# Medicare Advantage Star Rating Program

The Centers for Medicare and Medicaid Services (CMS) works with Medicare Advantage Plans like GlobalHealth's Generations plans to improve the quality, performance and cost effectiveness of services provided to Medicare beneficiaries. The Medicare star rating program determines how well plans and providers perform across a selection of quality measures using information from member satisfaction (both plan and providers), health outcomes and plan operations. A plan can get a rating from one to five stars. A 5-Star rating is considered excellent.

The measures are divided into the following categories:

- Staying healthy – Includes how often members received various screening tests, vaccines, and other assessments to help them stay healthy.

- Managing chronic conditions – Includes how often members with different long-term conditions completed certain tests and treatments that help manage their conditions, appropriateness of medication and medication adherence.

- Member experience with the health plan – Includes ratings of member satisfaction with the plan and how they feel about the quality of their care, the plan and providers.

- Health plan customer service – Includes how responsive and helpful the plan's customer care is and if the information provided is accurate; includes grievances and appeals.

- Member complaints and changes in the health plan's performance – Includes how often Medicare found problems with the plan and how often people had problems with the plan; includes how much the plan's performance has improved (if at all) over time.


In addition, Medicare Part D measures are divided into the following categories:

- Member experience with plan's drug services – Includes member ratings of the plan.

- 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 people had problems with the plan; includes how much the plan's performance has improved (if at all) over time/

- Drug safety and accuracy of drug pricing – Includes how accurate the plan's pricing information is and how often people with certain medial conditions are prescribed drugs in a way that is safer and clinically recommended for their condition.

A plan's star ratings are ranked 1-5 in each category, and then used to determine a plan's overall rating.

| | |
|---|---|
| ★★★★★ | Excellent Performance |
| ★★★★ | Above Average Performance |
| ★★★ | Average Performance |
| ★★ | Below Average Performance |
| ★ | Poor Performance |

The star rating measures the plan's performance in over 30 measures covering:

- Clinical quality standards

- Member satisfaction

- Health plan administrative performance

- Compliance with CMS operational standards

Data sources used to measure the performance include:

- Clinical quality standards:

  - Health Effectiveness Data and Information Set (HEDIS®) (*please see table below*)

  - Pharmacy data (Prescription Drug Event – PDE), includes medication adherence

  - Laboratory data

  - Health Outcome Survey (HOS) https://hosonline.org

- Member experience, satisfaction and complaints with the plan:

- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) https://cahps.ahrq.gov/about-cahps/index.html
- Medicare Advantage (MA) and Prescription Drug Plan (PDP) CAHPS link https://ma-pdpcahps.org/
- Complaint Tracking Module
- Grievances and appeals
- Administrative performance and compliance standards
  - CMS audits
  - Pharmacy (Part D) drug safety and drug pricing accuracy
  - Customer care performance

## What is GlobalHealth doing to enhance quality and improve star ratings?

GlobalHealth's goal is to support our members in maintaining and improving their physical and mental health, effectively manage long-term conditions, and ensure high-quality, cost-effective healthcare from our provider network.

We utilize Case Management, Care Coordination, Quality Improvement and our network providers to encourage our members' healthy choices by monitoring how frequently members receive screenings, vaccines, and other preventive services. *Please see GlobalLink™ for referral forms.*

We have a team dedicated to quality and improving our Star ratings, with a goal of improving the health of our members, attracting new members to our high-quality plans and offering competitive reimbursement to our providers. GlobalHealth constantly assesses the Star ratings and the measures that they encompass.

GlobalHealth is also working with specific provider groups in Shared Savings Program (SSP) agreements, where providers are rewarded for their performance on a number of quality measures, including HEDIS and CAHPS.

What you can do to continue to provide high quality, timely, appropriate service to our members:

- ✓ Ensure your patients receive routine screenings and preventive services, including lab work;
- ✓ Help your patients manage their long-term conditions, including high blood pressure, diabetes, high cholesterol and arthritis;
- ✓ Refer to GlobalHealth Case Management and Behavioral Health Care Coordination as indicated;

- ✓ Help members choose safe medications;

- ✓ Ensure patients are taking their medications as prescribed (principally oral diabetic, cholesterol, HTN, ACE/ARB);

- ✓ Submit claims and document all services timely, thoroughly and accurately;

- ✓ Understand the impact that you and your staff have on your patient's (our member's) health and satisfaction with their health plan and care, which is reflected in CAHPS and HOS surveys.

**Note:** The National Committee for Quality Assurance (NCQA) has a comprehensive list of medications and National Drug Code (NDC) codes eligible for use in reporting posted at: https://www.ncqa.org/hedis/measures/hedis-2019-ndc-license/hedis-2019-final-ndc-lists/

