking for beneficiary preference creates added burden and confusion for beneficiaries.

R. Part D Medication Therapy Management (MTM) Program (§ 423.153(d))

We support the MTM program goals to reduce medication errors and optimize therapeutic outcomes for beneficiaries with multiple chronic conditions who are taking multiple Part D drugs. Alignment Health believes that the most effective approach is to target MTM program eligibility based on the value of the MTM services to the member, favoring quality of health outcomes over quantity of eligible members. We remain committed to making MTM services available to enrollees with complex drug regimens who would benefit most from MTM services. **Accordingly, Alignment Health has serious concerns with the expanded eligibility criteria for the MTM program as constructed and recommends CMS withdraw the proposed targeting criteria requirements for the reasons outlined below:**

- It will be duplicative of numerous clinical programs and drug management programs in place that target comprehensive disease state, medication drug reviews, and medication adherence management. There are several CMS Part C and Part D Star and HEDIS measures in place today to monitor and measure outcomes for many of the same chronic conditions, including but not limited to:
    - D08: Medication Adherence for Diabetes Medication
    - D09: Medication Adherence for Hypertension (RAS antagonists)
    - D10: Medication Adherence for Cholesterol
    - D12: Statin Use in Patients with Diabetes (SUPD)
    - C06: Care for Older Adults – Medication Review
    - C09: Diabetes Care – Eye Exam
    - C10: Diabetes Care – Kidney Disease Monitoring
    - C11: Diabetes Care – Blood Sugar Controlled
    - C12: Controlling Blood Pressure
    - C13: Reducing the Risk of Falling
    - C08: Osteoporosis Management in Women who had a Fracture
    - C15: Medication Reconciliation Post-Discharge
    - C16: Statin Therapy for Patients with Cardiovascular Disease

- As such, there will be significant overlap between the populations in these programs/measures and those that meet the expanded MTM program eligibility criteria, resulting in substantial additional costs to the MTM program without necessarily supporting value-based outcomes. Additionally, the expanded eligibility criteria will make it difficult to continue to prioritize members with complex disease states, such as respiratory

disease and mental health, that do not currently receive as much focus but can significantly benefit from interventions to address gaps in care.

- In addition, it will create extensive administrative strain and operational challenges for health plans and providers alike. We expect that most health plans will not have the staffing to support the aggressive increase in MTM volume and are concerned that there is not enough supply of qualified pharmacists and MTM vendors/contractors to meet the high demand that will be created. The focus of the MTM program will shift from quality to quantity, reducing the amount of time pharmacists are able to dedicate to member interviews, as well as the comprehensiveness of medication reviews, in order to keep up with the volume demand to maintain the Part D Star rating for the MTM Program Completion Rate for CMR. We recommend CMS retire this Star rating measure and make it into a display measure or modify it to shift the focus from the quantity to the quality of calls made.

- The high touch requirements under the expanded MTM program may result in increased member abrasion and drive members to request to be put on a Do Not Contact list, preventing other types of program participation and meaningful outreach conducted by the plan. Similarly, there will be an increase in provider abrasion as provider offices will receive an exponential increase in recommendations related to Targeted Medication Reviews that may detract from their ability to effectively address gaps for patients most in need of therapeutic interventions identified through the MTM program. Increased member and provider abrasion and engagement will detract from the larger overall goals of these MTM programs, to the detriment of health outcomes.

We urge CMS to withdraw the proposed targeting criteria requirements under the MTM program. Instead, we recommend CMS continue to offer Part D sponsors the flexibility to manage the MTM program criteria to bring MTM services to the proportion of members that would most benefit from the program, allowing the focus to remain on the quality of health outcomes rather than the quantity of eligible members enrolled in the program.

V. Medicare Advantage/Part C and Part D Prescription Drug Plan Quality Rating System

D. Adding, Updating, and Removing Measures (§§ 422.164 and 423.184)

CMS proposes the following Part C and Part D measure specific changes:

- Adds the Part D Concurrent Use of Opioids and Benzodiazepines measure to 2026 Star Ratings.
- Adds the Part D Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults measure to 2026 Star Ratings.
- Adds the Part D Polypharmacy Use of Multiple Central Nervous System Active Medications in Older Adults measure to 2026 Star Ratings.

