What Are CMS Star Ratings?

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to measure Medicare patients’ experiences with their health plans and the health care system. This rating system applies to Medicare Advantage (MA) plans. CMS uses Stars ratings to determine whether Humana receives quality bonus payments, which Humana shares with physicians through its Provider Quality Rewards program and other value-based relationships.

The program is a key component in financing health care benefits for MA plan participants. In addition, ratings are posted on the CMS website, www.medicare.gov, to help participants choose from among the MA plans offered in different areas.

It is important to 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. The Provider Quality Rewards program is designed to promote quality improvement and recognize primary care physicians for improved performance on stipulated measures over defined periods of time.

How Are Star Ratings Derived?

An MA 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 changes in the health plan’s performance
- Evaluating the health plan’s 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
- Monitoring of members’ complaints and changes in the drug plan’s performance
- Members’ experiences with the drug plan
- Patient safety and accuracy of drug pricing

Benefits to Physicians and Health Care Clinicians

- Improved communications with patients and health plans
- Stronger benefits to support chronic-condition management
- Greater focus on preventive medicine and early disease detection
- Increased awareness of patient safety issues
- Opportunities to improve patient health outcomes
- Additional compensation for physicians in value-based relationships who meet Stars goals

Benefits to Patients

- 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
- Improved health and lower care costs
**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 keep member premiums low.

Humana encourages patients to become engaged in their preventive and chronic-care management through outreach and screening opportunities.

**Tips for Physicians and Health Care Clinicians**

- 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 with patients; 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.
- <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 records to determine if the services have been completed or scheduled.
  - If a service is not completed, flag or contact the patient.
  - 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/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html. If you have questions, please contact <insert name, title and phone number>.