Understanding the 2012 CMS Part D Star Ratings

PRESENTING: Stephen Cox and Adam Zavadil

February 27, 2012
I. Star Ratings Introduction
II. Star Ratings Methodology
III. ACHP Plan Performance
IV. Strategies for Improvement
I. Star Ratings Introduction
Brief History of the Star Ratings

• Beginning in 2007, the star ratings system was designed to provide CMS and Medicare beneficiaries with a way to assess health plans based on quality.
• It was based on measures that plans had been collecting and reporting for years.
• CMS has tended to change the measures from year to year as the program evolves.
• The measures target a broad array of clinical quality, operational/compliance processes, customer satisfaction and other beneficiary experience areas.
• Starting in 2011, the Part D measures were included in the overall star rating calculation.
### Enrollment in MA Plans by Star Rating

<table>
<thead>
<tr>
<th>Overall Plan 2012 Star Rating</th>
<th>Total MA/Cost Enrollment (October 2010)</th>
<th>Percentage of MA/Cost Enrollment</th>
<th>Cumulative Percent of MA/Cost Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Stars</td>
<td>1,066,540</td>
<td>9.3%</td>
<td>9.3%</td>
</tr>
<tr>
<td>4.5 Stars</td>
<td>1,235,165</td>
<td>10.8%</td>
<td>20.1%</td>
</tr>
<tr>
<td>4 Stars</td>
<td>1,121,544</td>
<td>9.8%</td>
<td>29.9%</td>
</tr>
<tr>
<td>3.5 Stars</td>
<td>3,793,086</td>
<td>33.2%</td>
<td>63.1%</td>
</tr>
<tr>
<td>3 Stars</td>
<td>3,195,205</td>
<td>27.9%</td>
<td>91%</td>
</tr>
<tr>
<td>2.5 Stars</td>
<td>999,252</td>
<td>8.7%</td>
<td>99.7%</td>
</tr>
<tr>
<td>2 Stars</td>
<td>29,315</td>
<td>0.2%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>11,440,107</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Introduction Summary

- The star rating system has been used for the past few years to assess the quality of health plans’ care delivery and the satisfaction of Medicare beneficiaries with their experience using the plan.
- The original star rating methodology was developed to aid consumer choice on Medicare.gov, not necessarily to determine payment.
- With new reform provisions dictating payment bonuses for better overall performance, there is now a financial incentive in understanding how the ratings work and using this to drive improvement.
II. Star Ratings Methodology
There are several differences between the star ratings system and other quality rating systems:

- Scoring is based on “bands” rather than on a continuous scale (i.e. NCQA z-score methodology)
- Measures include several administrative and contractor-provided data
- Different treatment of data - star ratings exclude measures that have small sample sizes and gives a score of 0 (1 star) to measures that are not reported or where there are issues with the data
- Plans are rewarded for high and stable relative performance across all measures through an Integration (I) Factor
Introduction to the Part D Measures

- The Part D measure set generally assesses two areas:
  1. Peoples’ experience interacting with their drug plan
  2. Drug plans’ efforts to provide support through operational processes and administration of safe drugs

- The data comes from a variety of sources:
  - CAHPS®
  - Call Centers
  - Complaint Tracking Module (CTM)
  - Prescription Drug Event (PDE) data
  - Other - Independent Review Entity; MARx

- Some plans and org types are excluded: National PACE, Cost plans, Employer Group Health plans, Continuing Care Retirement Community demonstrations, End Stage Renal Disease Networks (ESRDs) and Demonstration plans
### 2012 Part D Measures

15 measures* grouped into 4 domains:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Domain Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Plan Customer Service</td>
<td>5</td>
</tr>
<tr>
<td>Drug Plan Member Complaints, Members Who Choose to Leave, and Medicare Audit Findings*</td>
<td>(3)</td>
</tr>
<tr>
<td>Member Experience with Drug Plan</td>
<td>3</td>
</tr>
<tr>
<td>Drug Pricing and Patient Safety</td>
<td>6</td>
</tr>
<tr>
<td>Measure Totals</td>
<td>14 (17)</td>
</tr>
</tbody>
</table>

*Table for measure distribution across domains:

<table>
<thead>
<tr>
<th>Domain</th>
<th>CAHPS®</th>
<th>CTM</th>
<th>Call Center</th>
<th>PDE</th>
<th>Other</th>
<th>Domain Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Plan Customer Service</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Drug Plan Member Complaints, Members Who Choose to Leave, and Medicare Audit Findings*</td>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td>(1)</td>
<td>(3)</td>
</tr>
<tr>
<td>Member Experience with Drug Plan</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Drug Pricing and Patient Safety</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Measure Totals</td>
<td>3</td>
<td>2</td>
<td></td>
<td>9</td>
<td></td>
<td>14 (17)</td>
</tr>
</tbody>
</table>

*The Complaints domain measures share the same data source with three Part C measures, CMS only includes the measures once in calculating the overall MA-PD plan star rating. Thus the part D measure set contains 17 measures, but only 14 of them count towards the overall MA-PD star rating score.
Part D New Measures for 2012

• New Measures
  - Medication Adherence
    • Diabetes
    • Cholesterol
    • High Blood Pressure
  - Enrollment Timeliness
Part D Retired Measures for 2012

• Drug Plan Provides Pharmacists with Up-to-Date and Complete Enrollment Information about Plan Members
• Completeness of the Drug Plan’s Information on Members Who Need Extra Help
• Call Center Beneficiary Hold Time
• Call Center Information Accuracy

*CMS retires some measures where contracts have “topped out,” or additional improvements are not practical. CMS continues to monitor these areas and may take compliance action against contracts falling outside CMS’ standards. Additionally the scores continue to be available online.
Measure Weights

- Previously all measures were weighted equally, suggesting equal importance.
- After soliciting comments and running simulations, CMS assigned each measure the following weights by their category:
  - Outcomes & intermediate outcomes - 3X
  - Patient experience & access - 1.5X
  - Process - 1X
## 2012 Part D Measure Weight Breakdown

<table>
<thead>
<tr>
<th>Weight Category</th>
<th>Weight</th>
<th>Number of Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermediate Outcomes &amp; Outcomes</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Patient Experience and Access</td>
<td>1.5</td>
<td>10</td>
</tr>
<tr>
<td>Process</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

- **Outcomes**: 46.9%
- **Experience/Access**: 46.9%
- **Process**: 6.3%
## Part D Overall Composition by Source and Weight

<table>
<thead>
<tr>
<th>Measure Source</th>
<th>Weight Category</th>
<th>Number of Measures</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAHPS</td>
<td>Process</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Experience/Access</td>
<td>3</td>
<td>14.1%</td>
</tr>
<tr>
<td></td>
<td>Outcomes</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Call Center</td>
<td>Process</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Experience/Access</td>
<td>2</td>
<td>9.4%</td>
</tr>
<tr>
<td></td>
<td>Outcomes</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>CTM</td>
<td>Process</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Experience/Access</td>
<td>2</td>
<td>9.4%</td>
</tr>
<tr>
<td></td>
<td>Outcomes</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>PDE</td>
<td>Process</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Experience/Access</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Outcomes</td>
<td>5</td>
<td>46.9%</td>
</tr>
<tr>
<td>Other</td>
<td>Process</td>
<td>2</td>
<td>6.3%</td>
</tr>
<tr>
<td></td>
<td>Experience/Access</td>
<td>3</td>
<td>14.1%</td>
</tr>
<tr>
<td></td>
<td>Outcomes</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

![Pie chart showing the distribution of measures by source and weight]

- **CAHPS**: 14.1%
- **Call Center**: 9.4%
- **CTM**: 9.4%
- **PDE**: 46.9%
- **Other**: 20.4%
Star Assignment – Individual Measures

- A plan’s performance on each measure is assessed a star rating of 1-5, based on lowest to highest quality.
- The relative distribution of the scores is used to determine 5 “clusters” that correspond with the 5 star rating levels.
  - Cut-points are calculated for each cluster.
  - CAHPS® measures include significance testing to account for reliability of the data.
  - Some measures have a CMS performance standard that is also incorporated into the thresholds.
CMS Designated 4-Star Thresholds

- CMS has fixed the 4-star thresholds for measures that have a specific performance target.
  - Must have at least two years of data
  - No significant technical specification changes

- Nearly all of the 4-star thresholds applied for the 2011 Plan Ratings remain for 2012 Plan Ratings.

- For other star rating levels, the cut-point is determined by the distribution of the data and it changes year-to-year.
The Importance of Score Distribution

- Different measures have different distributions. Some measures have mostly high scores, and some have mostly low scores.

- For such measures, CMS assigns star cut-points based on these distributions. This is important to consider for targeting improvement efforts.
  - Looking at “low performance areas” is not enough - all plans may have low scores (e.g. Osteoporosis Management)

  - Looking at “scoring gaps” is not enough - some measures are tightly clustered at the top (e.g. Part D Enrollment Timeliness)
2012 “More Difficult Measures”

- These measures saw the lowest overall performance nationally.
- ACHP had modestly better results in comparison to the national averages.

<table>
<thead>
<tr>
<th></th>
<th>High Risk Medication</th>
<th>Med. Adherence for Cholesterol</th>
<th>Appeals Upheld</th>
<th>Diabetes Treatment</th>
<th>Enrollment Timeliness</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Average Star Rating</td>
<td>2.71</td>
<td>3.0</td>
<td>2.37</td>
<td>2.94</td>
<td>3.02</td>
</tr>
<tr>
<td>ACHP Average Star Rating</td>
<td>3.48</td>
<td>4.56</td>
<td>3</td>
<td>2.64</td>
<td>2.59</td>
</tr>
<tr>
<td>ACHP Gap from National Average</td>
<td>0.77</td>
<td>1.56</td>
<td>0.63</td>
<td>-0.3</td>
<td>-0.43</td>
</tr>
</tbody>
</table>
2012 “Easier Measures”

- These measures saw the highest performance across the board.
- ACHP plans tend to do slightly better on most measures.

<table>
<thead>
<tr>
<th></th>
<th>Appeals Auto-Forward</th>
<th>Time on Hold when Pharmacist calls Drug Plan</th>
<th>Medicare Plan Finder Composite</th>
<th>Getting Information from Drug Plan</th>
<th>Getting Needed Prescription Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Average Star Rating</td>
<td>3.96</td>
<td>3.89</td>
<td>3.9</td>
<td>3.6</td>
<td>3.59</td>
</tr>
<tr>
<td>ACHP Average Star Rating</td>
<td>4.23</td>
<td>4.07</td>
<td>3.85</td>
<td>4.26</td>
<td>4.47</td>
</tr>
<tr>
<td>ACHP Gap from National Average</td>
<td>0.27</td>
<td>0.18</td>
<td>-0.05</td>
<td>0.66</td>
<td>0.88</td>
</tr>
</tbody>
</table>
Assignment of Overall Star Rating

- A plan’s overall score is calculated by averaging the weighted stars for all measures in the part C and part D sets.
- To incorporate stability into the ratings process, CMS includes an “Integration Factor” that rewards those plans who have demonstrated both high and stable relative performance.
- To allow further assessment of variation, the summary scores include half-stars (not at the individual measure level).
- To receive a summary score, an MA-PD plan with a SNP must report at least 25 of the 50 measures.
Potential Changes for 2013 Part D Ratings

- New measure to capture quality improvement
- Methodology Changes to:
  - Medication Plan Finder (MPF) composite
  - High-Risk Medication (HRM)*
  - Medication Adherence measures (3)
  - Foreign Language Interpreter and TTY/TDD Availability*
  - Enrollment Timeliness
  - Beneficiary Access and Performance Problems
- Weights - CMS was considering category changes (from Intermediate Outcomes to Process) to the Diabetes Treatment and High Risk Medication measures, but has decided not to do so.

* Previous 4-star thresholds will not apply due to significant methodology changes.
Potential Changes for 2013 Part D Ratings (cont.)

- Measures in Development - CMS is considering adding these to the display page (and thus could be added to the star ratings in future years.)
  - Grievance rate per 1,000 enrollees
  - Appropriate implementation of Part D transition processes
  - Medication Therapy Management (MTM) program measure related to Comprehensive Medication Reviews
  - Price Stability (being separated from MPF composite measure)
  - Appeals Upheld (expanded to include redeterminations)
Methodology Summary

• Methodology has changed slightly from last year’s version, with a few different measures and weighting by measure type.

• Stars are assigned to each measure based on which range a plan’s score falls in, and this depends on the distribution of all scores for each measure as well as other determinations made by CMS.

• Measure difficulty can be gauged by the number high or low performing plans.

• Individual measure scores are averaged into the overall plan score, which includes half stars and adjusts scores by rewarding for consistency.
III. ACHP Plan Performance
2012 Star Ratings Summary

- Nine MA-PD plans were awarded 5 stars in 2012. ACHP plans included: Security Health Plan, Group Health, Martin’s Point, KP-CA, KP-CO, KP-HI, KP-Northwest

<table>
<thead>
<tr>
<th>Star Level</th>
<th>ACHP Plans</th>
<th>Other Plans</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>7</td>
<td>2</td>
<td>78%</td>
</tr>
<tr>
<td>4.5</td>
<td>16</td>
<td>30</td>
<td>35%</td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>41</td>
<td>16%</td>
</tr>
<tr>
<td>3.5</td>
<td>4</td>
<td>116</td>
<td>3%</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>144</td>
<td>--</td>
</tr>
<tr>
<td>2.5</td>
<td>0</td>
<td>66</td>
<td>--</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>6</td>
<td>--</td>
</tr>
</tbody>
</table>
CMS Star Ratings: Enrollment in ACHP and non-ACHP Plans by 2012 Star Rating

Medicare Advantage and Cost Enrollees (Thousands)

<table>
<thead>
<tr>
<th>Star Rating</th>
<th>ACHP Member Organizations</th>
<th>Other Health Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Stars</td>
<td>-</td>
<td>29,315</td>
</tr>
<tr>
<td>2.5 Stars</td>
<td>-</td>
<td>999,252</td>
</tr>
<tr>
<td>3 Stars</td>
<td>28,378</td>
<td>3,195,205</td>
</tr>
<tr>
<td>3.5 Stars</td>
<td>155,442</td>
<td>3,764,708</td>
</tr>
<tr>
<td>4 Stars</td>
<td>559,974</td>
<td>966,102</td>
</tr>
<tr>
<td>4.5 Stars</td>
<td>1,048,793</td>
<td>675,191</td>
</tr>
<tr>
<td>5 Stars</td>
<td></td>
<td>17,747</td>
</tr>
</tbody>
</table>
• We have provided a handout of Part D performance for all ACHP member plans.

• You can use this to reference the performance of other ACHP members on specific Part D star rating measures.
IV. Improvement Strategies
Strategies for Improvement

- Gap Strategy
  - Which measures are the closest to the next star?
- Timeline Strategy
  - Which measures are actionable now?
- Outreach Strategy
  - Who must you engage (providers, call center, members, etc)?
- ACHP Resources
A gap analysis is a quick way to see the difference between your plan’s scores and the benchmarks to the next highest star.
Different measures are collected at different points in time. Plan your improvement efforts accordingly.