We urge CMS to withdraw adding these measures to the 2026 Star Rating system or, at a minimum, to delay their implementation. These measures pose similar challenges as the High-Risk Medication (HRM) measure and the Drug-Drug Interactions (DDI) measure that CMS previously retired. Moving these three measures to a Star Rating will cause delays in beneficiaries getting access to needed prescriptions, and result in unnecessary disruptions in therapy as the majority of members meeting the measure criteria will be on an established therapy that was deemed clinically appropriate by prescribers. It will lead to implementation of tighter utilization management and safety edits, placing additional burden on prescribers, pharmacists, and beneficiaries without necessarily changing overall drug utilization rates. Though plan coverage limitations may superficially lower PDEs, ultimately, they are not able to prevent beneficiaries from proceeding to fill prescriptions by paying out of pocket.

Moving these three measures to Star Ratings will also place increased administrative burden on the healthcare system. It will result in additional work for pharmacists, prescribers, and Part D sponsors related to prior authorization reviews, increase requests to prescribers, and increase case management volume. This will also negatively impact member satisfaction with the prescription drug benefit and result in increased grievances and lower CAHPS scores. We are concerned that behaviors related to these measures will be difficult to influence beyond what is currently done without causing member/prescriber abrasion.

Specific comments on the Concurrent Use of Opioids and Benzodiazepines Measure:

- Duplicative of Medicare Part D required Drug Management Programs (DMPs) and Overutilization Monitoring System (OMS) reporting for beneficiaries who are at risk for misuse or abuse of frequently abused drugs. Part D sponsors are regularly engaged in the case management of Potential At-Risk Beneficiaries (PARBs) reported through OMS. In addition, sponsors also proactively identifying PARBs through DMPs and report any sponsor-identified PARBs through OMS.

- Duplicative of concurrent drug utilization review (cDUR) systems and point-of-sale safety edits, outlined below, that help prevent and address prescription opioid overuse.
    i. Care coordination edit at 90 morphine milligram equivalents (MME) per day
    ii. Hard edit at 200 MME per day or more
    iii. Hard edit for 7-day supply limit for initial opioid fills (opioid naïve),
    iv. Soft edit for concurrent opioid and benzodiazepine use
    v. Soft edit for duplicative long-acting (LA) opioid therapy
    vi. Morphine milligram equivalent (MME) hard edit

  These safety edits help fulfill cDUR requirements outlined in 42 CFR § 423.153(c)(2) and prompt prescribers and pharmacists to conduct additional safety reviews to determine if the enrollee's drug use is appropriate and medically necessary. As part of industry standard, there is also widespread adoption of additional safety alerts at the time of dispensing to proactively engage both patients and prescribers about opioid overdose risk and prevention.

- Duplicative of MTM Programs. The MTM program is designed to assure that covered Part D drugs are appropriately used to optimize therapeutic outcomes and to reduce the risk of adverse events, including adverse drug interactions. Overlap between 1) the populations that meet the MTM program eligibility criteria and 2) an at-risk beneficiary (ARB) that must be targeted for enrollment in MTM, ensures that beneficiaries on frequently abused drugs, such as opioids/benzos, receive a comprehensive medication review along with targeted medication recommendations. Therefore, we believe the MTM program currently addresses the appropriate use of opioids and benzos.

For the reasons outlined above, we urge CMS to withdraw or delay adding these measures to the 2026 Star Rating system.

K. Calculation of Star Ratings (§§ 422.166(a)(2)(i) and 423.186(a)(2)(i))

CMS proposes to make a "technical amendment" to fix a "codification error" in 42 C.F.R. §§422.166(a)(2)(i) and 423.186(a)(2)(i) through the notice and comment rulemaking process under Section 553 of the Administrative Procedure Act ("APA") (5 U.S.C. §553). By doing so in the MA-PD Proposed Rule, CMS is acknowledging that the "technical amendment", i.e., the addition of regulatory language that was inadvertently removed from a regulation that had previously gone through the notice and comment rulemaking process, is in fact an ***amendment to the regulation*** that ***must go through the notice and comment rulemaking process***.

