



# CMS' Star Ratings Program



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# Disclosure

Vikki Oates does not have any disclosures to report

# Learning Objectives

1. Describe the 2013 CMS Star Rating System and changes from previous years.
2. Identify the medication measures used in the Star Ratings.
3. Describe changes proposed for the 2014 CMS Star Ratings.

# Session Overview

- Star Ratings Strategy and Structure
- Star Ratings Changes and Analyses
- Operational Support for Star Ratings
- Display Measures
- Proposed Changes to the Star Ratings
- Display on Medicare Plan Finder

# Star Ratings Strategy and Structure

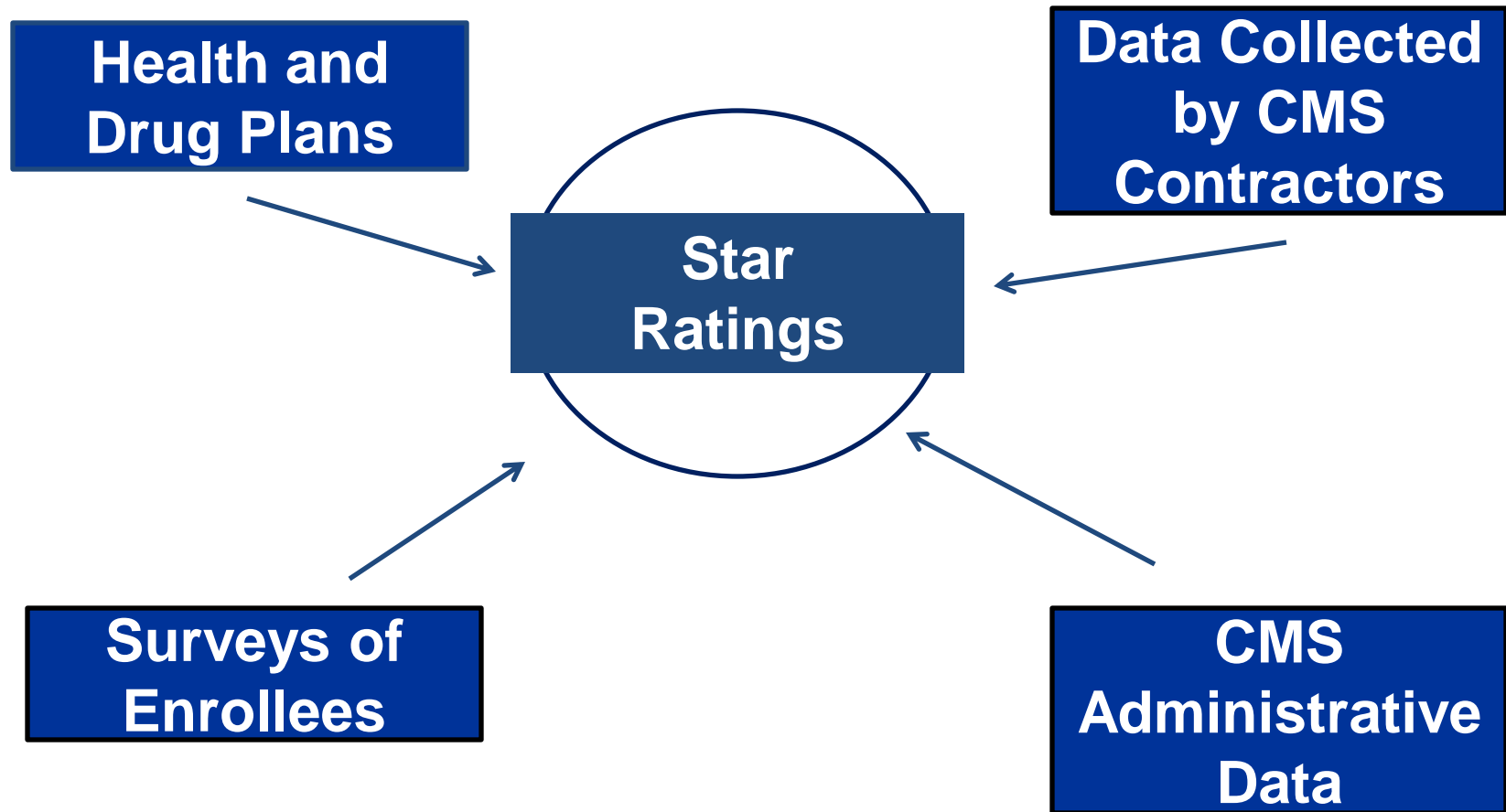
# Star Ratings Strategy

- Current Star Ratings strategy is consistent with the:
  - Institute of Medicine’s 6 aims for improvement
    - Safe, effective, patient-centered, timely, efficient, and equitable
  - National Quality Strategy’s three-part aim for quality improvement
    - Improve the individual experience of care
    - Improve the health of populations
    - Reduce the per capita costs of care for population
- CMS’ mission is to raise the importance of quality for Medicare.

# Star Ratings Structure

- The current Star Ratings measures span five broad categories:
  - Outcomes
  - Intermediate outcomes
  - Patient experience
  - Access
  - Process

# Four Categories of Data Sources





# Multiple Levels of Star Ratings

## 1. Data for each measure.

- Contract's detailed data used to rate performance.

