No. 25-5239

United States Court of Appeals for the District of Columbia Circuit

---

ALIGNMENT HEALTHCARE, INC.,

Plaintiff-Appellant,

– v. –

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

Defendants-Appellees.

On appeal from a final judgment of the
United States District Court for the District of Columbia
Case No. 25-cv-74 (U.S. District Judge Cooper)

JOINT APPENDIX

JACK STARCHER
COURTNEY L. DIXON
Attorneys, Civil Division
U.S. Department of Justice
950 Pennsylvania Ave, NW
Washington, DC 20530
(202) 514-8877
john.e.starcher@usdoj.gov
courtney.l.dixon@usdoj.gov

Counsel for Appellees

MICHAEL B. KIMBERLY
Winston & Strawn LLP
1901 L Street NW
Washington, DC 20036
(202) 282-5096
mkimberly@winston.com

EDWARD A. DAY
Winston & Strawn LLP
35 West Wacker Drive
Chicago, IL 60601
(312) 558-8106
tday@winston.com

Counsel for Appellant

TABLE OF CONTENTS

APPEAL,CLOSED,TYPE-C

U.S. District Court
District of Columbia (Washington, DC)
CIVIL DOCKET FOR CASE #: 1:25-cv-00074-CRC

ALIGNMENT HEALTHCARE INC. v. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES et al
Assigned to: Judge Christopher R. Cooper
Case in other court: USCA, 25-05239
Cause: 05:702 Administrative Procedure Act

Date Filed: 01/10/2025
Date Terminated: 06/17/2025
Jury Demand: None
Nature of Suit: 151 Contract: Recovery Medicare
Jurisdiction: U.S. Government Defendant

Plaintiff

ALIGNMENT HEALTHCARE INC.

represented by **Michael Branch Kimberly**
WINSTON & STRAWN LLP
1901 L Street NW
Washington, DC 20036
202-282-5096
Email: mkimberly@winston.com
ATTORNEY TO BE NOTICED

V.

Defendant

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

represented by **John Bardo**
DOJ-USAO
601 D Street NW
Washington, DC 20530
(202) 870-6770
Email: john.bardo@usdoj.gov
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

M. Jared Littman
DOJ
CIVIL, FEDERAL PROGRAMS
1100 L Street NW
Washington, DC 20005
202-514-5578
Email: jared.littman2@usdoj.gov
TERMINATED: 06/13/2025
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

Kara Wilcox Mundy
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the General Counsel, CMS

Division
330 Independence Avenue S.W.
Suite 5300
Washington, DC 20201
202-205-8974
Email: kara.mundy@hhs.gov
TERMINATED: 06/13/2025
ATTORNEY TO BE NOTICED

Defendant

CENTERS FOR MEDICARE & MEDICAID SERVICES

represented by **John Bardo**
(See above for address)
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

M. Jared Littman
(See above for address)
TERMINATED: 06/13/2025
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

Kara Wilcox Mundy
(See above for address)
TERMINATED: 06/13/2025
ATTORNEY TO BE NOTICED

Defendant

XAVIER BECERRA
in his official capacity as Secretary of Health and Human Services

represented by **John Bardo**
(See above for address)
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

M. Jared Littman
(See above for address)
TERMINATED: 06/13/2025
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

Kara Wilcox Mundy
(See above for address)
TERMINATED: 06/13/2025
ATTORNEY TO BE NOTICED

Defendant

CHIQUITA BROOKS-LASURE
in her official capacity as Administrator of the Centers for Medicare and Medicaid Services

represented by **John Bardo**
(See above for address)
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

M. Jared Littman
(See above for address)
TERMINATED: 06/13/2025
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

Kara Wilcox Mundy
(See above for address)
TERMINATED: 06/13/2025
ATTORNEY TO BE NOTICED

Date Filed	#	Docket Text
01/10/2025	1	COMPLAINT against XAVIER BECERRA, CHIQUITA BROOKS-LASURE, CENTERS FOR MEDICARE & MEDICAID SERVICES, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (Filing fee $ 405 receipt number BDCDC-11400138) filed by ALIGNMENT HEALTHCARE INC.. (Attachments: # 1 Civil Cover Sheet, # 2 Summons U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, # 3 Summons CENTERS FOR MEDICARE & MEDICAID SERVICES, # 4 Summons XAVIER BECERRA, # 5 Summons CHIQUITA BROOKS-LASURE, # 6 Summons U.S. ATTORNEY FOR DISTRICT OF COLUMBIA, # 7 Summons ATTORNEY GENERAL FOR THE UNITED STATES)(Kimberly, Michael) (Entered: 01/10/2025)
01/10/2025	2	LCvR 26.1 CERTIFICATE OF DISCLOSURE of Corporate Affiliations and Financial Interests by ALIGNMENT HEALTHCARE INC. (Kimberly, Michael) (Entered: 01/10/2025)
01/13/2025		Case Assigned to Judge Christopher R. Cooper. (zmtm) (Entered: 01/13/2025)
01/13/2025	3	SUMMONS (6) Issued Electronically as to All Defendants, U.S. Attorney and U.S. Attorney General (Attachments: # 1 Notice and Consent)(zmtm) (Entered: 01/13/2025)
01/27/2025	4	RETURN OF SERVICE/AFFIDAVIT of Summons and Complaint Executed as to the United States Attorney. Date of Service Upon United States Attorney on 1/22/2025. Answer due for ALL FEDERAL DEFENDANTS by 3/23/2025. (Kimberly, Michael) (Entered: 01/27/2025)
03/12/2025	5	NOTICE of Appearance by M. Jared Littman on behalf of U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR MEDICARE & MEDICAID SERVICES, XAVIER BECERRA, CHIQUITA BROOKS-LASURE (Littman, M.) (Entered: 03/12/2025)
03/20/2025	6	Joint MOTION for Briefing Schedule by U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR MEDICARE & MEDICAID SERVICES, XAVIER BECERRA, CHIQUITA BROOKS-LASURE. (Littman, M.) (Entered: 03/20/2025)
03/20/2025	7	ADMINISTRATIVE RECORD - *Certification and Index* by U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR MEDICARE & MEDICAID SERVICES, XAVIER BECERRA, CHIQUITA BROOKS-LASURE. (Littman, M.) (Entered: 03/20/2025)
03/20/2025	8	ADMINISTRATIVE RECORD *Rulemaking - Certification and Index* by U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR MEDICARE & MEDICAID SERVICES, XAVIER BECERRA, CHIQUITA BROOKS-LASURE. (Littman, M.) (Entered: 03/20/2025)
03/20/2025	9	Joint MOTION for Protective Order by U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR MEDICARE & MEDICAID SERVICES, XAVIER BECERRA, CHIQUITA BROOKS-LASURE. (Attachments: # 1 Text of Proposed Order [Proposed] Stipulated Protective Order)(Littman, M.) (Entered: 03/20/2025)

03/21/2025		MINUTE ORDER granting 6 Motion for Briefing Schedule. Defendant's deadline to answer the Complaint is stayed pending resolution of the parties' summary judgment motions. Plaintiff shall file a motion for summary judgment by April 7, 2025. Defendants shall file a combined cross-motion for summary judgment and opposition to Plaintiff's motion by April 28, 2025. Plaintiff shall file a reply by May 5, 2025. Defendants shall file a reply by May 12, 2025. The parties shall file a joint appendix by May 14, 2025. Finally, while the Court will endeavor to issue a ruling expeditiously, it cannot guarantee a decision by a date certain. Signed by Judge Christopher R. Cooper on 3/21/25. (lccrc3) (Entered: 03/21/2025)
03/24/2025	10	ORDER granting 9 Motion for Protective Order. The parties shall abide by the attached protective order. Signed by Judge Christopher R. Cooper on 3/24/2025. (lccrc3) Modified on 3/24/2025 (lsj). (Entered: 03/24/2025)
04/07/2025	11	MOTION for Summary Judgment by ALIGNMENT HEALTHCARE INC.. (Attachments: # 1 Memorandum in Support, # 2 Text of Proposed Order)(Kimberly, Michael) (Entered: 04/07/2025)
04/28/2025	12	Memorandum in opposition to re 11 MOTION for Summary Judgment filed by XAVIER BECERRA, CHIQUITA BROOKS-LASURE, CENTERS FOR MEDICARE & MEDICAID SERVICES, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. (Littman, M.) (Entered: 04/28/2025)
04/28/2025	13	Cross MOTION for Summary Judgment by XAVIER BECERRA, CHIQUITA BROOKS-LASURE, CENTERS FOR MEDICARE & MEDICAID SERVICES, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. (Littman, M.) (Entered: 04/28/2025)
05/05/2025	14	RESPONSE re 13 Cross MOTION for Summary Judgment filed by ALIGNMENT HEALTHCARE INC.. (Attachments: # 1 Text of Proposed Order)(Kimberly, Michael) (Entered: 05/05/2025)
05/05/2025	15	REPLY to opposition to motion re 11 Motion for Summary Judgment filed by ALIGNMENT HEALTHCARE INC.. (Attachments: # 1 Text of Proposed Order) (Kimberly, Michael) (Entered: 05/05/2025)
05/12/2025	16	REPLY to opposition to motion re 13 Motion for Summary Judgment filed by XAVIER BECERRA, CHIQUITA BROOKS-LASURE, CENTERS FOR MEDICARE & MEDICAID SERVICES, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. (Littman, M.) (Entered: 05/12/2025)
05/14/2025	17	JOINT APPENDIX by ALIGNMENT HEALTHCARE INC.. (Attachments: # 1 Appendix) (Kimberly, Michael) (Entered: 05/14/2025)
05/23/2025	18	MOTION for Hearing by ALIGNMENT HEALTHCARE INC.. (Kimberly, Michael). Added MOTION to Expedite on 5/27/2025 (mg). Modified relief on 5/27/2025 (mg). (Entered: 05/23/2025)
05/27/2025		MINUTE ORDER granting 18 Motion for Hearing. The parties shall appear for a hearing on the cross-motions for summary judgment on June 3, 2025, at 2:00 p.m. in Courtroom 27A (In Person) before Judge Christopher R. Cooper. Signed by Judge Christopher R. Cooper on 5/27/25. (lccrc3) (Entered: 05/27/2025)
05/27/2025	19	NOTICE of Appearance by Kara Wilcox Mundy on behalf of All Defendants (Mundy, Kara) (Entered: 05/27/2025)
05/27/2025		MINUTE ORDER: In light of the parties' scheduling conflict, the Court VACATES the previously scheduled hearing. The parties shall appear for a hearing on the cross-motions

		for summary judgment on June 3, 2025 at 11:00 a.m. in Courtroom 27A (In Person) before Judge Christopher R. Cooper.. Signed by Judge Christopher R. Cooper on 5/27/25. (lccrc3) (Entered: 05/27/2025)
05/29/2025		MINUTE ORDER: 17 The Parties' Joint Appendix is not in order by Bates number. For example, AR 1 appears on page 176 of the Joint Appendix. Nor have the parties provided an index correlating Joint Appendix page numbers with Bates numbers. The parties shall, by 12:00 p.m. on May 30, 2025, re-file their Joint Appendix with the pages in order according to their Bates numbers. Signed by Judge Christopher R. Cooper on 5/29/25. (lccrc3) (Entered: 05/29/2025)
05/30/2025	20	ERRATA by ALIGNMENT HEALTHCARE INC. re 17 Joint Appendix . (Attachments: # 1 Corrected Joint Appendix)(Kimberly, Michael) Modified event on 6/2/2025 (mg). (Entered: 05/30/2025)
06/03/2025		Minute Entry for Motion Hearing held on 6/3/2025 before Judge Christopher R. Cooper. Oral arguments submitted on Plaintiff's Motion 11 for Summary Judgment and Defendant's Cross Motion 13 for Summary Judgment. Court takes matters under advisement. Order forthcoming. Court Reporter: Lisa Moreira. (zljn) (Entered: 06/03/2025)
06/09/2025	22	ORDER granting in part and denying in part 11 and 13 Cross-Motions for Summary Judgment. See full Order and the accompanying Opinion for details. Signed by Judge Christopher R. Cooper on 6/9/25. (lccrc3) (zlsj). Modified to include Order on 6/10/2025 (lsj). (Entered: 06/09/2025)
06/09/2025	21	OPINION re: Order Granting in Part and Denying in Part 11 and 13 Cross Motions for Summary Judgment. Signed by Judge Christopher R. Cooper on 6/9/25. (lccrc3) (Entered: 06/09/2025)
06/13/2025	23	NOTICE OF WITHDRAWAL OF APPEARANCE as to XAVIER BECERRA, CHIQUITA BROOKS-LASURE, CENTERS FOR MEDICARE & MEDICAID SERVICES, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. Attorney Kara Wilcox Mundy terminated. (Mundy, Kara) (Entered: 06/13/2025)
06/13/2025	24	NOTICE OF SUBSTITUTION OF COUNSEL by John Bardo on behalf of XAVIER BECERRA, CHIQUITA BROOKS-LASURE, CENTERS FOR MEDICARE & MEDICAID SERVICES, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substituting for attorney M. Jared Littman (Bardo, John) (Entered: 06/13/2025)
06/30/2025	25	NOTICE OF APPEAL TO DC CIRCUIT COURT as to 22 Order,, Terminate Motions, by ALIGNMENT HEALTHCARE INC.. Filing fee $ 605, receipt number ADCDC-11787034. Fee Status: Fee Paid. Parties have been notified. (Kimberly, Michael) (Entered: 06/30/2025)
06/30/2025	26	TRANSCRIPT OF MOTION HEARING before Judge Christopher R. Cooper held on June 3, 2025; Page Numbers: 1-78. Date of Issuance:June 30, 2025. Court Reporter/Transcriber Lisa A. Moreira, RDR, CRR, Telephone number (202) 354-3187, Transcripts may be ordered by submitting the Transcript Order Form For the first 90 days after this filing date, the transcript may be viewed at the courthouse at a public terminal or purchased from the court reporter referenced above. After 90 days, the transcript may be accessed via PACER. Other transcript formats, (multi-page, condensed, CD or ASCII) may be purchased from the court reporter. **NOTICE RE REDACTION OF TRANSCRIPTS:** The parties have twenty-one days to file with the court and the court reporter any request to redact personal identifiers from this transcript. If no such requests are filed, the transcript will be made available to the public

		via PACER without redaction after 90 days. The policy, which includes the five personal identifiers specifically covered, is located on our website at www.dcd.uscourts.gov. Redaction Request due 7/21/2025. Redacted Transcript Deadline set for 7/31/2025. Release of Transcript Restriction set for 9/28/2025.(Moreira, Lisa) (Entered: 06/30/2025)
07/01/2025	27	Transmission of the Notice of Appeal, Order Appealed (Memorandum Opinion), and Docket Sheet to US Court of Appeals. The Court of Appeals fee was paid re 25 Notice of Appeal to DC Circuit Court. (mg) (Entered: 07/01/2025)
07/01/2025		USCA Case Number 25-5239 for 25 Notice of Appeal to DC Circuit Court filed by ALIGNMENT HEALTHCARE INC.. (zjm) (Entered: 07/03/2025)

PACER Service Center			
Transaction Receipt			
09/04/2025 13:37:19			
PACER Login:	ws0000ny	**Client Code:**	107146.00001-11688
Description:	Docket Report	**Search Criteria:**	1:25-cv-00074-CRC
Billable Pages:	5	**Cost:**	0.50

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

ALIGNMENT HEALTHCARE INC.,
1100 W. Town and Country Rd.
Suite 1600
Orange, CA 92868,

Plaintiff,

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES,
200 Independence Avenue, S.W.
Washington, D.C., 20201;

CENTERS FOR MEDICARE & MEDICAID SERVICES,
7500 Security Boulevard
Baltimore, MD 21244;

XAVIER BECERRA, *in his official capacity as Secretary of Health and Human Services*,
200 Independence Avenue, S.W.
Washington, D.C., 20201; *and*

CHIQUITA BROOKS-LASURE, *in her official capacity as Administrator of the Centers for Medicare and Medicaid Services*,
7500 Security Boulevard
Baltimore, MD 21244,

Defendants.

Case No.: 25-cv-74

COMPLAINT

Plaintiff Alignment Healthcare, Inc. (Alignment), for its complaint against defendants U.S. Department of Health and Human Services (HHS); Centers for Medicare & Medicaid Services (CMS); Xavier Becerra, in his official capacity; and Chiquita Brooks-LaSure, in her official capacity, alleges as follows.

151. The Court should declare that the IRE review process is unconstitutional and set aside Alignment's 2025 Star Ratings. The Court should remand the matter to CMS with directions to recalculate the 2025 Star Ratings for the adversely affected contract, H3443, with proper and non-delegated agency review of the "Plan Makes Timely Decisions about Appeals" and the "Reviewing Appeals Decisions" measures.

Count III
CMS's methodology for calculating Star Ratings for CAHPS measures is arbitrarily biased in favor of larger contracts

152. Alignment realleges the allegations set forth in all prior paragraphs of this complaint as though fully set forth herein.

153. The methodology that CMS uses to calculate the Star Ratings for CAHPS measures produces arbitrary results because the methodology includes significance testing that is irrationally biased against smaller plans with fewer enrollees.

154. Alignment's H3815 contract would have received 5.0 Stars on the "Rating of Drug Plan" and "Rating of Health Plan" measures were it not for CMS's arbitrary and capricious consideration of the number of survey respondents.