Pursuant to 5 U.S.C. §551(5), an agency must use the same procedures when they amend or repeal a rule as they used to issue the rule. *See e.g.*, *Perez v. Mortgage Bankers Ass'n*, 575 U.S. 92, 101 (2015). Although CMS has stated that the language at issue was inadvertently removed from the regulation, and that its intent to implement the Tukey outer fence outlier policy for the 2024 Star Ratings (i.e., the Star Ratings issued in October 2023) has not changed between the time the policy was initially codified in the regulation (June 2020) and when the language was removed from the regulation (May 2022), the practical effect of adding this language back into the regulation at this time is to impose a ***substantive change*** to the agency's policy ***as it is currently stated in the regulation***. *See e.g.*, *Shalala v. Guernsey Mem'l Hosp.*, 514 U.S. 87 (1995). Specifically, anyone looking at the regulatory language in 42 C.F.R. §§422.166(a)(2)(i) and 423.186(a)(2)(i) published in the current online version of the Code of Federal Regulations, the e-CFR (Electronic Code of Federal Regulations) that was last amended on February 1, 2023,[1] would find no mention of the implementation of the Tukey outer fence outlier policy under the regulations related to the "Calculation of Star Ratings" for the MA and Part D programs.

Further, while preamble language can be useful in interpreting the regulation, it does not itself qualify for judicial deference. *See e.g.*, *United States v. Mead Corp.*, 533 U.S. 218 (2001).

[1] The last update to Title 42 of the Code of Federal Regulations in the Annual Edition of the Code of Federal Regulations was made in October 2021. On the Code of Federal Regulations website (available at www.govinfo.gov), there is a link directing the public to "Click here to access the e-CFR (Electronic Code of Federal Regulations), the regularly updated online version of the CFR."

Currently, the preamble language from the June 2020 and May 2022 MA-PD Final Rules does not reflect what is actually stated in the current version of the regulation and therefore cannot be relied upon to justify merely making a "technical amendment" to the regulations in order to implement the Tukey outer fence outlier policy as originally proposed in 2020.

Accordingly, by CMS' own admission, CMS cannot simply re-instate language that was removed from the regulation without going through the notice and comment rulemaking process. And by doing so, the APA requires CMS to provide the public with notice and an opportunity to comment on the implementation of the policy itself (i.e., the application of the Tukey outer fence outlier policy for the 2024 Star Ratings). Furthermore, CMS must give real consideration to the comments submitted with respect to the re-addition of the Tukey outer fence outlier policy to the regulation at this time, and not just to comments that speak solely to CMS' act of re-instating language that was removed from the regulation. Specifically, there is actual performance data available now, which was not available at the time the policy was initially codified in the regulation, that CMS needs to consider before implementing the Tukey outer fence outlier policy for the 2024 Star Ratings. This data, as described below, shows a substantially significant shift away from what CMS stated the impact of the policy would be back in 2020, and therefore requires adequate consideration by the agency now before merely re-instating the language that was removed from the regulation. Such data, which is fundamental to assessing the impact of the policy, was not, and could not have been, known at the time the policy was initially adopted in 2020 because it was not available at that time.

Now that the data is available, as part of the rulemaking process, CMS must prepare a new Regulatory Impact Analysis (as required by Executive Order 12866 on Regulatory Planning and Review (September 30, 1993), Executive Order 13563 on Improving Regulation and Regulatory Review (January 18, 2011), the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96–354), Executive Order 13272 on Proper Consideration of Small Entities in Agency Rulemaking (August 13, 2002), section 1102(b) of the Act, section 202 of the Unfunded Mandates Reform Act of 1995 (UMRA) (March 22, 1995; Pub. L. 104–4), Executive Order 13132 on Federalism (August 4, 1999), the Congressional Review Act (5 U.S.C. 804(2)) that adequately assesses the costs and benefits of the proposal to implement the Tukey outer fence outlier policy. CMS cannot rely on the Regulatory Impact Analysis used in 2020, given that other policies related to the mechanism for calculating the Star Ratings continue to evolve, and the availability of actual performance data to assess the impact of the Tukey outer fence outlier policy on the calculation of the Star Ratings has changed. **CMS must delay the implementation of the regulatory amendment and re-assess the policy before merely finalizing it as originally proposed in 2020.**

