



**CMS Star Rating Program**

ICE Conference  
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**Session Overview**

- Quality measurement
- Methodology for the plan ratings
- Changes to CY2011 plan ratings
- Distribution of ratings
- Quality bonus payments
- Annual Performance Review



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**Quality Measurement**



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### Quality is Multidimensional

Quality  
System  
Provider  
Patient

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### Quality for Medicare Advantage (MA)

- System
  - Benefits
  - Access
- Provider Network
  - Well-trained
  - Coordinated care
- Patient
  - Health status and health outcomes
  - Satisfaction

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### Measuring Quality

Outcomes  
Quality  
Structure  
Process

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### Objectives of MA Plan Ratings

Public reporting	Technical assistance	Policy review
Basis for compliance and enforcement actions	Identifying audit candidates	Decisions for application approval and denials

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### Methodology

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### Five Levels of Plan Ratings

1. Data for each measure.
  - Contract's detailed data used to rate performance.
2. Individual measure level.
  - Star Rating for each performance measure.



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### Five Levels of Plan Ratings (cont.)

3. Domain level.
  - Related measures are grouped together.
  - Stars based on averages of individual measures.
4. Overall 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.
  - ½ stars provide more differentiation.

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### Five Levels of Plan Ratings (cont.)

5. MA-PDs receive an overall rating that summarizes quality and performance for all Part C and D measures combined.
  - Adjusted average of both Part C and D individual measure stars into a single rating.
  - Contracts are rewarded for high and stable performance.
  - ½ stars provide more differentiation.

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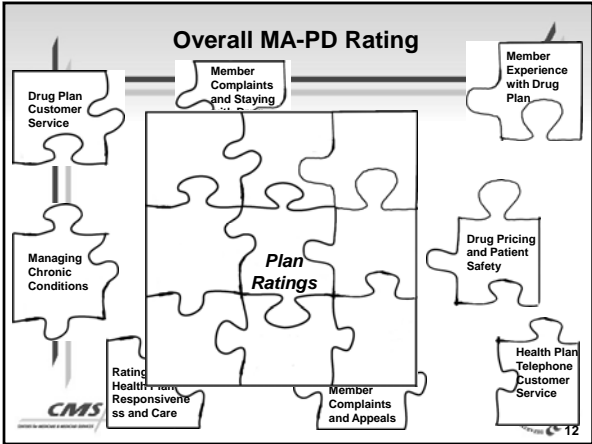
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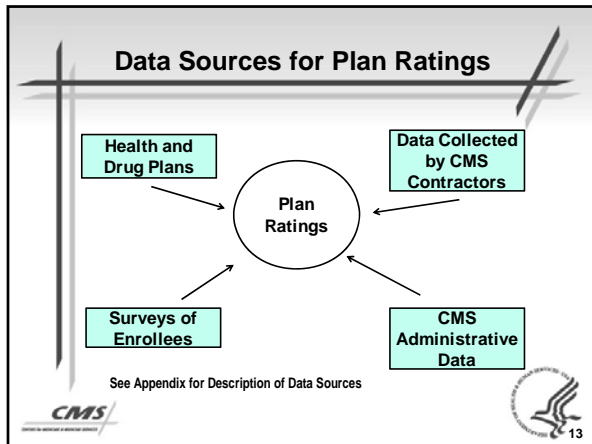
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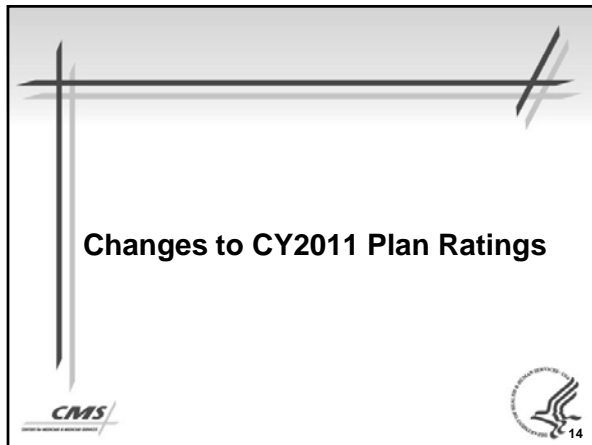
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- ### Changes to CY2011 Plan Ratings
- A combined Part C and D Summary Rating for MA-PDs is available.
  - Low performing icon displayed on Medicare Plan Finder (PF) for contracts with less than 3 stars for the Part C and/or D summary rating for the prior 3 years.
  - Used minimum thresholds for CMS' assignment of 4 stars.
    - Other star assignments will be based on the distribution of data.
  - When a CMS standard is reached, a contract receives 3 or more stars (e.g., call center hold time).
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### Changes to CY2011 Plan Ratings (cont.)

