



Quality Measures and the Role of CBOs: Part 2: STAR Ratings

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Agenda

The top right corner of the slide features a close-up photograph of two white, round pills. One pill is in the foreground, showing the words 'HEALTH' and 'CARE' embossed on its surface, separated by a horizontal score line. Another pill is partially visible behind it to the right.

- 1. Star Ratings Overview**
- 2. Target Population**
- 3. How to Analyze Star Rating Data**
- 4. How to Apply Star Rating Data**

What Are STAR Measures?



- The CMS administers the Star Ratings program to provide beneficiaries with an objective measure to compare plans
- Health Plan Star Ratings are publicly available
- The Star Ratings program provides incentives to health plans to improve the quality of services rendered to beneficiaries

Who are covered under the Star Ratings?



- The CMS administers the Star Rating program for Medicare Advantage plans
- The CMS defines Medicare Advantage plans as the following:
 - A Type of Medicare health plan offered by a private company that contracts with Medicare to provide all Part A and Part B benefits.

Types of Medicare Advantage Plans



- There are four (4) types of Medicare Advantage Plans
 - Health Maintenance Organization (HMO) Plans
 - Preferred Provider Organization (PPO) Plans
 - Private Fee-for Services (PFFS) Plans
 - Special Needs Plans (SNPs)

Health Maintenance Org Plan



- As a member in a HMO plan, a beneficiary is limited to the doctors, providers, and hospitals that are in the HMO network.
- Generally, beneficiaries can only receive care from an out-of-network provider in the case of an emergency.

Preferred Provider Org (PPO) Plan



- With a PPO, the beneficiary has the option of seeing doctors, providers, and hospitals in the plan network for a reduced cost
- If the beneficiary chooses to go out of network, they can choose this option for a higher cost
- Key difference is that the plan provides greater flexibility to go to providers that aren't part of the plan's network

Private Fee-for-Service (PFFS) Plans



- Medicare Advantage plan that is offered by a private insurance company
- The plan determines the amount they will pay doctors and providers and how much the beneficiary must pay when they get care

Special Needs Plan (SNP)



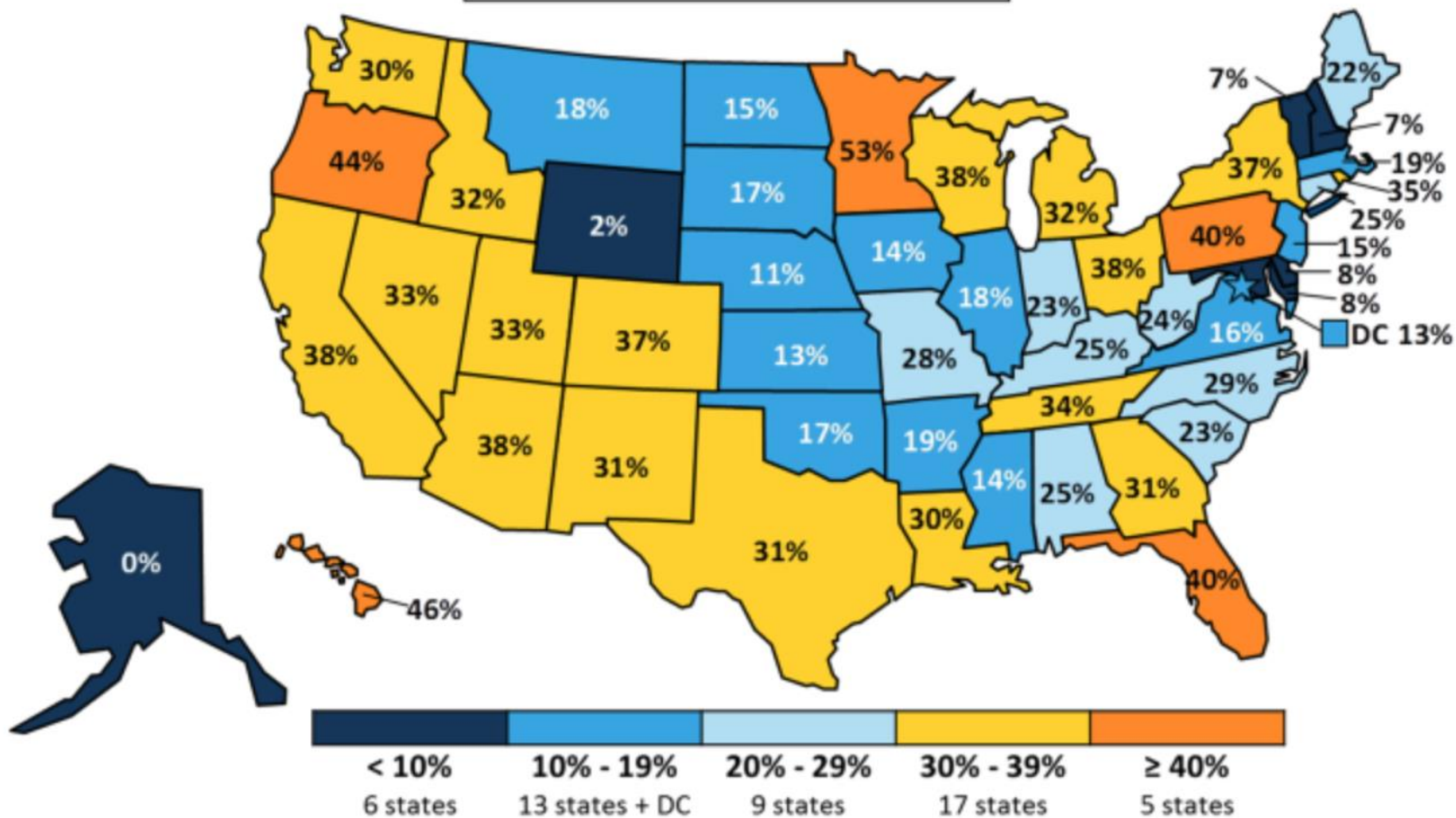
- A type of Medicare Advantage Plan that is limited to people with specific diseases or characteristics particular to a target population.
- Types of SNPs
 - Chronic Condition SNP (C-SNP)
 - Institutional SNP (I-SNP)
 - Dual Eligible SNP (D-SNP)