Figure 1: Tukey Methodology Timeline

We appreciate CMS' continuous efforts to increase the predictability and stability of Star Rating cut points while making them meaningfully distinguish the true performance. However, there are serious reliability issues along with unintended, unexpected, and uncontrollable consequences of implementing the Tukey methodology for the 2024 Star Ratings. **We strongly urge CMS to delay implementation of the Tukey outer fence outlier policy at least until the 2026 Star Ratings in order to allow for time to mitigate these serious issues prior to implementation.** Implementing the Tukey methodology for the 2024 Star Ratings will cause unexpected, unintended, and uncontrollable impact to MA plans, provider partners and millions of beneficiaries. We outline the main issues below:

Issue 1: ***Based on current data simulations, there will be a significant impact on 3, 4 and 5 Star cut points, which is contrary to the impact previously stated by CMS.***

CMS stated in the April 2019 MA-PD Final Rule and reiterated in both the February 2020 MA-PD Proposed Rule and the June 2020 MA-PD Final Rule, that CMS had conducted simulations of the impact of applying the Tukey methodology. The results of CMS' simulation of the impact of the application of the Tukey methodology are as quoted below:

> *"In general, there tend to be more outliers on the lower end of measure scores. As a result, the **one to two star threshold** often increased in the simulations when outliers were removed compared to the thresholds when outliers were not removed, **while other thresholds were not as impacted**."*

This was repeated multiple times within these rules. Between June 2, 2020, and December 27, 2022, CMS did not provide additional or differing guidance on the simulated impact of the Tukey outer fence outlier policy. Alignment (and anecdotally many other MA plans) trusted and relied on CMS' earlier statements that application of the Tukey methodology would not have much impact beyond the 1 to 2 star cut point thresholds. We only had the opportunity to

measure the real impact of application of the Tukey methodology and other cut-point methodological changes in October 2022 after the 2023 Star Ratings were made publicly available. CMS also released the Tukey simulation cut points for the first time on December 19, 2022 that enabled health plans to validate their calculations and identify any issues with implementing this methodology. Based on these, we observed for at least seven measures (two HEDIS and five Administrative measures), that cut points will be **substantially** impacted beyond just the 1 to 2 star threshold [*Table 1*]. Most of these measures have a weight of 4 and therefore have a very large impact on the overall Star Ratings.

Table 1: Measure Impact

Measure			Actual RY 2023 Released Cut points				Simulated RY 2023 Tukey Cut points (Guardrails applied)				Difference between Actual and Simulation Cut points			
Name	Type	Weight	1 to 2 Stars	2 to 3 Stars	3 to 4 Stars	4 to 5 Stars	1 to 2 Stars	2 to 3 Stars	3 to 4 Stars	4 to 5 Stars	1 to 2 Stars	2 to 3 Stars	3 to 4 Stars	4 to 5 Stars
Call Center – Foreign Language Interpreter and TTY Availability (C28)	Admin	4	36	59	83	94	76	82	89	95	+40	+23	+6	+1
Call Center – Foreign Language Interpreter and TTY Availability (D01)	Admin	4	30	64	80	91	68	81	91	97	+38	+17	+11	+6
Complaints about the Health/Drug Plan (C23/D02)	Admin	4	1.53	0.89	0.5	0.19	0.68	0.43	0.25	0.12	-56%	-52%	-50%	-37%
Plan Makes Timely Decisions about Appeals (C26)	Admin	4	59	75	85	97	89	93	97	100	+30	+18	+12	+3
Reviewing Appeals Decisions (C27)	Admin	4	68	83	91	97	84	90	95	98	+16	+7	+4	+1
Diabetes Care – Blood Sugar Controlled (C11)	HEDIS	3	39	62	75	83	63	72	80	86	+24	+10	+5	+3
Care for Older Adults – Medication Review (C06)	HEDIS	1	43	70	82	93	73	82	91	96	+30	+12	+9	+3