2013 Star Ratings (2014 payment)

- HEDIS®
- HOS Survey
- CAHPS® Survey
- CMS Sources/“Other”
- Care Delivered
- Survey Administered
- Flu/Pneum Vaccines
- Survey Administered
- CTM/Call Center
- IRE and Audit Tracking

* For all dates, see Technical Notes for Parts C and D
Outreach Strategy

- Several types of measures require reaching out to whole groups of people. Looking for trends and identifying action areas can impact multiple measures.
  - **Internal**
    - Call Center Staff - 2 Part D measures.
    - Operations & Compliance - 4 Part D measures.
  - **Members** - Strategic outreach at the time of surveys may improve the chance of positive recollection
  - **Pharmacy Benefit Managers**
Internal Operations & Compliance Measures

- **Part C & D Appeals Timeliness** - How often the plan met Medicare’s deadlines for timely appeals decisions.

- **Part C & D Appeals Review** - How often an independent reviewer agrees with the plan’s decision to deny or say no to a member’s appeal.

- **Part D Enrollment Timeliness** - The percentage of enrollment requests that the plan sent to CMS within 7 days.

- **Part D Medicare Plan Finder Composite** - A score showing how closely the plan’s drug prices on Medicare’s Plan Finder Website match the prices members pay at the pharmacy, and how stable the plan’s prices are during the year.
Improvement Strategy Summary

• Determining which measures to act on should be based on several considerations:
  - Factors inherent to the measures (“ease”, distribution, time)
  - Factors inherent to your plan (population size, resource availability, business model)
  - Your most recent performance (Scoring gaps and trends)

• Locating best practices, from within the ACHP membership and from external resources is a good way to add to an improvement strategy.
Locating Best Practices

- ACHP is a valuable resource to connect with a network of QI leaders based on your plan’s needs.
  - High performing plans on measures
  - Improvers over the last few years
- Resources have been posted to our website.
  - Case studies by measure, ACHP member presentations and strategies, external analyses, CMS documents
  - (ACHP.org>Learning and Innovation> MA Star Rating Resources)
    [login/password: health2012]
- ACHP Star Ratings Workgroup meetings will continue to focus on specific improvement strategies used by plans.
ACHP Resources

- 2011 HealthPlan Performance Gauge®
- Star Ratings gap analysis
- Star Ratings Workgroup Meetings
  - February 23 - MA Part D Star Ratings Improvement Strategies by Group Health (a recording is available on the events page of the ACHP website)
Contact Us

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Appendix
Medicare Advantage in One Slide

- Plans contract with CMS to provide Medicare benefits to beneficiaries as an alternative to traditional Medicare FFS.
- Plans receive non-negotiated, risk-adjusted, capitated payment from CMS based on the health status of each individual enrollee.
- Plans have some flexibility to selectively contract with providers, do medical management and provide additional care support services.
- However, CMS maintains substantial involvement in regulating and monitoring the services being provided by private plans.
Rewarding or Penalizing Outlier Performance

NCQA Rankings

Star Rating

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>
Since these types of measures are based on percentiles, how does an “absolute score” of 77 translate into a star rating?
**Measures with a Normal Score Distribution**

- Scores under 81.5% receive a 1 star rating.

**Measure: D14 - Diabetes Treatment**

- **Label for Stars:** Using the Kind of Blood Pressure Medication That Is Recommended for People with Diabetes
- **Label for Data:** Using the Kind of Blood Pressure Medication That Is Recommended for People with Diabetes
- **Description:** When people with diabetes also have high blood pressure, there are two types of blood pressure medication recommended. This tells what percent got one of the recommended types of blood pressure medicine.
- **Metric:** This is defined as the percentage of Medicare Part D beneficiaries who were dispensed a medication for diabetes and a medication for hypertension who were receiving an angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) medication which are recommended for people with diabetes. This percentage is calculated as:

\[
\frac{\text{(Number of member-years of enrolled beneficiaries from eligible population who received an ACEI or ARB medication during period measured)}}{\text{(Number of member-years of enrolled beneficiaries in period measured who were dispensed at least one prescription for an oral hypoglycemic agent or insulin and at least one prescription for an antihypertensive agent during the measurement period)}}
\]

