Overview of Star Ratings

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Passport Advantage (HMO SNP) is an HMO Special Needs plan with a Medicare contract and an agreement with the Kentucky Department for Medicaid Services. Enrollment in Passport Advantage depends on contract renewal.
Passport Advantage (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (TTY: 711). 注意：如果您使用繁體中文，您可以免 費獲得語言援助服務。請致電 (TTY: 711).

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What is the Medicare Advantage (MA) Star Rating Program?

The Star Ratings Program is consistent with CMS's Quality Strategy of optimizing health outcomes by improving quality and transforming the health care system. The CMS Quality Strategy goals reflect the six priorities set out in the National Quality Strategy. These priorities include: safety, person- and caregiver-centered experience and outcomes, care coordination, clinical care, population/community health, and efficiency and cost reduction. The Star Ratings include measures applying to the following five broad categories:

- **Outcomes:** Outcome measures reflect improvements in a beneficiary's health and are central to assessing quality of care.
- **Intermediate outcomes:** Intermediate outcome measures reflect actions taken which can assist in improving a beneficiary's health status. Diabetes Care – Blood Sugar Controlled is an example of an intermediate outcome measure where the related outcome of interest would be better health status for beneficiaries with diabetes.
- **Patient experience:** Patient experience measures reflect beneficiaries' perspectives of the care they received.
- **Access:** Access measures reflect processes and issues that could create barriers to receiving needed care. Plan Makes Timely Decisions about Appeals is an example of an access measure.
- **Process:** Process measures capture the health care services provided to beneficiaries which can assist in maintaining, monitoring, or improving their health status.

The Star Rating Framework

The Star Ratings are based on health and drug plan quality and performance measures. Each measure is reported in two ways:

- **Score:** A score is either a numeric value or an assigned 'missing data' message.
- **Star:** The measure numeric value is converted to a Star Rating.

The measure Star Ratings are combined into three groups and each group is assigned 1 to 5 stars. The three groups are:

- **Domain:** Domains group together measures of similar services. Star Ratings for domains are calculated using the non-weighted average Star Ratings of the included measures.
- **Summary:** Part C measures are grouped to calculate a Part C Rating; Part D measures are grouped to calculate a Part D Rating. Summary ratings are calculated from the weighted average Star Ratings of the included measures.
- **Overall:** For MA-PDs, all unique Part C and Part D measures are grouped to create an overall rating. The overall rating is calculated from the weighted average Star Ratings of the included measures.

The Star Rating Framework

The 4 Levels of Star Ratings

Overall
Weighted Average
(whole & ½ stars)

Overall Rating
MA-PD

Summary
Weighted Average
(whole & ½ stars)

Part C Rating
MA-Only & MA-PD

Part D Rating
MA-PD & PDP

Domain
Non-weighted Average
(whole stars)

HD1 HD2 HD3 HD4 HD5

DD1 DD2 DD3 DD4

Measure
(numeric values
& whole stars)

C01 . . . . Cnn

D01 . . . . Dnn

The Star Rating Framework

What the "Star" Ratings Mean

Star Rating	Plan Quality Performance
☆☆☆☆☆	Excellent
☆☆☆☆	Above Average
☆☆☆	Average
☆☆	Below Average
☆	Poor

Sources of Star Ratings Measure Data

The 2020 Star Ratings include a maximum of 9 domains comprised of a maximum of 47 measures.

- MA-PD contracts are measured on all 9 domains with a maximum of 47 measures, 45 of which are unique measures.
- Two of the measures are shown in both Part C and Part D so that the results for a MA-PD contract can be compared to an MA-Only contract or a PDP contract.
- Only one instance of those two measures is used in calculating the overall rating.
- The two duplicated measures are Complaints about the Health/Drug Plan (CTM) and Members Choosing to Leave the Plan (MCLP).