Based on CMS' multiple statements starting in April 2019 that application of the Tukey methodology will impact primarily 1 to 2 star cut point values, and the fact that the simulation cut points were only just recently released on December 19, 2022, Alignment and other MA plans did not anticipate such substantial cut point increases for the 3 to 4 star and 4 to 5 star cut point values in these measures. The higher performance targets were not known in advance of the Measurement Year, which is why the Tukey methodology should not be implemented until the 2026 Star Ratings, so that MA plans have time to implement necessary changes to get prepared for the higher performance targets, before the 2024 Measurement Year begins. There needs to be enough time for collaboration, education, and planning with provider network and vendor partners to address these unexpectedly higher performance targets.

We respectfully request CMS further consider how the inaccurate guidance on the true impact of application of the Tukey methodology, coupled with the lack of available data to assess that impact, have created an undue burden for MA plans to work with their vendors and providers in time for the 2024 Star Ratings. This will have negative implications on members, providers, and the community. Delaying implementation of the Tukey outlier deletion model until the 2026 Star Ratings will allow Alignment and other MA plans sufficient time to modify current provider and vendor contracts and collaboratively develop implementation tactics and strategies.

Issue 2: ***There will be a significant decline in predictability and stability of the cut points even though the intention was to increase the predictability and stability year to year.***

CMS emphasized repeatedly in **both the February 2020 MA-PD Proposed Rule and the June 2020 MA-PD Final Rule**, that CMS was making cut point methodology changes and applying the Tukey methodology to increase the stability and predictability of the non-CAHPS measure cut points:

> *"We propose the use of Tukey outlier deletion, which is a standard statistical methodology for removing outliers,* ***to increase the stability and predictability of the non-CAHPS measure cut points****."*

CMS also implemented the 5% guardrail policy to reduce the fluctuation and instability of the cut points and to improve their year-to-year predictability:

> *"…a guardrail so that the measure-threshold-specific cut points for non-CAHPS measures do not increase or decrease more than the value of the cap from 1 year to the next. Prior to applying mean resampling with hierarchal clustering, Tukey outer fence outliers are removed. The cap is equal to 5 percentage points for measures having a 0 to 100 scale (absolute percentage cap) or 5 percent of the restricted range for measures not having a 0 to 100 scale (restricted range cap)…"*

CMS also said they will apply the 5% guardrail on prior year's simulated data in the first year that the Tukey methodology will be implemented:

> *"In the first year that this would be implemented, the prior year's thresholds would be rerun, including mean resampling and Tukey outer fence deletion so that the guardrails would be applied such that there is consistency between the years."*

When CMS made these statements in the previous rule, it asserted that "***thresholds other than 1 to 2 Star thresholds were not as impacted***" and that its intention was to increase stability and consistency of cut points between the years. However, now that the impact of Covid-19 has largely been mitigated and we have the benefit of actual simulated cut points for the 2023 Star Ratings using the Tukey methodology, it is clear that CMS' proposed reliance on the Tukey methodology will significantly impact cut points across the board for many measures. Based on the recently published simulations, implementation of the Tukey methodology will create major instability in the first year of its implementation as it significantly impacts the 3 to 4 and 4 to 5 Stars thresholds, which does not align with CMS' earlier comments and simulations.

For example, as shown below in Table 2, a contract that achieved an 85 on the *Plan Makes Timely Decisions about Appeals (C26)* measure earned 4 Stars for this measure under the 2023 Star Ratings. If the Tukey methodology is implemented for the 2024 Star Ratings, the 4 Star threshold for this measure is expected to jump to 97 or even higher (potentially 12+ percentage points increase). The same plan that earned 4 Stars on this measure for its 2023 Star Ratings would only get 2 Stars when the Tukey methodology is applied, even if the plan improves its performance on this measure from 85 to 90 (which is the same as the max amount set in the guardrails). Accordingly, even where contracts show significant improvement in performance,

they would see a substantial decline in their Star Ratings on such a highly weighted measure. This would negatively impact the contracts that have committed resources and effort to try to improve, create an unnecessary financial burden on plans and their provider partners, and create confusion with beneficiaries when they evaluate a plan's Star Ratings.