What population is eligible for MA Plan enrollment



- People 65 or older
- People under 65 with certain disabilities
- MA Plan population identifiers
 - **Low-Income Subsidy (LIS)**
 - **Dual Eligible (DE)**

National Average, 2015 = 31%



NOTE: Includes MSAs, cost plans and demonstrations. Includes Special Needs Plans as well as other Medicare Advantage plans.
 SOURCE: Authors' analysis of CMS State/County Market Penetration Files, 2015.



Figure 2: Share of Medicare Beneficiaries Enrolled in Medicare Advantage Plans, by State, 2015

What is the Purpose of Star Ratings?




- Provides an Objective measure for a consumer to compare health plans, as it relates to quality
- Provides an incentive for health plans to improve on defined quality measures to improve outcomes for enrolled beneficiaries
- Allows a mechanism for plans that meet high quality measures to achieve financial rewards for performance.

Why are MA Plans concerned about Low Star ratings



- Beginning in 2016, MA Plans that achieve less than a three-star rating for three consecutive years will be issued a notice of non-renewal of the contract for the following year (Termination).

Why are MA Plans concerned about Star ratings (cont.)



- Plans with a five-star rating have the advantage of year round enrollment. Plans with less than a five-star rating are limited to the open-enrollment period
 - Non-5-Star Plan
 - Open Enrollment Period
 - October 15 – December 7
 - 5-Star Plan
 - Open Enrollment
 - 5-star special enrollment period

5-Star special enrollment period



- An eligible beneficiary can switch to a 5-Star MA plan (one time) from December 8 – November 30
 - Tremendous Advantage
 - Allows a Plan to begin becoming the dominant plan in a defined market
- 5-Star plans essentially have open enrollment year long while other plans are limited to the open enrollment period of Oct – Dec.

Star Rating Calculations



- MA Star Ratings are calculated based on data from five sources:
 - HEDIS
 - CAHPS (Consumer Assessment of Healthcare Providers and Systems)
 - HOS (Health Outcomes Survey)
 - CSM administrative data support measures such as call center performance, volume of complaints, and beneficiary disenrollment
 - Part D measures

Public Release of Star Ratings



- Star Ratings are released each October, before the open enrollment period.
- Star Ratings can be found on the Medicare Advantage Plan compare website
- <https://www.medicare.gov/find-a-plan/questions/home.aspx#>

MA Plan Compare Website

The Official U.S. Government Site for Medicare

Sign Up /
Change Plans

Your Medicare
Costs

What Medicare
Covers

Drug Coverage
(Part D)

Supplements &
Other Insurance

Claims &
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Medicare Plan Finder

You have the option to complete a general or personalized plan search. A personalized search may provide you with more accurate cost estimates and coverage information. To begin your plan search, please choose from one of these options below.