- Based overall Part C summary rating on smaller measure set for organization types (for example, PFFS) that are not required to collect all Part C measures.
- Corrective Action Plan Measure revised to focus on audit issues with potential beneficiary harm.
- Part D CTM measure revised for MA-PDs so that the denominator is based on the total contract enrollment instead of Part D enrollment.
- Disenrollment measure not included this year, while we confirm specifications for measure with data collected through the Disenrollment Reasons Survey.

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### Changes to CY2011 Plan Ratings (cont.)

- The composite HEDIS measures in the 2010 plan ratings (Cholesterol Screening and Diabetes Care) have been split into individual measures for 2011.
- Dismissals excluded from Part C Timeliness of Appeals measure.
- Rate of case auto-forwarded to IRE.
  - Additional QA for plans with zero cases auto-forwarded, including submission of appeals logs by plans.
  - Timeframe extended from 6 months of current year to 12 months of previous year.
- Stability of PF pricing.
  - Incorporate into a composite PF data measure that combines PF price stability and similarity of PF and Prescription Drug Event prices.

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### Contracts Receiving Low Performing Icon

## Part C

Acadian Health Plan (H1310) Blue Cross of California (H1064) Wellcare of Georgia (H1111) HealthSpring of Tennessee, Inc. (H1111) Harmony Health Plan of Illinois, Inc. (H1111) University Health Care, Inc. (H1087) Wellcare of Louisiana, Inc. (H1093) Bravo Health Mid-Atlantic (H1111) Health Plan of Nevada, Inc. (H1111) Americhoice of NJ, Inc. (H1111) Liberty Health Advantage, Inc. (H1111) Triple-S Salud, Inc. (H1111) UnitedHealthcare of NY, Inc. (H1111) Unum Health Plan of PA, Inc. (H1111)	Evercare of Texas (H4314) Quality of Health Plans, Inc. (H1111) Citrus Health Care, Inc. (H1111) Blue Cross Blue Shield of Georgia (H1111) Humana AdvantageCare Plan, Inc. (H1111) Universal Health Care, Inc. (H1111) Health Choice Arizona, Inc. (H1111) Windoor Health Plan, Inc. (H1111) Arkansas Community Care, Inc. (H1111) American Health, Inc. (H1111) Amerigroup Texas, Inc. (H1111) Albaro Advantage Health Plan (H1111) Sierra Health and Life Insurance Company, Inc. (H1111) Humana Insurance Company (H1111)
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## Contracts Receiving Low Performing Icon (cont.)

### Part D

The Pyramid Life Insurance Company (H5421)  
 Optimum Healthcare, Inc. (H5594)  
 MCS Advantage, Inc. (S535)  
 Humana Insurance Company (R9826)



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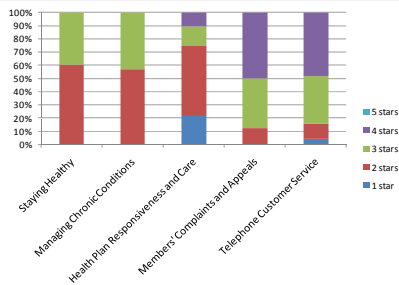
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## Consistently Low Performers for Health Measures: Star Distribution for Each Domain (n=28)



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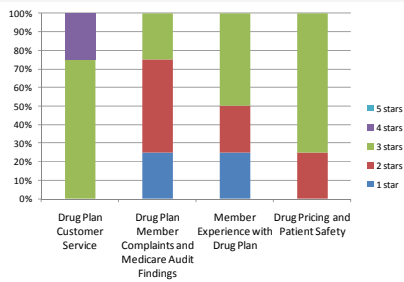
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## Consistently Low Performers for Drug Measures: Star Distribution for Each Domain (n=4)



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## Specific Measures Where Consistently Low Performers Do Poorest