Table 2: 2023 Star Rating Simulation with Tukey for Plan Makes Timely Decisions about Appeals (C26)

Measure Name	Measure Type	Measure Weight	Actual RY2023 Released Cut points				Simulated Tukey Cut Points (Guardrails applied)			
			1 to 2 Stars	2 to 3 Stars	3 to 4 Stars	4 to 5 Stars	1 to 2 Stars	2 to 3 Stars	3 to 4 Stars	4 to 5 Stars
Plan Makes Timely Decisions about Appeals (C26)	Admin	4	59	75	85	97	89	93	97	100

In summary, even though CMS' stated intention for applying guardrails and the Tukey methodology was to increase the predictability of cut points, it would instead create instability and confusion for beneficiaries. **Alignment Health respectfully asks CMS to delay implementation of the Tukey methodology until the 2026 Star Ratings so that plans have enough time to implement necessary processes to achieve these new targets.**

Issue 3: *These changes will have a substantial impact on the 2024 Star Ratings, but due to the timing of CMS' release of simulated results for the 2024 Star Ratings, MA plans had no opportunity to address performance through arrangements with delegated entities.*

MA plans rely on the performance of certain delegated entities and provider partners to serve their enrolled beneficiaries. The plans set contractual obligations, such as Service Level Agreements (SLAs) and yearly goals based on various criteria including Star Rating cut points.

For example, as discussed above, if the Tukey methodology were applied to the 2023 Star Ratings, the measure *Plan Makes Timely Decisions about Appeals (C26)* would show a dramatic increase for the 2 to 3 Star cut point value (18 percentage points), the 3 to 4 Star cut point value (12 percentage points), and the 4 to 5 Star cut point value (3 percentage points increase and perfect "100") between the actual 2023 Star Ratings cut points and the simulated 2023 Tukey cut points.

The simulation for applying the Tukey methodology to the 2023 results for the companion measure *Reviewing Appeals Decisions (C27)* would also show substantial increases for the 2 to 3 Star cut point value (7 percentage points) and the 3 to 4 Star cut point value (4 percentage points). Both of the referenced measures currently are 4x weighted administrative measures (and will continue to have a weight of 4 at least until the 2026 Star Ratings), which has a considerable impact on the overall Star Ratings results.

Many of the areas reflected in the Star Ratings measures depend on delegated entities even when delegated entities are not responsible for a specific function. For example, for *Plan Makes Timely Decisions about Appeals (C26)* measure, time begins on the date the plan, any unit in the

plan, or any delegated entity for the plan (including delegated entities that are not responsible for processing appeals) receives the reconsideration request. Similarly, for *Reviewing Appeals Decisions (C27) measure,* any delegated entity's decision on an appeal request (even if they are not delegated to make the decision) is binding upon the plan. Accordingly, contractual obligations and SLAs are critical parts of delegation oversight and management. This is especially so in heavily delegated markets like California. However, due to CMS' very late release of the Tukey simulation cut points (on December 19, 2022 – which is the end of the measurement period) and the unexpected impact on higher Star cut-points (contradicting CMS' earlier simulations and statements), MA Plans are unable to make any adjustments to their contracts and SLAs on a retrospective basis. From the simulated cut-points, even one appeal could have a huge impact on the overall Star Rating of a contract. Plans had no opportunity to prepare for these higher cut-points prior to the start of the measurement period.

Delaying implementation of the Tukey outer fence outlier policy until the 2026 Star Ratings Cycle would allow Alignment and other MA plans sufficient time to work with delegated entities and develop implementation tactics and strategies to achieve these unexpectedly higher thresholds.

