CMS Five-Star Quality Rating System



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Objectives

- 1. Understand the background on Medicare
- Understand the Five-Star Quality Rating System
- 3. Analyze how the Rating is calculated
- 4. Outcomes of Five-Star Rating
- 5. Understand strengths and weaknesses of the Five-Star Rating System



Background

Affordable Care Act (ACA)

- Improve quality of care
- Strengthen Medicare by making health plans report to national data bases measurements of their measured quality of care

Centers of Medicaid and Medicare Services (CMS)

- Federal agency that administers Medicare
- Designed the Five-Star quality rating system in 2007

Five-Star Quality Rating System

- Allows for patients to select a health plan
- Allows to compare and measure quality of care among different health plans



Background-Medicare

Types	Description
Part A	Inpatient Services
Part B	Outpatient Services
Part C	Medicare Advantage (Part A+B, Part D optional)
Part D	Prescription drug Plan



Five-Star Quality Rating System

- It's a quality and performance scoring method for certain plans offered to Medicare beneficiaries
- Allows patients to compare performance among health plans

Scale	
5	Excellent
4	Above Average
3	Average
2	Below Average
1	Poor Performance



Five-Star Quality Rating System: 5 Star Health Plan Examples

- 1) Medicare Advantage Plans with Prescription Drug Coverage
 - Kaiser Foundation HP, Inc.
 - CarePlus Health Plan Inc.
 - Group Health Plan
 - Gundersen HP
 - Providence HP
 - Martin's Point Generations, LLC
 - Healthspan Integrated Care

(California) (Florida) (Washington) (Wisconsin) (Oregon) (Maine) (Ohio)



Five-Star Quality Rating System: Evaluation

- Ratings combine scores for types of services each plan offers
- Based on Measures related to
 - 1. Clinical performance
 - 2. Customer Service
 - 3. Member Satisfaction
- Measure: Specific Characteristic
 - 1. Quality and performance
 - 2. Each assigned a star rating
- **Domain:** Categories
 - 1. Each assigned an average star rating



Five-Star Quality Rating System: Part C Medicare Advantage

- 36 Measures in 5 Domains:
 - 1. Staying Healthy: Screenings, Tests, and Vaccines
 - 2. Managing chronic (long-term) conditions
 - 3. Managing responsiveness and care
 - 4. Member complaints, problems getting services, and choosing to leave a plan
 - 5. Health plan customer service



Five-Star Quality Rating System: Part D-Prescription Plan

- 17 Measures in 4 Domains:
 - 1. Drug plan customer service
 - 2. Member complaints, problems getting services, and choosing to leave the plan
 - 3. Member experience with drug plan
 - 4. Drug pricing and patient safety



Five-Star Quality Rating System: Data Collection

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Medicare Healthcare Outcomes Survey (HOS)

Healthcare Effectiveness Data and Information Set (HEDIS)

Data collected from patients as well as physicians CMS administrative data



Calculating the Rating

Individual Measures

Measure	Weight
Outcome measures	3
Intermediate outcome measure	3
Patient experience measures	1.5
Access measures	1.5
Process measures	1

Domain Level (Part C and D)

Average of individual measure Star Ratings Summary Ratings

Part C and D

Calculated by taking the weighted average of the measure level ratings plus the i-Factor



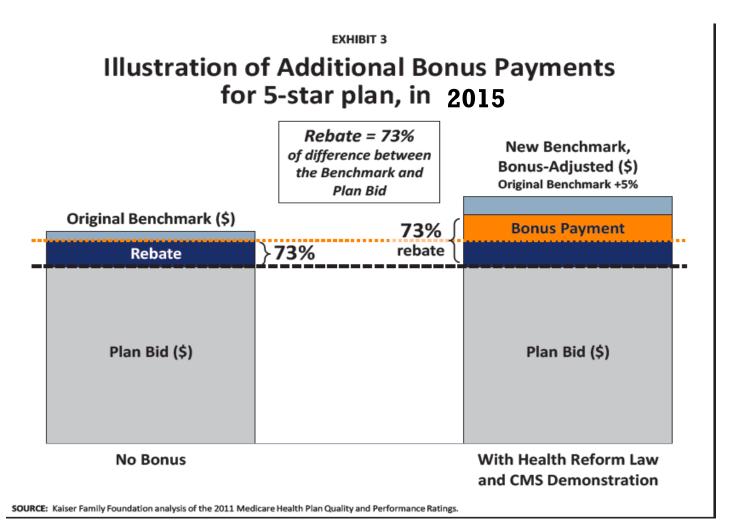
Example Calculation

• Pantea's Health Plan: Overall Star-Rating: 5 Stars!