Weighting of Measures

The summary and overall ratings are calculated as weighted averages of the measure stars. CMS assigns the weights to the following categories (from highest to lowest):

- Improvement Measures
- Outcomes
- Intermediate Outcomes
- Patient Experience/Complaints
- Access Measures
- Process Measures

- New measures included in the Star Ratings are given a weight of 1 for their first year of inclusion in the ratings.
- In subsequent years the weight associated with the measure weighting category is used.
- The weights assigned to each measure and their weighting category are shown in Attachment G of the Technical Specs (link in Reference Section).
- In calculating the summary and overall ratings, a measure given a weight of 3 counts three times as much as a measure given a weight of 1.
- Any measure without a rating is not included in the calculation.

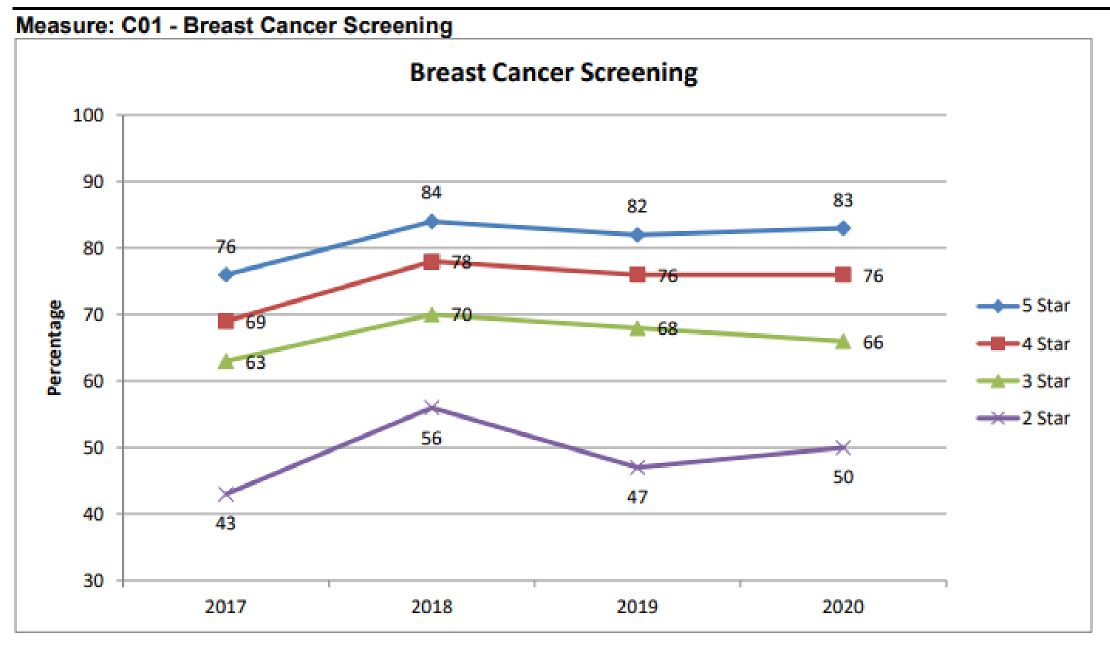
Star Ratings Timeline

Star Rating Year	Performance Year	Data Collection	Final Star Ratings & Cut Points	Bonus Payments
2018	Jan-Dec 2016	Jan-July 2017	Oct. 2017	2021
2019	Jan-Dec 2017	Jan-July 2018	Oct. 2018	2022
2020	Jan-Dec 2018	Jan-July 2019	Oct. 2019	2023
2021	Jan-Dec 2019	Jan-July 2020	Oct. 2020	2024
2022	Jan-Dec 2020	Jan-July 2021	Oct. 2021	2025
2023	Jan-Dec 2021	Jan-July 2022	Oct. 2022	2026

1/1/2019 – 12/31/2019	Measurement Year (MY)/Star Ratings 2021
Jan – June 2020	HEDIS Data Collection for MY 2019
April 2020	Plan Preview Released – can include changes to MY 2018
October 2020	Call Letter – includes cut points for MY 2018
October 2020	Star Ratings published for MY 2018

- Cut Points are based on all plans' data from the performance year. CMS uses a clustering algorithm to determine the points.
- Final Star Ratings and cut points are not released until 10 months after the performance year is over
- During open enrollment period, beneficiaries will see Star Ratings based on the scores from the performance year that was 2 years prior.
- Financial impact is realized 3 years after performance year begins.