General Search

A general plan search only requires your zip code.

ZIP Code:

By selecting this button you are agreeing to the terms and conditions of the [User Agreement](#)

Find Plans 

Plan Finder Multimedia

Step by step overview on how to
complete a plan search

Lesson 1- Getting Started



Getting to the Medicare Plan Finder
Medicare Pl...
medicare.gov
Official U.S. Government Site for Medicare
Learn about your health
Sign Up / Change Plans Your Medicare Costs What Medicare Covers Drug Coverage (Part D) Supplements & Other Insurance Claims & Appeals Manage Your Health Forms, Help, & Resources
Learn More About Plans Help A-Z Glossary FAQ
medicare Plan Finder
You have the option to complete a general or personalized plan search. A personalized search may provide you with more accurate cost estimates and coverage information. To begin your plan search, please choose from one of these options below.
General Search
A general plan search only requires your zip code.
ZIP Code:
By clicking on this button you are agreeing to the terms and conditions of the User Agreement
Find Plans 
Additional Tools
Find and Compare Plans
Search by Plan ID
Event News
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Star Rating Domains



- MA Plans are given a summary Star Rating based on their performance in one of five domains
 - Use of Screenings, tests, and vaccines
 - Management of chronic conditions
 - Member experience (CAHPS)
 - Member complaints
 - Customer service/appeals

2016 Part C & D Star Rating Measures (Select)



Measure	Data Source	Weight
Care for Older Adults – Medication Review	HEDIS	1
Care for Older Adults – Functional Status Assessment	HEDIS	1
Reducing the Risk of Falling	HEDIS/HOS	1
Plan All-Cause Readmissions	HEDIS	3
Care Coordination	CAHPS	1.5
Medication Adherence for Diabetes Medications	PDP plan reporting	3
Medication Therapy Mgmt completion rate for Comprehensive Medication Reviews	PDP Reporting	1

Socioeconomic Factors impact on Stars



- The CMS has authorized an external analysis of the impact of socioeconomic factors on quality measures
- Study is the result of MA Plan complaints that socioeconomic factors negatively impact their ability to improve quality measures
- Target population
 - LIS: Low-Income Subsidy
 - DE: Dual Eligibles

Socioeconomic study outcomes



- Preliminary data has been mixed
- Some factors show worse outcomes for LIS/DE populations
- Some factors actually show that LIS/DE populations had better outcomes than the general population
- Additional studies will be done

Domain: Staying Healthy: Screenings, Test, and Vaccines



- C01 - Breast Cancer Screening.
- C02 - Colorectal Cancer Screening.
- C03 - Annual Flu Vaccine.
- C04 - Improving or Maintaining Physical Health.
- C05 - Improving or Maintaining Mental Health.
- C06 - Monitoring Physical Activity.
- C07 - Adult BMI Assessment.

Managing Chronic (Long Term) Conditions



- C08 - SNP Care Management.
- C09 - Care for Older Adults – Medication Review.
- C10 - Care for Older Adults – Functional Status Assessment.
- C11 - Care for Older Adults – Pain Screening.
- C12 - Osteoporosis Management in Women who had a Fracture.
- C13 - Diabetes Care – Eye Exam.
- C14 - Diabetes Care – Kidney Disease Monitoring.
- C15 - Diabetes Care – Blood Sugar Controlled.
- C16 - Controlling Blood Pressure.
- C17 - Rheumatoid Arthritis Management.
- C18 - Reducing the Risk of Falling.
- C19 - Plan All-Cause Readmissions.

Member Experience with Health Plan



- C20 - Getting Needed Care.
- C21 - Getting Appointments and Care Quickly.
- C22 - Customer Service.
- C23 - Rating of Health Care Quality.
- C24 - Rating of Health Plan.
- C25 - Care Coordination.

Drug Safety and Accuracy of Drug Pricing



- D10 - MPF Price Accuracy.
- D11 - High Risk Medication.
- D12 - Medication Adherence for Diabetes Medications.
- D13 - Medication Adherence for Hypertension (RAS Antagonists).
- D14 - Medication Adherence for Cholesterol (Statins).
- D15 - MTM Program Completion Rate for CMR.

Analysis of Star Ratings



- Average Star Ratings are available for each category
- A comparison of a health plan in your area by average star rating provides tangible market data

All-Cause Readmissions



- 30-day readmission
- Numerator Description
 - At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date minus planned readmissions
 - “What are examples of planned readmissions?”
- Denominator Description
 - Acute inpatient discharges for commercial members 18 to 64 years of age and Medicare members 18 years of age and older as of the Index Discharge Date who had one or more discharges on or between January 1 and December 1 of the measurement year

Average Star Rating



2015 ID	Measure	2012 Average Star	2013 Average Star	2014 Average Star	2015 Average Star
C01	Colorectal Cancer Screening	3.1	3.5	3.9	4.2
C02	Cardiovascular Care – Cholesterol Screening	4.0	4.3	4.3	4.4
C03	Diabetes Care – Cholesterol Screening	4.0	4.1	3.8	4.2
C04	Annual Flu Vaccine	3.2	3.2	3.4	3.3
C05	Improving or Maintaining Physical Health	4.3	4.4	4.5	4.6
C06	Improving or Maintaining Mental Health	2.2	2.2	2.0	2.5
C07	Monitoring Physical Activity	1.9	2.1	2.4	2.2
C08	Adult BMI Assessment	2.8	3.7	3.8	3.8
C09	Special Needs Plan (SNP) Care Management	n/a – new 2015	n/a – new 2015	n/a – new 2015	2.7
C10	Care for Older Adults – Medication Review	3.5	3.0	3.6	3.9
C11	Care for Older Adults – Functional Status Assessment	2.8	2.8	3.4	3.4
C12	Care for Older Adults – Pain Assessment	2.7	3.2	3.2	4.0
C13	Osteoporosis Management in Women who had a Fracture	2.1	1.4	1.9	2.1
C14	Diabetes Care – Eye Exam	3.5	3.4	4.0	3.7
C15	Diabetes Care – Kidney Disease Monitoring	4.3	4.3	4.5	4.2
C16	Diabetes Care – Blood Sugar Controlled	3.2	3.1	3.3	3.3

Sample Analysis: All-Cause Readmissions



- Average Star Rating
 - 2012
 - 3.3
 - 2013
 - 3.0
 - 2014
 - 3.5
 - 2015
 - 3.0

Data on Star Ratings



- CMS provides data on Plan Star Ratings
- Access the Following website
- <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html>

- Medicare**
- Medicaid/CHIP
- Medicare-Medicaid Coordination
- Private Insurance
- Innovation Center
- Regulations & Guidance
- Research, Statistics, Data & Systems
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Part C and D Performance Data

This page contains performance data related to the Part C & D programs.

UPDATE: 3/9/15 - The ZIP file "2014 RFI Submissions (02252015) v2a.zip" contains a summary of CMS' review of internal research and a subset of the RFI submissions.

Please check back again as this page is updated on a regular basis.

Downloads

- [Research on the Impact of Socioeconomic Status on Star Ratings\(v1 09082015\) \[PDF, 461KB\]](#)
- [2016 Star Ratings User Call Slides \(v2015_08_05\) \[PDF, 766KB\]](#)
- [2016 Technical Notes Preview 2 \(v2015_09_02\) \[PDF, 2MB\]](#)
- [2016 Star Ratings Measure List \[PDF, 62KB\]](#)
- [2014 RFI Submissions \(02252015\) v2a \[ZIP, 35MB\]](#)
- [Request for Comments: 2016 Stars \[ZIP, 1MB\]](#)
- [Summary of Comments to the November 22, 2013 Star Ratings Request for Comments \[PDF, 145KB\]](#)
- [2015 Part C & D Medicare Star Ratings Data \(v4 16 2015\) \[ZIP, 7MB\]](#)
- [2014 Part C & D Medicare Star Ratings Data \(v.04.02.14\) \[ZIP, 8MB\]](#)
- [2013 Part C & D Medicare Star Ratings Data \(v.05.07.13\) \[ZIP, 9MB\]](#)
- [2012 Part C & D Medicare Star Ratings Data \(v.04.25.12\) \[ZIP, 4MB\]](#)
- [2011 Part C & D Medicare Star Ratings Data \[ZIP, 2MB\]](#)
- [2010 Part C & D Medicare Star Ratings Data \[ZIP, 964KB\]](#)
- [2009 Part C & D Medicare Star Ratings Data \[ZIP, 1003KB\]](#)
- [2008 Part C & D Medicare Star Ratings Data \[ZIP, 1MB\]](#)



2015 Star View: Medicare Report Card Master Table

CONTRACT_ID	Organization	Contract Name	HD2: Managing Chronic (Long Term) Conditions				
			C08: Adult Bl	C09: Special	C10: Care for	C11: Care for	C12: Ca
			01/01/2013	01/01/2013	01/01/2013	01/01/2013	01/01/
E0654	Employer/Ur	IBT VOLUNTARY EMPLOYEE BENEFITS TRUST	Plan not requ	Plan not requ	Plan not requ	Plan not requ	Plan no
E2630	Employer/Ur	C AND O EMPLOYEES' HOSPITAL ASSOCIATION	Plan not requ	Plan not requ	Plan not requ	Plan not requ	Plan no
E3014	Employer/Ur	PSERS HOP PROGRAM	Plan not requ	Plan not requ	Plan not requ	Plan not requ	Plan no
E4744	Employer/Ur	MODOT/MSHP MEDICAL AND LIFE INSURANCE PLAN	Plan not requ	Plan not requ	Plan not requ	Plan not requ	Plan no
E7316	Employer/Ur	UNION PACIFIC RAILROAD EMPLOYES HEALTH SYSTEMS	Plan not requ	Plan not requ	Plan not requ	Plan not requ	Plan no
E7848	Employer/Ur	OMES EMPLOYEES GROUP INSURANCE DIVISION	Plan not requ	Plan not requ	Plan not requ	Plan not requ	Plan no
H0022	Demo	BUCKEYE COMMUNITY HEALTH PLAN, INC.	Plan too new	Plan not requ	Plan not requ	Plan not requ	Plan no
H0028	Local CCP	CHA HMO, INC.	Not enough	Plan not requ	Plan not requ	Plan not requ	Plan no
H0084	Local CCP	CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY	4	2	3	2	
H0104	Local CCP	BLUE CROSS AND BLUE SHIELD OF ALABAMA	3	Plan not requ	Plan not requ	Plan not requ	Plan no
H0107	Local CCP	HEALTH CARE SERVICE CORPORATION	Plan too new	Plan not requ	Plan not requ	Plan not requ	Plan no
H0108	Local CCP	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	4	No data avai	No data avai	No data avai	No data
H0137	Demo	COMMONWEALTH CARE ALLIANCE, INC.	Plan too new	Plan not requ	Plan not requ	Plan not requ	Plan no

A	B	C	V	W	X	Y	Z	AA
H0712	Local CCP	WELLCARE OF CONNECTICUT, INC.	3	3	4	1	4	1
H1468	Local CCP	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	5	5	4	2	4	1
H1659	Local CCP	PIEDMONT COMMUNITY HEALTHCARE, INC.	1	1	Not enough	1	1	1
H1906	PFFS	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	4	4	Not enough	3	3	1
H2237	Local CCP	INDEPENDENT CARE HEALTH PLAN, INC.	2	4	4	Not enough	5	1
H3672	Local CCP	HOMETOWN HEALTH PLAN	4	4	5	1	4	1
H3907	Local CCP	UPMC HEALTH PLAN, INC.	4	4	4	1	4	1
H4199	Local CCP	FLORIDA HEALTHCARE PLUS, INC.	1	1	2	Not enough	4	1
H4279	Local CCP	UPMC FOR YOU, INC	3	4	3	Not enough	4	1
H4525	Local CCP	SHA, L.L.C	3	3	4	2	4	1
H5151	Local CCP	HEALTH PLAN OF THE UPPER OHIO VALLEY	4	4	4	2	3	1
H5533	Local CCP	UPMC HEALTH NETWORK, INC.	4	5	4	2	1	1
H6181	Local CCP	AMERIGROUP NEW YORK, LLC	2	3	4	Not enough	4	1
H7200	Local CCP	AMERIGROUP TENNESSEE, INC.	2	3	2	Not enough	4	1
H7811	Local CCP	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	2	2	Not enough	Plan too new	Plan too new	1
H8189	Local CCP	MANAGED HEALTH SERVICES, WISCONSIN	2	2	Not enough	Not enough	Not enough	1
H8604	Local CCP	THP INSURANCE COMPANY	4	4	Not enough	Not enough	1	1
H8822	Local CCP	ADVANTAGE HEALTH SOLUTIONS, INC.	2	3	Not enough	2	4	1
H8991	Local CCP	AMERIGROUP FLORIDA, INC.	3	4	1	Not enough	4	1
H0084	Local CCP	CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY	2	2	3	1	4	2
H0154	Local CCP	VIVA HEALTH, INC.	3	4	4	1	4	2
H0318	Local CCP	AETNA HEALTH, INC. (PA)	4	5	Not enough	3	3	2
H0423	Local CCP	METROPLUS HEALTH PLAN, INC.	3	3	4	Not enough	4	2
H0621	Local CCP	COLORADO ACCESS	1	3	4	1	4	2
H0838	Local CCP	UNIVERSAL CARE, INC.	3	4	Not enough	Not enough	Not enough	2
H0908	Local CCP	BUCKEYE COMMUNITY HEALTH PLAN, INC.	1	1	Not enough	Not enough	Not enough	2
H0913	Local CCP	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	2	3	Not enough	Not enough	Not enough	2
H1026	Local CCP	HEALTH OPTIONS, INC.	4	3	2	2	4	2
H1032	Local CCP	WELLCARE OF FLORIDA, INC.	4	3	2	2	4	2
H1112	Local CCP	WELLCARE OF GEORGIA, INC.	2	2	3	1	3	2
H1304	Local CCP	REGENCE BLUE SHIELD OF IDAHO	2	3	4	3	2	2
H1416	Local CCP	HARMONY HEALTH PLAN OF ILLINOIS, INC.	2	3	4	1	4	2
H1418	Local CCP	HUMANA INSURANCE COMPANY	4	5	3	2	3	2
H1595	Local CCP	HEALTHPLUS INSURANCE COMPANY	4	4	Not enough	3	3	2
H1903	Local CCP	WELLCARE OF LOUISIANA, INC.	1	3	2	2	3	2
H2108	Local CCP	BRAVO HEALTH MID-ATLANTIC, INC.	3	3	3	2	4	2
H2112	Local CCP	AETNA HEALTH, INC. (PA)	4	4	4	2	4	2
H2174	Local CCP	TRILLIUM COMMUNITY HEALTH PLAN	1	4	4	2	4	2
H2224	Local CCP	SENIOR WHOLE HEALTH, LLC	4	4	4	2	5	2
H2425	Local CCP	BLUE PLUS	4	4	4	2	4	2
H2456	Local CCP	UCARE MINNESOTA	4	4	3	2	5	2
H2511	Local CCP	CONVENTRY HEALTH AND LIFE INSURANCE COMPANY	4	4	5	1	4	2

Data Review Tips



- Low Performing Plans
- Individual Star Ratings by category for select plans
- Data provided in a CSV file that will convert to a Excel file
 - Sort the file based on the desired measure you want to address
 - Sort the category from lowest to largest in the select category to provide a list of those plans with the worst performance
 - Remember that plans that consistently score a 3 or worse for three consecutive years will be issued a notice of non-renewal

Value Proposition (Part 1)



- Identify the risk that your potential customer has (financial and quality).
- Determine the penetration of the customer in the market.
- Determine the types of beneficiaries served by the customer and list all of the challenges faced by this target population.
- Assess how your service addresses the customer's risk.
- Determine the level of access that you have to the target population. (Can you effectively reach their target population)?

Value Proposition (Part 2)



- Determine if there is a subset of the population served by the customer, that you could have the most impact in serving (e.g. If contracting with a Medicaid Managed Care plan that serves pregnant women and duals, you will want to segment your services to the Dual-eligible Medicaid beneficiaries).

Value Proposition (Part 3)



- Document how your program will complete the following:
 - Reach the target population
 - Provide services to the target population
 - Document the effectiveness of your program for the individual and the population served
 - Track the Return on Investment (ROI) obtained by buying your services
 - Provide continuous quality improvement
 - Deliver regular data to the customer to show the impact of your program at the individual and aggregate level

MCO Contracting Checklist



- Do you know how the MA plan fared on the Medical Loss Ratio requirement for the prior year?
- Do you know what the MA plan spent on hospital readmission activities last year?
- Do you know what the competitor MA plan spent on hospital readmission activities last year?
- Do you know how the MA plan performed on their HEDIS and STAR Ratings performance card?

MCO Contracting Checklist (cont.)



- Does the MA plan currently have beneficiaries that admit to the hospital where your program provides services?
- Does the MA plan have bundled payment contracts or value-based payment arrangements with the hospital where your program operates?
- Is our data collection process HIPAA compliant?

Questions



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