## 2. Individual measure level.

- Star Rating for each performance measure.



# Multiple Levels (continued)

## 3. Domain level.

- Related measures are grouped together.
- Stars based on averages of individual measures.

## 4. Summary ratings for Parts C and D.

- Adjusted average of individual measure stars into a single rating.
- Contracts are rewarded for high and stable performance.
- $\frac{1}{2}$  stars provide more differentiation.

# Multiple Levels (continued)

5. MA-PDs receive an Overall rating that summarizes quality and performance for all Part C and D measures combined. PDPs only receive a Part D Summary score.
  - Overall rating - adjusted average of both Part C and D individual measure stars into a single rating.
  - Contracts are rewarded for high and stable performance. (I-factor)
  - ½ stars provide more differentiation.

# Star Ratings Cover 9 Domains

## Ratings of Health Plans (Part C)

Staying healthy: screenings, tests, vaccines

Managing chronic (long-term) conditions

Member experience with the health plan

Member complaints, problems getting services, and improvement in the health plan's performance

Health plan customer service

## Ratings of Drug Plans (Part D)

Drug plan customer service

Member complaints, problems getting services, and improvement in the drug plan's performance

Member experience with the drug plan

Patient safety and accuracy of drug pricing

# Star Ratings Incentives

- The Affordable Care Act established CMS' Star Ratings as the basis of Quality Bonus Payments (QBPs)
- 5-star Plans can market year-round. Beneficiaries can join at any time via a special enrollment period (SEP).
- The Medicare Plan Finder (MPF) blocks enrollment into plans with the Low Performer Icon (those with less than 3 stars for at least the last 3 years in a row)
- CMS can terminate Low Performer Plans, beginning in 2015.

# Star Ratings Changes and Analyses

# Star Ratings Evolution

- Quality information about health plans was first publicly reported on cms.gov in 1999.
  - Healthcare Effectiveness Data and Information Set (HEDIS)
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys
- In 2006, the Medicare Prescription Drug Plan Finder (MPF) featured Part D Ratings; Part C Ratings were added in 2007.
- CMS continues to enhance Star Ratings
  - Overall and Summary level star ratings for health and drug plans
  - Emphasis on measures of quality of care and patient experience
  - High and low performer icons
  - MPF's plan results sorted by lowest cost and highest quality

# 2011 Star Ratings

- Overall rating added for MA-PDs.
  - Summarizes all of the Part C and D measures
- Created fixed 4-star thresholds.
  - Measures must have at least two years of data, without significant technical specification changes.
  - Increases transparency about CMS' expectations for high performance.
- 2011 Star Ratings were used for 2012 Quality Bonus Payments.



# 2012 Star Ratings – New SNP Measure

- Care for Older Adults
  - Only for contracts with Special Needs Plans (SNPs)
  - CMS combined reported rates for all SNP PBPs within a contract using NCQA-developed methodology for enrollment-weighting.

# 2012 Star Ratings - Weighting of Measures

- Previously all measures were weighted equally, suggesting equal importance.
- Starting with the 2012 Star Ratings,
  - Outcomes and intermediate outcomes were weighted 3 times as much as process measures.
  - Patient experience and access measures were weighted 1.5 times as much as process measures.

# Changes to Ratings of Sanctioned Plans

- Beginning with the 2012 Star Ratings, the highest level rating (overall or summary rating) of sanctioned contracts is adjusted:
  - Contracts under sanction with 3 or more stars automatically assigned 2.5 stars
  - Contracts under sanction with less than 3 stars received a 1-star reduction

# Changes Made for 2013 Star Ratings

## New Measures

- Care coordination
  - Survey items added to the CAHPS survey.
  - Focuses on physician activities; additional measures that focus on plan activities are being developed.
- Quality improvement
  - A measure of net improvement at the contract level, calculated by summing statistically significant improvement or decline at the measure level.
  - Does not penalize high-performing plans or reward improvement over attainment.
  - Improvement calculated separately for Parts C and D measures.

# Care Coordination – 2013 Results

- The national average for the composite was 85%, or 3.4 stars.
- Generally, non-Special Needs Plans (SNPs) did better on Care Coordination than SNPs.
- Contracts tend to perform well in:
  - doctor having medical records,
  - getting help from doctor managing care,
  - talking to doctor about prescription medicines, and
  - personal doctor up-to-date about care from specialists.
- Most improvement is needed with how often and how quickly enrollee got test results

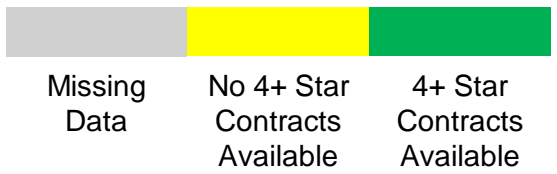
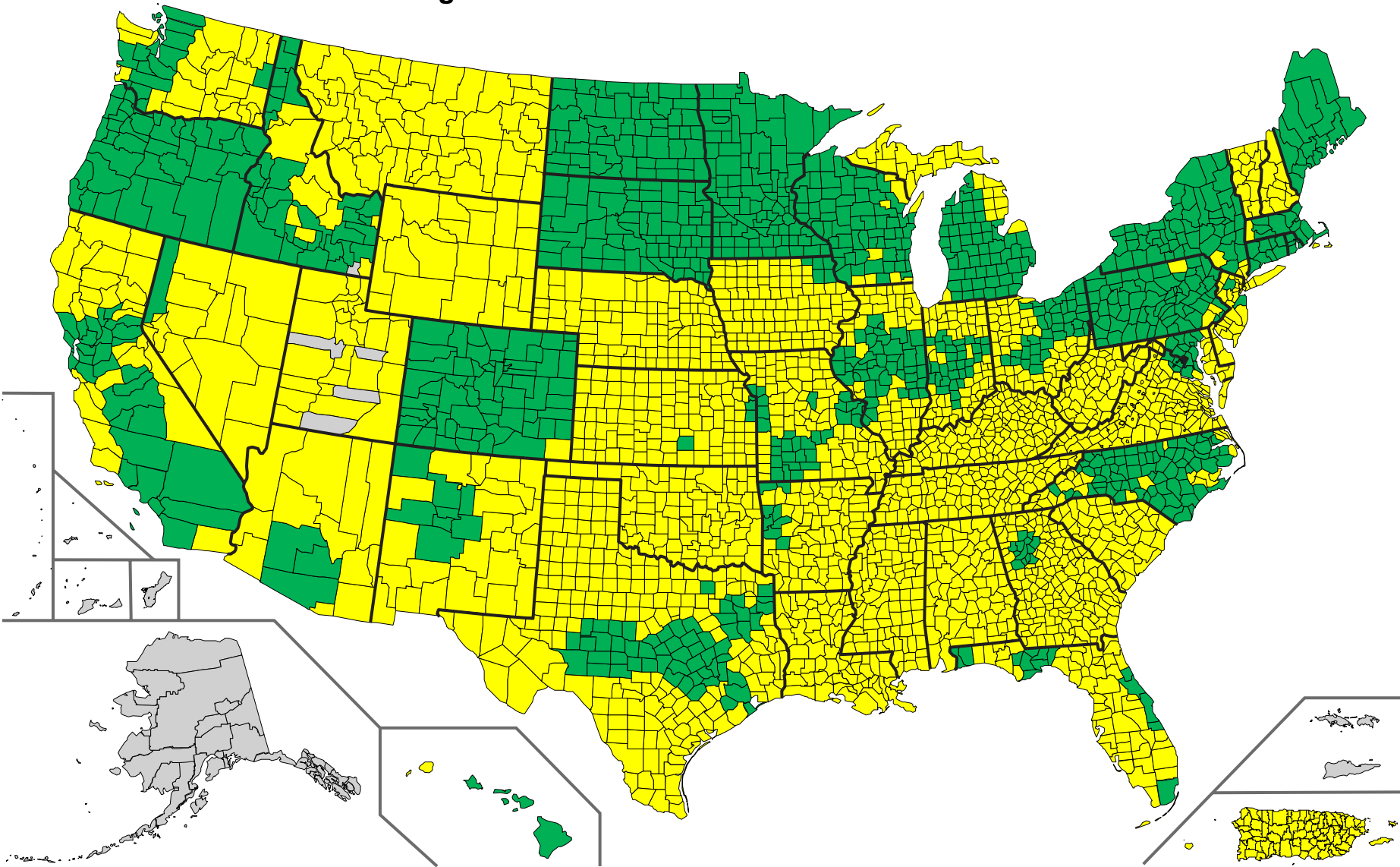
# Quality Improvement – 2013 Results

- Average star ratings varied by organization type:
  - Average for MA contracts in the Part C improvement measure is 3.1 stars
  - Average for MA contracts for the Part D improvement measure is 3.4 stars
  - Average for PDP contracts for the Part D improvement measure is 4.1 stars

# Medicare Advantage Performance on 2013 Star Ratings

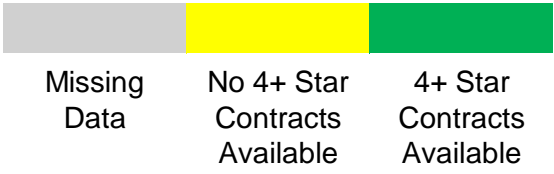
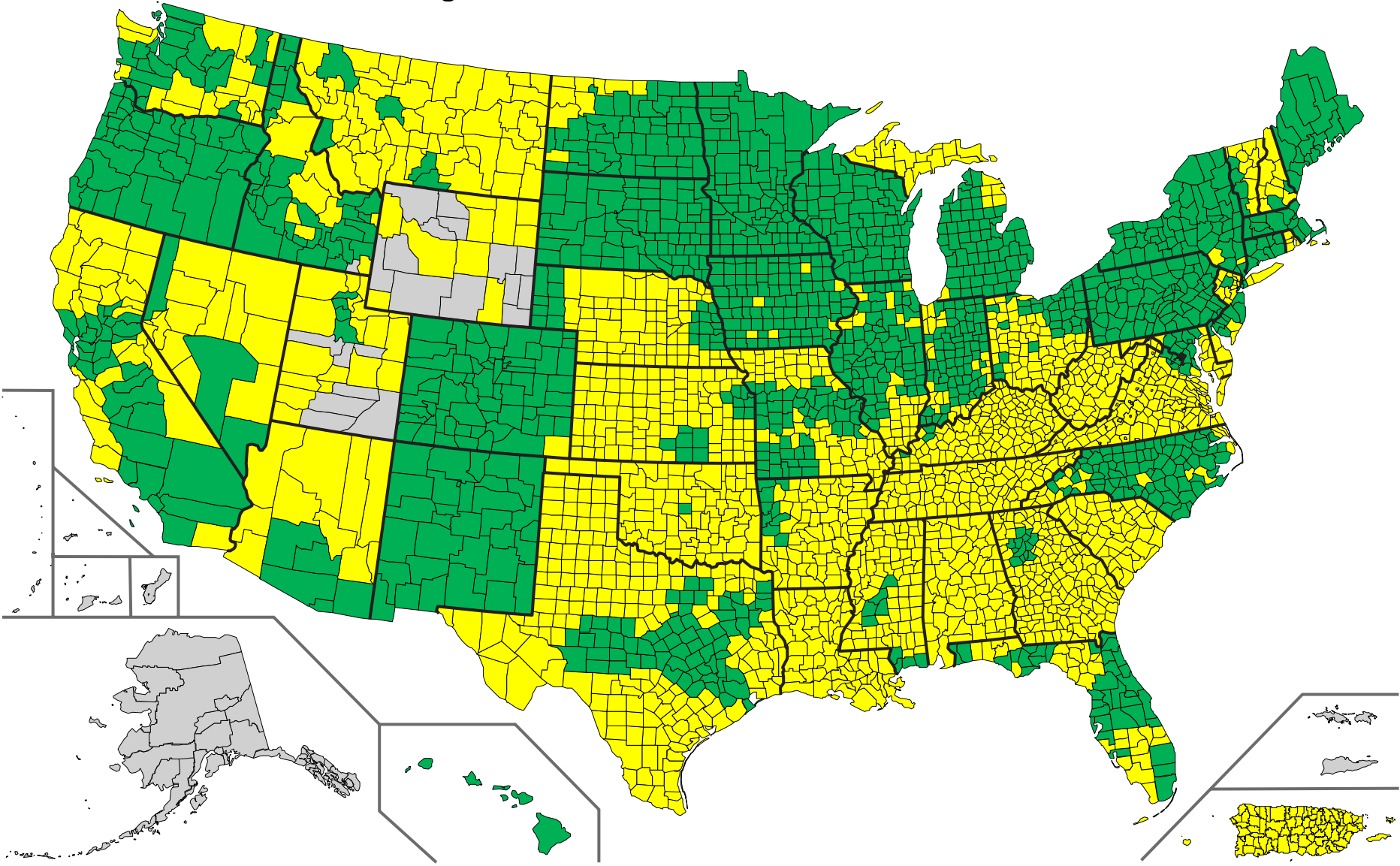
- The 2013 average star rating weighted by enrollment for MA-PDs is 3.66, compared to 3.44 in 2012.
- Approximately 23% of MA-PDs (127 contracts) that are active in 2013 earned an overall rating of four or more stars; these contracts serve 37% of enrollees.
- This is a 9 percentage point increase over 28% of enrollees in contracts with four or more stars last year.

