CMS Star Rating Program and our network providers

What is the CMS Star Rating Program?

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and health care system — the Star Rating Program. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. These ratings are then published on the Medicare Plan Finder at *www.medicare.gov*.

The Star Rating Program is intended to:

- raise the quality of care for Medicare beneficiaries
- strengthen beneficiary protections
- help consumers compare health plans more easily

How are Star Ratings derived?

Star Ratings for Independence Blue Cross (Independence) health plans are based on more than 40 quality measures in the following five categories that provide an objective method for evaluating health plan quality:

- staying healthy, including whether members received various screenings, tests, and vaccines
- managing chronic (long-term) conditions
- member satisfaction with Independence and their providers, including access to care
- member complaints and changes in Independence's performance
- customer service, including timely appeal decisions

How can I get more information?

Independence Medical Directors are committed to working with you on improving the health of our members. If you have questions about this information or would like to know more about Independence and the Star Rating Program, please contact one of us using the information below:

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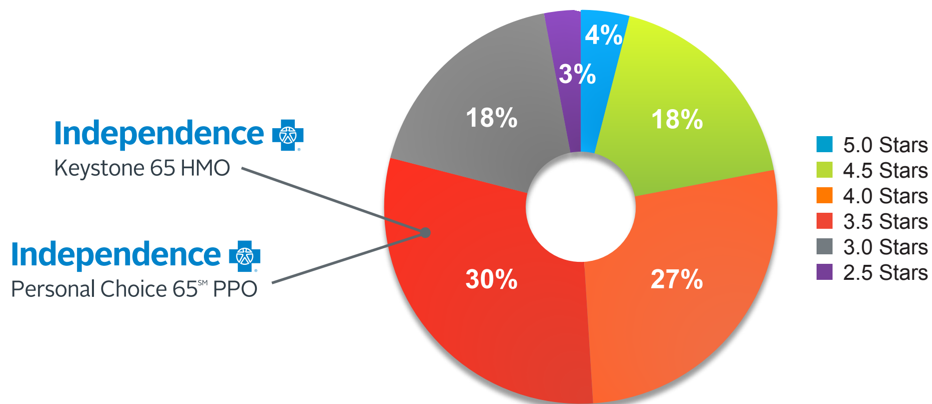
You can also learn more about the Star Rating Program online at *www.medicare.gov/find-a-plan/staticpages/rating/planrating-help.aspx*.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

Independence is striving to achieve a Five-Star Rating for its Medicare Advantage plans.

Becoming a Five-Star plan is an incredibly prestigious achievement that only select health plans are awarded annually. Health plans that earn at least four stars qualify for federal bonus payments, which by law, must be returned to the beneficiary in the form of additional or enhanced benefits, such as reduced premiums or cost-sharing (e.g., copayments) or expanded coverage.

2017 National Star Ratings



Benefits to you, the physician

Benefits to you, the physician, may include:

- greater focus on preventive care and early detection of disease
- programs that help to manage chronic conditions
- potential for increased patient base (Five-Star Rating plans are granted a special enrollment period, allowing Medicare beneficiaries to enroll throughout the year)
- better performance in Independence quality incentive programs, such as the Quality Incentive Payment System (QIPS) program, Preventive and Quality Improvement Program (PQIP), and Primary Care Advancement Model (PCAM)
- improved relations with your patients and Independence

Benefits to our members, your patients

Our ultimate goal is to enhance the health and wellness of our members. When Star Ratings improve for Independence Medicare Advantage plans, our members may benefit in the following ways:

- greater focus on preventive services for early detection of disease
- greater focus on access to and quality of care
- increased level of customer service

Performing well on Stars Rating measures helps providers perform well on measures for other programs and surveys.

Measures used to determine Star Ratings overlap with other programs, surveys, and initiatives that have a significant impact on our network providers:

- **QIPS, PQIP, PCAM.** Many physicians in the Independence network participate in one of our quality incentive programs, such as QIPS, PQIP, and PCAM, which offer primary care practices incentives for quality care and effectively managing their HMO and PPO populations' care. There is a significant overlap in the measures that are included in these incentive programs and CMS Star Ratings (see page 4). Therefore, physicians who perform well in an Independence incentive program also help to improve Independence's Star Ratings.

- **HEDIS®.** Health plans annually contact provider offices to request medical records for the Healthcare Effectiveness Data and Information Set (HEDIS®), a tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service. HEDIS® makes it possible to compare health plan performance on an "apples-to-apples" basis. Learn more about HEDIS® at *www.ncqa.org/HEDISQualityMeasurement/WhatisHEDIS.aspx*.

  Note: All health plans are required to request medical records for their members when there are gaps in the documentation. The more information that providers include in claims and medical records for their patients, the less likely they will have to submit medical records to Independence.