- Part C
  - Osteoporosis Management in Women who had a Fracture
  - Osteoporosis Testing
  - Glaucoma Testing
  - Annual Flu Vaccine
  - Overall Rating of Health Care Quality
- Part D
  - Fairness of Drug Plan's Denials to a Member's Appeal, Based on an Independent Reviewer
  - Complaints about the Drug Plan (excluding complaints about joining and leaving the plan)



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## Updated Plan Finder Website



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## Plan Ratings Filter



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## Sample Plan Comparison

Overall Plan Rating (*)		
★★★★ 3.5 out of 5 stars	★★★★ 3.5 out of 5 stars	★★★ 3 out of 5 stars
C. Prescription Drug Plan Ratings		
First Health Part D Provider (PDP) (2010-2011)	AAP MediSyntra Preferred (PDP) (2010-2011)	Superior Walmart Preferred Rx Plan (2010-2011)
Summary Rating of Prescription Drug Plan Quality (*) How previous ratings for these plans		
★★★★ 3.5 out of 5 stars	★★★★ 3.5 out of 5 stars	★★★ 3 out of 5 stars
D. Drug Plan Customer Service (*)		
★★★★ 4 out of 5 stars	★★★ 3 out of 5 stars	★★★ 3 out of 5 stars
Time on hold when Customer Calls Drug Plan (*)		
★★★★	★★★★	★★★
Time on hold when Pharmacy Calls Drug Plan (*)		
★★★★	★★★★	★★★
Accuracy of Information Members Get When They Call the Drug Plan (*)		
★★★	★★	★★★★
Availability of TTY/TDD Services and Foreign Language Interpretation When Members Call the Drug Plan (*)		
★★★★	★★★	★★★

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## Distribution of Ratings

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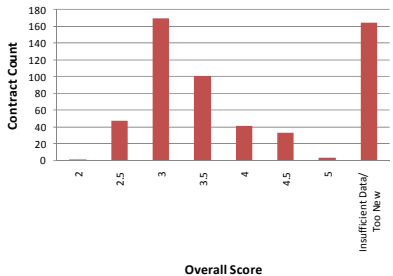
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## MA-PD Combined Part C/D Overall Scores 2011 (Number of Contracts)



Overall Score	Contract Count
2	50
2.5	170
3	100
3.5	40
4	30
4.5	10
5	170
Insufficient Data/Too New	0