Domain	# of measures	Star rating
Staying Healthy (screenings, tests, vaccines)	13	****
Managing chronic conditions	10	****
Drug plan customer service	7	****
Ratings of health plan responsiveness and care	6	****
Drug pricing and patient safety	4	****
Health plan telephone customer service	4	****
Health plan member complains, appeals	3	****
Drug plan member complaints, members who choose to leave, and Medicare audit findings	3	****
Member experience with drug plan	3	****



Example Calculation- Bonus Payments

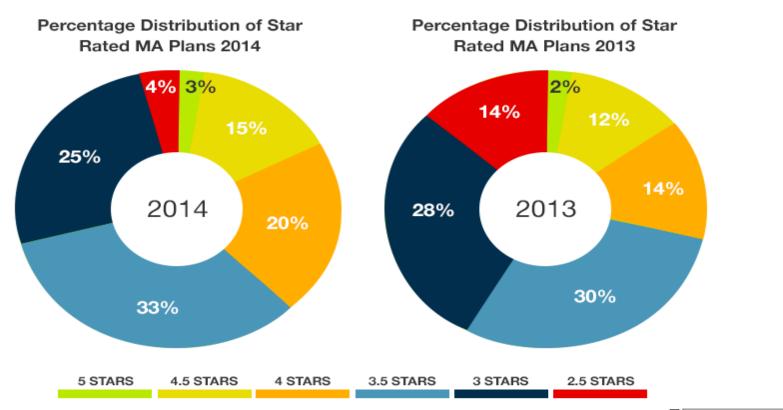




Outcomes of Star Rating

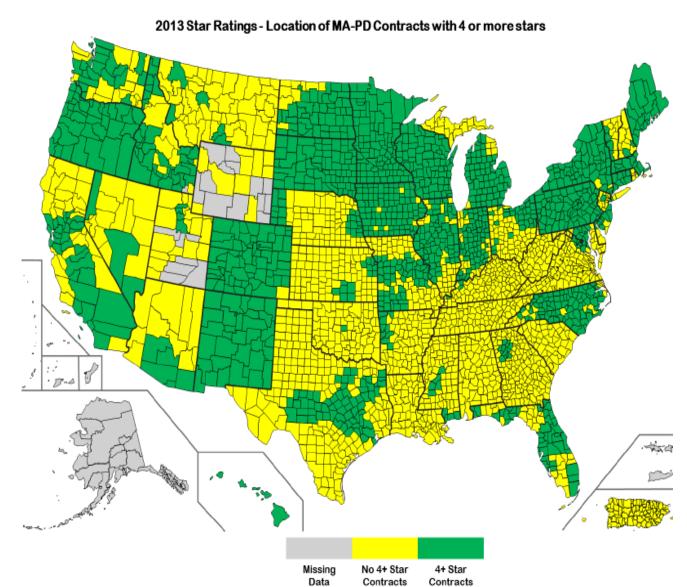
The average star rating weighted by enrollment last year in 2014 compared to 2013:

MA-PD: 3.66 vs 3.44 PDP: 3.30 vs. 2.96





2013 Star Rating: MA+PDP



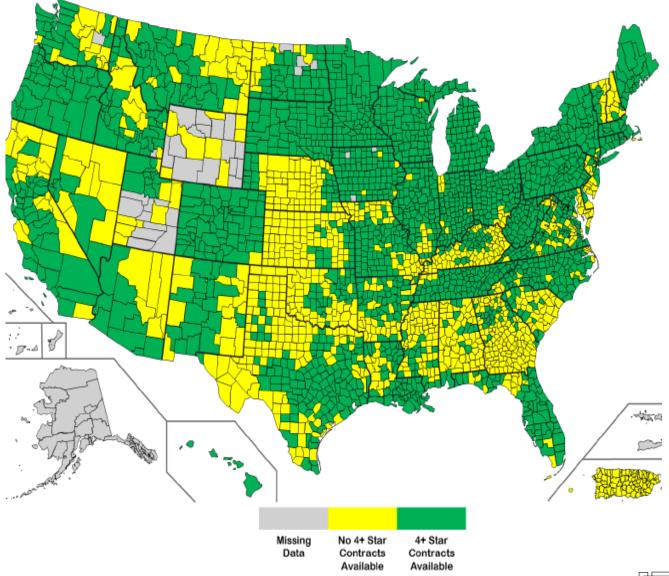
Available

Available



2014 Star Rating: MA+PDP

2014 Star Ratings - Location of MA-PD Contracts with 4 or more stars





Strengths of Five-Star Rating System

- Creates Accountability for performance and finance for health plans
- Easy way for patients to compare health plans
- Sets up a system to provide and improve quality of care
- With the Quality Bonus Payments creates an incentive for health plans to continue with the process of improving quality of care
- The rating system ultimately will lower utilization of care



Weaknesses of the Star-Rating System

- Performance can be relative
- Patient surveys are subjective
- Variable depending on population and geography
- Need more outcome measures



Summary

- Star-Rating system allows "apple to apple" comparison among health plans
- Measures different domains (outcomes and patient satisfaction) with corresponding weights
- Shows promise in improving quality of care
- Contains strengths and weaknesses where there is room for improvement



References

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- Centers for Medicare & Medicaid. Fact Sheet 2014 Star Rating. Pp 1-11. Retrieved April 22, 2015. <u>http://www.chcs.org/media/2014 Star Ratings FactSheet 092713.pdf</u>
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- 5. Part C and D Performance Data. Updated March 9, 2015. Retrieved April 19, 2015, <u>http://www.cms.gov/Medicare/Prescription-Drug-</u> <u>Coverage/PrescriptionDrugCovGenIn/PerformanceData.html</u>



Thank You!

Any Questions?



