

First Choice VIP Care Reaching for 5 Stars

Quality Improvement Measures Identified by CMS Stars Program



What is the Star Initiative?

- In 2007 The Centers for Medicare and Medicaid Services (CMS) developed a quality and financial incentive program that rewards Medicare Advantage plans.
- The financial incentives must be used to improve members benefits and or reduce costs for members enrolled in the health plan.
- Star measures assess quality healthcare and plan responsiveness.
- Helps beneficiaries to easily compare plan performance and quality for Medicare Advantage plans.

How is the Star measure determined?

- There are 38 Star measures for Medicare Advantage plans (Part C) with prescription drug coverage (Part D).



- Each measure is rated on a scale of 1 to 5, with a 5 being the highest score.
- Some measures are weighted more heavily than others.
- A combined score gives the **Overall Star Measure** for the plan. More stars indicate better quality and performance for the types of services each plan offers:
 - 5-star rating:** Excellent
 - 4-star rating:** Above Average
 - 3-star rating:** Average
 - 2-star rating:** Below Average
 - 1-star rating:** Poor

Increased Benefits

Becoming a Five-Star plan is an incredibly prestigious achievement that only select health plans are awarded 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.

Increased Benefits

A higher Star ratings can benefit providers and members.

Benefits for providers may include:

- Greater focus on preventive care and early detection of disease.
- Better performance in provider incentive programs and shared savings programs.
- Potential for increased patient base (Five-Star Rating plans are granted a special enrollment period, allowing Medicare beneficiaries to enroll throughout the year).
- Improved relations with your patients and AmeriHealth Caritas VIP Care.

Benefits for members may include:

- Greater focus on preventive services for early detection of disease
- Greater focus on access to and quality of care
- Increased level of customer service
- Improved care coordination and health outcomes

What is measured (Part C)?

For plans covering **health services**, the overall rating is based on the quality of many medical/health care services that fall into 5 categories:

- **Staying healthy: screening tests and vaccines.** Includes whether members got various screening tests, vaccines, and other check-ups to help them stay healthy.
- **Managing chronic (long-term) conditions:** Includes how often members with certain conditions got recommended tests and treatments to help manage their condition.
- **Member experience with the health plan:** Includes member ratings of the plan.
- **Member complaints and changes in the health plan's performance:** Includes how often Medicare found problems with the plan and how often members had problems with the plan. Includes how much the plan's performance has improved (if at all) over time.
- **Health plan customer service:** Includes how well the plan handles member appeals.

What is measured (Part D)?

For plans covering **drug services**, the overall rating is based on the quality of prescription-related services that fall into 4 categories:

- **Drug plan customer service:** Includes how well the plan handles member appeals.
- **Member complaints and changes in the drug plan's performance:** Includes how often Medicare found problems with the plan and how often members had problems with the plan. Includes how much the plan's performance has improved (if at all) over time.
- **Member experience with plan's drug services:** Includes member ratings of the plan.
- **Drug safety and accuracy of drug pricing:** Includes how accurate the plan's pricing information is and how often members with certain medical conditions are prescribed drugs in a way that is safer and clinically recommended for their condition.

Where do the scores come from?

Many data sources are used to calculate the ratings for each measure:

- **HEDIS** = Health Care Effectiveness Data Information Set
- **HOS** = Health Outcomes Survey (member)
- **CAHPS** = Consumer Assessment of HealthCare Providers and Systems (member)
- **CMS Data Sources** = Eligibility, “Secret Shoppers” surveys / Notices
- **IRE** = Independent Review Entity
- **CTM** = Complaint Tracking Module
- **PDE** = Prescription Drug Event data
- **Plan Reporting**

What HEDIS Measures are in the Star Rating?

Star Measures	Source	Weight
Diabetes Care - Blood Sugar Controlled	HEDIS	3
Breast Cancer Screening	HEDIS	1
Colorectal Cancer Screening	HEDIS	1
Osteoporosis Management in Women who had a Fracture	HEDIS	1
Diabetes Care - Eye Exam	HEDIS	1
Diabetes Care - Kidney Disease Monitoring	HEDIS	1
Statin Therapy for Patients with Cardiovascular Disease	HEDIS	1
Care for Older Adults – Medication Review	HEDIS	1
Care for Older Adults – Pain Assessment	HEDIS	1
Controlling Blood Pressure	HEDIS	1
Medication Reconciliation Post-Discharge	HEDIS	1

What CAHPS Measures are in the Star Rating?

Star Measures	Source	Weight
Getting Needed Care	CAHPS	4
Getting Appointments and Care Quickly	CAHPS	4
Customer Service	CAHPS	4
Rating of Health Care Quality	CAHPS	4
Rating of Health Plan	CAHPS	4
Rating of Drug Plan	CHAPS	4
Getting Needed Prescription Drugs	CHAPS	4
Care Coordination	CAHPS	4
Annual Flu Vaccine	CAHPS	1

What Other Measures are in the Star Rating?

Star Measures	Source	Weight
Health Plan Quality Improvement	STARS	5
Drug Plan Quality Improvement	STARS	5
Complaints about the Health Plan	CTM	4
Complaints about the Drug Plan	CTM	4
Members Choosing to Leave the Plan	MBDSS	4
Plan Makes Timely Decisions about Appeals	IRE	4
Reviewing Appeals Decisions	IRE	4
Call Center - Foreign Language Interpreter and TTY Availability	Call Center Monitoring	4
Call Center - Foreign Language Interpreter and TTY Availability (drug plan)	Call Center Monitoring	4
Medication Adherence for Diabetes Medications	Prescription Drug Event Data	3
Medication Adherence for Hypertension (RAS antagonists)	Prescription Drug Event Data	3
Medication Adherence for Cholesterol (Statins)	Prescription Drug Event Data	3
Statin Use in Persons with Diabetes (SUPD)	Prescription Drug Event Data	3
Monitoring Physical Activity	HEDIS - HOS	1
Special Needs Plan (SNP) Care Management	Plan Reporting	1
Reducing the Risk of Falling	HEDIS - HOS	1
Improving Bladder Control	HEDIS - HOS	1
MPF Price Accuracy	MPF Pricing Files	1
MTM Program Completion Rate for CMR	Prescription Drug Event Data	1

