

What Are CMS Star Ratings?

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to measure Medicare beneficiaries' experience with their health plans and the health care system. This rating system applies to all Medicare Advantage (MA) lines of business: Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO). It also applies to Medicare Advantage plans that cover both health services and prescription drugs (MA-PD).

The program is a key component in financing health care benefits for MA and MA-PD plan enrollees. In addition, the ratings are posted on the CMS consumer website, www.medicare.gov, to give beneficiaries help in choosing among the MA and MA-PD plans offered in their area.

You should understand the metrics included in the CMS rating system, as some of them are part of BlueCross BlueShield of Tennessee's (BCBST) Physician Quality 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 an increase in performance measures over a defined period of time.

CMS Goals for the Five-Star Rating System

- Implement provisions of the Affordable Care Act
- Clarify program requirements
- Strengthen beneficiary protections
- Strengthen CMS' ability to distinguish stronger health plans for participation in Medicare Parts C and D and to remove consistently poor performers

How Are Star Ratings Derived?

A health plan's rating is based on measures in five categories:

1. Staying Healthy: Screenings, Tests and Vaccines
2. Managing Chronic (Long Term) Conditions
3. Member Experience with Health Plan
4. Member Complaints and Changes in the Health Plan's Performance
5. Health Plan Customer Service

A Medicare drug plan's rating is based on measures in four categories:

1. Drug Plan Customer Service
2. Member Complaints and Changes in the Drug Plan's Performance
3. Member Experience with the Drug Plan
4. Patient Safety and Accuracy of Drug Pricing

Measures in both of these categories are used to rate MA health plans. Annually, CMS sets the thresholds for each measure.

Benefits to 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

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

BCBST's Commitment

BCBST is strongly committed to providing high-quality Medicare health plans that meet or exceed all CMS quality benchmarks. The structure and operations of the CMS star rating system ensures that pay-for-performance funding is used to protect or, in some cases, to increase benefits and to keep member premiums low.

Tips for Providers

- Encourage patients to obtain preventive screenings when recommended by the U.S. Preventive Services Task Force (USPSTF).
- Create office practices to identify and intervene with noncompliant patients at the time of their appointment.
- Submit complete and correct encounters/claims with appropriate codes.
- Submit clinical data such as lab results to BCBST via the Provider Quality Care Rewards Module located in BlueAccess SM.
- Communicate clearly and thoroughly; ask, "Do you have any questions?"
- Understand how you impact each measure.
- Incorporate Health Outcomes Survey (HOS) questions into each visit. Find out more about HOS at <http://www.hosonline.org/>.
- Review the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) survey to identify opportunities for you or your office to have an impact: <http://ma-pdpcahps.org/en/>.
- BCBST will make the data available to you of services each patient has not yet received via the Provider Quality Care Rewards Module located in BlueAccess SM. Review this information and the patient's medical record to determine if the services have been completed or scheduled.
 - If a service is not completed, flag or contact the member to schedule the service.
 - If a service is completed, submit an electronic attestation via the Provider Quality Care Rewards Module located in BlueAccess SM or complete, sign and return the Provider Attestation Form to BCBST with information and any exclusion(s), including all supporting documentation.

For More Information

To learn more about the CMS five-star quality rating system, visit: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html>

For Technical Support with BlueAccess SM

- Contact our eBusiness team at (423) 535-5717, Option 2 or at ebusiness_services@bcbst.com

For Program-Related Support

- Contact a member of our Provider Quality Team:
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Online Resources

- bcbst.com/providers/quality-initiatives.page