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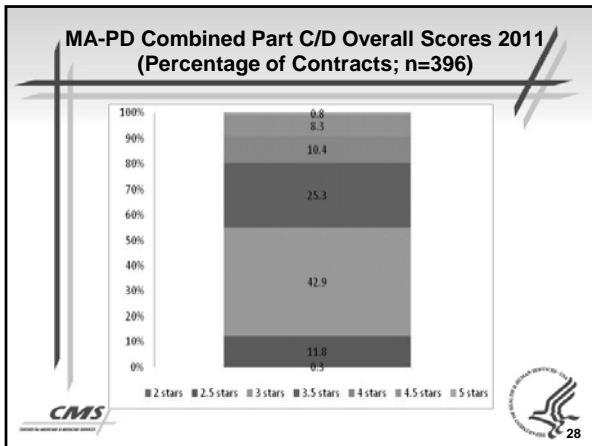
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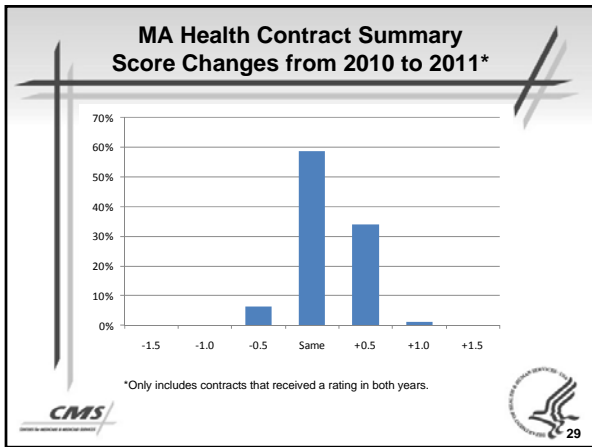
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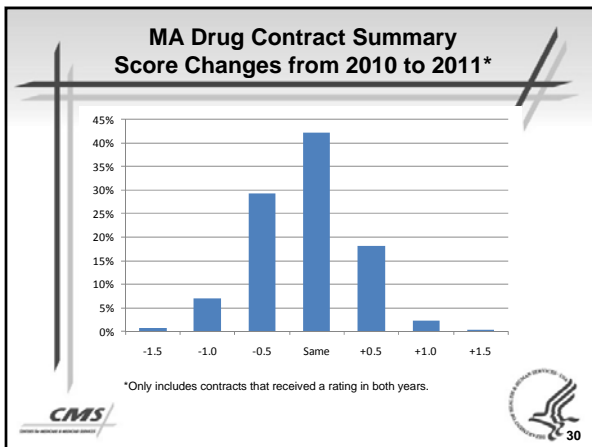
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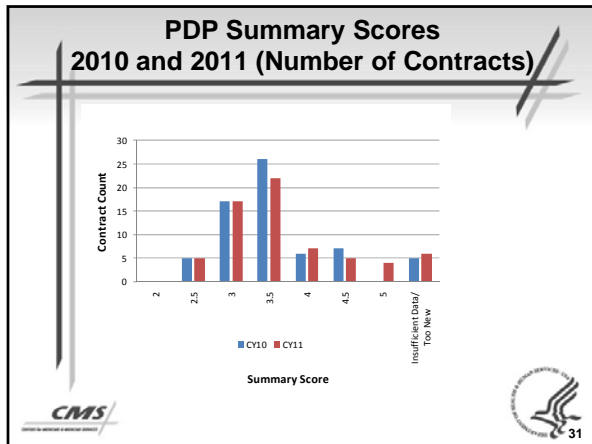
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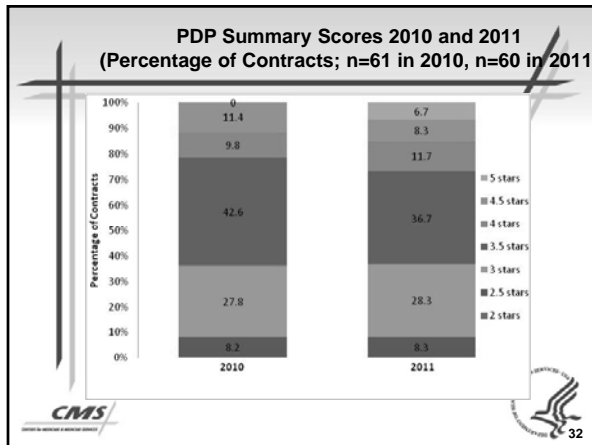
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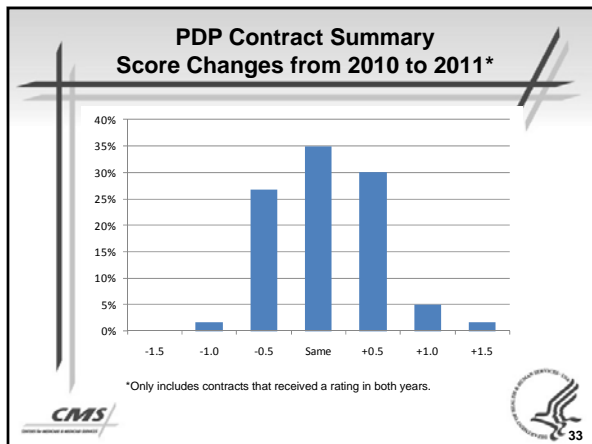
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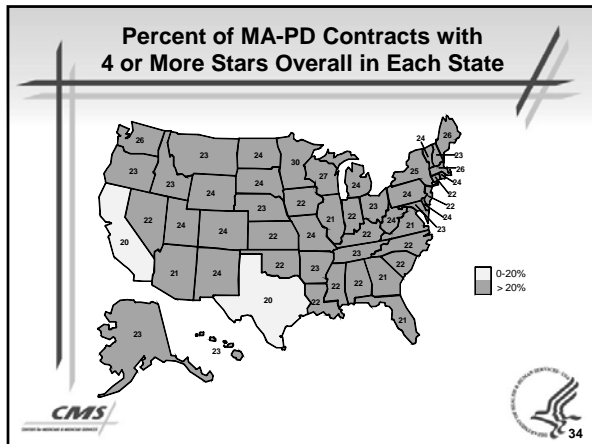
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- ### 5 Star Contracts for 2011
- MA-PD Contracts
- Kaiser Foundation Health Plan of CO
  - Security Health Plan of WI
  - Capital Health Plan
- PDP Contracts
- Simply Prescriptions
  - Medco Medicare Prescription Drug Plan
  - MedicareBlue Rx
  - EmblemHealth Medicare PDP
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### Quality Bonus Payments

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## Quality Bonus Payments

- The Affordable Care Act introduces Quality Bonus Payments (QBPs) into the MA program as part of the national strategy for implementing quality improvement in health care.
- Beginning in 2012, all MA plans with a star rating of 3 or higher will qualify for a QBP.
  - MA plans earning either 4 or 5 stars get the same percentage bonus.
  - MA plans earning less than 4 stars get no bonus.


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## QBP Demonstration

- CMS will test an alternative method for computing QBPs in a nationwide three-year demonstration.
- Evaluation will test whether providing scaled bonuses leads to more rapid and larger quality improvements in MA program quality scores.

Quality Bonus % (2012, 2013, 2014)	1 and 2 stars	3 stars	3.5 stars	4 stars	5 stars
Current Law	none	none	none	1.5%, 3%, 5%	1.5%, 3%, 5%
Demonstration	none	3%	3.5%	4%, 4%, 5%	5%


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## Special Enrollment Period

- CMS will establish a Special Enrollment Period (SEP) beginning in 2012 to allow MA beneficiaries to enroll in 5-star plans.
- MA beneficiaries enrolled in plans with a star rating of 4.5 or less will be eligible.
- Plans can already market year-round to beneficiaries who are eligible for their plans; the SEP expands the pool of eligible beneficiaries.
- More detailed information on the SEP will be provided in an upcoming HPMS memo and the 2011 Call Letter.


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## Future QBP Research Areas

- Exploring feasibility of using additional data sources to measure quality of care
- Development of improvement measures
- Development of alternative methods for measuring performance in low enrollment contracts
- Comparison of MA and FFS quality and performance
- Weighting of measures
- Case-mix and geographic adjustment issues

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## Annual Performance Review

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## Annual Performance Review

Rigorous and Systematic	Fair and unbiased
<b>Focused on performance outliers</b>	
Quantitative	Comprehensive and multi-dimensional

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### Eleven Performance Dimensions for 2012 Application Cycle

*Outliers or extreme poor performers identified in each category,  
based on the prior 14 months experience*

Compliance Letters	Plan Ratings	Multiple Ad Hoc CAPs	Beneficiary Impact of Problems
Financial Instability	NEW - Performance Audits	NEW - One-Third Financial Audits	Exclusions
Enforcement Actions	Terminations	Open, Significant Problems	

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### Compiling Results

- Point values assigned for each dimension
  - Point values vary depending on nature of problem and risk to program
- Analysis identifies overall performance outliers
  - Hones in on sponsors with problems in multiple categories and/or in one or more particularly high risk area
- Overall negative scores calculated at the contracting entity level

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### Performance Information is Not a Secret

- Organizations have all the same information CMS has about their performance
- There is nothing that feeds into CMS' analysis that is not already available to the MA organization or Part D sponsor
- Results should not be a surprise
- **2012 Application Cycle Past Performance Methodology to be published soon**
  - Performance outliers will not be allowed to offer new contracts or expand existing service areas

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# Thank you

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## Appendix: Description of Data Sources

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### Health and Drug Plans

	Healthcare Effectiveness Data and Information Set (HEDIS) 	Prescription Drug Event (PDE) 	Plan Finder (PF) Pricing Files 
<b>Data Submitted</b>	<ul style="list-style-type: none"> <li>• Examples:               <ul style="list-style-type: none"> <li>• Breast Cancer Screening</li> <li>• Osteoporosis Testing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Use of high-risk medications.</li> <li>• Use of recommended BP medications in DM patients.</li> <li>• Accurate Price Information for Medicare's Plan Finder Web site and Stable Drug Prices</li> </ul>	<ul style="list-style-type: none"> <li>• Accurate Price Information for Medicare's Plan Finder Web site and Stable Drug Prices</li> </ul>
<b>Data Time Period for 2011 Plan Ratings</b>	CY2009 <ul style="list-style-type: none"> <li>• Submitted to NCOA by June 30, 2010.</li> </ul>	CY2009 <ul style="list-style-type: none"> <li>• Submitted monthly, final due by June, 2010.</li> </ul>	CY2009 <ul style="list-style-type: none"> <li>• Pricing files submitted/posted.</li> <li>• Biweekly</li> <li>• Corresponding PDE for comparison</li> </ul>
<b>Data Checks</b>	<ul style="list-style-type: none"> <li>• NCOA approved auditors review data prior to submission.</li> </ul>	<ul style="list-style-type: none"> <li>• Final reconciliation process.</li> </ul>	<ul style="list-style-type: none"> <li>• CMS QA.</li> </ul>

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### CMS Contractors

	Independent Review Entity (IRE)	Call Center
Data Collected	<ul style="list-style-type: none"> <li>Parts C &amp; D appeals:               <ul style="list-style-type: none"> <li>Measure of timeliness.</li> <li>Measure on fairness of decisions.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Parts C &amp; D hold time.</li> <li>Accuracy of CSR information.</li> <li>Availability of interpreter and TTY/TDD services.</li> </ul>
Data Time Period for 2011 Plan Ratings	<ul style="list-style-type: none"> <li>January 2009 – June 2010</li> </ul>	<ul style="list-style-type: none"> <li>February – June 2010.</li> </ul>
Data Checks	<ul style="list-style-type: none"> <li>Contractor conducts QA checks.</li> <li>Plans reconcile discrepancies via plan review.</li> </ul>	<ul style="list-style-type: none"> <li>Contractor follows CMS approved protocols and ongoing monitoring of callers is conducted.</li> </ul>



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### Surveys of Enrollees

	Consumer Assessment of Healthcare Providers and Systems (CAHPS)	Medicare Health Outcome Survey (HOS)
Data Collected	<ul style="list-style-type: none"> <li>Example: Overall rating of health or drug plan.</li> </ul>	<ul style="list-style-type: none"> <li>Example: Improving or maintaining physical health.</li> </ul>
Data Time Period for 2011 Plan Ratings	<ul style="list-style-type: none"> <li>Data collection from February – June, 2010.</li> </ul>	<ul style="list-style-type: none"> <li>Data collection from April – August, 2009.</li> </ul>
Data Checks	<ul style="list-style-type: none"> <li>Oversight of mail &amp; telephone operations, including silent telephone monitoring.</li> <li>Data cleaning, including out-of-range checks.</li> </ul>	<ul style="list-style-type: none"> <li>Oversight of approved vendors.</li> <li>Data cleaning, including out-of-range checks.</li> </ul>
Scientific Program Review	<ul style="list-style-type: none"> <li>Comprehensive evaluation conducted in 2007 as part of National Quality Forum Endorsement process. Received NOF endorsement July 1, 2007.</li> </ul>	<ul style="list-style-type: none"> <li>Published, peer-reviewed, independent evaluation in 2003 conducted by a university affiliated research group found <i>HOS provides a rich and unique set of valid, reliable, and actionable data</i>.</li> </ul>



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### Administrative Data

	CMS Enrollment Data Files	HPMS Complaint Tracking Module (CTM)	CMS Audit Records
Data Submitted	<ul style="list-style-type: none"> <li>Part D LIS match rate.</li> </ul>	<ul style="list-style-type: none"> <li>Parts C &amp; D complaint rates.</li> </ul>	<ul style="list-style-type: none"> <li>Parts C &amp; D audit measure.</li> </ul>
Data Time Period for 2011 Plan Ratings	<ul style="list-style-type: none"> <li>LIS Match rate: 01/01/2010 – 6/30/2010.</li> </ul>	<ul style="list-style-type: none"> <li>1/01/2010 – 6/30/2010.</li> </ul>	<ul style="list-style-type: none"> <li>CY2009 audits.</li> </ul>
Data Checks	<ul style="list-style-type: none"> <li>Validation of CMS administrative records ongoing.</li> </ul>	<ul style="list-style-type: none"> <li>SOP for plans to check and correct information module.</li> </ul>	<ul style="list-style-type: none"> <li>Central and regional offices review ongoing.</li> <li>Audit module in HPMS accessible by plans, may also respond to audit issues.</li> </ul>



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