# 2012 Star Ratings - Location of MA-PD Contracts with 4 or more stars





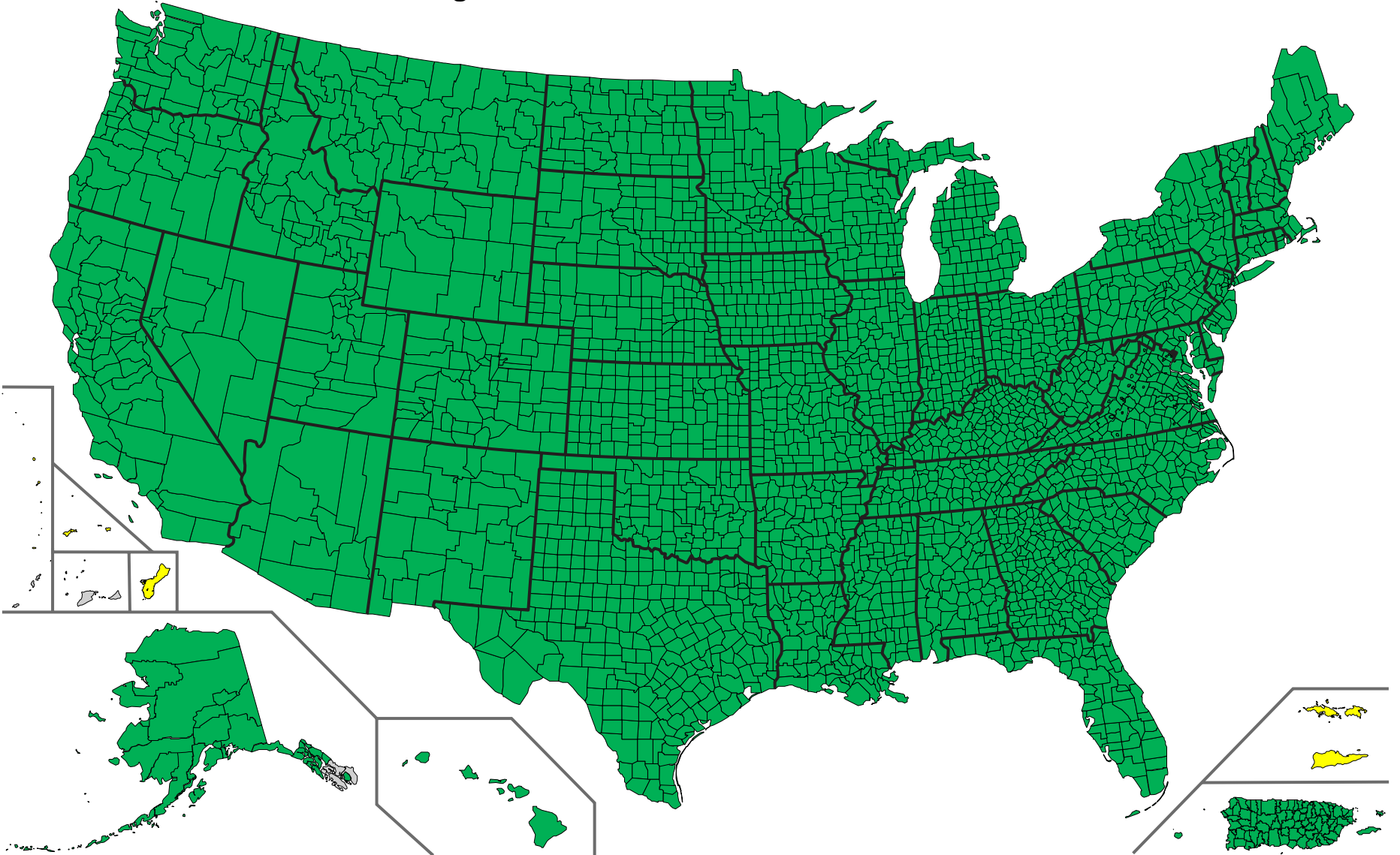
# 2013 Star Ratings - Location of MA-PD Contracts with 4 or more stars



# PDP Performance on 2013 Star Ratings

- The 2013 average star rating weighted by enrollment for PDPs is 3.30 compared to 2.96 for the 2012 Star Ratings.
- Approximately 30% of PDPs that are active in 2013 received four or more stars; weighted by enrollment, this represents 18% of PDP enrollees.
- This is a 9 percentage point increase over 9% of PDP enrollees in contracts with four or more stars last year.

# 2012 Star Ratings - Location of PDP Contracts with 4 or more stars

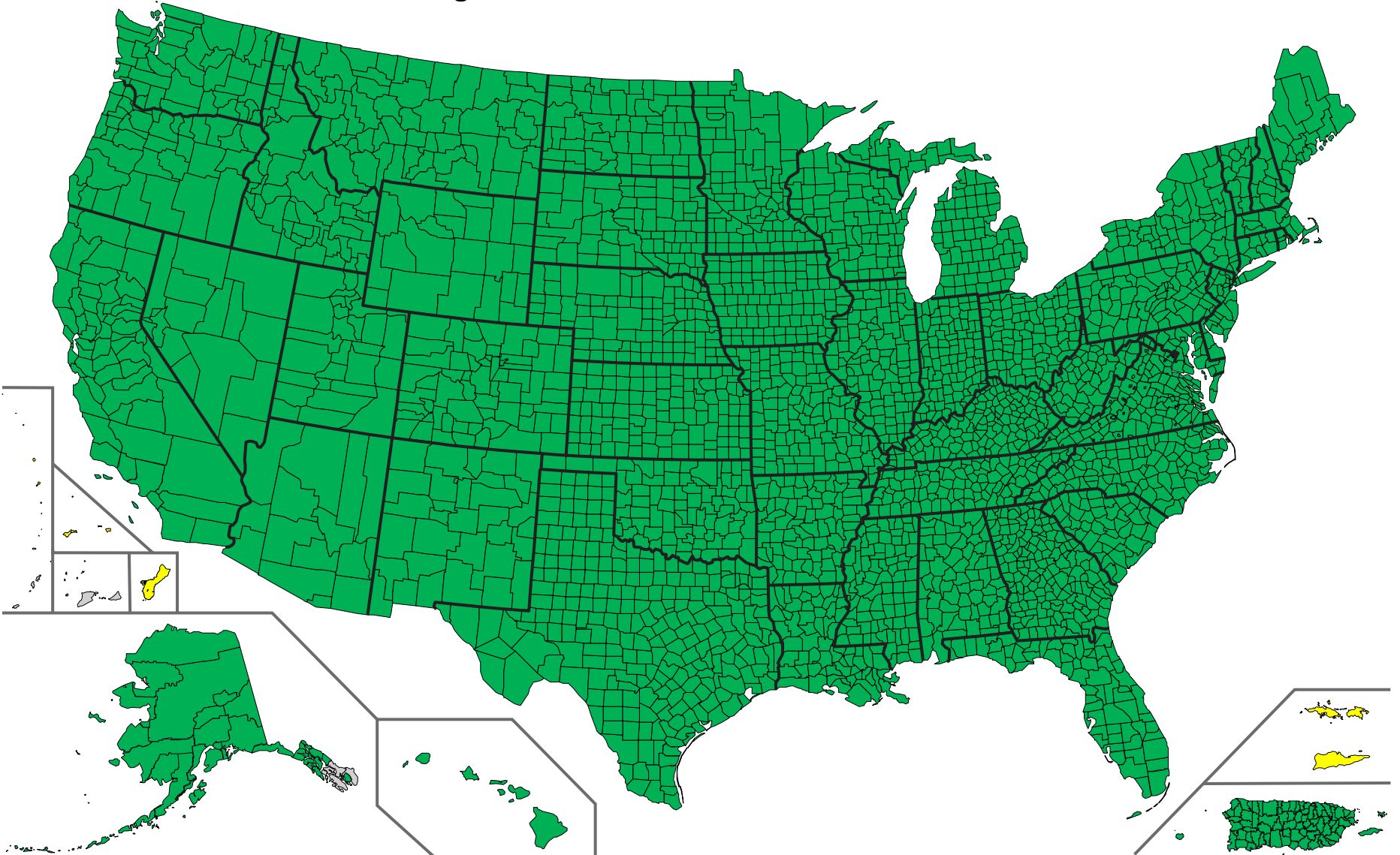


Missing  
Data

No 4+ Star  
Contracts  
Available

4+ Star  
Contracts  
Available

# 2013 Star Ratings - Location of PDP Contracts with 4 or more stars



Missing  
Data

No 4+ Star  
Contracts  
Available

4+ Star  
Contracts  
Available

# Operational Support for Star Ratings

# Patient Safety Website

- Test and calculate patient safety measures for Part D Star Ratings and Display Measures;
- Engage Part D sponsors in performance monitoring;
- Provide monthly reports to sponsors to compare their performance to overall averages and monitor their progress in improving the prescription drug patient safety measures;
- Developed to facilitate communication between CMS and the plans.

# Patient Safety Website - History

- CMS has provided Part D sponsors with Patient Safety Reports at the contract level since 2008; initial measure was High Risk Medication using 2007 data.
- Eight patient safety measures are now calculated.
  - All are Pharmacy Quality Alliance (PQA) endorsed measures. We work closely with organizations who develop quality measures through public consensus.
  - Five are Part D Star Ratings.
- The project has expanded each year to provide more detailed and actionable information to plans.

# Patient Safety Website - Measures

\* Part D Star Rating on the Medicare.gov Plan Finder  
\*\* Part D Display Measure on CMS.gov  
\*\*\* Part D Patient Safety Report (only)

1. High Risk Medication (HRM) measure \*
2. Diabetes Treatment (DT) measure \*
3. Medication Adherence (ADH) for Cholesterol (Statins)\*
4. Medication Adherence (ADH) for Hypertension (RAS Antagonists)\*
5. Medication Adherence (ADH) for Oral Diabetes Medications\*
6. Drug-Drug Interaction (DDI) measure\*\*
7. Diabetes Medication Dosage (DMD) measure\*\*
8. Medication Adherence for HIV/AIDS (Antiretrovirals)\*\*\*



# 2013 Average Rating for Patient Safety Related Measures

Measure	2012		2013	
	MA-PD Average Star	PDP Average Star	MA-PD Average Star	PDP Average Star
High Risk Medication	2.7	3.1	3.1	3.1
Diabetes Treatment Medication	2.9	2.9	3.0	2.8
Adherence for Oral Diabetes Medications	3.1	3.1	3.1	3.3
Adherence for Hypertension (ACEI or ARB)	3.1	3.0	3.0	3.2
Adherence for Cholesterol (Statins)	3.0	3.2	3.1	3.2

# Star Ratings Communication

- CMS is committed to providing Sponsors' opportunity to:
  - Provide feedback for potential new measures, or changes to current specifications.
  - Review their raw measure data and star ratings.
  - Provide comment on future directions, including methodology changes to support quality initiatives.
- Star Ratings is a year-long project for both CMS and Sponsors.

# Star Ratings Cycle

- October – Star Ratings publicly released on the Medicare Plan Finder (MPF)
- November/December – Display measures released on the CMS website.
- Late Fall
  - Request for Comments: Preliminary set of changes for following Contract Year
  - QBP preview appeals period begins.
- Early Spring – QBP Appeals period ends.
- Spring – Draft and Final Call Letter for Following Contract Year.
  - CMS' changes for Star Ratings for next 1-3 years, including draft methodology.

# Star Ratings Cycle (continued)

- Late Spring – MPF Refresh for any Star Ratings changes as a result of QBP Appeals
- Late Summer
  - User Group Call presentation: More final specifications and details around changes.
  - 1<sup>st</sup> Plan Preview/Comment Period: Measures' data only (No star ratings assigned) to prioritize Plans' review of data accuracy. Draft technical specifications.
- Early Fall – 2<sup>nd</sup> Plan Preview/Comment Period: Measures' data and stars; domain, summary, and overall ratings. Draft technical specifications.
- October – release of Star Ratings for the next year and the cycle starts over.