Sample – Cut Point Trends



Title	Description
Description:	Percent of female plan members aged 52-74 who had a mammogram during the past two years.
Data Source:	HEDIS
General Trend:	Higher is better
Cut Points:	

Year	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
2017	< 43%	≥ 43% to < 63%	≥ 63% to < 69%	≥ 69% to < 76%	≥ 76%
2018	< 56%	≥ 56% to < 70%	≥ 70% to < 78%	≥ 78% to < 84%	≥ 84%
2019	< 47%	≥ 47% to < 68%	≥ 68% to < 76%	≥ 76% to < 82%	≥ 82%
2020	< 50%	≥ 50% to < 66%	≥ 66% to < 76%	≥ 76% to < 83%	≥ 83%

Why are Star Ratings important?

- **Revenue Booster:** Boost revenue through Quality Bonus Payments (4.0+ Stars)
- **Competitive Benefits:** Offer optimal and competitive benefits by getting the highest rebate percentage (4.5+ Stars)
- **Market Share:** Increase business by maintaining or improving plan's reputation
- **Enrollment**: Sell business year-round, not just during annual enrollment (5.0 Star)
- **Penalties/Termination:** Avoid Penalties for low ratings, which can include potential contract termination by CMS for consistently low performance (<3.0 Stars)

Star Ratings Measure Basics

Measure #	Measure Abbreviation	Star Measure	Data Source	Wght
PART C MEASURES				
C01	BCS	Breast Cancer Screening	HEDIS	1
C02	COL	Colorectal Cancer Screening	HEDIS	1
C03	FVO	Annual Flu Vaccine	CAHPS	1
C04	HOS_PHYS	Improving or Maintaining Physical Health	HOS	3
C05	HOS_MENTAL	Improving or Maintaining Mental Health	HOS	3
C06	PAO	Monitoring Physical Activity	HOS	1
C08	SNP_CM	Special Needs Plan (SNP) Care Management (HRA)	Internal Report	1
C09	COA_MED	Care for Older Adults – Medication Review	HEDIS/Identifi	1
C10	COA_FUNC	Care for Older Adults – Functional Status Assessment	HEDIS/Identifi	1
C11	COA_PAIN	Care for Older Adults – Pain Assessment	HEDIS/Identifi	1
C12	OMW	Osteoporosis Management in Women who had a Fracture	HEDIS	1
C13	CDC_EYE	Diabetes Care – Eye Exam	HEDIS	1
C14	CDC_NEPH	Diabetes Care – Kidney Disease Monitoring	HEDIS	1
C15	CDC_HBA1C	Diabetes Care – Blood Sugar Controlled	HEDIS	3
C16	ART	Rheumatoid Arthritis Management	HEDIS	1
C17	FRM	Reducing the Risk of Falling	HOS	1
C18	MUI	Improving Bladder Control	HOS	1
C19	MRP	Medication Reconciliation Post Discharge	HEDIS	1
C20	PCR	Plan All-Cause Readmissions	HEDIS	3
C21	SPC	Statin Therapy for Patients with Cardiovascular Disease	HEDIS	1
C22	CAHPS_GNC	Getting Needed Care	CAHPS	1.5
C23	CAHPS_GA	Getting Appointments and Care Quickly	CAHPS	1.5
C24	CAHPS_CS	Customer Service	CAHPS	1.5
C25	CAHPS_HCQ	Rating of Health Care Quality	CAHPS	1.5
C26	CAHPS_HP	Rating of Health Plan	CAHPS	1.5
C27	CAHPS_CC	Care Coordination	CAHPS	1.5
C28	COMPLAINT_C	Complaints about the Health Plan/Drug Plan	HPMS	1.5
C29	MLP_C	Members Choosing to Leave the Plan	Internal Report	1.5
C30	HP_IMPR	Health Plan Quality Improvement	CMS	5
C31	APP_TIME	Plan Makes Timely Decisions about Appeals	Maximus	1.5
C32	APP_REV	Reviewing Appeals Decisions	Maximus	1.5
C33	CC_C	Call Center – Foreign Lang Interpreter & TTY Avail (Part C)	HPMS	1.5