# Medicare Advantage Plans HEDIS/CAHPS Star Measures (2019)

| Measure | Description of Measure | 4 Star Benchmark |
|---|---|---|
| Colorectal Cancer Screening | Medicare members age 50 – 75 should have a 1) Fecal Occult Blood (gFOBT or iFOBT) within the last year or: 2) flexible sigmoidoscopy within the last 5 years or; 3) colonoscopy within the last 10 years. Documentation must include the date test was completed. | ≥75% |
| Breast Cancer Screening | Female Medicare members ages 50 – 74 should have a mammography every 2 years. | ≥78% |
| Annual Flu Vaccine | Medicare members (male and female) who had a flu shot annually prior to flu season. | ≥75% |
| Improving or Maintaining Physical Health | Medicare members (male and female) who state their physical health was the same or better than expected after two years. | ≥70% |
| Improving or Maintaining Mental Health | Medicare members (male and female) who state their mental health was the same or better than expected after two years. | ≥84% |
| Monitoring Physical Activity | Medicare members age 65 and older (male and female) who discuss exercise with their doctor and were advised to start, increase or maintain their physical activity during the year. | ≥56% |
| Adult BMI Assessment | Medicare members ages 18 – 74 (male and female) should visit with their primary physician and have a body mass index (BMI) documented every 2 years. Calculate from the member's height and weight. | ≥94% |
| Osteoporosis Management in Women who had a Fracture | Female Medicare members age 67 – 85 years of age who suffered a fracture and received a bone mineral density (BMD) test or were prescribed a drug to treat or prevent osteoporosis within 6 months of the fracture. Excludes fractures of fingers, toes, face, and skull. | ≥61% |
| Diabetes – Retinal Eye Exam | Medicare members ages 18 – 75 (male and female) with diabetes (Type 1 and Type 2) who had a dilated or retinal eye exam by an eye care professional to check for damage from diabetes during the year. Results need to indicate date and result. | ≥76% |
| Diabetes – Kidney Disease Monitoring | Medicare members ages 18 – 75 (male and female) with diabetes who had nephropathy screening test performed every year. a) Macroalbumin – Any of the following tests done in measurement year: Urinalysis positive (random, spot or timed) for protein, Positive urine dipstick, Positive tablet | ≥96% |

| Measure | Description of Measure | 4 Star Benchmark |
|---|---|---|
| | reagent for urine protein, Positive result for albuminuria, Positive for macroalbuminuria, Positive for proteinuria, Positive for gross proteinuria *Note*: "trace" urine macroalbumin test results are not considered positive. b) Microalbuminuria – Any of the following tests in measurement year: 24–hour urine for microalbumin Timed urine for microalbumin, Spot urine for microalbumin, Urine for microalbumin/ creatine ratio, 24–hour urine for total protein, Random urine for protein/creatinine ratio or c) has documentation of nephropathy in the record during the past year. | |
| Diabetes Care – Blood Sugar Controlled | Medicare members ages 18 – 75 (male and female) with diabetes who had an HbA1c test in the measurement year documented in the record with date and results indicating <8.0%. | ≥81% |
| Controlling High Blood Pressure | Medicare members (male and female) diagnosed with HTN, ages 18 – 59 and all members diagnosed with diabetes, with BP of <140-90 mmHg during the measurement year. Medicare members (male and female) diagnosed with HTN, ages 60 and older; with BP of <150/90 mmHg during the measurement year. | ≥78% |
| Rheumatoid Arthritis Management | Medicare members (male and female) who were diagnosed with rheumatoid arthritis during the measurement year and were dispensed at least one prescription for disease modifying anti–rheumatic drug (DMARD) filled. | ≥86% |
| Improving Bladder Control | Medicare members 65 years and older (male and female) who reported having a urine leakage problem in the last six months and who received treatment for the current urine leakage problem. | ≥60% |
| Reducing the Risk of Falling | Medicare members 65 years and older (male and female) who had a fall, problems with balance or walking in the past 12 months and who received fall risk intervention from current practitioner. Review of falls and balance annually. Interventions may include recommend use of cane or walker; check BP lying and standing; recommend exercise or physical therapy program; or suggest vision or hearing testing. | ≥61% |
| Medication Reconciliation Post–Discharge | Medicare members whose medication records are updated within 30 days after leaving the hospital. | ≥75% |
| Statin Therapy for Patients with | The percentage of males 21 – 75 and females 40 – 75 who are diagnosed with ASCVD and are dispensed at least one | ≥83% |

| Measure | Description of Measure | 4 Star Benchmark |
|---|---|---|
| Cardiovascular Disease | high or moderate–intensity statin medication. | |
| Plan All–Cause Readmissions | Medicare members discharged from hospital stays who were readmitted to a hospital within 30 days of discharge, either for the same condition as the recent admission *or* for a different reason. | <8% |
| Ease of Getting Needed Care and Seeing Specialists | Medicare member report of ease of access to providers, tests and treatment when needed, including care from specialists. | ≥85% |
| Getting Appointments and Care Quickly | Medicare member report of ease of access to providers when needed/ wanted; received care as soon as they thought it was needed and seen within 15 minutes of appointment time. | ≥80% |
| Medication Adherence – Oral Diabetes Medications | Medicare members with diabetes and prescribed an oral diabetic medication, who filled that prescription often enough to cover greater than or equal to 80% of the time they are supposed to be taking the medication. | ≥82% |
| Medication Adherence– Hypertension | Medicare members with HTN and treated with an ACE/ ARB or DRI medication, who filled that prescription often enough to cover greater than or equal to 80% of the time they are supposed to be taking the medication. | ≥87% |
| Medication Adherence– Cholesterol (Statins) | Medicare members treated with a statin cholesterol mediation, who filled that prescription often enough to cover greater than or equal to 80% of the time they are supposed to be taking the medication. | ≥84% |
| Statin Use in Diabetes | Medicare members (male and female) ages 18 – 75 years of age, diagnosed with HTN and diabetes, who filled at least 2 prescriptions for diabetic medications and at least one prescription for a statin medication during the measurement period. | ≥85% |