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CMS Star-Ratings

## What Are CMS Star Ratings?

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to measure Medicare beneficiaries' experience with their health plans and the health care system. This rating system applies to all Medicare Advantage (MA) lines of business: Health Maintenance Organizations (HMO), Preferred Provider Organization (PPO), Private Fee-For-Service (PFFS) and prescription drug plans (PDP).

This program is a key component in financing health care benefits for MA plan enrollees. Ratings are posted on the CMS website, [www.medicare.gov](http://www.medicare.gov), to give beneficiaries help in choosing among the MA plans offered in their area.

Health plans receive an overall summary Star Rating for the health plan as well as for individual measures within each domain. The domains focus on 5 major areas. Star ratings are a crucial part of maintaining our contract with Medicare.

The Star Ratings Program is consistent with CMS' Quality Strategy of optimizing health outcomes by improving quality and transforming the health care system. The CMS Quality Strategy goals reflect the six priorities set out in the National Quality Strategy. These priorities include: **safety, person- and caregiver-centered experience and outcomes, care coordination, clinical care, population/community health, and efficiency and cost reduction.** The Star Ratings include measures applying to the following five broad categories:

- 1. Outcomes:** Outcome measures reflect improvements in a beneficiary's health and are central to assessing quality of care.
- 2. Intermediate outcomes:** Intermediate outcome measures reflect actions taken which can assist in improving a beneficiary's health status. Controlling Blood Pressure is an example of an intermediate outcome measure where the related outcome of interest would be better health status for beneficiaries with hypertension.
- 3. Patient experience:** Patient experience measures reflect beneficiaries' perspectives of the care they received.
- 4. Access:** Access measures reflect processes and issues that could create barriers to receiving needed care. Plan Makes Timely Decisions about Appeals is an example of an access measure.
- 5. Process:** Process measures capture the health care services provided to beneficiaries which can assist in maintaining, monitoring, or improving their health status.

### The 5-Star scale

Numeric	Graphic	Description
5		Excellent
4		Above Average
3		Average
2		Below Average
1		Poor

Each domain represents a series of individual measures with individual data sources. These data sources are outlined below:

- **HEDIS<sup>®</sup> (Healthcare Effectiveness Data and Information Set) data:** Some of the current quality measures in the national Star Ratings report card are calculated based on the collection of HEDIS data from claims and encounters submitted and medical record review as needed. For example, the breast cancer screening measure is collected through a review of claims and encounters, whereas the controlling blood pressure measure is reported using a mix of claims, encounters and medical record review.
- **CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey data:** The CAHPS survey is conducted annually in the spring. Survey responses are collected from a sample of Medicare health plan members who receive the survey. Some star rating measures are based on survey results, such as flu shot rates and rates of general satisfaction of the health plan.
- **HOS (Health Outcomes Survey) Data:** The Health Outcomes Survey (HOS) is conducted annually of Medicare members. Some star ratings are based on survey results, such as questions related to falls risk, and physical activity.
- **Health Plan Operational Data:** Some of the star ratings are also based on data reported to the Centers for Medicare & Medicaid Services by health plans. Some examples include complaint and appeal rates.

### Benefits to Providers

- Improving the patient doctor relationship
- Improve your relationship with the health plan
- Greater focus on preventive medicine and early disease protection
- Strong benefits to manage chronic conditions

### Benefits to Patients/Members

- Improving the patient doctor relationship
- Greater focus on access to care
- Increased level of customer service

- Greater focus on preventive health services

**How providers can help**

- Continually encourage patients to obtain annual preventive screenings
- Create office best practices to identify noncompliant patients at the time of their appointments.
- Submit accurate claims/encounters
- Use proper coding procedures
- Understand all of the measures and how you impact them.
- Increase patient interactions: ask “do you have any questions?”