Issue 4: *The Tukey methodology will increase all cut point thresholds significantly and move the thresholds much closer to each other for many highly weighted measures. This would impact the measures' reliability and statistical significance and require adjustment of each measures' minimum denominator criteria.*

CMS currently applies minimum denominator thresholds for each measure to ensure that contracts have ***enough data to reliably and accurately report on their true performance***. The implementation of the Tukey methodology would have a substantial impact on the cut points for many highly weighted measures. That is ***why it is critical to re-evaluate and re-calculate minimum denominator requirements for the continued reliability of these measures*.** This is crucial to prevent an unintended and major negative impact on growing and/or high performing contracts.

Figure 2: 2023 Star Rating Simulation with Tukey

a)

2023 Star Rating Cutpoints	
1 Star	
2 Star	59
3 Star	75
4 Star	85
5 Star	97

# of untimely appeals	Denominator								
	3	5	7	9	11	15	20	25	30
0	100	100	100	100	100	100	100	100	100
1	66.7	80.0	85.7	88.9	90.9	93.3	95.0	96.0	96.7
2	33.3	60.0	71.4	77.8	81.8	86.7	90.0	92.0	93.3
3	0.0	40.0	57.1	66.7	72.7	80.0	85.0	88.0	90.0

b)

2023 Star Rating Cutpoints (\w Tukey)	
1 Star	
2 Star	89
3 Star	93
4 Star	97
5 Star	100

# of untimely appeals	Denominator								
	3	5	7	9	11	15	20	25	30
0	100	100	100	100	100	100	100	100	100
1	66.7	80.0	85.7	88.9	90.9	93.3	95.0	96.0	96.7
2	33.3	60.0	71.4	77.8	81.8	86.7	90.0	92.0	93.3
3	0.0	40.0	57.1	66.7	72.7	80.0	85.0	88.0	90.0

For example, the "*Plan Makes Timely Decisions about Appeals*" measure has a minimum denominator threshold of 11. Any contract that has fewer than 11 appeals is not rated on this measure due to "not having enough data." Figure 2 illustrates the impact of implementing the Tukey methodology on the reliability of this measure. Figure 2a represents the 2023 Star Rating cut points for this measure and Star Ratings under different denominator vs. untimely appeal scenarios. Figure 2b represents the same scenarios using the simulated 2023 Star Rating cut points using the Tukey methodology. As seen in Figure 2a, with the minimum denominator threshold scenario (11), there was a meaningful decrease in Star Ratings with each additional untimely appeal for the 2023 Star Ratings. If a contract had 0 untimely appeals, it achieved 5 Stars. If a contract had 1 untimely appeal, it achieved 4 Stars. If a contract had 2 untimely appeals, it achieved 3 Stars. If a contract had 3 untimely appeals, it achieved 2 Stars.

However, with the new Tukey methodology (Figure 2b), if the minimum denominator stays the same, **a contract having only one untimely appeal would earn only 2 Stars.** This would be **a drastic decrease in performance rating based on the plan missing a deadline on a single appeal that might have been caused by a minor clerical error, typo in entering dates, delegated entity oversight or another minor issue.** This one untimely appeal would **reduce the rating for this 4x-weighted measure from 5 Stars down to 2 Stars and would substantially impact the plan's overall mean and variance scores, including the reward factor.**

Figure 3: 2023 Star Rating Simulation with Tukey

a)

2023 Star Rating Cutpoints	
1 Star	
2 Star	59
3 Star	75
4 Star	85
5 Star	97

Avg Membership	#CTMs																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
400	0.21	0.41	0.62	0.82	1.03	1.23	1.44	1.64	1.85	2.05	2.26	2.47	2.67	2.88	3.08	3.29	3.49	3.70	3.90	4.11
800	0.10	0.21	0.31	0.41	0.51	0.62	0.72	0.82	0.92	1.03	1.13	1.23	1.34	1.44	1.54	1.64	1.75	1.85	1.95	2.05
1200	0.07	0.14	0.21	0.27	0.34	0.41	0.48	0.55	0.62	0.68	0.75	0.82	0.89	0.96	1.03	1.10	1.16	1.23	1.30	1.37
1600	0.05	0.10	0.15	0.21	0.26	0.31	0.36	0.41	0.46	0.51	0.57	0.62	0.67	0.72	0.77	0.82	0.87	0.92	0.98	1.03
2000	0.04	0.08	0.12	0.16	0.21	0.25	0.29	0.33	0.37	0.41	0.45	0.49	0.53	0.58	0.62	0.66	0.70	0.74	0.78	0.82

b)