155. Accordingly, Alignment's 2025 Star Ratings for the H3815 contract should be set aside. The Court should remand the matter to the agency with directions to recalculate Alignment's 2025 Star Ratings for that contract without consideration of whether the average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score.

Count IV
Errors in the administration of the CAHPS survey with respect to Alignment's Spanish-speaking enrollees

156. Alignment realleges the allegations set forth in all prior paragraphs of this complaint as though fully set forth herein.

157. As a general matter, agencies must make available the evidence and data that support their decisions. *See Air Transportation Association of America, Inc. v. Department of Agriculture*, 37 F.4th 667, 677 (D.C. Cir. 2022) ("the most critical factual material that is used to support the agency's position" must be made "public") (quoting *Association of Data Processing Service Organizations, Inc. v. Board of Governors of the Federal Reserve System*, 745 F.2d 677, 684 (D.C. Cir. 1984)).

158. In addition, "a fundamental norm of administrative procedure requires an agency to treat like cases alike." *Consolidated Edison Company of New York, Inc. v. FERC*, 45 F.4th 265, 279 (D.C. Cir. 2022) (quoting *Westar Energy, Inc. v. FERC*, 473 F.3d 1239, 1241 (D.C. Cir. 2007)). "Unexplained inconsistency is . . . a reason for holding [agency action] to be" arbitrary and capricious. 32 Wright & Koch, *Federal Practice and Procedure* § 8248, at 431 (2006) (citing *National Cable & Telecommunications Association v. Brand X Internet Services*, 545 U.S. 967, 981 (2005)).

159. Alignment provided data concerning its Spanish-speaking enrollees and their preference to receive communications in Spanish. Upon information and belief, either CMS under-sampled Spanish-speaking enrollees or the CAHPS-survey vendor did not provide Spanish-language questionnaires to Alignment's designated Spanish-speaking enrollees for contracts H3815 and H3443. By either path, CMS and the CMS-approved survey vendor effectively did not permit Alignment to designate Spanish-speaking enrollees for contracts H3815 and H3443, as other plans are permitted to do.

160. It was arbitrary and capricious and not in accordance with law for CMS or its approved vendor to conduct the CAHPS surveys without following Alignment's directions, the vendor's own guidelines, or CMS's own rules.

161. In addition, CMS did not disclose any of the data needed for Alignment to confirm proper handling of the CAHPS survey or to validate the survey results. It is arbi-

trary and capricious for an agency to issue a final decision in a black box, without permitting the regulated public an opportunity to review and validate the agency's work.

162. Accordingly, Alignment's 2025 Star Ratings for the H3815 and H3443 contracts should be set aside. The Court should remand the matter to the agency for re-calculation of Alignment's 2025 Star Ratings without consideration of CAHPS survey results for those contracts.[1]

Count V
Maximus failed to dismiss a request for reconsideration in violation of its own guidelines and CMS's rules

163. Alignment realleges the allegations set forth in all prior paragraphs of this complaint as though fully set forth herein.

164. "An agency may not of course depart from prior policy without explanation." *ANR Pipeline Co. v. FERC*, 205 F.3d 403, 407 (D.C. Cir. 2000). And, again, "a fundamental norm of administrative procedure requires an agency to treat like cases alike." *Consolidated Edison*, 45 F.4th at 279.

165. CMS guidance concerning requests for reconsideration and IRE review instruct that a request for reconsideration must be dismissed if not accompanied by a Waiver of Liability. Maximus's Reconsideration Process Manual contains the same instruction.

166. For Case 1-13226962526, Maximus reviewed a decision by Alignment's third-party claims-processing administrator under contract H3443 to dismiss a request for reconsideration. That dismissal was made because the request for reconsideration was not accompanied by a Waiver of Liability, despite numerous requests for the same.

[1] It bears emphasis at the start that CMS should be required to produce in the administrative record all evidence and data that was before the agency when it determined Alignment's Star Ratings, including Alignment's CAHPS data. An agency cannot avoid production of a complete AR by unilaterally labeling certain documents "confidential" in its decisionmaking process.

The Court should remand the matter to the agency with directions to recalculate the contract's 2025 Star Ratings, including Case 1-12757246876 as "upheld" in the calculation of the measure-level score for the "Reviewing Appeals Decisions" measure.

PRAYER FOR RELIEF

WHEREFORE, Alignment asks the Court to enter judgment in its favor and:

(a.) Declare that it is arbitrary and capricious to apply the Tukey Outlier Deletion Rule without also applying minimum denominator requirements sufficient to ensure that each contract can earn all five Star Rating—1, 2, 3, 4, and 5—for each measure;

(b.) Declare that either CMS, or Congress, or both have unconstitutionally delegated governmental authority to a private entity by delegating decision-making power to Maximus Federal Services in the independent-review process and in the calculation of the "Plan Makes Timely Decisions about Appeals" and the "Reviewing Appeals Decisions" measure scores;

(c.) Set aside the 2025 Star Ratings for contracts H3443 and H3815 and remand to the agency for recalculation of those contracts' 2025 Star Ratings without consideration of any CAHPS survey measures.

(d.) Set aside the 2025 Star Ratings for contracts H3443, H3815, and H9686 and remand to the agency for recalculation of those contracts' 2025 Star Ratings without consideration of any of the errors or faulty data otherwise identified in this complaint or later identified in the administrative record;

(e.) Award Alignment such other and further relief as the Court may deem just and proper, including costs and attorneys' fees as permitted by law.

Dated: January 10, 2025

Respectfully submitted,

/s/ *Michael Kimberly*

Michael B. Kimberly
D.C. Bar No. 991549
Caleb H. Yong
D.C. Bar No. 1780922

McDermott Will & Emery LLP
500 North Capitol Street N.W.
Washington, D.C. 20001
(202) 756-8901
mkimberly@mwe.com
cyong@mwe.com

Counsel for Alignment

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

MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT OF PLAINTIFF'S MOTION FOR SUMMARY JUDGMENT

Second, CMS's handling of "very low reliability" data for composite CAHPS survey measures is arbitrary and capricious. When a single measure comprises more than one survey question, and when the data for one of the survey questions is "very low reliability," the entire measure score must be thrown out.

Third, CMS did not adequately respond to the concerns raised during the plan preview periods that the vendor for the CAHPS survey sent English-language surveys to Spanish-speaking enrollees, resulting in a significant error in survey administration. The data disclosed in this lawsuit confirms Alignment's concern and demonstrates that CMS did not meaningfully evaluate the objection.

Fourth, CMS's allowance for "oversampling" arbitrarily and capriciously advantages larger plans. In Alignment's case, plans with objectively *lower* performance on two different measures were awarded *higher* measure-level Star Ratings simply because they paid to survey a larger number of enrollees, producing higher "significance" rankings.

Fifth, CMS has unconstitutionally delegated its regulatory authority to Maximus, a private, for-profit entity in violation of the non-delegation doctrine. Even when Congress authorizes delegations of this kind (as it has here), government officials must retain the ultimate authority to approve, disapprove, or modify the private entity's actions and decisions. Here, Maximus acts without any such supervision.

Sixth, Maximus mishandled two different appeals. As to one appeal, it ignored its own practice manual and CMS guidance, refusing to dismiss a request for reconsideration that lacked the necessary waiver of liability. And as to another appeal, it upheld Alignment's decision rather than dismissing the appeal as procedurally improper.

Any one of these errors would independently require vacatur of Alignment's 2025 Star Ratings and a remand for recalculation. Together, they may that outcome inevitable.

rating overall, three composite measures were impacted: Getting Care Quickly (1 of 2 questions), Care Coordination (4 of 6 questions), and Getting Needed Prescription Drugs (1 of 3 questions). AR23-24, 45, 86-87. For H9686, the similar pattern holds: Getting Care Quickly (1 of 2 questions), Care Coordination (4 of 6 questions), and Getting Needed Prescription Drugs (2 of 3 questions).

In each case, CMS's methodology allowed these measures to escape disqualification on reliability grounds—even though their individual component inputs clearly fell below the 0.60 "very low reliability" threshold. If CMS had applied its rules in a rational and consistent manner, these measures would have been excluded. Instead, these statistically unreliable measures were used to calculate—and thus distorted—the affected contracts' Star Ratings. At a minimum, the Court should set aside the impacted CAHPS measures for H3815, H3443, and H9686 and remand with direction to recalculate the contracts' Star Ratings without the impacted measures. AR31-32, 94-95.

III. CMS DID NOT ADEQUATELY ADDRESS THE DROPS IN CAHPS SURVEY RESPONSES FROM SPANISH SPEAKERS

A "fundamental norm of administrative procedure requires an agency to treat like cases alike." *Consolidated Edison Company of New York, Inc. v. FERC*, 45 F.4th 265, 279 (D.C. Cir. 2022) (quoting *Westar Energy, Inc. v. FERC*, 473 F.3d 1239, 1241 (D.C. Cir. 2007)). "Unexplained inconsistency" in the treatment of similarly situated regulated entities "is a reason for holding [agency action] to be" arbitrary and capricious. 32 Wright & Miller, *Federal Practice and Procedure* § 8248, at 431 (2006) (citing *National Cable & Telecommunications Association v. Brand X Internet Services*, 545 U.S. 967, 981 (2005)).

CMS guidance states that approved contract vendors "must" make "Spanish-language questionnaires available to all Spanish-speaking enrollees" (*Protocols & Specifica-*

tions 50-51 (AR172-173)), and the agency must require compliance uniformly for all plans. Here, if errors by CMS or its approved survey vendor resulted in sending English-language surveys to Alignment's Spanish-speaking enrollees, and the error adversely impacted the contracts' CAHPS measure scores, the agency has unlawfully relieved the contractor of compliance with agency guidelines and subjected Alignment to different treatment.

That is what the record demonstrates. As we noted in the Background section of this brief (at 19-20), data disclosed by CMS in this lawsuit demonstrate that a material number of enrollees designated by Alignment as Spanish speakers received English-language surveys, contrary to Alignment's language preference designation. For contract H3443, 29 of 200 Spanish-speaking enrollees received surveys in English. For contract H3815, 20 out of 201 did. These data, which are undisputable and clear, show that CMS simply was incorrect when it stated that the data were "consistent with the correct administration of the survey" and that it had "verified" correct administration. AR53.

The same data show that enrollees who were (1) identified by Alignment as having a preference to receive the survey in Spanish but (2) nonetheless received the survey in English were the least likely to complete the survey. Moreover, Alignment's internal quality-control data suggest that its Spanish-speaking enrollees receiving surveys in Spanish report higher satisfaction compared with English-speaking members. AR72. Thus, the survey administration error here artificially depressed the response rates from those members most likely to report favorably on Alignment's plans. *See* AR54-55.

In refusing to correct this problem, CMS arbitrarily treated Alignment differently from other MAOs by grounding Alignment's Star Ratings on CAHPS survey data based on English-language surveys sent to Spanish-speaking enrollees.

It is no answer to say, as CMS did in the plan preview period, that the agency "does not get involved in how survey vendors implement language preference data," which is an issue "outside of CMS control." AR58. As a starting point, CMS's approved survey vendors are *required* by CMS's own guidelines to make Spanish-language questionnaires available "to all Spanish-speaking enrollees" in the "mail . . . administration" of the CAHPS survey. *Protocols & Specifications* 50-51 (AR172-173); *Training* 100. Those guidelines would be meaningless if, when a vendor fails to follow them, the agency can simply disavow any obligation to enforce the guidelines on the ground that it "does not get involved" with such matters. Ensuring that its approved survey vendors comply with its guidelines for CAHPS survey administration is plainly the agency's job.

In any event, the underlying reason for the survey administration error is irrelevant, whether it is CMS's fault or the vendor's. The point is simply that *an error occurred*. And when an MAO like Alignment brings a glaring and material survey administration error to the agency's attention, it assuredly does not suffice for CMS effectively to say "oh well" and count the survey results nonetheless. Neither does it suffice for the agency to claim, incorrectly, that it has verified that the survey was properly administered.

Again under CMS's own guidelines, the CMS-approved survey vendor must, "at the request of the contract," send Spanish-language questionnaires to enrollees identified using "language preference data received from the contract." *Protocols & Specifications* 50-51 (AR173); *Training* 101. The decision to send Spanish-language surveys to specific enrollees flagged as Spanish speakers is not optional for the vendor; the only other option would be to send Spanish-language surveys to *all* respondents. *Protocols & Specifications* 50 (AR172). Because the vendor did not administer the CAHPS survey for contracts H3443 and H3815 in a manner consistent with CMS guidelines or Alignment's designations, the

response rates and survey scores for contracts H3443 and H3815 were artificially depressed. AR54-55, 72-73. Moreover, CMS violated its obligation to address the substantive problems with the survey by discarding the results. The 2025 Star Ratings for H3443 and H3815 therefore must be set aside and remanded for recalculation without considering the defective CAHPS survey results.

IV. CMS'S METHODOLOGY FOR CALCULATING STAR RATINGS FOR CAHPS MEASURES ARBITRARILY FAVORS LARGER CONTRACTS

"Agency action is . . . arbitrary and capricious if it 'offer[s] insufficient reasons for treating similar situations differently.'" *California Communities Against Toxics v. EPA*, 928 F.3d 1041, 1057 (D.C. Cir. 2019) (quoting *Transactive Corp. v. United States*, 91 F.3d 232, 237 (D.C. Cir. 1996)). CMS has not provided any justification for adopting a significance testing method that favors or disfavors contracts based on the irrelevant factor of their number of enrollees. Here, CMS's significance-testing methodology to calculate the measure-level Star Ratings for CAHPS measures arbitrarily disadvantages smaller plans that have fewer enrollees and are unable to oversample. Because the agency has not given a rational explanation for treating similar plans differently, its allowance for oversampling must be declared unlawful.

The arbitrariness of CMS's approach to oversampling is clear in the facts of this case. On at least two CAHPS measures, contract H3815 earned a *higher* mean score than, and the same reliability assessment as, other contracts—but it received a *lower* measure-level Star Rating because Alignment did not engage in oversampling. Contract H3815 received a lower measure-level rating for "Rating of Drug Plan" than did contracts H1036, H1889, and H5386, despite that it received a higher raw score than those other contracts. It also received a lower measure-level Star Rating on "Rating of Health Plan" than did

provider manual is a direction to the provider that the enrollee had another primary insurer on CMS enrollment records. AR9. The remittance advice that Alignment sent to the provider thus instructed it to submit the claim to the primary insurance first. AR18, 40.

Inclusion of Case 1-12757246876 as an overturned denial in calculating the "Reviewing Appeals Decisions" measure for contract H3443 resulted in a 3.0 measure-level Star Rating, rather than a 5.0 Star Rating. The 2025 Star Ratings for contract H3443 thus should be set aside. The Court should remand the matter to the agency with directions to recalculate the contract's 2025 Star Ratings, including Case 1-12757246876 as "upheld" in the calculation of the score for the "Reviewing Appeals Decisions" measure.

CONCLUSION

The Court should grant Alignment's motion for summary judgment and declare that (1) the Tukey Outlier Deletion Rule is arbitrary and capricious as applied to Alignment without appropriate denominator adjustments; (2) CMS's inclusion of "very low reliability" data in composite CAHPS survey measures is arbitrary and capricious and contrary to law; (3) CMS acted arbitrarily and capriciously and contrary to law by including CAHPS survey data infected by a major administration error in Alignment's 2025 Star Ratings; (4) CMS's allowance for "oversampling" arbitrarily and capriciously disadvantages smaller plans; (5) CMS has unconstitutionally delegated its regulatory authority to Maximus, a private, for-profit entity in violation of the non-delegation doctrine; and (6) Maximus's final decisions for Case Nos. 1-13226962526 and 1-12757246876 were arbitrary, capricious, and contrary to law.

Against that backdrop, the Court should vacate Alignment's 2025 Star Ratings and remand with instructions for CMS to recalculate the Ratings for all Alignment's impacted contracts, consistent with the Court's findings and holdings.

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.	Civil Action No. 25-0074 (CRC)

DEFENDANTS' MEMORANDUM IN OPPOSITION TO PLAINTIFF'S MOTION FOR SUMMARY JUDGMENT AND IN SUPPORT OF DEFENDANTS' CROSS-MOTION FOR SUMMARY JUDGMENT

First, Alignment contends that CMS's application of the Tukey Outlier Deletion Rule was arbitrary and capricious because it failed to include appropriate denominator adjustments. Not so. CMS's use of the Tukey Outlier Deletion Rule, codified in regulation, reflects a well-reasoned, data-driven effort to enhance the integrity of the Star Ratings system by preventing statistical distortions, ensuring fairness across all contracts, and accurately reflecting relative performance. The denominator adjustment Alignment seeks is impracticable, not required by regulation, and would harm high-performing smaller contracts that achieve high Star Ratings.

Second, Alignment argues that CMS acted arbitrarily and contrary to law by including "very low reliability" data in composite survey measures, measures that combine related survey items that address a common aspect of a beneficiary's experience. But Alignment fundamentally misunderstands the statistical methodology for calculating composite measures. The reliability of a composite measure as a whole is often greater than the reliability of any of its individual components due to the aggregation of data. Moreover, Alignment's preferred requirement—that each individual question used in a composite must meet a certain reliability threshold before inclusion—is not required by statute and is unsupported by governing regulations.

Third, Alignment maintains that CMS did not adequately address a drop in survey responses from Spanish speakers. But the record shows that CMS investigated Alignment's concerns, examined the relevant data, and reasonably concluded that the survey results for the two contracts in question were reliable and appropriately included.

