

# Star Ratings: Measuring quality

The Centers for Medicare & Medicaid Services (CMS) Star Rating System measures the overall quality of Medicare Advantage (MA) HMO, PPO, and Part D plans. Plans are rated on a scale of one to five stars, with five representing the highest quality. The system encompasses:

- Quality of care
- Access to care
- Consumer satisfaction
- Customer service
- Responsiveness to member needs

Quality scores are based on more than 50 distinct measures that are derived from four sources:

- Healthcare Effectiveness Data and Information Set (HEDIS®)
- Centers for Medicare & Medicaid Services (CMS)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program
- Health Outcomes Survey (HOS)

## The benefits

The system helps consumers compare and select plans, and plays a key role in financing health care benefits for MA and MA Part D plan enrollees. Financial reimbursements for quality rewards high performing plans that bring resources into our region. The resources are used for services for patients, provider quality incentive, and fee schedule enhancements.

### The Star Rating System benefits both providers and patients by improving:

- Physician and patient relations
- Customer experience and patient satisfaction
- Relationship and collaboration with the health plan
- Increased awareness of patient safety issues
- Focus on preventive medicine and early disease detection
- Support for chronic condition management



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## Achieving excellence

As a provider, you can have an effect on all aspects of the program – especially quality of care, access to care, and consumer satisfaction – by:

- Encouraging patients to obtain preventive screenings and pinpointing barriers to care
- Creating a workflow to identify noncompliant patients at appointments, and using McKesson Risk Manager™ to detect gaps in care
- Submitting complete and correct claims with appropriate codes; e.g., using ICD-10 codes to submit a body mass index (BMI) measurement
- Understanding each measure you influence and how your patients can become compliant
- Incorporating HOS questions into each visit by talking to patients about physical activity and fall prevention
- Reviewing the CAHPS survey to determine opportunities for you or your office to have an impact; e.g., getting your patients in for appointments as quickly as possible



### Measures you can affect

- **Preventive medicine/early detection**
  - Breast cancer screening
  - Colorectal cancer screening
  - Flu vaccine
  - BMI assessment
  - Osteoporosis management
- **Chronic condition management**
  - Diabetes care – Eye exam, monitoring kidney disease, controlling blood sugar
  - Rheumatoid arthritis management
  - Controlling blood pressure
  - Managing readmissions
- **Patient safety**
  - Diabetes medication adherence
  - Hypertension medication adherence
  - Cholesterol medication adherence
  - Medication reconciliation post-discharge
- **HOS**
  - Improving and maintaining physical and mental health, monitoring physical activity, improving bladder control, and falls management
- **CAHPS**
  - Obtaining needed care and appointments promptly; care coordination, e.g., patient records/reports needed for patient care, prompt test results



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