CMS Five-Star Quality Rating System and Our Network Providers

What is the CMS Five-Star Quality Rating System?

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plans and health care systems. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. These ratings are then published on the Medicare Plan Finder at **www.medicare.gov**.

The Five-Star Quality Rating System is intended to:

- Raise the quality of care for Medicare beneficiaries.
- Strengthen beneficiary protections.
- Help consumers compare health plans more easily.

How are Star Ratings derived?

Star Ratings for First Choice VIP Care are based on more than 40 quality measures in the following categories that provide an objective method for evaluating health plan quality:

- Staying healthy, including whether members received various screenings, tests, and vaccines.
- Managing chronic (long-term) conditions.
- Member satisfaction with First Choice VIP Care and their providers, including access to care.
- Member complaints and changes in First Choice VIP Care's performance.
- Customer service, including timely appeal decisions.
- Member medication adherence and experience with the drug plan.

How can I get more information?

The First Choice VIP Care Stars team is committed to working with you to improve the health of our members. If you have questions about this information or would like to know more about First Choice VIP Care and the Five-Star Quality Rating System, please contact any of the following:

medicarestars@amerihealthcaritas.com

Julia Wright, MD, Chief Medical Officer, Medicare
jwright6@amerihealthcaritas.com

Kathy Barnett, Director, Medicare Stars
medicarestars@amerihealthcaritas.com

You can also learn more about the Five-Star Quality Rating System online at **www.medicare.gov/find-a-plan/staticpages/rating/planrating-help.aspx**.

FirstChoice VIP CARE
by Select Health of South Carolina

First Choice VIP Care is striving to achieve a five-star rating.

Becoming a five-star plan is an incredibly prestigious goal that only select health plans achieve annually. Health plans that earn at least four stars qualify for federal bonus payments, which, by law, must be returned to the beneficiary in the form of additional or enhanced benefits, such as reduced premiums or cost-sharing (e.g., copayments) or expanded coverage.

Benefits to you, the provider

Benefits to you, the provider, may include:

- Greater focus on preventive care and early detection of disease.
- Improved patient health outcomes.
- Potential for increased patient base (five-star plans are granted a special enrollment period, allowing Medicare beneficiaries to enroll throughout the year).
- Improved care coordination between your patients and First Choice VIP Care.
- Improved patient satisfaction scores.
- Participation in bonus programs for closing care gaps and providing clinical services.

Benefits to our members, your patients

Our ultimate goal is to enhance the health and wellness of our members. When Star Ratings improve for First Choice VIP Care, our members may benefit in the following ways:

- Ability to offer increased services and benefits.
- Improved management of chronic conditions.
- Greater focus on access to care and quality of care.
- Ability to use Star Ratings to compare health plans.
- Improved care coordination between patients, providers, and the health plan.
- Improved member experience.
- Better health outcomes.

Performing well on Star Ratings measures helps providers perform well on measures for other programs and surveys.

Measures used to determine Star Ratings overlap with other programs, surveys, and initiatives that have a significant impact on our network providers:

- **HEDIS®:** Health plans annually contact provider offices to request medical records for the Healthcare Effectiveness Data and Information Set (HEDIS), a tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service. HEDIS makes it possible to compare health plan performance on an "apples-to-apples" basis. Learn more about HEDIS at **https://www.ncqa.org/hedis/**.

  Note: All health plans are required to request medical records for their members when there are gaps in the documentation. The more information that providers include in claims and medical records for their patients, the less likely they will have to submit medical records to First Choice VIP Care.

- **CAHPS® and HOS:** Member satisfaction measures come from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey or the Health Outcomes Survey (HOS). CMS conducts these anonymous surveys annually with Medicare beneficiaries. Several of the questions ask beneficiaries about their experiences with health care providers. Learn more about the CAHPS survey at **https://www.cms.gov/research-statistics-data-and-systems/research/cahps** and more about HOS at **www.hosonline.org**.
- **Appeals:** There are several Star Ratings measures related to the appeals process. To improve our performance in these measures, it is critical that providers ensure timely and sufficient information is given for processes such as prior authorization, as First Choice VIP Care is held accountable for members' experiences. Together through coordination and cooperation, First Choice VIP Care and the provider network can create a positive member experience.
- **Medication adherence:** CMS uses the proportion of days covered (PDC) methodology to calculate prescription medication adherence as a percentage of days a member has prescription medication on hand. The PDC is measured by prescription insurance claims. The CMS established goal is > 80% for hypertension, statins, and diabetes medication adherence. Improved medication adherence can lead to better health outcomes, fewer readmissions, and a better quality of life.

CMS Star Ratings measures

Of the more than 40 measures used to determine a health plan's Star Rating, the measures we have listed below can have the greatest impact on First Choice VIP Care's Star Ratings.

Star Ratings Measure	Description
Annual Flu Vaccine	Members who had a flu shot
Breast Cancer Screening	Female plan members ages 50 – 74 who had a mammogram during the past two years
Care for Older Adults	Members age 66 and older who had a pain assessment, functional status assessment, and medication review
Care Coordination	Member experience with providers' access to medical records, timely follow-up on test results, education on prescription medication, and management of ongoing care among all providers and services
Statin Therapy for Cardiovascular Disease	Members with heart disease who got a prescription for a cholesterol-lowering medication
Getting Appointments and Care Quickly	Members reporting they were able to get an appointment and care when needed
Getting Needed Care	Members reporting how easily they are able to get needed care, including care from specialists
Colorectal Cancer Screening	Members ages 45 – 75 who had appropriate screening for colon cancer

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Star Ratings Measure	Description
Diabetes Care: Blood Sugar Controlled	Members with diabetes whose most recent glycemic index status during the measurement year (HbA1c or GMI) showed their average blood sugar is under control (≤ 9)
Diabetes Care: Eye Exam	Members with diabetes who had a retinal eye exam to check for diabetic retinopathy
Diabetes Care: Kidney Health Evaluation	Members with diabetes who had an estimated glomerular filtration rate (eGFR) **and** a urine albumincreatinine ratio (uACR)
Controlling High Blood Pressure	Members who have a diagnosis of hypertension and an adequately controlled blood pressure (< 140/90). Last blood pressure of the year counts toward Star measure.
Monitoring Physical Activity	Members who report discussing exercise with their doctor and were advised to start, maintain, or increase their physical activity
Transition of Care	Notification of inpatient admission documented on day of admission through two days after admission and in the provider chart Receipt of discharge information documented on the day of discharge through two days after discharge and in the provider chart Patient engagement after discharge within 30 days — includes office visits, home visits, and telehealth visits Medication reconciliation post-discharge completed within 30 days of hospital discharge
Medication Adherence: Diabetes	Members with a prescription for a diabetes medication who fill their prescription often enough to cover 80% or more of the time
Medication Adherence: Hypertension	Members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time
Statin Use in Persons with Diabetes	Members with diabetes who got a prescription for cholesterol-lowering medication
Osteoporosis Management in Women	Female plan members who had a fracture and got a screening (DEXA) or prescription drug or treatment for osteoporosis within six months of fracture
Plan All-Cause Readmissions	Reduce readmission within 30 days following inpatient or observation discharge from a hospital stay. Any unplanned acute readmission for any diagnosis within 30 days of initial discharge is calculated for the Star measure.
Medication Adherence: Cholesterol/Statins	Members with a prescription for a cholesterol/statin medication who fill their prescription often enough to cover 80% or more of the time
Improving Bladder Control	Members with a urine leakage problem who report discussing treatment options with their doctor
Follow up after emergency department (ED) visit within seven days	Members discharged from the ED that had a follow-up visit within seven days
Reducing the Risk of Falling	Members with a problem falling, walking, or balancing who report that they discussed it with their doctor and received a recommendation for how to prevent falls.
Improving or Maintaining Physical Health and Mental Health	Assess member's comparative perception of their physical health and mental health over a two-year period.