- **CAHPS® and HOS.** Member satisfaction measures come from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey or the Health Outcome Survey (HOS). CMS conducts these anonymous surveys annually with Medicare beneficiaries. Several of the questions ask beneficiaries about their experience with health care providers. Independence also administers surveys in the latter half of the year to gauge the member experience with network physicians. Learn more about the CAHPS Survey at *www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/mcahps.html* and more about HOS at *www.hosonline.org*.

- **Physician Compare.** CMS offers Physician Compare, a website with information related to providers and their quality performance. Many measures used for Physician Compare overlap with Star Rating measures, either through clinical or member experience (i.e., CAHPS) measures. By excelling at these specific measures, physicians can distinguish themselves from competitors on the website. Physician Compare is available at *www.medicare.gov/physiciancompare*.

- **Appeals.** There are several Star Ratings measures related to the appeals process. To improve our performance in these measures, it is critical that providers ensure timely and sufficient information is given for processes such as prior authorization, as Independence is held accountable for the member's experience. Together through coordination and cooperation, Independence and the provider network can create a positive member experience.

- **Clinical Initiatives.**
  - **Osteoporosis Management in Women.** This program offers a monetary incentive to providers when they have their Independence patients who have been identified via claims data as being at-risk for osteoporosis receive a bone mineral density test. By earning this incentive, providers also drive measures for Star Ratings.
  - **FIT Program.** To help increase colorectal cancer screening rates, Independence offers the Fecal Immunochemical Test (FIT) Program. Members are identified if they have not had appropriate colorectal cancer screening, and a FIT at-home test kit is sent to those members at no cost upon provider approval. The FIT Program gives providers the opportunity to encourage their patients to receive an important cancer screening.

2017 CMS Star Rating measures

Of the more than 40 measures used to determine a health plan's Star Rating, the measures we have listed below can have the greatest impact on Independence's Star Ratings during measurement year 2017.

Note: Highlighted rows are measures that overlap with those used in Independence quality incentive programs (e.g., QIPS, PQIP, PCAM).

Star Rating Measure	Description
Adult BMI Assessment	Percent of plan members with an outpatient visit who had their BMI (body mass index) calculated from their height and weight and recorded in their medical records
Annual Flu Vaccine	Percent of plan members who got a vaccine (flu shot) prior to flu season
Breast Cancer Screening	Percent of female plan members ages 40 – 69 who had a mammogram during the past two years
Colorectal Cancer Screening	Percent of plan members ages 50 – 75 who had appropriate screening for colon cancer
Controlling Blood Pressure	Percent of plan members with high blood pressure who got treatment and were able to maintain a healthy pressure
Diabetes Care: Blood Sugar Controlled	Percent of plan members with diabetes who had an HbA1c test during the year that showed their average blood sugar is under control (< 9%)
Diabetes Care: Eye Exam	Percent of plan members with diabetes who had an eye exam to check for damage from diabetes
Diabetes Care: Kidney Disease Monitoring	Percent of plan members with diabetes who had a kidney function test
Getting Appointments and Care Quickly	Percent of the best possible score the plan earned on how quickly members get appointments and care
Getting Needed Care	Percent of the best possible score the plan earned on how easy it is for members to get needed care, including care from specialists
Incorporating or Maintaining Mental Health	Percent of all plan members whose mental health was the same or better than expected after two years
Incorporating or Maintaining Physical Health	Percent of all plan members whose physical health was the same or better than expected after two years
Medication Adherence: Cholesterol	Percent of plan members with a prescription for a cholesterol medication who fill their prescription often enough to cover 80% or more of the time
Medication Adherence: Diabetes	Percent of plan members with a prescription for a diabetes medication who fill their prescription often enough to cover 80% or more of the time
Medication Adherence: Hypertension	Percent of plan members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time
Monitoring Physical Activity	Percent of plan members who discussed exercise with their doctor and were advised to start, maintain, or increase their physical activity
Osteoporosis Management in Women	Percent of female plan members who broke a bone and got screening or treatment for osteoporosis within six months
Plan All-Cause Readmissions	Percent of plan members discharged from a hospital stay who were readmitted to a hospital within 30 days, either for the same condition as their recent hospital stay or for a different reason
Rating of Health Care Quality	Percent of the best possible score the plan earned from members who rated the quality of the health care they received
Rating of the Health Plan	Percent of the best possible score the plan earned from members who rated the health plan
Reducing the Risk of Falling	Percent of plan members with a problem falling, walking, or balancing who discussed it with their doctor and got treatment for it
Rheumatoid Arthritis Management	Percent of plan members with rheumatoid arthritis who got one or more prescription(s) for an anti-rheumatic drug

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