2023 Star Rating Cutpoints (\w Tukey)	
1 Star	
2 Star	89
3 Star	93
4 Star	97
5 Star	100

Avg Membership	#CTMs																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
400	0.21	0.41	0.62	0.82	1.03	1.23	1.44	1.64	1.85	2.05	2.26	2.47	2.67	2.88	3.08	3.29	3.49	3.70	3.90	4.11
800	0.10	0.21	0.31	0.41	0.51	0.62	0.72	0.82	0.92	1.03	1.13	1.23	1.34	1.44	1.54	1.64	1.75	1.85	1.95	2.05
1200	0.07	0.14	0.21	0.27	0.34	0.41	0.48	0.55	0.62	0.68	0.75	0.82	0.89	0.96	1.03	1.10	1.16	1.23	1.30	1.37
1600	0.05	0.10	0.15	0.21	0.26	0.31	0.36	0.41	0.46	0.51	0.57	0.62	0.67	0.72	0.77	0.82	0.87	0.92	0.98	1.03
2000	0.04	0.08	0.12	0.16	0.21	0.25	0.29	0.33	0.37	0.41	0.45	0.49	0.53	0.58	0.62	0.66	0.70	0.74	0.78	0.82

As another example highlights, CMS requires a minimum denominator threshold of 800 for the "*Complaints about Health/Drug Plan"* measure. Any contract that has less than an average of 800 enrollees is not rated on this measure due to "not having enough data." Figure 3 illustrates the impact on the reliability of this measure that would occur from implementing the Tukey methodology. Figure 3a represents the 2023 Star Rating cut points for this measure and Star Ratings under different denominator vs. number of CTM scenarios. Figure 3b represents the same scenarios using the simulated 2023 Star Rating cut points using the Tukey methodology.

As seen in Figure 3a, with the minimum denominator threshold scenario (average of 800 enrollees), there was meaningful cut point ranges for the 2023 Star Ratings. If a contract with an average of 800 enrollees had 0 or 1 CTMs, it achieved 5 Stars. If the contract had 2 to 4 CTMs, it achieved 4 Stars. If the contract had 5 to 8 CTMs, it achieved 3 Stars. If the contract had 9 to 14 CTMs, it achieved 2 Stars. However, if the Tukey methodology were applied and the minimum denominator stays the same, a contract having 6 CTMs would earn 1 Star (Figure 3b), as opposed to 3 Stars without applying the Tukey methodology. Similar to the "*Plan Makes Timely Decisions about Appeals"* measure, there would be a drastic decrease in where the plan falls on the cut points from having just one additional CTM making cut point ranges less meaningful, and thus, have a substantial negative impact on the contract's overall Star Rating due to decreased reliability of this measure to distinguish true performance for certain denominators.

As illustrated in the above examples, CMS' implementation of the Tukey methodology without a thorough statistical analysis and adjustment of the required minimum thresholds would have significant unintended impact on the overall Star Ratings. Further, as stated in April 2019 MA-PD Final Rule, CMS evaluates measures for retirement when scores are compressed and topped out such that the measure has low reliability. Given that we now have the simulated results for all measures and there are substantial increases in all cut points for many highly-weighted measures, overall reliability of each measure also needs to be thoroughly examined before Tukey implementation.

We appreciate CMS' efforts to ensure the reliability of the measures to accurately reflect the true performance of the contracts. **However, for the reasons outlined above we strongly urge CMS to delay adoption of the Tukey outer fence outlier policy model until the 2026 Star**

Ratings and mitigate the stated issues before implementation.

Thank you for the opportunity to submit comments on the CY 2024 Medicare Advantage and Medicare Prescription Drug Programs proposed rule. Alignment Health appreciates your commitment to these programs and the beneficiaries we serve together in partnership. Please do not hesitate to contact me at DMaroney@ahcusa.com should you have any questions.

Sincerely,

Dawn Maroney
President, Markets & CEO Alignment Health Plan