Fourth, Alignment asserts that CMS's allowance of survey "oversampling" unlawfully and arbitrarily disadvantages smaller plans. CMS requires a minimum number of enrollees to be sampled for all contracts with at least 800 enrollees to ensure statistical validity. Like every other plan, Alignment had the option to request oversampling— surveying a sample of enrollees that is

factors affect the reliability of estimated scores:

- The number of respondents in a contract who answer the item (or each item within a composite measure),
- The variability of responses within the contract,
- The degree of variation among contracts nationwide on that measure.

Id.

To calculate CAHPS measure scores in accordance with the above described specifications, CMS must calculate the national average. To calculate the national average for each CAHPS measure, CMS weights the contract scores by the survey-eligible contract enrollment assessed at the time of sample design, and then averages them.

(a) Administering the CAHPS Survey in Other Languages

CMS ensures the surveys are available in English, Spanish, Chinese, Korean, Tagalog, and Vietnamese. Current Data Collection Materials, MA & PDP CAHPS, https://ma-pdpcahps.org/en/Current-Data-Collection-Materials/ (last visited Apr. 21, 2025). Spanish language questionnaires must be made available to all Spanish-speaking enrollees (in web, mail, and telephone administration). *See* MA & PDP CAHPS Quality Assurance Protocols & Technical Specifications, Version 14.1, at AR 0172. Under the Quality Assurance Protocols and Technical Specifications, sampled enrollees must be able to select their preferred language, including Spanish, when initiating the web-based version of the survey. *Id.*

The Medicare Advantage Organization can request that its chosen survey vendor do any of the following to ensure its Spanish-speaking population receives the survey in its preferred language:

- Include instructions for requesting a Spanish language questionnaire with the prenotification 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.

- 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 predicted Spanish preference 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 predicted Spanish preference field in the sample data.

AR 0172-73. If the contract has not requested use of any of the optional questionnaire translations, CMS requires that the pre-notification letter mailed to sampled enrollees must be printed in English on one side and in Spanish on the reverse. AR 0173. This letter provides a toll-free number that enrollees can call to request a Spanish-language survey, and survey vendors are required to send such surveys within two days of the request. *Id.*

B. Non-CAHPS Measure Star Ratings Calculation

The measures predicated on the data other than the CAHPS survey data are collectively called the non-CAHPS measures. These measures come from four data sources, including data from health and drug plans such as the Healthcare Effectiveness Data and Information Set (HEDIS), administrative data, data collected from CMS contractors, and non-CAHPS survey data. AR 0957. Where the regulations require relative distribution and significance testing for CAHPS measures, they require the clustering algorithm for non-CAHPS measures. 42 C.F.R. §§ 422.166(a)(2), 423.186(a)(2); AR 0961. CMS applies the clustering algorithm to the measure's

CMS has examined the "relevant data, and articulated a satisfactory explanation for its action." *NRDC v. Coit*, 597 F. Supp. 3d 73, 85 (D.D.C. 2022) (cleaned up, and quoting *Motor Vehicle*, 463 at 43).

Moreover, the individual survey items that comprise the composite measures are not publicly reported. *See* Frequently Asked Questions- Contracts, *available at* https://perma.cc/QLJ2-SXZ9. Only the final, composite-level Star Ratings measures are publicly reported—consistent with how those measures were finalized through notice-and-comment rulemaking. *Id.* ("Reliabilities of individual survey measures or items are for internal quality improvement use only; item-level reliabilities do not have implications for scoring and items are not removed from a composite because of low reliability. Only reliability of the composite has implications for scoring or reporting.")

CMS's approach is statistically sound and reasonable. Alignment's suggestion to the contrary misrepresents the governing regulation, and the underlying statistical methodology of composite measurement. Alignment's proposed alternative—to discard composite measures based on an individual input's metrics is unsupported by and not compelled by regulation or standard statistical practice.

III. CMS Reviewed Alignment's Concerns Regarding Survey Administration and Determined the Results Were Reliable

Alignment claims that CMS did not adequately address Alignment's concerns regarding a drop in CAHPS survey responses from Spanish speakers for two of its contracts. Pl. Mem. (ECF No. 11-1) at 36-39. Alignment raised concerns during what is known as the second plan preview, and CMS undertook a review of Alignment's concerns. CMS then reasonably concluded that based on the available information, including the response from Alignment's survey vendor, and CMS's expertise in expected results from survey administration, the CAHPS data for contracts H3815 and

H3443 were "accurate, reliable, and comparable to the scores for other plans, as intended," and thus reasonably could form the basis of the Star Ratings for the CAHPS survey. *See* AR 0053.

CMS provides for two plan preview periods before the annual release of each Star Ratings in October. *See* 42 C.F.R. § 422.166(h)(2). This is an informal administrative process in which a Medicare Advantage Organizations may send any comments or questions to CMS by email and CMS responds in kind. During the second plan preview period, Alignment raised concerns regarding the administration of the CAHPS survey to Spanish speakers. *See, e.g.*, AR 0046-0073 (email correspondence between Alignment and CMS regarding the Spanish-language survey administration).

Contrary to Alignment's characterization of events, CMS took steps to understand Alignment's concerns and to investigate whether there was an issue that impacted the CAHPS survey results. *See* AR 0053 (outlining the response from CMS to Alignment's concerns). Alignment itself acknowledged CMS's efforts, noting CMS's "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." AR 0056.

In responding to Alignment's concerns, CMS directed its contractor to follow up with Alignment's 2024 MA & PDP CAHPS vendor, DataStat Inc., to clarify any discrepancies regarding the administration of the Spanish-language survey for contracts H3815 and H3443. AR 0053; *see also* AR 1195. Alignment's vendor confirmed that it did, in fact, use Alignment's client-supplied language preference data to identify sampled enrollees who preferred Spanish. AR 0053 ("[T]he 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"); *see also* AR 1194. Specifically, after completing all cleaning and formatting of the addresses in the CMS sample file, DataStat matched the client data to enrollee names and addresses. AR 1194. DataStat emphasized that it takes a conservative approach to this process and refrains from matching records when there are any conflicts between names or addresses in the plan's data and CMS's sample data. *Id.* In addition to using client-supplied language preference information, DataStat relied on the Spanish-language preference flag from CMS. *Id.* Importantly, CMS always requires that Spanish-language surveys are available upon request. AR 0068.

CMS determined that there was no evidence of any issues with the sampling process based on the information it reviewed. *See* AR 0048; *see also* AR 0053. For both Alignment contracts, the predicted probability of Spanish language preference among the sampled enrollees closely matched the probability within the broader population of enrollees eligible for the survey. AR 0053. CMS also calculated the proportion of enrollees with high predicted probabilities of Spanish preference across three groups: the full set of CAHPS-eligible enrollees, those in the random sample, and those who ultimately responded to the survey in 2023 and 2024. *Id.* The analysis considered the share of respondents who completed the survey in Spanish. *Id.* "CMS has 1) directly verified that the sample was random and representative of [eligibles] 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." *Id.*

CMS's review of these results supported three conclusions. AR 0061 (email from CMS to Alignment outlining its review and conclusions). First, in both years and across both contracts, the proportion of sampled enrollees with high predicted Spanish preference closely matched that of

the larger eligible population. *Id*. Thus, there were no issues with the sample that CMS drew. Second, as is typical in patient surveys, response rates were somewhat lower among individuals with high predicted Spanish preference, a pattern that was slightly more pronounced in 2024. *Id*. Third, not all enrollees with a high predicted Spanish-language preference who responded to the survey chose to complete it in Spanish—again, a common occurrence in survey administration. *Id*. Taken together, CMS determined that these patterns are consistent with a properly conducted random sample and reflect typical dynamics of survey nonresponse, particularly among linguistically diverse populations. AR 0061; *see also* AR 0048 ("[O]ur 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."). Contrary to Alignment's assertions, CMS undertook a careful review of the situation and reasonably found, based on the information it reviewed, that the CAHPS survey data was reliable.

Many of the issues concerning the administration of the CAHPS survey to Spanish-speaking enrollees arise from decisions/actions by Alignment and its contracted survey vendor, DataStat, not by CMS. And while CMS took steps to review Alignment's concerns to ensure the Spanish language preference data Alignment provided was used by Alignment's vendor, CMS does not administer the survey directly and does not contract with the survey vendor. Rather, Alignment enters a contract with a survey vendor of its choosing based on a list of approved vendors. Medicare Advantage Organizations, such as Alignment, retain discretion over how to promote enrollee participation, including how to accommodate enrollees who speak languages other than English. *See* AR 0058 ("CMS does not get involved in how survey vendors implement language preference data. This is determined by the plan and their vendor working together."). In

correspondence with CMS, Alignment acknowledged the various roles of CMS, Alignment, and its survey vendor, as Alignment sought CMS's guidance "to enhance the survey process in partnership with [its] vendors." AR 0057.

Contracts may promote participation among non-English-speaking members by asking their survey vendor to "double stuff" mail packets with both English and translated surveys—including Spanish—or by providing the vendor with enrollee-level language preference data and instructing the vendor to send translated surveys based on those preferences. S*ee* AR 0068; 2024 Medicare CAHPS® Survey, Oct. 26, 2023, AR 0077. These approaches are optional. AR 0172. Contracts are not required to share language preference data with their vendors, and CMS does not collect or monitor that information. How a contract such as Alignment shares enrollee data with its survey vendor is a matter left to the contract and vendor to manage. CMS does not receive enrollee-level data concerning language preference provided by a contract to its survey vendor, nor does it confirm whether vendors use the information accurately, even if it is provided. *See* AR 0058 ("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[.] 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."). The only information CMS receives from survey vendors regarding the Spanish language administration is a general description of how translated surveys are distributed for each contract. *See* AR 1186 (description of each contract and the process for handling Spanish surveys). And so, while Alignment claims that the record demonstrates that Alignment's survey vendor sent English-language surveys to some members "contrary to Alignment's language preference

designation," the language preference designation was based on information shared and discussed between Alignment and its survey vendor, not Alignment and CMS.

In short, concerns about whether Spanish-speaking enrollees initially received the survey in their preferred language according to Alignment's own files relate to Alignment's coordination with its own survey vendor. And while these are not matters that fall within CMS's direct oversight or control, CMS took action to understand Alignment's complaint in this case and the actions taken by CMS were reasonable. What CMS does require is that there are multiple opportunities to complete the survey in Spanish. Under the Quality Assurance Protocols and Technical Specifications, sampled enrollees must be able to select their preferred language, including Spanish, when initiating the web-based version of the survey. *See* MA & PDP CAHPS Quality Assurance Protocols & Technical Specifications, Version 14.1, at 50-52, *available at* https://perma.cc/BAQ6-Y54Y. In addition, if the contract has not requested use of any of the optional questionnaire translations, CMS requires that the pre-notification letter mailed to sampled enrollees be printed in English on one side and in Spanish on the reverse. *Id.* at 51. This letter provides a toll-free number that enrollees can call to request a Spanish-language survey, and survey vendors are required to send such surveys within two days of the request. *Id.*

Alignment alleges that a number of enrollees it designated as Spanish-speaking nonetheless received the survey in English—specifically, 29 out of 200—for contract H3443. Pl. Mem. (ECF No. 11-1) at 22 For contract H3815, Alignment alleges the number is 20 out of 201 of such enrollees. *Id.* Alignment contends that these figures reflect a failure by CMS to verify that Spanish-language surveys were correctly distributed based on its designations. But CMS does not oversee or verify the internal data exchanges between a Medicare Advantage organization and its contracted survey vendor; nevertheless, CMS did verify that DataStat utilized Alignment's data

once Alignment raised the concerns to CMS as part of the plan preview process. AR 0053. CMS's role is to ensure that surveys are administered in compliance with its protocols, which require that all enrollees have the opportunity to complete the survey in Spanish, regardless of whether they were sent a Spanish-language paper survey initially.

Alignment speculates that the distribution of English-language surveys to some Spanish-preferring enrollees materially impacted its 2025 Star Ratings, but it provides no evidence to substantiate that claim. Pl. Mem. (ECF No. 11-1) at 20. It asserts that the declines in CAHPS scores were "anomalous" and attributes them to this issue alone, without considering other plausible explanations for a drop in performance. CAHPS scores may decline for any number of reasons unrelated to language preference or survey administration. AR 0053 ("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."); *see also id.* ("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.").

Moreover, while Alignment claims that its internal satisfaction surveys show that Spanish-speaking enrollees report approximately 10% higher satisfaction than English-speaking members (Pl. Mem. (ECF No. 11-1) at 20), this comparison is not meaningful, as CMS explained when Alignment provided this information during the plan preview. *See* AR 0067 ("[N]on-CAHPS surveys or unofficial implementation of CAHPS surveys may achieve different results due to many factors"). Internal satisfaction surveys differ in design, methodology, and focus from the CAHPS

patient experience surveys. *Id.* Results from one cannot be used to infer how changes in the other would have affected scoring outcomes. *Id.* The assertion that Spanish-language responses would have materially improved CAHPS scores is speculative and unsupported by the record.

In sum, contrary to Alignment's assertions, CMS examined the resulting data from the sample, determined that the Spanish-language response rate fell within reasonable and expected bounds, and found no evidence of noncompliance with CMS protocols. *See* AR 0053 ("[T]here is no support for the contention that survey sampling or survey administration differed from standard protocols or adversely affected scores in any way."). CMS's reliance on those data is neither arbitrary nor capricious, and this Court should reject Alignment's attempt to throw out lower than desired Star Ratings based on speculation about the impact of non-responsive enrollees.

IV. CMS's Methodology for Calculating Star Ratings Is Fair to Contracts of All Sizes

Alignment alleges that CMS's methodology for calculating CAHPS measure-level Star Ratings "arbitrarily" disadvantages smaller plans, claiming it was "unable to oversample" for its contract H3815 while larger contracts were permitted to do so. Pl. Mem. (ECF No. 11-1) at 39-40. But this claim is contradicted by CMS policy and the administrative record. For contracts with at least 800 enrollees, CMS requires a minimum sample size of 800 enrollees per contract to ensure statistically valid survey results, regardless of the size of the Medicare Advantage Organization. As outlined in the 2024 Medicare CAHPS Survey Memorandum and related protocols, all contracts—including Alignment's—are permitted to request oversampling if they so choose. *See 2024 Medicare CAHPS Survey, Memorandum*, dated Oct. 26, 2023 (AR 0078).

Oversampling is entirely optional, and CMS provides a clear process by which any contract may request a larger sample, including identification of the contract, the requested oversample size, and the total sample to be drawn. *Id.* Alignment does not claim that it submitted such a request, nor does it point to any evidence that CMS denied a request to oversample. In fact,

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. 1:25-cv-00074-CRC

MEMORANDUM IN OPPOSITION TO DEFENDANTS' CROSS-MOTION FOR SUMMARY JUDGMENT AND REPLY IN SUPPORT OF PLAINTIFF'S MOTION FOR SUMMARY JUDGMENT

B. Take next Alignment's claim that the CAHPS surveys for contracts H3443 and H3815 were administered unlawfully. On this point, CMS does not dispute what the administrative record now plainly confirms: The CMS-approved survey vendor that administered Alignment's CAHPS surveys provided English-language materials to scores of enrollees designated as Spanish speakers, resulting in lower response rates. This was a clearcut violation of CMS's rules and requirements. *See* Opening Br. 19-20, 37.

CMS's responses are stunning. First, it insists (Br. 31) that it "undertook a careful review" of this issue and "reasonably found" that there were no survey administration errors. That is simply false. In fact, CMS looked only at the *results* of the surveys, which it figured looked close enough and thus warranted no "further validation." AR48. It did not even pull, let alone review, the underlying data to confirm Alignment's concern that Spanish speakers had not received Spanish-language surveys, as required by law. And there is no debating that if it had, it would have uncovered the error.

Second, CMS says (at 33) that any survey administration error that may occur is an issue between the MA plan and its survey vendor; it is not "within CMS's direct oversight or control." That is a red herring. Alignment is not seeking to hold CMS responsible for the survey error or accusing it of inadequate supervision. The point is simply that when a demonstrable error occurs—when an MA plan shows that its CAHPS survey is conducted in a manner that plainly violates CMS's own rules and requirements—the data must be discarded, and the survey results cannot factor into the plan's Star Ratings. To say otherwise would treat plans inconsistently—to subject them to variable rules and procedures. That is a clear violation of the APA: An "unexplained inconsistency" in "agency practice" with respect to similarly situated cases is the hallmark of arbitrary and capricious decision-making. *Encino Motorcars, LLC v. Navarro*, 579 U.S. 211, 222 (2016)).

As CMS already has recognized, minimum denominator requirements are necessary to obtain "sufficient," not necessarily maximum, reliability. AR105. Implementation of the Tukey Rule without corresponding adjustments in the minimum denominator requirements does not ensure "sufficient" reliability in the measure-level Star Ratings. Instead, it penalizes smaller plans with smaller denominators by making it impossible for them to achieve middle-of-the-range Star Ratings. When some plans are mathematically incapable of attaining certain Star Ratings levels, the assigned ratings cannot be said to reflect comparative plan quality and performance.

Moreover, to say that some plans may achieve 4.0 Stars or 3.0 Stars, but other plans may not, simply because they are smaller, is to violate the bedrock principle of administrative law that an agency must "treat like cases alike." *Consolidated Edison Company of New York, Inc. v. FERC*, 45 F.4th 265, 279 (D.C. Cir. 2022) (quoting *Westar Energy, Inc. v. FERC*, 473 F.3d 1239, 1241 (D.C. Cir. 2007)). If it is logically possible for larger plans to earn 4.0 Stars or 3.0 Stars, it must be logically possible for *all* plans to do so. The Court should therefore vacate Alignment's 2025 Star Ratings for each contract with a measure-level denominator too small for the contract to earn each of the five Star Ratings on that measure, including at minimum contracts H3443 and H9686. It should order recalculation on remand, omitting the impacted measures.

B. Alignment's CAHPS measure scores should be set aside in light of the clear error in survey administration

As Alignment showed in the opening brief (at 19-22), its anticipated CAHPS-survey response rate for Spanish speakers was not achieved in 2024. When Alignment alerted CMS during the plan preview periods to the unexpected and unexplained decline in Spanish-language responses—and its suspicion that its survey vendor may have sent English-

language surveys to Spanish-speaking enrollees—CMS refused to meaningfully investigate this issue and denied relief. That was arbitrary and capricious.

Even now, CMS continues to insist (at 31) that it "undertook a careful review" and "reasonably found" on the basis of that review that there were no survey administration errors that undermined the reliability of the CAHPS survey data for contracts H3815 and H3443. But the record reveals the opposite. The agency's purported "review" involved scanning the survey *results* (which it thought looked good enough) and reviewing an attestation from Alignment's 2024 CAHPS survey vendor (DataStat, Inc.) that it had followed the proper procedure and "used the language preference data shared by [Alignment]." AR53. CMS thus did not really "review" anything—it simply asked the survey vendor to self-certify that its administration of the CAHPS survey complied with the required procedures. The record demonstrates that CMS did not attempt to verify independently that DataStat's attestation was accurate.

In fact, the record shows that CMS affirmatively *refused* to conduct an independent review, concluding that the survey results for contracts H3815 and H3443 were close enough to what CMS expected to see that "[n]o further validation [was] needed." AR48. Specifically, CMS determined that the sample was representative in terms of predicted Spanish preference because the proportion of sampled enrollees with predicted Spanish preference tracked the proportion in the broader CAHPS-eligible enrollee population. AR61. CMS also assumed that the proportion of Spanish-speaking respondents was in line with expectations given what is "common for patient surveys" (*id.*) even though it was lower compared to the proportion among sampled enrollees for Alignment's contracts. And while CMS itself noted that some sampled Spanish-speaking enrollees did not respond in Spanish, it dismissed this observation as "typical." *Id.*

Setting aside whether this was a sufficient response to Alignment's concerns (it assuredly was not), there is no longer any dispute that the surveys *were* improperly administered, as Alignment all along suspected. As we demonstrated in the opening brief (at 22), data that was uniquely in CMS's possession shows that DataStat sent English-language questionnaires to scores of sampled enrollees whom Alignment had designated as Spanish-speaking. This was a clearcut violation of CMS's rules for CAHPS survey administration. *See* CMS, *Quality Assurance Protocols & Technical Specifications* 50 (Nov. 2023) (*Protocols & Specifications*) (AR172); *see also* AR173 (a CMS-approved survey vendor must, "at the request of the contract," send Spanish-language questionnaires to enrollees identified as having a "language preference" for Spanish).

CMS attempts to excuse its failure to meaningfully investigate the suspected errors in survey administration by shifting the blame to DataStat—and indeed to Alignment itself. CMS insists (at 33) that whether a survey vendor sends enrollees the CAHPS survey in a language consistent with the plan's language designations concerns the plan's "coordination with its own survey vendor" and is not a matter "that falls within CMS's direct oversight or control." But that misses the point. When an MAO like Alignment plausibly asserts that that its CAHPS surveys were administered in a manner inconsistent with CMS's own rules and requirements, the agency has an obligation to confirm whether or not the concern is well founded. And when data solely in CMS's possession shows beyond all dispute that the survey was, indeed, *not* administered consistent with the agency's own rules and requirements, it must discard the CAHPS survey data in calculating the Star Ratings for the affected contracts. To do otherwise is to administer the Star Ratings system using different rules for similarly situated entities, again declining to "treat like cases alike." *Consolidated Edison*, 45 F.4th at 279.

CMS is required by the APA to uniformly apply the rule that "Spanish language questionnaires must be made available to all Spanish-speaking enrollees." *Protocols & Specifications* 50 (AR172); *see also* AR173. As the opening brief explained (at 38), when an MAO like Alignment brings a serious survey administration error to the CMS's attention, it does not suffice for the agency simply to say "oh well, not our fault" and count the survey results anyway. Nor does it suffice for the agency to claim that it verified that the survey was properly administered when, as a matter of simple and irrefutable fact, *it was not*. CMS never directly addresses these very basic and commonsense points.

Because DataStat did not administer the CAHPS survey for contracts H3443 and H3815 in a manner consistent with Alignment's language designations or CMS rules and requirements, the response rates and survey scores for contracts H3443 and H3815 were impacted. AR54-55, 72-73. CMS violated its obligation to address the substantive problems with the survey by discarding the results. The 2025 Star Ratings for H3443 and H3815 therefore must be set aside and remanded for recalculation without considering the defective CAHPS survey results.

C. Allowing oversampling for the CAHPS survey arbitrarily and capriciously disadvantages small plans

There is yet another flaw in the calculation of the Star Ratings for contract H3815: Alignment's decision not to oversample the CAHPS survey for that contract, which has nothing to do with plan quality, arbitrarily resulted in a lower Star Rating.

While the standard sample size for the CAHPS survey is 800 enrollees for each contract (AR78), CMS allows contracts to "request an increase in sample size" for the CAHPS survey—a practice known as "oversampling" (*Protocols & Specifications* 18

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.	Civil Action No. 25-0074 (CRC)

DEFENDANTS' REPLY IN FURTHER SUPPORT OF
DEFENDANTS' CROSS-MOTION FOR SUMMARY JUDGMENT

INTRODUCTION

The Star Ratings methodology is the product of years of agency experience and iterative refinement, codified in regulation after notice-and-comment rulemaking. It is designed to apply uniformly across all Medicare Advantage contracts, providing beneficiaries with a meaningful and reliable tool for comparing plan quality. The process reflects a deliberate and methodical effort by the Centers for Medicare & Medicaid Services ("CMS") to promote consistency, accuracy, and fairness. Alignment insists this case is simple—and in one respect, it is: dissatisfied with the Star Ratings assigned to certain of its contracts, Alignment asks this Court to invalidate key components of the methodology for those contracts alone and to require CMS to treat Alignment differently from every other Medicare Advantage plan.

But against the backdrop of a uniform, carefully structured regulatory scheme, Alignment's programmatic objections—including to the use of Tukey outlier deletion methodology, composite measures, survey sample size, and the use of an independent review entity—fail. CMS applies these methodologies consistently when evaluating all contracts because they are grounded in sound policy and are supported by both the regulatory framework and longstanding program experience. What Alignment challenges here are not flaws in the system, but results it finds inconvenient for the contracts at issue. Alignment would prefer different policies applied to particular contracts, because it would prefer a higher rating for those contracts. That is not a valid basis to overturn a lawful and uniformly-applied regulatory framework.

Alignment's contract-specific complaints fare no better. Its concerns regarding the Spanish-language administration of the CAHPS survey and the independent review entity's determinations in two administrative cases were raised through the plan preview process and were appropriately considered by CMS. The Administrative Record reflects that CMS reviewed Alignment's concerns, engaged with Alignment, and reasonably concluded that no changes to

Alignment's Star Ratings were warranted. Alignment's dissatisfaction with CMS's well-reasoned determinations does not render those decisions arbitrary or capricious.

For these reasons, as well as those set forth in Defendants' Opposition to Plaintiff's Motion for Summary Judgment and Cross-Motion for Summary Judgment (ECF No. 12, "Defs. Mot."), this Court should grant Defendants' motion for summary judgment and deny Alignment's motion for summary judgment and its request that the Court order CMS to recalculate Alignment's Star Ratings for contracts H3443, H3815, and H9686 by applying Alignment's preferred policies.

ARGUMENT

I. Alignment's Critique of Tukey Outlier Deletion Fails to Show that CMS's Policy Regarding Minimum Denominator Thresholds is Arbitrary and Capricious.

Alignment argues that it is arbitrary and capricious for CMS to apply Tukey Outlier Deletion in determining Star Ratings for certain measures without adjusting the minimum denominator thresholds so that the contracts at issue could theoretically achieve each possible Star Rating for those measures. Alignment contends that CMS has two choices: abandon Tukey Outlier deletion for its two smaller contracts or exclude those contracts from all measures where small contracts may not be able to earn a measure-level Star Rating at each numerical increment. Pl. Opp'n (ECF No. 14) at 7-11; *see also* Pl. Mem. (ECF No. 11-1) at 29-30. This is a false dichotomy. As discussed below, the choice CMS made regarding the utilization of Tukey Outlier deletion and to evaluate all contracts with the required minimum denominator for a given measure is entirely reasonable, reasonably explained, and supported by record evidence.

A. Cut Point Compression from Tukey Outlier Deletion Is Neither Improper nor a Sign of a Methodological Flaw.

In its reply, Alignment continues to argue that "the removal of outliers is certain to compress measure-level cut-points," Pl. Opp'n (ECF No. 14) at 7, and claims that "CMS does not deny that cut-point compression produces arbitrary and unfair results for contracts with small

not in accordance with law" pursuant to 5 U.S.C. § 706(2)(A) as Alignment contends in its Complaint, but rather a claim to "compel agency action" pursuant to 5 U.S.C. § 706(1). Yet, the APA authorizes courts to "compel agency action unlawfully withheld or unreasonably delayed," 5 U.S.C. § 706(1), "only within strict limits," *Anglers Conservation Network v. Pritzker*, 809 F.3d 664, 668, 670 (D.C. Cir. 2016). Courts may compel "*discrete* agency action that [an agency] is *required to take*," *Norton v. S. Utah Wilderness All.*, 542 U.S. 55, 64 (2004) (emphasis in original)—only when a statute or regulation imposes a "ministerial or non-discretionary" duty, *id.* at 63-64. But Alignment identifies no statute or regulation imposing a "specific, unequivocal command," *id.* at 63–64, requiring CMS to take the action it seeks. The relief Alignment requests, therefore, exceeds the bounds of judicial review under the APA and should be denied.

II. Contrary to Alignment's Assertions, There is No Clear Error in the CAHPS Survey Administration for Alignment's Spanish Speaking Enrollees.

Alignment argues that CMS's actions were arbitrary and capricious because, after raising concerns about the Spanish-language survey administration, "CMS refused to meaningfully investigate this issue and denied relief," Pl. Opp'n (ECF No. 14) at 11, and that "there is no longer any dispute that the surveys were improperly administered, *id.* at 13. These contentions lack merit.

While it is true that CMS did not discard the CAHPS survey data based on the response rate among Spanish-speaking enrollees, it is simply incorrect to claim that CMS failed to meaningfully investigate the issue. CMS considered the underlying data, evaluated potential methodological concerns, reviewed the response from Alignment's survey vendor, and concluded that the response patterns did not warrant invalidating the survey results. AR 0046-0073 (email correspondence between Alignment to CMS regarding the Spanish-language survey administration).

This Court need not take CMS's word alone: Alignment itself acknowledged that CMS was undertaking a careful and thorough review of the CAHPS survey issue. After raising its concerns, Alignment wrote to CMS, stating via email, "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." AR 0056.

CMS took concrete steps to investigate Alignment's concern: it directed its contractor to follow up with Alignment's CAHPS survey vendor, DataStat Inc., to determine whether there were any discrepancies in the Spanish-language survey administration for contracts H3815 and H3443. AR 0053, 1195. DataStat confirmed that it used client-supplied language preference data to identify Spanish-preferring enrollees, and further attested that it followed the Quality Assurance Plan and Technical Specifications. AR 0053. DataStat explained that it had matched Alignment's data to the CMS sample conservatively, avoiding mismatches when there were discrepancies in names or addresses, and also incorporated CMS's own Spanish-language preference flags. AR 1194.

CMS independently verified the integrity of the sampling process, i.e., the process selecting the representative sample of enrollees for Alignment's contracts. It analyzed the predicted probability of Spanish-language preference among the sampled enrollees and found that it closely matched the broader CAHPS-eligible population. AR 0053. CMS further examined the share of sampled enrollees with high predicted Spanish preference, the share who actually responded to the survey, and the proportion who completed it in Spanish. AR 0053, 0061.

CMS identified three key findings from its review: (1) the proportion of sampled enrollees with high predicted Spanish preference closely matched that of the eligible population; (2) as is

common in patient surveys, response rates were somewhat lower among individuals with high predicted Spanish preference; and (3) not all enrollees with high predicted preference chose to complete the survey in Spanish. AR 0061. These are typical patterns in survey administration and did not suggest any error in how the survey was conducted.

In short, CMS did not disregard Alignment's concerns—it undertook a careful, multi-step review, including direct vendor verification and independent statistical analysis. As CMS explained, "[O]ur 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." AR 0048. Alignment may be dissatisfied with the outcome, but that does not render CMS's process arbitrary or capricious.

Alignment then argues that even if CMS did conduct a review (it did), the CAHPS survey "was, indeed, not administered consistent with the agency's own rules and requirements," "there is no longer any dispute that the surveys were improperly administered," and CMS must therefore "discard the CAHPS survey data in calculating the Star Ratings for the affected contracts." Pl. Opp'n (ECF No. 14) at 13. Once again, Alignment mischaracterizes the government's position and its premises are incorrect. As discussed below, the record does not conclusively demonstrate that the surveys were improperly administered, and Alignment's inferences certainly provide no valid basis for discarding data.

Alignment's argument turns on its unsupported conclusion that the record demonstrates that data "uniquely in CMS's possession shows that DataStat sent English-language questionnaires to scores of sampled enrollees whom Alignment had designated as Spanish-speaking." Pl. Opp'n (ECF No. 14) at 13; *see also id.* (Alignment alleges there was "data solely in CMS's possession

shows beyond all dispute that the survey was … not administered consistent with the agency's own rules."). But the relevant data here—the Plan's enrollee-level Spanish language preference data—was not in CMS's possession. That is precisely why CMS permits (but does not require) Medicare Advantage Organizations to submit their own language preference data to the survey vendor. AR 0172-73. If CMS had the data, there would be no need for plans to supply it. This is Alignment's own data, which it elected to provide to its vendor, DataStat, for survey administration purposes, not to CMS. Together, Alignment and its chosen survey vendor devise how they wish to approach the survey administration.

Alignment's claim of survey error boils down to this: based on the language preference data it provided to its survey vendor and information in the record, Alignment infers that some enrollees it designated to DataStat as Spanish-speaking did not receive the initial survey pre-notification mailing in Spanish. From this, Alignment argues that the survey administration did not comply with CMS's protocol requiring that "Spanish language questionnaires must be made available to all Spanish-speaking enrollees." Pl. Opp'n (ECF No. 14) at 14 (citing AR 0172). But Alignment has not proven that this requirement was violated.

The protocol does not mandate that every Spanish-speaking enrollee automatically receive the initial mailing in Spanish. AR 0172-73 It requires that the Spanish-language version of the CAHPS survey be made available. AR 0172. That requirement was met. For enrollees who received the prenotification letter in English, those letters included instructions in Spanish for requesting a Spanish-language mail survey. AR 0173. For the web-based version, respondents could select Spanish directly when accessing the survey. AR 0172. And as Alignment's own survey vendor, DataStat, confirmed, Spanish-language versions were made available to all of Alignment's sampled enrollees. AR 0053. Alignment's argument is not about access to Spanish-

language materials—they were available to all sampled enrollees—but rather about whether a subset of individuals received the Spanish version automatically. Because that's not what CMS protocol requires, Alignment fails to show that CAHPS survey administration violated it. AR 0172.

Alignment argues that because it agreed with its survey vendor to send the Spanish language surveys to the data set Alignment identified, there was a survey error if the survey vendor did not follow its preferences. Pl. Opp'n (ECF No. 14) 13-14. But even the data cited by Alignment does not prove that there was an issue with DataStat's administration that resulted in error that invalidated the results. That some individuals designated as Spanish-speaking by Alignment did not receive the pre-notification letter initially in Spanish, is not ipso facto proof of error that would invalidate the survey. CMS provides the selected sample of enrollees to the survey vendor chosen by the plan; the vendor then matches the plan's language preference data (if provided by the plan) to those sampled individuals. Because Alignment does not know in advance which enrollees will be sampled, it must provide general enrollee files for the plan. AR 0174. The vendor must then attempt to reconcile those files with the CMS sample (*id.*)—a process that can result in imperfect matches. As DataStat explained, it used a conservative approach to this matching process, including that the plan's the name and address match the selected survey. AR 0053, 1194. There are thus plausible, non-error-based reasons why a small subset of enrollees may not have received the initial mailing in Spanish, such as if Alignment was not able to match Alignment's plan supplied data with the enrollee sample. AR 1194. But importantly, the record confirms that DataStat certified that it used Alignment's data consistent with CMS's protocols, which require that Spanish-language materials were made *available* to all sampled enrollees. AR 0053. Alignment infers and speculates that the survey was improperly administered in violation of CMS

requirements and protocols, and that CMS failed to properly investigate and remedy the violations, but the record does not prove its position.

Ultimately, Alignment offers no evidence that any enrollee was denied the opportunity to complete the survey in Spanish. Nor does it explain how any supposed mismatch between its own Spanish-language preference data and the CMS sample undermines the reliability of the survey results, particularly when CMS's review confirmed that the sample was representative with respect to predicted Spanish-language preference, and that Spanish-preferring enrollees did, in fact, respond to the survey in Spanish at rates higher than average, and there was no evidence that Spanish surveys were not made available to Spanish-speaking enrollees. AR 0048, 0053, 0061.

In short, the record supports the reasonableness of CMS's actions regarding survey administration. The record does not demonstrate a violation of CMS protocol or denial of access to Spanish-language materials, and there is no basis for discarding the survey results.

III. Unable to Show that Contract H3815 Was Harmed Because It was "Small," Alignment Shifts Its Argument Regarding Oversampling.

Alignment alleged in its Complaint, and again in its opening brief, that CMS's methodology for calculating CAHPS measure-level Star Ratings "arbitrarily" disadvantages smaller plans, asserting that it was "unable to oversample" for its contract H3815 while larger contracts were permitted to do so. Compl. (ECF No. 1) ¶¶ 153-55; Pl. Mot. (ECF No. 11) at 39-40. But as explained in Defendant's summary judgment motion, contract H3815—encompassing over 91,000 enrollees—was eligible to oversample and simply chose not to. Def. Mot. (ECF No. 13) at 36. Now, Alignment appears to abandon its original claim that this contract was too "small" or "unable" to oversample, pivoting to the theory that it was simply the plan's choice not to do so and that it should not be adversely affected by its own survey administration choice. Pl. Opp'n (ECF No. 14) at 14. That shifting position only underscores the weakness of its argument.

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 COMBINED MOTION AND BRIEF REQUESTING ORAL ARGUMENT AND EXPEDITED DECISION ON CROSS-MOTIONS FOR SUMMARY JUDGMENT

Plaintiff Alignment Healthcare Inc. respectfully moves the Court for oral argument on its motion for summary judgment (Dkt. 11) and defendants' cross-motion for summary judgment (Dkt. 13). It simultaneously moves for expedited resolution of the pending cross motions, requesting a decision by or before the first week of June. It thus seeks oral argument only if it will not delay entry of a final judgment in this case.

This lawsuit raises important and recurring issues that neither this Court nor the D.C. Circuit previously has considered. Oral argument would enable the parties to elaborate on those issues and to respond to any questions that the Court may have.

1. The reply brief (Dkt. 16) recently filed by the Centers for Medicare and Medicaid Services (CMS) raises more issues than it answers, demonstrating why oral argument would benefit the Court. For example, the reply appears to mischaracterize our argument concerning the Tukey Outlier Deletion Rule and the need to adjust each measure's minimum denominator thresholds. As we showed, CMS's method for calculating Star Ratings often makes it impossible for low-denominator plans to receive Star Ratings in the middle

range. Unless they earn a perfect score, such plans will immediately drop to 3.0 or 2.0 Stars, undercutting the system as a reliable measure of plan quality. CMS's reply wrongly attributes (at 6) to Alignment the position that the denominator thresholds should be adjusted to "distribute Star Ratings evenly across plans." That has never been our argument, which is simply that cut-point compression caused by Tukey outlier deletion, if not mitigated by minimum denominator adjustments, results in Star Ratings that do not reflect "real differences in quality" between plans, and instead reflect irrelevant factors such as plan or sample sizes. 42 C.F.R. § 422.162(a).

A hearing would permit Alignment to address this issue in greater detail and allow CMS additional opportunity to clarify its responsive position.

2. In another example, CMS takes the position (Reply 12-13) that the data confirming that the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey was mis-administered were not in its "possession" and that Alignment's Spanish-language preference elections are its "own data." That is misleading. Our point was not that the survey results were in CMS's actual, physical possession; it was that *CMS* and its survey vendor had access to the survey data and could have confirmed whether Alignment's concerns were founded—whereas *Alignment* could not have, because it is not permitted to see the survey data. Again, the survey administration error is clear: A material number of enrollees flagged by Alignment as Spanish speakers erroneously received English-language questionnaires. CMS was uniquely in a position to confirm whether that was true, by simply obtaining and reviewing the survey data. It did not do so. Alignment's third-party consultant confirmed the error in this litigation only after it reviewed the data itself, which notably was *produced by CMS*, subject to an attorneys-eyes-only protective order to ensure Alignment still cannot see it (Dkt. 10). *See* AR1212-1213.

CMS also appears (at 13-14) to misunderstand its own requirements with respect to foreign-language survey administration. Its guidance states that, in lieu of affirmatively providing Spanish language questionnaires to designated Spanish speakers, the CMS survey vendor may include "instructions for requesting a Spanish language questionnaire." AR172. But that is an option only *when the plan requests it*. *Id.* CMS does not assert that Alignment made such a request to the CMS vendor it selected here (it did not) or even that the vendor included such instructions (it did not). The fact that there were other options the vendor might have attempted in order to implement CMS's foreign language requirement (but that it did not attempt because Alignment did not request it) does not excuse the straightforward administration error actually at issue in this case.

A hearing would permit Alignment to further flesh out the agency's guidance on this point, and allow CMS additional opportunity to clarify its interpretation of its own rules.

3. As a final example, CMS appears to suggest (at 19) that every CAHPS survey question is answered by every respondent. But CMS elsewhere acknowledges that "certain questions may not apply to every respondent." *Id.* That is why "[m]any of the items in the . . . CAHPS Survey are preceded by screener questions." *Protocols & Specifications* 7 (AR129). These screener questions allow "only those enrollees for whom the item is relevant to answer" the subsequent questions. *Id.* Since composite measures include underlying items that are screeners, the respondents for the screener questions and the respondents for the follow-on questions are necessarily distinct.

A hearing would permit CMS to explain what it means when it suggests that every question on the CAHPS survey has the same respondent population.

4. At bottom, CMS's latest brief introduces greater confusion than clarity. Many other examples abound, but we do not describe them here. Instead—and given the many

moving pieces in this case and the tremendously high stakes—Alignment respectfully submits that a hearing on the pending motions would benefit the parties and the Court.

5. At the same time that it requests oral argument, Alignment respectfully reiterates that an expedited decision is essential to ensure that the parties have sufficient time, respectively, to submit and review revised bids before the conclusion of the Contract Year 2026 bid review process.

Prior experience bears this out. Two Medicare Advantage organizations filed lawsuits in late 2023 challenging the calculation of their Star Ratings for Contract Year 2025. In the first case, *SCAN Health Plan v. Department of Health and Human Services*, 2024 WL 2815789 (D.D.C. June 3, 2024), Judge Nichols "set aside" SCAN's Star Ratings on June 3, 2024. *Id.* at *7. In the second case, *Elevance Health, Inc. v. Becerra*, 736 F. Supp. 3d 1 (D.D.C. 2024), Judge Moss likewise "set aside the 2024 Star Ratings" for the affected contracts on June 7, 2024. *Id.* at 26. Following both decisions, CMS issued a June 13, 2024, memorandum explaining the need for bid resubmissions no later than June 28, 2024. Revised bids were submitted on that timeline, allowing CMS to complete the bid process on the statutorily required timeline.

Alignment respectfully submits that the same timeline is achievable here if the Court enters relief in the first week of June. It accordingly moves for the entry of an expedited decision no later than June 6 and requests oral argument on the pending motions only if it will not delay entry of a final judgment by that date. There is a risk that entry of relief later than that may prevent the parties, as a practical matter, from implementing the administrative corrections that a judgment in Alignment's favor may require.

Arguing counsel for Alignment is available during the month of May and the first week of June, as the Court may require.

WHEREFORE, Alignment respectfully requests a hearing on the pending motions and a decision on the merits in the first week of June.

Dated: May 23, 2025

Respectfully submitted,

/s/ *Michael B. Kimberly*

Michael B. Kimberly (D.C. No. 991549)
Caleb H. Yong (D.C. No. 1780922)
McDermott Will & Emery LLP
500 North Capitol Street NW
Washington, D.C. 20001
(202) 756-8901

Counsel for Plaintiffs

CERTIFICATE OF CONFERENCE

Pursuant to Local Rule 7(m), undersigned counsel certifies that he conferred with defendants' counsel on plaintiff's motion for oral argument and defendants' position. Defendants take no position on the relief sought.

/s/ *Michael B. Kimberly*

CERTIFICATE OF SERVICE

Undersigned counsel certifies that a true and correct copy of this document was served via CM/ECF on all counsel of record pursuant to the Federal Rules of Civil Procedure on May 23, 2025.

/s/ *Michael B. Kimberly*

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

- - - - - - - - - - - - - - - - - - x

ALIGNMENT HEALTHCARE INC.,

Plaintiff,

v.

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

Defendants.

- - - - - - - - - - - - - - - - - - x

CA No: 1:25-cv-00074-CRC

Washington, D.C.
Tuesday, June 3, 2025
11:04 a.m.

TRANSCRIPT OF MOTION HEARING
HELD BEFORE THE HONORABLE CHRISTOPHER R. COOPER
UNITED STATES DISTRICT JUDGE

APPEARANCES:

For the Plaintiff:

MICHAEL BRANCH KIMBERLY, ESQ.
WINSTON & STRAWN LLP
1901 L Street NW
Washington, DC 20036
(202) 282-5096
mkimberly@winston.com

For the Defendants:

M. JARED LITTMAN, ESQ.
U.S. ATTORNEY'S OFFICE
601 D Street NW
Washington, DC 20530
(202) 252-2523
Jared.Littman@usdoj.gov

KARA WILCOX MUNDY, ESQ.
U.S. DEPT. OF HEALTH & HUMAN SERVICES
330 Independence Avenue S.W.
Washington, DC 20201
(202) 205-8974
kara.mundy@hhs.gov

Court Reporter:

Lisa A. Moreira, RDR, CRR
Official Court Reporter
U.S. Courthouse, Room 6718
333 Constitution Avenue, NW
Washington, DC 20001
(202) 354-3187

Mr. Kimberly.

MR. KIMBERLY: Thank you, Your Honor.

My friend on the other side asserted that Alignment believed that this was a merits decision and had to be filed. I mean, it's also possible there was just a mistake. You know, mistakes happen. And the fact is, when a procedural error like this is made, it doesn't convert the underlying substance of the matter from dismissal into a merits decision.

THE COURT: Okay. I've heard enough on that one.

MR. KIMBERLY: Okay, great.

THE COURT: Where do you want to go from here?

MR. KIMBERLY: If you wouldn't mind, Your Honor, I'd like to touch on the Spanish language administration error.

THE COURT: Sure.

MR. KIMBERLY: And I'll note, Your Honor, that this has some overlap with the oversampling claim as a question of remedy. We have raised -- it appears in the dicta deduced by CMA that the over -- excuse me, that the Spanish language administration error impacted contracts H3443 and H3815. Our position is that if the Court were to rule in our favor on this point, the appropriate remedy would be a remand without consideration of the CAHPS survey data that's affected by this administration error, and if

the Court granted that relief, then it would subsume relief on the oversampling claim as well --

THE COURT: Okay.

MR. KIMBERLY: -- which concerns Contract H3815.

So the Spanish language administration error concerns the provision of the CAHPS surveys to the CMS selected samples of respondents in the language indicated by Alignment in the data that it provided to the CMS survey administrator.

On Page JA203 -- this is Administrative Record Page 172 -- the agency directs administrators, these third-party administrators of the CAHPS surveys, to make foreign language survey materials available to respondents in the manner requested by the plan. There's no debate here that Alignment requested the provision of only Spanish language surveys to it was 200 designated Spanish speakers.

THE COURT: 10 percent.

MR. KIMBERLY: 10 percent for 3815, 15 percent for 3443.

THE COURT: Okay.

MR. KIMBERLY: Each contract had roughly 200 designated Spanish speakers.

THE COURT: Okay.

MR. KIMBERLY: And what the data show, Your Honor, is that this has a negative impact on the CAHPS survey

results. We know this for three reasons.

One, CMS itself directs plans to consider the impact that providing surveys affirmatively in the language of the recipient has on survey responses, and it acknowledges that survey responses go up. And it makes sense. If you send Spanish language materials to Spanish speakers, the response rates will go up.

THE COURT: Okay. But in the English survey -- English language surveys that some of the participants received, there was an instruction saying if you would like a Spanish survey, you can request one, right?

MR. KIMBERLY: So, Your Honor, I guess I didn't see that in the --

THE COURT: Okay.

MR. KIMBERLY: That's an option. That's one of the options that the survey vendor can execute to satisfy the requirements of the protocol. But, again, when the -- that is a breach of the protocol. That is a breach of CMS's rules for the vendor to send an English language survey with a Spanish survey prompt to request a Spanish language survey, if they want --

THE COURT: Okay. I guess the bottom line here is, you know, admittedly it was -- it was Alignment's mistake or miscommunication with its survey provider or perhaps the survey provider's mistake, but once CMS became

aware of it, what else were they supposed to do besides, you know, assess whether the provision of the survey complied with their regulations, which they say that it did?

You know, what regulation or authority is there for your position, as I take it, that they should have thrown out those surveys even though it was not their fault that the surveys were sent in English rather than Spanish?

MR. KIMBERLY: Yes, so I don't think it's a question of fault one way or the other, and I certainly would say that it wasn't Alignment's fault. The data provided under the Court's protective order confirms that Alignment indicated who was to receive Spanish language surveys. It was DataStat, the survey administrator, who failed to provide Spanish language surveys to those total of 49 individuals.

THE COURT: But it's the provider -- it's the plan's responsibility to select the survey administrator and to then direct the survey administrator as to what language the survey should be in regardless of whose mistake it was. That's not -- CMS is not involved in that process. Fair enough?

MR. KIMBERLY: Well, CMS used to be involved in this process. They used to administer the survey up until 2010. In 2011 they outsourced it.

But they have a list of CMS-approved survey

vendors who contract with CMS and agree to follow CMS's protocols.

THE COURT: Okay. So that's my question. Is there a CMS protocol or rule that otherwise would require CMS to throw out those surveys once an error was detected?

MR. KIMBERLY: So I think -- I think the question there is just the APA.

THE COURT: Okay.

MR. KIMBERLY: So you've got a set of rules for how this survey is supposed to be administered. When the survey is not -- and across the board for, you know, the great majority of plans the survey is administered consistent with those stated protocols and requirements.

THE COURT: Okay. So the claim is an arbitrary and capricious claim. It's not a contrary to regulation or contrary to law claim.

MR. KIMBERLY: Well, right, because the protocols are subregulatory --

THE COURT: Okay.

MR. KIMBERLY: -- so that the issue is that the agency is treating -- through its third-party administrator is treating Alignment differently by not enforcing these protocols for administration of the CAHPS surveys for these two contracts.

THE COURT: Well, but, again, what protocol did

failure to throw out the erroneously dispatched English surveys --

MR. KIMBERLY: Right.

THE COURT: What protocol did that violate and how?

MR. KIMBERLY: So the protocol that was violated is the instructions concerning administration of survey and other languages on JA203. And our position is that -- I don't -- you know, I'll be interested to hear what my friend on the other side has to say about this, but I don't take their brief actually ever to deny that the survey was not administered consistent with this protocol. I understand them to come up with some explanations why it may have happened, but, again, it's not a process question.

The why doesn't matter. The point is the survey was not administered consistent with the protocol.

CMS all the time calculates Star Ratings for contracts without consideration of the CAHPS surveys. If the CAHPS survey doesn't reach a sufficient number of enrollees, they will not require a CAHPS survey. If there are other systemic problems with the CAHPS survey, they will disqualify it and not count it in the Star Ratings.

So the agency has a practice, when it is warranted, of not counting the CAHPS measures when there are problems with -- systemic problems with the CAHPS survey

that make its conclusion in a plan's Star Ratings inappropriate.

THE COURT: And I want to ask your colleague about this, but the government says that it did at least some degree of work to validate that.

MR. KIMBERLY: Right.

THE COURT: The responses were appropriate or valid, in other words. Why didn't the agency's validation procedures, whatever they were, why weren't those sufficient?

MR. KIMBERLY: So there are two answers to this.

THE COURT: Okay.

MR. KIMBERLY: The first, and I think most direct, is, again, this is not a procedural claim. We're not saying that CMS dropped the ball on procedure here. We're saying, look, we've seen the data now. Alignment's not allowed to see this data.

THE COURT: Okay.

MR. KIMBERLY: CMS and the survey vendor have and see the data, and they alone can confirm whether or not the concern about this error had taken place.

THE COURT: Okay.

MR. KIMBERLY: So all Alignment could do is raise it to CMS --

THE COURT: Okay.

MR. KIMBERLY: -- and wait for CMS to confirm whether or not its concern was true.

The question here is simply, now that we have shown that the concern was true, what's the remedy? If CMS had confirmed using the survey response --

THE COURT: I'm a little confused. Is the concern that CMS addressed the fact that 10 percent of the surveys were erroneously sent out in English, or was the concern that CMS addressed that the survey responses were valid or invalid because of the language barriers?

MR. KIMBERLY: No.

THE COURT: Did they look at the surveys and say -- the survey responses and say, no, you know, these look fine to us?

MR. KIMBERLY: So my understanding is they reached out to DataStat and they said, "Hey, did you follow the rules?"

THE COURT: Right.

MR. KIMBERLY: And DataStat said, "Yeah, we followed the rules."

THE COURT: Okay.

MR. KIMBERLY: And then they looked at the results at a general level and said, "These results fall generally within the range of results that we would expect. They don't look too whacky to us."

THE COURT: Okay.

MR. KIMBERLY: "So we are not doing any further investigation. We find your concern unfounded, and we shall, therefore, count the CAHPS survey for these two contracts."

THE COURT: Okay. You know, under the APA why isn't that a sufficient -- whether you agree or disagree --

MR. KIMBERLY: Right.

THE COURT: -- with their conclusions, why isn't that a sufficiently, you know, hard look at the issue?

MR. KIMBERLY: Because, again, this is not a procedural claim. This is a claim that the Star Ratings are based on CAHPS survey results that are obtained inconsistent with the protocols that were supposed to be followed.

I mean, you can imagine --

THE COURT: But that's true of the, you know, responses to many of these survey questions whether they're in Spanish or English. You know, the CMS looks at them and says these are valid or not. They're reliable or not. And there are different considerations that go into making those determinations.

Why isn't it the same here?

MR. KIMBERLY: Well, Your Honor, I think the point is that the only way, meaningfully, to confirm whether or not this concern was true was to look at what's called the

survey response data file, and this is referenced at JA198 to 199. This is the file that Alignment is forbidden from reviewing.

Our point fundamentally is that it's not an answer to a substantive administration error that Alignment brought to the agency's attention for the agency to take a look but not take -- but not actually confirm whether or not the error actually took place.

Essentially what they did is they looked at it and they said -- this isn't the language they used but in substance it's what they said: It's unlikely that this actually happened. We looked at the data, and it's unlikely that this happened, so we're not going to look any further at this.

But the fact is the error did happen, and, if the agency had uncovered the error in the plan preview period, it would not have counted the CAHPS survey.

THE COURT: Okay.

MR. KIMBERLY: Thank you.

THE COURT: Ms. Mundy.

MS. MUNDY: There's quite a few things I'd like to address from my colleague.

The first is I'd like to talk about what the guidelines actually require, CMS's guidelines, and this is the cited page of the Administrative Record 174 or the Joint

Appendix 205. I'm sorry. That's 172, Joint Appendix 203.

The requirement for Spanish language questionnaires is this. Spanish language questionnaires must be made available to all Spanish-speaking enrollees in web, mail, and telephone administration. That's the requirement. They must be made available.

Alignment has not and cannot show that the Spanish language questionnaires were not made available, and that is because there are multiple ways for an individual even if the DataStat messed up, even if there was a perfect ability to match Alignment's data that it provided to DataStat to the survey sample. And let's say they got these 20 ones wrong -- which we're not agreeing they did, but just engaging in this hypothetical -- CMS only requires that the Spanish language questionnaires are made available. There is no evidence in the record that they were not made available to those individuals.

THE COURT: All right.

MS. MUNDY: Then there was a --

THE COURT: Okay. Let's stop there. There is evidence in the record that Alignment informed CMS that its vendor mistakenly sent English language surveys to folks who should have received Spanish language surveys. That's in the record.

MS. MUNDY: No, it's they're -- what's in the

record is their belief it happened. And the reason that's important is because when CMS corresponded with DataStat to understand -- and this was talked about in the brief.

CMS pulls the survey sample. They send it to the vendor. Alignment is not entitled to know who that sample is.

So what Alignment can do, if it wants to use its own files about who might be a Spanish speaker -- or there's other optional languages, but obviously for this purpose it's Spanish -- what they can do is they can provide a data file to the survey vendor. The vendor then must endeavor to match the records.

This is imperfect, and DataStat explains -- and the administrative record at AR1194 to '95 explains DataStat's process. If there's an address issue, if a name is incorrect, if there's a reason that DataStat believes it can't make a perfect match, it then can go back to the default as if this was a person designated as an English speaker.

And this is important also because what happens when there is this prenotification letter? Even if the contract has requested the use of any of the optional questionnaire translations -- and I'm reading from Page 173 -- the vendors must mail a prenotification letter to all sampled enrollees 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. That is to say that it is not as if even though Alignment provided this data, that there wasn't a notification of -- the prenotification letter didn't also get printed in Spanish.

And that the fact that this was in contention was raised in plaintiff's motion for a hearing in which we -- it contained substantive arguments that we did not get a chance to respond to, and so I've printed out, because I don't believe this is part of the Joint Appendix, the Administrative Record beginning at 403 to 450. And I have three copies here, which is the sample appendices from that guide about what the prenotification letter looks like to show that there's an English translation.

And even on the English side there's a line in Spanish about how to request it. But then, again, that prenotification letter must be also in Spanish even if one of those optional translations is -- or those optional methods.

And I say "optional" and am emphasizing "optional" because there is no word "must" for using these optional procedures. There's nothing in the technical guidance that suggests that there is a clear error if DataStat does not -- or the survey vendor, whoever they may be; here, DataStat -- does not do what Alignment asks them to do. It says survey

vendors may do any of the following at the request of the contract.

The only "must" in this whole section of technical guidance with regard to the Spanish language questionnaires is that they must be made available.

THE COURT: Okay. You can hand that up, if you'd like.

MS. MUNDY: So CMS --

THE COURT: Hand it to her, okay.

MS. MUNDY: And the explanation as to how they are used is on AR0173, which is that Joint Appendix. There's a section called "Mailing the Prenotification Letter." There's a section about whether -- what you do when they've not requested any of the optional methods, and then there's a section "if the contract has requested," which is the part I read from.

In addition, there's other ways that they get contacted about the survey, not just -- you know, there's the web. If they don't complete it, they get a telephone call. In each of those instances a beneficiary's able to select the Spanish translation.

So let's say they don't respond to the English. Maybe there's a -- you know, the person doesn't see the Spanish translation at the bottom or doesn't flip the page and see the Spanish translation on the back. When they get

that email link, it will have that language there, too. When they click the URL, it will go to the Spanish translation.

THE COURT: Okay. Okay. That was all in your briefs.

Let me ask you this. When Alignment raised the concern or the possibility that the vendor, you know, sent out surveys in the wrong language, what did CMS do in response to those to alleviate those concerns or to address those concerns?

MS. MUNDY: Sure.

THE COURT: Okay. Did it just investigate whether the vendor followed CMS's protocols for administering the survey, or did it go beyond that and somehow look at the data sets or the survey results that were returned by that cohort of people to assess the reliability and validity of those results?

MS. MUNDY: I think that they went beyond that.

THE COURT: Okay.

MS. MUNDY: So first they confirmed --

THE COURT: Did they do both of those things; and if so, how did they do the second? That's what I'm most concerned about.

MS. MUNDY: Sure. So the first thing they did is they discussed the issue with DataStat, and DataStat

confirmed. And I think the idea that -- we're talking about a group of 200; 188 people from the one contract, and then I know it's out of 201 for the other. Those individuals received the Spanish survey at Alignment's request. So CMS and even Alignment agrees that there is -- that there's clear evidence that Alignment used the data file. Alignment -- when CMS discussed the issue with DataStat, DataStat explained the matching process.

THE COURT: When you say "used the data file," what exactly does that mean?

MS. MUNDY: Sorry. So there's three kinds of things that are happening at the same time.

THE COURT: Okay.

MS. MUNDY: CMS selects the sample. It sends it to DataStat.

If DataStat --

THE COURT: The sample of participants.

MS. MUNDY: Yes, so the 800 enrollees here.

THE COURT: Got it.

MS. MUNDY: So once they select those 800 enrollees, that gets sent to DataStat. Alignment is not entitled to know who this sample is, so they send a file to DataStat of all -- and let's say it's for H3815 -- 91,000 individuals, and they have, you know, their name, their address, some -- whatever the identifiable information is

that they need to provide.

THE COURT: Right.

MS. MUNDY: And they will have it marked. You know, we'd like this person to get the Spanish materials at first -- without the English, just the Spanish only, if that's their request. DataStat then is required to do a process of matching.

So CMS also has its own Spanish flags. It's usually not as robust as a plan who interacts with an individual on a more frequent basis. So they have the CMS data. They have Alignment's data. Then they're attempting to do that match.

If there's a reason that they can't do the match, the survey vendor is entitled to say we can send this in English knowing that there's the options all along for the optional surveys.

THE COURT: Understood, okay.

MS. MUNDY: So CMS reached out to DataStat to understand did you actually use the preferences that the plan provided for you. Yes, they confirmed they did.

They did an independent statistical analysis of the sampling to make sure that the sample CMS pulled was a sample that represented the likely Spanish speakers to make sure that that was a valid component. They confirmed it did. Then they evaluated separately the response patterns.

THE COURT: Okay.

MS. MUNDY: That's the information CMS has access to. CMS does not have -- they're not part of that contractual relationship between Alignment --

THE COURT: So in plain English, what does it mean to evaluate the response patterns?

MS. MUNDY: So they're looking at how many people responded using the Spanish survey, how many people responded -- some people who even are marked as Spanish speaking still respond in English. They might be a bilingual household. They might elect to respond in English. And they evaluated whether the patterns fall within the normal range of what they would expect for Spanish speakers.

Remember what their requirement is; that the Spanish surveys must be made available. So while --

THE COURT: Okay. Let me -- so that I understand it, you did not say that CMS actually looked at the responses from the enrollees who Alignment said received the wrong language survey. Do they go to -- do they go to the response level and say, "Do these make sense?"

MS. MUNDY: On what basis would CMS adjudge whether someone filled out the survey or didn't fill out the survey? People elect not to do surveys all the time.

THE COURT: Understood. But when they fill out

the survey, they ask questions. They ask questions about, you know, customer service.

MS. MUNDY: Uh-huh.

THE COURT: They ask questions about how easy it was to make an appointment.

MS. MUNDY: Right.

THE COURT: And if someone is responding to a survey in a -- you know, in a second language, one might wonder whether the survey responses make sense. Did they check the boxes? Did they write a narrative?

I don't know. I don't have a survey. I don't know what it looks like.

MS. MUNDY: Well, the surveys are like did you receive care in the last six months and the amount of time -- you know, when you requested an appointment, did you get the appointment in a reasonable amount of time? Yes or no.

THE COURT: Okay.

MS. MUNDY: So I'm not sure how CMS would go behind that and say that this person was incorrect in saying that they did receive care in the right amount of time, or no, it was too long of a wait or something like that.

THE COURT: Okay.

MS. MUNDY: And I think that's also whether someone responded to the survey and also whether they chose to respond in English or Spanish even if Spanish were

presented, because that's still an option for them. I don't think it's CMS's place or I don't think CMS has the ability to then say this person should have responded in Spanish because they're a Spanish speaking household.

THE COURT: Yes, okay.

MS. MUNDY: I just -- they did verify that the Spanish language surveys were available and administered to protocol.

And I know that Alignment says that they use words like the concern was true, but CMS does not agree that the surveys were not made available. CMS doesn't even assert, if 20 people received the survey initially in English despite the request, that that was an error because there are issues with matching.

But even assuming that DataStat made that error, even assuming that DataStat had enough information to do the match and that it wasn't just part of the normal process of reconciling the files, that doesn't mean that the surveys weren't made available to them. It means that they weren't sent a Spanish survey initially.

THE COURT: Got it.

MS. MUNDY: They would have received that double-sided letter.

THE COURT: Okay.

MS. MUNDY: CMS engaged with Alignment throughout.

And I know that at this time they're saying this wasn't a process-based complaint, but I think that their briefing and their complaint speak to CMS inaction.

CMS is administering these surveys on a tight time frame for any Medicare Advantage plan in this country. They do this plan preview process, and I think that the administrative record on all of the issues show that Alignment -- I mean, that CMS has taken Alignment's concerns, run them to the appropriate people that need to weigh in on this, getting answers, providing those answers in email to each one of Alignment's concerns, explaining the steps it took, explaining the conclusions that it drew. And I understand that Alignment disagrees with the conclusions that CMS made, but under the Administrative Procedure Act that's not enough.

The question in these cases of tremendous complexity with the Medicare statute is when we give deference to the Secretary's decision -- and that's *District Hospital Partners v. Burwell* -- the relevant question is not whether the agency's policy is the best or the only solution, but whether it is a reasonable one. And that's *Petal Gas Storage L.L.C. v. FERC*, a D.C. Circuit case from 2007.

Under the *Motor Vehicle* standard where the agency must examine the relevant data and articulate the

satisfactory explanation, including that rational connection between the facts found and the choices made, to me there's no doubt that CMS heard these concerns, conducted its own investigation about whether the data should be included, and determined in this case it should.

And I think Mr. Kimberly's right, that CMS has this authority, has the ability to oversee these Star Ratings, and it does make changes to the Star Ratings based on the feedback that it gets in this plan preview process. It encourages this back-and-forth because it wants to get it right. And, in fact, in the administrative record you see multiple references of "Thank you for bringing this to our attention. We want to look at this again. We want to make sure it's right during the second plan preview."

THE COURT: Okay.

MS. MUNDY: And CMS did so here.

THE COURT: Okay. Thank you. I'm going to move things along.

Next issue, Mr. Kimberly.

MR. KIMBERLY: Thank you, Your Honor. If I may just very briefly note that the nature of our claim --

THE COURT: It's your own time that you're taking up.

MR. KIMBERLY: So I'll make this super quick.

THE COURT: I'll leave it to you to prioritize.

MR. KIMBERLY: The nature of our claim is look at this letter that's supposed to have the Spanish language at the bottom, and now imagine that the survey administrator just didn't include the Spanish language prompt at the bottom. Just didn't follow the protocol, didn't follow the rules. In that scenario, the survey vendor would not have done his job, and the survey data resulting would be affected by a protocol error.

THE COURT: Okay. Is there any evidence in the record that the actual survey results, the surveys that were returned, are not accurate because of the language issue?

MR. KIMBERLY: Well --

THE COURT: You have no way to know that, right?

MR. KIMBERLY: Well, I think what it shows is that -- what the data shows is unequivocally enrollees who were supposed to receive Spanish language didn't receive Spanish language. They received English language. And therefore their response rates went way down, and they responded less favorably. That's what Alignment's data shows and its comments to CMS suggested.

THE COURT: Okay.

MR. KIMBERLY: Your Honor, if I may, I'll touch briefly, I think, on, you know, one of the bigger issues in this case, which is the nondelegation issue.

THE COURT: Yes.

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-74 (CRC)

OPINION

This is a dispute over star ratings issued by the Centers for Medicare and Medicaid Services ("CMS") to three Medicare Advantage plans offered by Plaintiff Alignment Healthcare, Inc. Alignment challenges the star ratings on a variety of grounds under the Administrative Procedure Act and has sought summary judgment on an expedited timeline. The Court will largely deny its motion for summary judgment and grant summary judgment to the government. The Court will, however, vacate Alignment's 2025 star ratings as to plan H3443 because CMS's inclusion of two appeals in those ratings was arbitrary and capricious.

I. Background

Given the expedited timeline for this decision, the Court writes primarily for the parties and presumes that other readers are generally familiar with the relevant legal landscape. The Court thus provides only a cursory overview of the background for this case.

The Medicare Act establishes a five-star rating system for Medicare Advantage plans on a scale of one to five stars. See 42 U.S.C. § 1395w-23(o)(4)(A). Alignment Healthcare provides six Medicare Advantage plans and received its star ratings for 2025 last fall. It now challenges the ratings issued to three of its plans, claiming that CMS's methodology for calculating these

ratings was flawed or underexplained. Alignment also asked, with the government's consent, to expedite this case so that any changes to its plans' star ratings could be included in its bid proposals for the 2026 plan year. See ECF 9. Following an accelerated summary-judgment briefing schedule, the Court heard argument on the parties' cross motions on June 3, 2025.

II. Standard of Review

At summary judgment, the Court must determine whether the challenged agency action complies with the APA and is supported by the administrative record. Richards v. INS, 554 F.2d 1173, 1177 (D.C. Cir. 1977). Under the APA, "[t]he reviewing court shall . . . hold unlawful and set aside agency action, findings, and conclusions found to be arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law[.]" 5 U.S.C. § 706(2)(A). Arbitrary and capricious review is "narrow," Citizens to Preserve Overton Park, Inc. v. Volpe, 401 U.S. 402, 416 (1971), and precludes the Court from "substitut[ing] its judgment for that of the agency," Motor Vehicle Mfrs. Ass'n of U.S., Inc. v. State Farm Mut. Auto. Ins. Co., 463 U.S. 29, 43 (1983). Rather, the Court must determine whether the agency "examine[d] the relevant data and articulate[d] a satisfactory explanation for its action including a rational connection between the facts found and the choice made." Id. (internal quotation marks omitted). Even if the agency did not fully explain its decision, the Court may uphold it "if the agency's path may reasonably be discerned." Bowman Transp., Inc. v. Arkansas-Best Freight System, Inc., 419 U.S. 281, 286 (1974). The Court's review is limited to the administrative record, Holy Land Found. for Relief & Dev. v. Ashcroft, 333 F.3d 156, 160 (D.C. Cir. 2003), and the party challenging an agency's action bears the burden of proof, City of Olmsted Falls v. FAA, 292 F.3d 261, 271 (D.C. Cir. 2002).

III. Analysis

Alignment raises seven objections to CMS's calculations for its 2025 star ratings: (1) CMS's use of the Tukey Outlier Rule is arbitrary and capricious; (2) CMS arbitrarily included low-reliability enrollee survey data; (3) CMS arbitrarily ignored survey data problems stemming from Spanish-speaking plan participants allegedly receiving English-language surveys; (4) CMS's permitting of oversampling plan enrollees unfairly benefits large plans; (5) and (6) two appeals were erroneously factored into CMS's rating for Plan H3443; and (7) CMS's reliance on a private entity to handle appeals from plan coverage denials violates the private nondelegation doctrine. The Court will reject the first four claims and grant summary judgment to Alignment as to the two erroneously included appeals. The Court need not reach Alignment's private non-delegation claim.

A. Tukey Outlier Rule

The Court rejects Alignment's claim that the Tukey Outlier Rule is arbitrary and capricious. As CMS adequately explained, the Tukey Outlier Rule, which underwent notice and comment in 2023, serves an important purpose: reducing statistical noise by identifying and removing outlier data points from certain star-rating measures. See A.R. 104; 88 Fed. Reg. 22120, 22120 (April 12, 2023). Before adoption of the rule, CMS found that outliers could "have undue influence on cut points" that CMS uses to divide plans by star-level, potentially "lead[ing] to a single contract having a major influence on cut point values[.]" A.R. 104. To address that problem, CMS adopted an accepted method for identifying outliers and removing them. The natural consequence of removing outliers is some amount of compression in the remaining dataset and therefore the cut points. But to the extent that such compression results,

CMS adequately explained that it is appropriate because it more accurately reflects plan performance among representative plans. Id.

Alignment urges that the Tukey Outlier Rule should be limited to circumstances where plans have a sufficiently large denominator of data points to obtain each of the five possible star ratings. But CMS has justified why it rejected Alignment's preferred approach. CMS explained that the situation Alignment posits is relatively rare, as the Tukey Outlier Rule typically does not result in significant changes to cut points. A.R. 103–04; see 88 Fed. Reg. at 22296. To the extent it occurs, CMS adequately explained why compression of cut points is nonetheless appropriate in light of the data reliability concerns the agency was trying to address. So in CMS's view, the relatively uncommon circumstance posited by Alignment did not outweigh the benefits CMS saw in eliminating outliers from the underlying data.

CMS's adoption of the Tukey Outlier Rule was reasonable and reasonably explained. The Court will not second-guess it and therefore grants summary judgment to the government and denies it to Alignment on this issue.

B. Low-Reliability Survey Data

Next, the Court rejects Alignment's challenge to CMS's inclusion of low-reliability survey-response data in composite star-rating measures. As CMS explained, the agency polices statistical reliability at the measure level by not calculating a star rating for unreliable measures. See 42 C.F.R. § 422.166(a)(3). Doing so ensures that plans get star ratings only for those measures that reliably reflect plan performance.

Alignment responds that CMS's decision not to consider reliability at the survey-question level is arbitrary because unreliable survey response data will necessarily produce an unreliable composite measure. But as CMS points out, aggregating survey responses that measure or

observe a similar subject can result in an overall measure that is more reliable than its constituent parts. See Gov't MSJ at 26–27; Health Servs. Advisory Grp., Frequently Asked Questions – Contracts (Dec. 23, 2024), https://perma.cc/QLJ2-SXZ9. Here, CMS has designed the CAHPS survey so as to include overlapping questions that can be aggregated to get a more reliable picture of plan performance. For example, CMS asks multiple questions aimed at assessing the timeliness of patient appointment scheduling and quality of doctor-patient communication. See A.R. 399. Finally, CMS does not report question-level response data for composite measures and uses such data only to inform the ratings it calculates for those measures, so CMS is not disclosing unreliable information to plan enrollees. See Frequently Asked Questions – Contracts, supra.

C. Spanish Speakers

The Court also finds that CMS reasonably addressed potential errors in survey administration that may have caused Spanish-speaking enrollees in Plans H3443 and H3815 to receive English-language surveys. To begin, Alignment has not shown that the survey was administered erroneously. CMS survey procedures require that Spanish-language surveys be "made available to all Spanish-speaking enrollees[.]" A.R. 172. Here, that requirement was satisfied because, even if Spanish speakers received English-language surveys initially, they would have been informed in Spanish, either on the survey itself or separately, that Spanish versions were available upon request. A.R. 172–73; Rough Oral Arg. Tr. 36:18–38:25 (discussing alternative ways of notifying Spanish speakers that Spanish surveys were available); see A.R. 403–50 (sample notification letters offering Spanish surveys). Alignment points to no evidence in the record that the requirements were not followed here.

Nor did CMS arbitrarily ignore Alignment's concerns. CMS responded first by ensuring that DataStat, Alignment's chosen (and CMS-approved) survey vendor, followed CMS protocols when matching language-preference data to the samples that CMS drew from Alignment's enrollees. A.R. 53. CMS also verified that it sampled Alignment's plans correctly and that the samples were consistent with the broader population from which they were drawn. A.R. 48. And it checked survey response patterns among predicted Spanish speakers and concluded that they were in line with expected responses. A.R. 61–62. By undertaking this review, CMS took Alignment's concerns seriously and responded reasonably. Nothing more was required. See Petal Gas Storage, LLC v. FERC, 496 F.3d 695, 703 (D.C. Cir. 2007) (An agency "is not required to choose the best solution, only a reasonable one.").

D. Oversampling

The Court rejects, for two independent reasons, Alignment's as-applied challenge to CMS's policy of permitting large plans to oversample. First, Alignment's claim, as presented in its motion for summary judgment, is an impermissible attempt to amend its complaint by brief. "It is well settled that a party cannot amend [its] complaint through motions briefing." Sinha v. Blinken, No. 20-cv-2814 (DLF), 2021 WL 4476749, at *3 (D.D.C. Sept. 30, 2021) (citing Durand v. District of Columbia, 38 F. Supp. 3d 119, 129 (D.D.C. 2014)). Originally, Alignment's complaint alleged that permitting oversampling is "irrationally biased against smaller plans with fewer enrollees" that cannot oversample and that the practice resulted in a lower rating for Alignment's H3815 plan. Compl. ¶¶ 153–54. Alignment's complaint did not raise this issue as to any of Alignment's other plans. See id. But Plan H3815 is not a small one. It has over 91,000 enrollees and was therefore eligible for oversampling, which Alignment chose not to do. Perhaps realizing this contradiction, Alignment now argues that Plan H3815 was

disadvantaged not because of its size, but because oversampling irrationally benefits plans that choose to do it in a way that "does not indicate higher quality." Alignment MSJ at 40. That pivot in Alignment's claim is a significant one and Alignment should have sought leave to amend its complaint to make it. Having failed to do so, Alignment cannot now try to shoehorn a new claim into this case.

Second, and in any event, Alignment's amended claim falls short on the merits. Oversampling does not guarantee a higher rating, as taking a larger sample of plan enrollees can confirm a poor rating as much as it can a strong one. To the extent it results in a higher star rating for certain plans over plans that did not oversample, it does so by increasing the reliability of the plan's raw score. Alignment has not shown that it is irrational for HHS to award a higher star rating to a plan with a more reliable raw score compared to a plan with a less reliable one.

E. Appeals

Finally, the Court agrees with Alignment that CMS failed to adequately explain why it included adverse determinations in two coverage-denial appeals in Plan H3443's star rating.

First, CMS's inclusion of Case 1-13226962526 is irrational. Agency action is arbitrary and capricious where "there has been a clear error in judgment," such as when the agency's rationale "is so implausible that it could not be ascribed to a difference in view or the product of agency expertise." Motor Vehicle Mfrs. Ass'n of U.S., Inc. v. State Farm Mut. Auto. Ins. Co., 463 U.S. 29, 43 (1983). Here, Alignment erroneously (and belatedly) referred to Maximus an appeal that Alignment had dismissed rather than denied on the merits. Maximus treated the appeal as denied, however, and the belated referral therefore negatively affected Alignment's star rating. When Alignment objected, CMS declined to reverse the adverse finding on the grounds that any mistake by Maximus was of Alignment's own making. See A.R. 1 ("[Y]our contract

failed to process this case appropriately[.]"). That rationale, however, makes little sense given that the government has conceded that "CMS regulations and guidance make clear that plans should not send dismissed requests to the Independent Review Entity." Gov't MSJ at 41. So Alignment was not required to forward the dismissal to Maximus. If Alignment was not required to forward the dismissal, then there was no deadline for it to do so. And it is therefore impossible for Alignment to have forwarded the dismissal to Maximus "late." That Alignment nonetheless forwarded the dismissal does not create a deadline that never existed or change the dismissal into a ruling on the merits.

Second, CMS has abandoned the only reason it gave at the time for including an adverse determination concerning Case 1-12757246876, an appeal about coordinating care, in Alignment's rating. CMS's sole reason for including this appeal in Alignment's star rating was that Alignment failed to seek reopening of this decision before Maximus. A.R. 1. CMS did not state that it agreed with Maximus's substantive reasoning, or otherwise express any view on the merits. See id. Before this Court, the government's motion for summary judgment reiterated that Alignment failed to seek reopening. Gov't MSJ at 44. But Alignment then argued in its reply brief that nothing in CMS's regulations require a plan provider to seek reopening before asking CMS to exclude a Maximus decision from its star rating. Alignment Reply at 25. The government then did not respond to Alignment's argument in its own reply brief or raise the issue at oral argument. See Gov't Reply at 23–24. In doing so, the government has abandoned the only reason given by CMS for the action it took. See Queen v. Schultz, 310 F.R.D. 10, 22 (D.D.C. 2015) (holding that because the plaintiff's reply failed to "make a reference" to an argument in his opening brief, "the plaintiff has abandoned this argument[,] and the Court need not consider it."); Ctr. for Food Safety v. Salazar, 898 F. Supp. 2d 130, 152 n.2 (D.D.C. 2012)

("The Court, however, need not address [Plaintiffs'] argument [because] Plaintiffs' Reply appears to abandon [it.]").

"It is a foundational principle of administrative law that judicial review of agency action is limited to the grounds that the agency invoked when it took the action." Dep't of Homeland Sec. v. Regents of the Univ. of Calif., 591 U.S. 1, 20 (2020) (quotation marks omitted). Having abandoned CMS's only contemporaneous rationale for including this second appeal in Alignment's star rating, the government leaves the Court with "no explanation at all" for CMS's actions. CREW v. FEC, No. 22-cv-35 (CRC), 2025 WL 833075, at *4 (D.D.C. Mar. 17, 2025); see State Farm, 463 U.S. at 50 ("[C]ourts may not accept appellate counsel's *post hoc* rationalizations for agency action."). The Court therefore agrees with Alignment that CMS's inclusion of this second appeal in Plan H3443's star rating was arbitrary and capricious for failure to supply an adequate explanation. See State Farm, 463 U.S. at 43 (Courts "may not supply a reasoned basis for the agency's action that the agency itself has not given.").[1]

In light of the above, the Court expresses no view on Alignment's claim that CMS's use of Maximus to handle appeals is unconstitutional under the private nondelegation doctrine. The only appeals Alignment takes issue with are the two discussed above; it does not claim that any other appeals were wrongly decided or should not have been adversely considered in its star ratings. See Compl. ¶ 151 (seeking remand only as to Plan H3443 on private non-delegation claim). Accordingly, the Court has no need to address this constitutional claim at this time. See Camreta v. Greene, 563 U.S. 692, 705 (2011) ("[A] longstanding principle of judicial restraint

[1] Alignment argues that this second appeal decision is not supported by substantial evidence under 5 U.S.C. § 706(2)(E). That section, however, applies "only to formal proceedings, not informal adjudications." Phoenix Herpetological Soc'y, Inc. v. U.S. Fish & Wildlife Serv., 998 F.3d 999, 1005 (D.C. Cir. 2021).

requires that courts avoid reaching constitutional questions in advance of the necessity of deciding them." (quotation marks omitted)).

IV. Conclusion

For these reasons, the Court will grant in part and deny in part both parties' motions for summary judgment. The Court will remand to CMS for recalculation of Plan H3443's star ratings without the adverse determinations stemming from the two challenged appeals. A separate Order follows.

CHRISTOPHER R. COOPER
United States District Judge

Date: June 9, 2025

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-74 (CRC)

ORDER

For the reasons stated in the accompanying Opinion, it is hereby

ORDERED that [11] Plaintiff's Motion for Summary Judgment is **GRANTED IN PART AND DENIED IN PART**. It is further

ORDERED that [13] Defendants' Motion for Summary Judgment is **GRANTED IN PART AND DENIED IN PART**. It is further

ORDERED that the star ratings for Plan H3443 are vacated to the extent that they were calculated using adverse determinations from Cases 1-13226962526 and 1-12757246876. It is further

ORDERED that this case be remanded to Defendants for recalculation of Plan H3443's star ratings in a manner consistent with this opinion.

The Clerk is directed to close this case.

SO ORDERED.

Christopher R. Cooper

CHRISTOPHER R. COOPER
United States District Judge

Date: June 9, 2025

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

ALIGNMENT HEALTHCARE, INC., *Plaintiff*, vs. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, *et al.*, *Defendants*.	Case No. 1:25-cv-00074-CRC

NOTICE OF APPEAL

Notice is hereby given that plaintiff Alignment Healthcare, Inc., appeals to the United States Court of Appeals for the District of Columbia Circuit from the June 9, 2025, final order (Dkt. 22) granting in part and denying in part plaintiff's motion for summary judgment (Dkt. 11) and granting in part and denying in part defendants' cross-motion for summary judgment (Dkt. 13), together with all underlying or related orders, rulings, and findings that merge therein.

Dated: June 30, 2025

Respectfully submitted,

/s/ Michael B. Kimberly

Michael B. Kimberly (D.C. No. 991549)
Winston & Strawn LLP
1901 L Street NW
Washington, DC 20036
(202) 282-5096
mkimberly@winston.com

Counsel for Plaintiff Alignment Healthcare, Inc.

CERTIFICATE OF SERVICE

Undersigned counsel certifies that a true and correct copy of this document was served via CM/ECF on all counsel of record pursuant to the Federal Rules of Civil Procedure on June 30, 2025.

/s/ Michael B. Kimberly

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/ 1-132780708961(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/ 1-134867336361(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

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.

02.E H4961_2025_IM_Calcs_2024_09_08
AR 27

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	82.78	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					0.818848	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

02.F H4961_2025_SR_Calculations_2024_09_08
AR 28

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 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:
  - 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	**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	86	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	########	8.474854	8.474854	1	1	4.144928	########	0.890572	0.890572
	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	Webinic	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	261	4.078125			40.609375	69	286	4.144928			44.550725
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	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	0.660960
# eligible measures	Calculated Variance

26	0.671489
# 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:
  - ➢Factor = 0.4 (for contract w/low-variability & high-mean (mean ≥ 85th percentile)
  - ➢Factor = 0.3 (for contract w/medium-variability & high-mean (mean ≥ 85th percentile)
  - ➢Factor = 0.2 (for contract w/low-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - ➢Factor = 0.1 (for contract w/medium-variability & relatively high-mean (mean ≥ 65th & < 85th percentile)
  - ➢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

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 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	Historic	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	98	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	Local & Regional CCP w/o SNP needs at least 6 of 11 measures				31	133	4.290323			8.387097	36	158	4.388889			10.555556
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	low	low
Reward Factor	0.4	0.4
Interim Summary	4.690323	4.788889
CAI Value	-0.048532	-0.048532
Final Summary	4.641791	4.740357
Part D Summary	4.5	4.5
Final Part D Summary	4.5	

10	0.300613		11	0.322531	
# 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 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: 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 for 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.

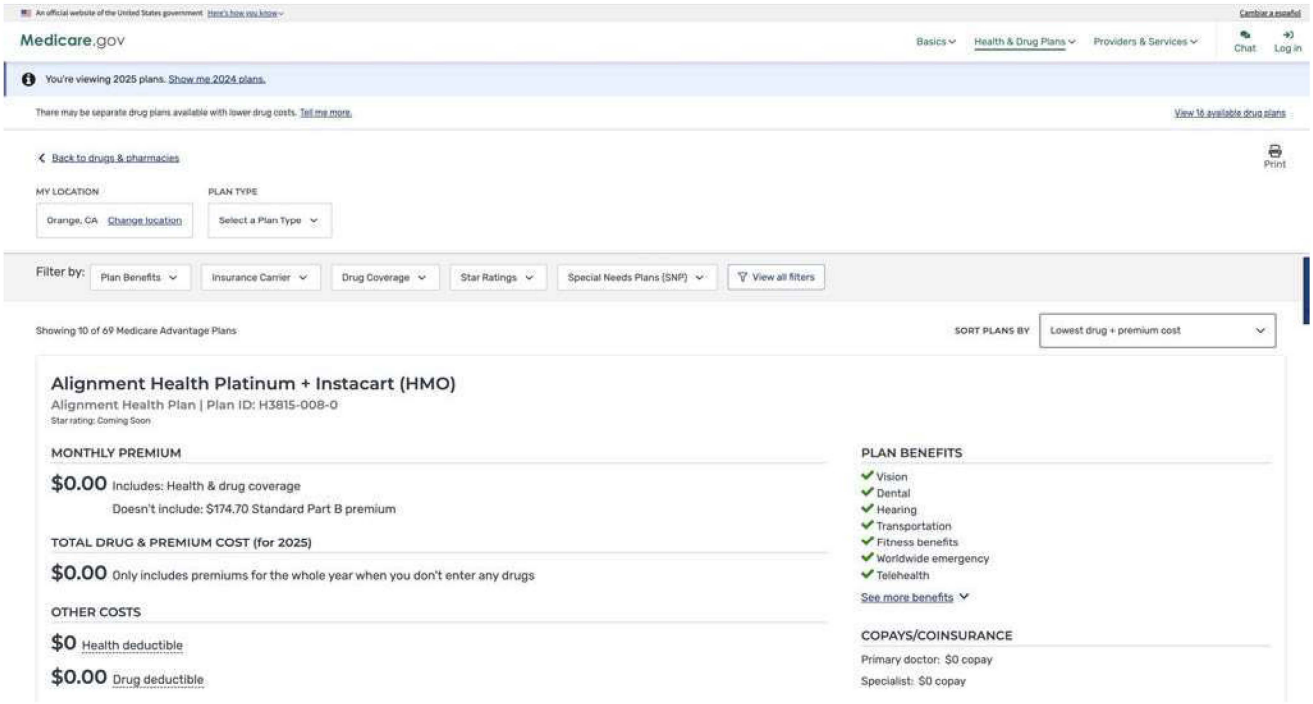
We also appreciate the updated calculator for H3815 with the D01 measure fix, and we are pleased to confirm that it reflects a 4-Star rating for our contract. However, we've noticed that the Medicare Plan Finder does not yet reflect this updated rating. While we understand that the official ratings will 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.

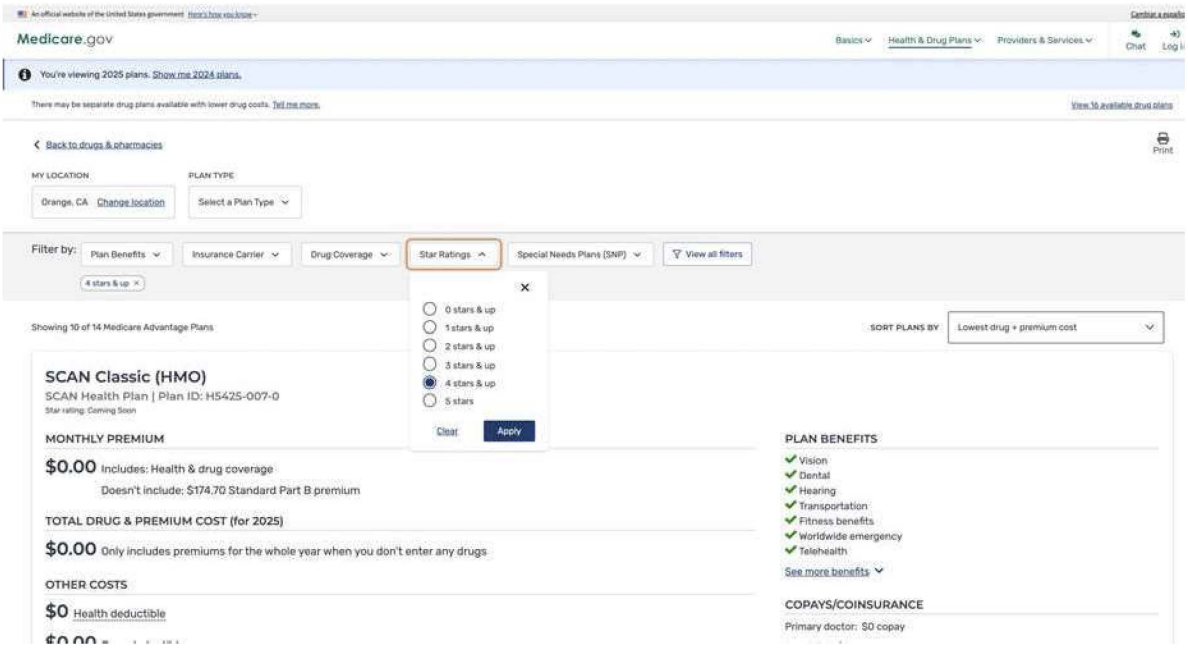
We greatly appreciate your assistance in addressing this matter as quickly as possible.

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: I**n 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**: **I**t 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

---

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

Table 1: Year over year results for our contracts vs. ratio of Spanish-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

Other contracts in our competitor areas where their CAHPS measures were suppressed last 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	RELIABIL
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

---

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.

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

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

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-HMO**: Spanish responses dropped from 31% of overall responses in 2023 to 18% in 2024.
2. **AZ-HMO**: 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.

Request for Review:

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

Disclaimer

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast, a leader in email security and cyber resilience. Mimecast integrates email defenses with brand protection, security awareness training, web security, compliance and other essential capabilities. Mimecast helps protect large and small organizations from malicious activity, human error and technology failure; and to lead the movement toward building a more resilient world. To find out more, visit our website.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast, a leader in email security and cyber resilience. Mimecast integrates email defenses with brand protection, security awareness training, web security, compliance and other essential capabilities. Mimecast helps protect large and small organizations from malicious activity, human error and technology failure; and to lead the movement toward building a more resilient world. To find out more, visit our website.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast, a leader in email security and cyber resilience. Mimecast integrates email defenses with brand protection, security awareness training, web security, compliance and other essential capabilities. Mimecast helps protect large and small organizations from malicious activity, human error and technology failure; and to lead the movement toward building a more resilient world. To find out more, visit our website.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast, a leader in email security and cyber resilience. Mimecast integrates email defenses with brand protection, security awareness training, web security, compliance and other essential capabilities. Mimecast helps protect large and small organizations from malicious activity, human error and technology failure; and to lead the movement toward building a more resilient world. To find out more, visit our website.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast, a leader in email security and cyber resilience. Mimecast integrates email defenses with brand protection, security awareness training, web security, compliance and other essential capabilities. Mimecast helps protect large and small organizations from malicious activity, human error and technology failure; and to lead the movement toward building a more resilient world. To find out more, visit our website.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast, a leader in email security and cyber resilience. Mimecast integrates email defenses with brand protection, security awareness training, web security, compliance and other essential capabilities. Mimecast helps protect large and small organizations from malicious activity, human error and technology failure; and to lead the movement toward building a more resilient world. To find out more, visit our website.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast, a leader in email security and cyber resilience. Mimecast integrates email defenses with brand protection, security awareness training, web security, compliance and other essential capabilities. Mimecast helps protect large and small organizations from malicious activity, human error and technology failure; and to lead the movement toward building a more resilient world. To find out more, visit our website.

Disclaimer

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast, a leader in email security and cyber resilience. Mimecast integrates email defenses with brand protection, security awareness training, web security, compliance and other essential capabilities. Mimecast helps protect large and small organizations from malicious activity, human error and technology failure; and to lead the movement toward building a more resilient world. To find out more, visit our website.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast, a leader in email security and cyber resilience. Mimecast integrates email defenses with brand protection, security awareness training, web security, compliance and other essential capabilities. Mimecast helps protect large and small organizations from malicious activity, human error and technology failure; and to lead the movement toward building a more resilient world. To find out more, visit our website.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast, a leader in email security and cyber resilience. Mimecast integrates email defenses with brand protection, security awareness training, web security, compliance and other essential capabilities. Mimecast helps protect large and small organizations from malicious activity, human error and technology failure; and to lead the movement toward building a more resilient world. To find out more, visit our website.

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.

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.

I. READER'S GUIDE

Purpose of the *Quality Assurance Protocols & Technical Specifications V14.1*

The *Quality Assurance Protocols & Technical Specifications V14.1* for the Medicare Advantage & Prescription Drug Plan (MA & PDP) CAHPS®[1] Survey was developed by the Centers for Medicare & Medicaid Services (CMS) to standardize the data collection process and to ensure that the survey data collected across survey vendors are comparable. This Reader's Guide provides survey vendors and Medicare Advantage (MA) and Prescription Drug Plans (PDPs) an overview of the content in this manual. Readers are directed to the various sections of the *Quality Assurance Protocols & Technical Specifications V14.1* for detailed information on the requirements, protocols, and procedures for the administration of the MA & PDP CAHPS Survey.

Quality Assurance Protocols & Technical Specifications V14.1 Content

The *Quality Assurance Protocols & Technical Specifications V14.1* is divided into the following sections:

Introduction and Overview

This section includes information on the development of the MA & PDP CAHPS Survey and a description of the survey.

Program Requirements

This section presents information regarding the requirements for the administration of the MA & PDP CAHPS Survey, including Communication with Enrollees and the Roles and Responsibilities for participating organizations.

Sampling

This section provides an overview of the process CMS uses for selecting a random sample of contract enrollees for the MA & PDP CAHPS Survey and information about the process that survey vendors will use to retrieve the survey sample.

Communications and Technical Support

This section includes information about communication and technical support available to survey vendors administering the MA & PDP CAHPS Survey, as well as other interested parties.

Data Collection Protocol

This section provides information about the web-mail-phone mode (web first, with mail and telephone follow-up) data collection protocol required to administer the MA & PDP CAHPS Survey including: the data collection schedule, data receipt, data retention, and quality control guidelines.

[1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.

Data Coding and Data Preparation
This section provides information about the process of preparing the data files for submission to the MA & PDP CAHPS Data Warehouse.

Data Submission
This section provides information about the survey vendor authorization and registration process, the data submission process and schedule, the data audit and validation checks, and data submission reports.

Data Analysis and Public Reporting
This section describes the public reporting of the results of the MA & PDP CAHPS Survey by CMS.

Oversight
This section provides information on the oversight activities that the CMS-sponsored MA & PDP CAHPS Survey Project Team conducts to ensure compliance with protocols and procedures for the administration of the MA & PDP CAHPS Survey.

Event Reports
This section describes the process for providing CMS with a report of any events or activities that impact vendor adherence to the standard MA & PDP CAHPS Survey protocols and specifications that may occur during the data collection process.

Exception Requests
This section describes the process for requesting an exception to conduct business operations off-site or remotely while still maintaining data integrity for standardized public reporting.

Appendices
- Minimum Business Requirements
- Survey Vendor Access to the MA & PDP CAHPS Data Warehouse
- Model Quality Assurance Plan
- General Interviewing Guidelines for Conducting Telephone Surveys
    - Tips for Training Telephone Interviewers
- Frequently Asked Questions for Customer Support
- Instructions for Survey Vendors on Accessing the Data Warehouse
- Sample File Record Layout
- Survey File Record Layout
- Event Report Form
- Survey Items Applicable to All Respondents
- List of Reportable Measures
- Pre-notification Letters
- Web Mode Email Invitations, Letters, and Templates
- Cover Letters and Mail Questionnaires
- English CATI Instructions and CATI Scripts
- Guidance for Supplemental Questions
- Guidance on Appending Data

- Vendor Report of Outbound CATI
- Vendor Report of Mail Survey Activity and Returns

For More Information

For information about the MA & PDP CAHPS Survey program and to view important updates and announcements, visit the MA & PDP CAHPS Survey website: www.ma-pdpcahps.org.

To Provide Comments or Ask Questions

For information and technical assistance, contact the MA & PDP CAHPS Survey Project Team via email at: MA-PDPCAHPS@hsag.com or by calling toll-free at: 1-877-735-8882.

To communicate with the Data Coordination Team, please email: MA-PDPCAHPSTECHSUPPORT@rand.org.

To communicate with CMS staff, please email: MP-CAHPS@cms.hhs.gov.

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).

Electronic Materials

The web component of the web-mail-phone data collection protocol includes the following types of electronic material: an email invitation (sent to enrollees with an email address), an email reminder, and web survey templates for all three survey types (MA-Only, MA-PD, PDP). CMS provides templates and specifications for all electronic material. The web survey templates and templates for the invitation and reminder emails are available on the MA & PDP CAHPS Survey website. The templates were developed by CMS and may not be modified.

The survey vendor is responsible for programming English, Spanish, and if applicable, Chinese, Korean, Tagalog, and/or Vietnamese survey materials including web surveys, invitations, and reminder emails required for the administration of the survey.

Web Invitation Email

Sampled enrollees for whom an email address is identified from contract data will receive a web invitation email. CMS will provide two versions of the web invitation email, one for MA-Only and MA-PD survey types and one for PDP survey type. All web invitation emails sent to sampled enrollees must adhere to the guidelines described below:

- Must use the subject line "Medicare wants your feedback about your health plan" (for MA-Only and MA-PD survey types) or "Medicare wants your feedback about your drug plan" (for PDP survey types). The email sender name must include "Medicare Experience team."
- The web invitation email must display the CMS logo below the subject line and before the salutation. It is optional to include the MA or PDP logo (or the MA or PDP parent organization logo).
- The web invitation email must contain a salutation that is personalized using the sample variables FNAME and LNAME
- The web invitation email must contain a personalized, imbedded link comprised of the survey URL and a PIN unique to the sampled enrollee, allowing the enrollee to click on the link to initiate the web survey
- The web invitation email must include the customer support telephone number and the customer support email address
- The web invitation emails sent by the vendor must use a font size equal to or larger than Times New Roman, Arial, Calibri, or Helvetica 12 point font
- The default language of the web invitation email is English. Survey vendors can identify sampled enrollees requiring a Spanish invitation email 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

  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 emails should be provided in the optional languages.

Web Reminder Email

Sampled enrollees who do not complete the web survey in response to the email invitation, will be sent a reminder email. CMS will provide two versions of the web reminder email, one for MA-Only and MA-PD survey types and one for PDP survey type. All web reminder emails sent to sampled enrollees must adhere to the guidelines described below:

- Must use the subject line "Reminder about Medicare health plan survey" (for MA-Only and MA-PD survey types) or "Reminder about Medicare drug plan survey" (for PDP survey types). The email sender name must include "Medicare Experience team."
- The web reminder email must display the CMS logo below the subject line and before the salutation. It is optional to include the MA or PDP logo (or the MA or PDP parent organization logo).
- The web reminder email must contain a salutation that is personalized using the sample variables FNAME and LNAME
- The web reminder email must contain a personalized, imbedded link comprised of the survey URL and a PIN unique to the sampled enrollee, allowing the enrollee to click on the link to initiate the web survey
- The web reminder email must include the customer support telephone number and the customer support email address
- The web reminder emails sent by the vendor must use a font size equal to or larger than Times New Roman, Arial, Calibri, or Helvetica 12 point font
- The default language of the web reminder email is English. Survey vendors can identify sampled enrollees requiring a Spanish reminder email using a) language preference data received from the contract, b) the SPANISH PREFERENCE INDICATOR field in the sample data, c) the SPANISH PREFERENCE PROBABILITY field in the sample data, or d) the Spanish language note at the bottom of web invitations and reminder.

  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 emails should be provided in the optional languages.

Web Survey Specifications and Formatting

CMS provides web survey templates for each version of the MA & PDP CAHPS Survey (MA-Only, MA-PD, PDP) and in all available languages. Survey vendors must adhere to the specifications, formatting, and layout of the web MA & PD CAHPS Survey templates found in Appendix M, including:

- Sampled enrollees must be able to access the web survey via a link imbedded in web invitation and reminder emails or using a URL and PIN printed in the pre-notification letter and web invitation letter (descriptions of the letters can be found below under "Mailed Materials")
- The enrollee's name must not appear on any web survey screen
- The web survey software must display only one item per screen, and all questions must allow paging through without requiring a response
- When displayed, the "BACK" button appears in .the lower left of each screen and the "NEXT" button appears in the lower right of each screen
- A header should appear on each screen. The header may be distinguished using shading or color
- Blank space should be used to distinguish the response options from the question text
- Blank space should be used to distinguish navigation buttons from response options
- A progress bar should be included at the top of the screen starting at Q1
- The enrollee must be able to select their preferred language from English, Spanish, and any offered optional translations

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 15^{th}, 30^{th}, 60^{th}, and 80^{th} 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

Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

February 28, 2024

Dear FNAME LNAME:

This letter invites you to take part in an important survey about your experiences with your Medicare health plan. **In a few days, you'll get an invitation to complete the survey.**

We hope you'll share your feedback and complete the survey. Your responses will improve Medicare services and will help other people with Medicare choose a health plan.

You can also complete the survey online now, by typing this address into your web browser:

[URL]

You will be asked to enter a survey code, please type in: **«PIN»**

Thank you in advance for your help. For questions about this survey, please call the survey organization working with Medicare toll-free at 1-XXX-XXX-XXXX, Monday - Friday from XX am - XX pm [INSERT TIME ZONE].

Sincerely,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE]

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

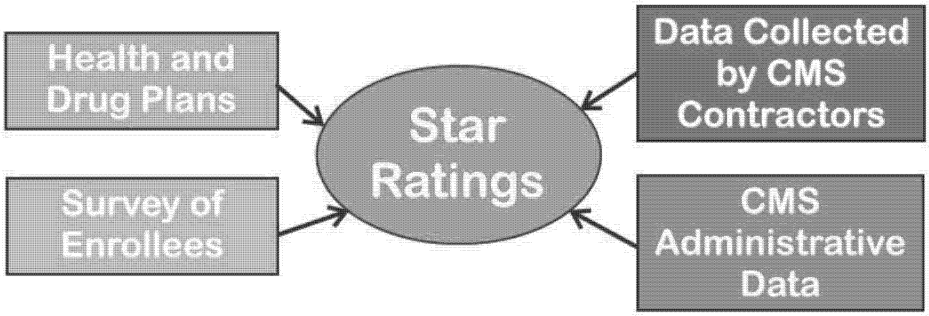
Sources of the Star Ratings Measure Data

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.

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

CERTIFICATE OF SERVICE

Undersigned counsel for appellant certifies that on this date, the foregoing document was served electronically via the Court's CM/ECF system upon all counsel of record.

Dated: September 5, 2025 /s/ *Michael B. Kimberly*