

**What Are CMS Star Ratings?**

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to measure Medicare beneficiaries’ experiences with their health plans and the health care system. This rating system applies to the Medicare Advantage (MA) line of business.

The program is a key component in financing health care benefits for Medicare Advantage plan enrollees. In addition, ratings are posted on the CMS consumer website, [www.medicare.gov,](http://www.medicare.gov/) to give beneficiaries help in choosing among the MA plans offered in their areas.

You should understand the metrics included in the CMS rating system, as some of them are part of Humana’s Provider Quality Rewards program, in which you may be eligible to participate. This program is designed to promote improvement in quality and recognize primary care providers for demonstrating increases in performance measures over defined periods of time.

**How Are Star Ratings Derived?**

A Medicare Advantage health plan’s rating is based on measures in five categories:

• Staying healthy: screenings, tests and vaccines

• Managing chronic (long-term) conditions

• Tracking members’ experiences with the health plan

• Monitoring members’ complaints and problems getting services and improvement in the plan’s performance

• Evaluating health plan customer service

Ratings for a Medicare Advantage Drug Plan (MAPD) and Medicare Prescription Drug Plan (PDP) are based on measures in four categories:

• Drug plan customer service

• Members’ complaints and problems getting services and improvement in the plan’s performance

• Members’ experiences with the drug plan

• Patient safety and accuracy of drug pricing

**Benefits to Physicians and Health Care Providers**

• Improved patient relations

• Improved health plan relations

• Increased awareness of patient safety issues

• Greater focus on preventive medicine and early disease detection

• Strong benefits to support chronic condition management

**Benefits to Members**

• Improved relations with their doctors

• Greater health plan focus on access to care

• Increased levels of customer service

• Greater focus on preventive services for peace of mind, early detection and health care that matches their individual needs

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**Humana’s Commitment**

Humana is strongly committed to providing high-quality Medicare health plans that meet or exceed all

CMS quality benchmarks. The CMS Star ratings system is structured so that pay-for-performance funding is used to protect or, in some cases, to increase benefits and to keep member premiums low.

Humana encourages members to become engaged in their preventive and chronic-care management through outreach, screening opportunities and Medicare member rewards.

**Tips for Physicians and Health Care Providers**

• Encourage patients to obtain preventive screenings annually or when recommended.

• Create office practices to identify noncompliant patients at the time of their appointments.

• Remember to have key conversations with your senior population about flu shots, ways to reduce the risk of falling and urinary incontinence.

• Try to ensure minimal wait times in your waiting room, and schedule patients as quickly as conditions dictate.

• Submit complete and correct encounters/claims with appropriate codes.

• Submit clinical data, such as lab results, to Humana.

• Communicate clearly and thoroughly; ask, “Do you have any questions?”

• Review CMS-administered annual surveys, which have been developed to evaluate population health outcomes and patient satisfaction with the health care system.

• Review the Health Outcomes Survey (HOS) at http://www.hosonline.org/en/survey-instrument/.

• Review the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey at http://ma-pdpcahps.org/content/surveyinstruments.aspx.

• <Optional depending on market. If your market sends out Star quality reports, insert as appropriate.> Humana will send you a report of the services each patient has not yet received. Review these reports and the patients’ medical record to determine if the services have been completed or scheduled.

o If a service is not completed, flag or contact the patient.

o If a service is completed, sign and return the report to Humana with information and any

exclusions.

**For More Information**

To learn more about the CMS five-star quality rating system, visit [http://www.cms.gov/Medicare/](http://www.cms.gov/Medicare/%0BPrescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html)

[Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html.](http://www.cms.gov/Medicare/%0BPrescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html) For additional questions, please contact <insert name, title and phone number>.

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