Star Ratings Measure Basics

Measure #	Measure Abbreviation	Star Measure	Data Source	Wght
PART D MEASURES				
D01	CC_D	Call Center – Foreign Lang Interpreter & TTY Avail (Part D)	HPMS	1.5
D04	COMPLAINT_C	Complaints about the Health Plan/Drug Plan	HPMS	1.5
D05	MLP_C	Members Choosing to Leave the Plan	Internal Report	1.5
D06	DP_IMPR	Drug Plan Quality Improvement	CMS	5
D07	CAHPS_DP	Rating of Drug Plan	CAHPS	1.5
D08	CAHPS_RX	Getting Needed Prescription Drugs	CAHPS	1.5
D09	MPF	MPF Price Accuracy	Acumen	1
D10	MA_DIA	Medication Adherence for Diabetes Medications	Acumen	3
D11	MA_BP	Medication Adherence for Hypertension (RAS)	Acumen	3
D12	MA_CHO	Medication Adherence for Cholesterol (Statins)	Acumen	3
D13	MTM	Med Therapy Management Program (CMR)	Internal Report	1
D14	SUPD	Statin Use in Persons with Diabetes	Acumen	1

Measure: The measure ID and common name of the ratings measure

Title	Description
Label for Stars:	The label that appears with the stars for this measure on Medicare.gov.
Label for Data:	The label that appears with the numeric data for this measure on Medicare.gov.
Description:	The English language description shown for the measure on the Medicare.gov. The text in this sub-section has been cognitively tested with beneficiaries to aid in their understanding the purpose of the measure.
HEDIS Label:	Optional – contains the full NCQA HEDIS measure name.
Measure Reference:	Optional – this sub-section contains the location of the detailed measure specification in the NCQA documentation for all HEDIS and HEDIS/HOS measures.
Metric:	Defines how the measure is calculated.
Primary Data Source:	The primary source of the data used in the measure.
Data Source Description:	Optional – contains information about additional data sources needed for calculating the measure.
Data Source Category:	The category of this data source.
Exclusions:	Optional – lists any exclusions applied to the data used for the measure.
General Notes:	Optional – contains additional information about the measure and the data used.
Data Time Frame:	The time frame of data used from the data source. In some HEDIS measures this date range may appear to conflict with the specific data time frame defined in the NCQA Technical Specifications. In those cases, the data used by CMS is unchanged from what was submitted to NCQA. CMS uses the data time frame of the overall HEDIS submission which is the HEDIS measurement year.
General Trend:	Indicates whether high values are better or low values are better for the measure.
Statistical Method:	The methodology used for assigning stars in this measure; see the section entitled "Methodology for Assigning Part C and Part D Measure Star Ratings" for an explanation of each of the possible entries in this sub-section.
Improvement Measure:	Indicates whether this measure is included in the improvement measure.
CAI Usage:	Indicates if the measure is used in the Categorical Adjustment Index calculation.
Case Mix Adjusted:	Indicates if the data are case mix adjusted prior to being used for the Star Ratings.
Weighting Category:	The weighting category of this measure.
Weighting Value:	The numeric weight for this measure in the summary and overall rating calculations.
CMS Framework Area:	Contains the area where this measure fits into the CMS Quality Framework.
NQF #:	The National Quality Framework (NQF) number for the measure or "None" if there is no equivalent measure with NQF endorsement.
Data Display:	The format used to the display the numeric data on Medicare.gov
Reporting Requirements:	Table indicating which organization types are required to report the measure. "Yes" for organizations required to report; "No" for organizations not required to report.
Cut Points:	Table containing the cut points used in the measure. For CAHPS measures, the table contains the Base Group Cut Points which are used prior to the final star assignment rules being applied.

Technical Specs

Released:

Sept/Oct – 1st Plan Preview

April – 2nd Plan Preview with cut points

References:

Star Ratings Info: Tech Specs, Cut Points, Display Measures:
https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData

Call Letter: April 1, 2019:
https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf