

Star Ratings: Measuring Quality



The Centers for Medicare & Medicaid Services (CMS) Star Rating System measures the overall quality and performance of Medicare Advantage (MA) HMO, PPO, and Part D plans (MA-PD and PDP). Plans are rated on a scale of one to five stars, with five representing the highest score a plan can receive.

For plans that cover health services (Part C), the overall rating tells you about the plan's quality in five areas:

1. **Staying healthy with screening tests and vaccines:** Whether members got various screening tests, vaccines, and other checkups to help them stay healthy.
2. **Managing chronic (long-term) conditions:** How often members with certain conditions got recommended tests and treatments to help manage their conditions.
3. **Member experience with the health plan:** Member ratings of the plan.
4. **Member complaints and changes in the health plan's performance:** How often members had problems with the plan. Includes how much the plan's performance improved (if at all) over time.
5. **Health plan customer service:** How well the plan handles member calls and questions.

For plans that cover prescription drugs (Part D), the overall rating tells you about the plan's quality in four areas:

1. **Drug plan customer service:** How well the plan handles member calls and questions.
2. **Member complaints and changes in the drug plan's performance:** How often members had problems with the plan. Includes how much the plan's performance improved (if at all) over time.
3. **Member experience with the drug plan:** Member ratings of the plan.
4. **Drug safety and accuracy of drug pricing:** 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.

Quality scores are based on more than 47 distinct measures derived from the following sources:

- **HEDIS:** Designed to assess a plan's clinical effectiveness, accessibility to members, and use of resources.
- **Consumer Assessment of Healthcare Providers and Systems (CAHPS) program survey:** To assess members' experience with care.
- **Health Outcomes Survey (HOS):** Gathers information regarding members' perception of their own health status.
- **Part D:** Prescription drug event data and MPF pricing files.
- **CMS administrative:** Data support measures such as Complaint Tracking Module (CTM), Independent Review Entity (IRE), disenrollment, call center, etc.

The benefits

The system helps improve the quality of care and general health status for Medicare members. It allows consumers to compare Medicare Advantage and prescription drug plans based on quality and performance and select the best plan for them. It also rewards high-performance plans with financial reimbursements, which are returned to consumers through additional enhanced benefits, provider quality incentives, and fee schedule enhancements.

The Star Rating System benefits both providers and patients by improving:

- Physician and patient relations
- Customer service and member experience
- Relationship and collaboration with the health plan
- Increased awareness of patient safety issues
- Focus on preventive medicine and early disease detection
- Support for chronic condition management

Achieving excellence

As a provider, you can impact all aspects of the program (especially quality of care, access to care, consumer experience, and satisfaction) by:

- Encouraging patients to obtain preventive screenings
- Identifying barriers to care
- Creating a workflow to identify noncompliant patients at appointments and using Risk Manager to detect gaps in care
- Submitting complete and correct claims with appropriate codes; e.g., using ICD-10 codes to submit a body mass index (BMI) measurement
- Talking to your patients about physical activity, physical and mental health, bladder control, and fall prevention
- Identifying opportunities for you and your office to affect patient experience and satisfaction; e.g., getting your patients in for appointments as quickly as possible, reviewing test results with your patients, and coordinating care with other providers

The Star Rating System benefits both providers and patients by improving physician and patient relations and customer satisfaction.

Measures you can impact

Preventive medicine/early detection

- Breast cancer screening
- Colorectal cancer screening
- Flu vaccine
- BMI assessment
- Osteoporosis management

Chronic condition management

- Diabetes care — eye exam, monitoring kidney disease, controlling blood sugar
- Rheumatoid arthritis management
- Statin therapy for patients with cardiovascular disease or diabetes
- Managing readmissions

Patient safety

- Diabetes medication adherence
- Hypertension medication adherence
- Cholesterol medication adherence
- Medication reconciliation post-discharge

HOS

- Improving and maintaining physical and mental health and monitoring physical activity
- Improving bladder control
- Fall prevention

CAHPS

- Obtaining needed care; e.g., getting appointments to see a specialist, getting needed care
- Getting appointments and care quickly
- Care coordination; e.g., records and reports needed for patient care, prompt test results



BlueCross BlueShield of Western New York (BCBSWNY) is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal. BCBSWNY is a division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association.