# Display Measures

# Display Measures

- Display measures are posted on the CMS website
- The display measure page is used for measures that are used for monitoring purposes or as a staging area for measures prior to them becoming a star rating measure:
  - Some measures may have reached a high level of performance or do not have a lot of variability
  - Some are first year measures
  - Some have a small number of contracts for who the measure could be calculated

# New 2013 Display Measures

- Grievances filed with Health and Drug plan (rate per 1,000 enrollees).
- Special Needs Plans (SNP) Care Management measure.
- Calls Disconnected when Customer Calls Health Plan.
- Medication Therapy Management Program Completion Rate for Comprehensive Medication Reviews.
- Price Stability.
- Atypical Antipsychotic rate.

# **Proposed Changes to the Star Ratings**



# Changes Proposed for 2014

- New measures
  - SNP Care Management measure (Part C SNPs)
  - MTM Completion Rate for Comprehensive Medication Reviews (CMR)
- Changes to existing measures
  - Call Center – Foreign Language Interpreter and TTY/TDD Availability – For Puerto Rico plans only, recognize English as foreign language
  - Quality Improvement – Hold harmless at measure as well as overall level.
  - HRM – Use of PQA's updated drug list based on AGS
  - MPF Accuracy – Account for price differences between POS and advertised costs

# Changes Proposed for 2014 (cont.)

- New 4-star thresholds to be set
  - Adult BMI assessment
  - COA – medication review, functional status assessment, pain screening
  - Pain all-cause readmissions
  - Complaints about the Plan
  - Beneficiary Access and Performance Problems
  - Members Choosing to Leave the Plan
  - Adherence measures
    - Oral diabetes
    - Hypertension (RAS antagonists)
    - Cholesterol (Statins)

# Changes Proposed for 2014 (cont.)

- Calculation of Overall and Part C and Part D Summary Ratings – based on individual measures' scores instead of star value
- Assignment of LPI – based on less than 3 stars rating in any summary or overall rating for 3 years
- Rounding of measure data to whole integers

# Changes Proposed for 2014 (cont.)

- New Display measures
  - Transition from Star Ratings - Enrollment Timeliness; Getting Info from Drug Plan; Call center – Pharmacy Hold time
  - CAHPS measures – Contact from doctors, plans, or pharmacies
  - Use of highly rated hospitals
  - Pharmacotherapy management of COPD exacerbation
  - Initiation and engagement of Alcohol and other Drug Dependence Treatment
  - HEDIS scores for low enrollment contracts (precursor – 2015 Star Ratings)

# Possible Changes for 2015 Ratings

- Potential new measures:
  - Disenrollment reasons
  - CAHPS – Healthy Information Technology – EHR measures
  - CAHPS – Complaint Resolution
- Changes to existing measures:
  - Adherence for Diabetes Meds: Adopt PQA's addition of 2 drug classes
  - Breast Cancer Screening – reflect NCQA proposed modifications
- New Display measure: Healthy Outcomes Survey (HOS) model

# Possible Changes for 2015 Ratings (continued)

- Raise 4-star thresholds of Star Rating measures relevant to Million Hearts Initiative
  - Cardiovascular Care – Cholesterol Screening
  - Controlling Blood Pressure
  - Diabetes Treatment
  - Medication Adherence for Diabetes Medications; Hypertension (RAS antagonists); and Cholesterol (Statins)

# **How Star Ratings are Displayed on the Medicare Plan Finder (MPF)**

# High Performing Plans

- For the 2012 Star Ratings, CMS began highlighting contracts receiving an overall rating of 5 stars





This plan got  
**Medicare's highest  
rating** (5 stars)

- Effective October 2011, new Special Election Period (SEP) allows beneficiaries to enroll in a 5-Star PDP, MA-PD, or MA-only plan.
- 5-Star plans may market year-round.





# Star Ratings: Your Results Page

## Symbols

-  When you see this symbol near a plan name, it means that Medicare Program gave the plan a 5-star (the highest rating). If a plan has a 5-star rating, people with Medicare can switch into that plan at any time during the year, even if it's not during an enrollment period.
-  Where you see this icon next to a plan, it means that Medicare has given the plan a low health or drug plan summary rating (or both) for 3 years in a row. If you are considering enrolling in such a plan, look closely at the plan's ratings for specific topics.

## Sample PDP (S1234-001-0)



	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	<b>Retail</b> Annual: \$394.80  Rest of 2011: \$131.60*	\$32.90  Drug: \$32.90  Health:N/A	Annual Drug Deductible: \$310 Health Plan Deductible: N/A  Drug Copay/ Coinsurance: 25%	All Your Drugs on Formulary: N/A  Drug Restrictions: N/A  No Gap Coverage  	 This plan got Medicare's highest rating (5 stars)	<a href="#">Enroll</a>

Icon to identify 5-Star plans

# Plans Receiving 5-Stars – Again!

- Kaiser Foundation Health Plans
  - CA (MA-PD & MA), CO (MA-PD), HI (MA-PD) and NW ( MA-PD)
- Group Health Cooperative (MA-PD)
- Gundersen Lutheran HP (MA-PD)
- Health New England (MA-PD)
- Medical Associates HP (MA)
- Dean HP (MA)
- Excellus HP – (PDP)
- Hawaii Medical Service Association (PDP)
- Wellmark & BCBS (PDP)



# New 5-star plans for 2013

- Catamaran Insurance (PDP)
- Group Health Plan (MA-PD)
- Humana (MA-PD)
- Kaiser Foundation Health Plans
  - Mid-Atlantic States and Ohio (2 MA-PDs)
- Medical Associates Clinic HP (MA)



# Low Performing Icon (LPI) Plans



- Icon created for the 2011 Star Ratings for contracts rated less than 3 stars for at least the last 3 years in a row
- Online enrollment –
  - MPF warns to consider CMS' low rating before enrolling in a low performing icon plan.
  - Effective fall 2012, for the 2013 Annual Election Period, the MPF will not allow users to enroll online in a low performing icon plan. Beneficiaries must contact the plans directly.
- Beneficiary outreach -
  - Notices will be sent to beneficiaries in low performing icon plans explaining they are eligible for a SEP to move to a higher quality plan.
- Termination of contracts –
  - Starting in the fall of 2014 for CY2015, CMS has the authority to terminate low performing icon plans.

# 2013 Low Performing Plans



- AMERICHoice OF NEW JERSEY, INC (H3164)
- AMERIGROUP NEW JERSEY, INC. (H3240)
- ANTHEM HEALTH PLANS OF KENTUCKY, INC. (H5530)
- BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA (H4209)
- CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY (R6801)
- CENTRAL HEALTH PLAN OF CALIFORNIA, INC. (H5649)
- FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY (H7306)
- HARMONY HEALTH PLAN OF ILLINOIS, INC. (H1216)
- HEALTHFIRST HEALTH PLAN OF NEW JERSEY, INC. (H7015)
- HUMANA INSURANCE COMPANY (H6411)

# 2013 Low Performing Plans



- LIBERTY HEALTH ADVANTAGE, INC. (H3337)
- MAPFRE LIFE INSURANCE COMPANY (H5821)
- PHARMACY INSURANCE CORPORATION OF AMERICA (S5775)
- THE PYRAMID LIFE INSURANCE COMPANY (H5378, H5421)
- TRIPLE-S SALUD, INC. (H4005, H5732, S5907)
- UNICARE LIFE AND HEALTH INSURANCE COMPANY (S5960)
- UNITEDHEALTHCARE COMMUNITY PLAN, INC (H6952)
- UNITEDHEALTHCARE OF PENNSYLVANIA, INC. (H3920)
- UNIVERSAL HEALTH CARE INSURANCE COMPANY (H5820)
- UNIVERSAL HEALTH CARE, INC. (H5404)
- WELLCARE HEALTH PLANS OF NEW JERSEY, INC. (H0913)
- WELLCARE OF OHIO, INC. (H0117)
- WINDSOR HEALTH PLAN, INC. (H5698)

# Star Ratings: Your Plan Details Page

## Your Plan Details

[« Return to previous page](#)

Click the tabs below for more detailed information about the plan health benefits, drug costs and more coverage and plan ratings.

[My Current Profile](#) [Additional Tools](#)

Zip Code: 20814  
Current Coverage: New To Medicare  
Current Subsidy: No Extra Help [?]  
Drug List ID: 6494068864  
Password Date: 08/10/2011

[Important Coverage Information](#)

### Symbols

 Nationwide Coverage

Overall Plan Rating  
in header of each tab

[Overview](#)

[Health Plan Benefits](#)

[Drug Costs & Coverage](#)

[Plan Ratings](#)

Sample PDP (S9999-001-0)

Plan Type: PDP



P.O. Box 1593  
Pensacola, FL 32591

#### Members:

1-866-684-5353  
1-866-684-5351 (TTY/TDD)

#### Non Members:

1-866-423-5040  
1-866-684-5351 (TTY/TDD)

Overall Plan Rating: [?]

★★★  
3 out of 5 stars

[Enroll](#)

# MPF Enhancements

- Streamlined pages – fewer clicks, concise language – to make the information easier to get to.
- Emphasizing quality and cost.
  - Plan Ratings info link placement.
  - Plan Results sorted by cost, then quality.
- Added information about Medication Therapy Management (MTM).
  - Plans' MTM program criteria (drugs, diseases, cost) to be listed with each Plan.
  - Future plans for additional integration in MPF.



# Questions

- Star Ratings went live on the Medicare Plan Finder on 10/12/12
- CMS Resources for Plan Ratings (technical notes, fact sheets, raw data):
  - [http://www.cms.gov/PrescriptionDrugCovGenIn/06\\_PerformanceData.asp](http://www.cms.gov/PrescriptionDrugCovGenIn/06_PerformanceData.asp)
- Refer questions to:
  - [PartCRatings@cms.hhs.gov](mailto:PartCRatings@cms.hhs.gov) (Part C Questions)
  - [PartDMetrics@cms.hhs.gov](mailto:PartDMetrics@cms.hhs.gov) (Part D Questions)