**Reporting Requirements:**

<table>
<thead>
<tr>
<th>1876 Cost</th>
<th>HMO, HMOPOS, PSO w/o SNP</th>
<th>HMO, HMOPOS, PSO with SNP</th>
<th>MSA</th>
<th>PDP</th>
<th>PFFS</th>
<th>Local &amp; Regional PPO w/o SNP</th>
<th>Local &amp; Regional PPO with SNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**4-Star Threshold:** MA-PD: ≥ 86%, PDP: ≥ 83%

**Cut Points:**

<table>
<thead>
<tr>
<th>Type</th>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA-PD</td>
<td>&lt; 81.5%</td>
<td>≥ 81.5% to &lt; 83.2%</td>
<td>≥ 83.2% to &lt; 86.0%</td>
<td>≥ 86.0% to &lt; 87.3%</td>
<td>≥ 87.3%</td>
</tr>
<tr>
<td>PDP</td>
<td>&lt; 80.9%</td>
<td>≥ 80.9% to &lt; 81.8%</td>
<td>≥ 81.8% to &lt; 83.0%</td>
<td>≥ 83.0% to &lt; 83.9%</td>
<td>≥ 83.9%</td>
</tr>
</tbody>
</table>
Measures with a Low Skewed Distribution

- This plan obtained a 3 star rating on a “low skewed” measure by screening 33% of women who had a fracture for osteoporosis
- Is it “worth it” to try to get to 4 stars?

Osteoporosis Management

4-Star Threshold: \( \geq 60\% \)

Cut Points:

<table>
<thead>
<tr>
<th></th>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>( &lt; 14% )</td>
<td>( \geq 14% ) to ( &lt; 24% )</td>
<td>( \geq 24% ) to ( &lt; 60% )</td>
<td>( \geq 60% ) to ( &lt; 67% )</td>
<td>( \geq 67% )</td>
<td></td>
</tr>
</tbody>
</table>

[Graph showing distribution of plans with various star ratings]
Measures with a High Skewed Distribution

- This plan obtained a 3 star rating on a “high-skewed” measure by sending 91% of enrollment requests to the Medicare Program within 7 days.
- Is it “worth it” to aim for 4 stars?

### Part D Enrollment Timeliness

<table>
<thead>
<tr>
<th>Type</th>
<th>1 Star</th>
<th>2 Stars</th>
<th>3 Stars</th>
<th>4 Stars</th>
<th>5 Stars</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA-PD</td>
<td>&lt; 82.68</td>
<td>≥ 82.68 to &lt; 89.91</td>
<td>≥ 89.91 to &lt; 94.69</td>
<td>≥ 94.69 to &lt; 96.50</td>
<td>≥ 96.50</td>
</tr>
<tr>
<td>PDP</td>
<td>&lt; 84.62</td>
<td>≥ 84.62 to &lt; 90.86</td>
<td>≥ 90.86 to &lt; 95.32</td>
<td>≥ 95.32 to &lt; 97.26</td>
<td>≥ 97.26</td>
</tr>
</tbody>
</table>
A Look at the Value of Improvement

- 50 total measures from Parts C and D feed into the star ratings with a weight total of 79.5.
- There are 397.5 (about 400) possible weighted stars that can be awarded.
- A plan needs 378 weighted stars (excluding the “IFactor”) to get the maximum bonus at 5 stars overall.
- The 4 star threshold is 298 weighted stars.
- Thus every half star in overall rating improvement is roughly equivalent to about 40 weighted star improvements on individual measures.
CMS Star Rating Facts for ACHP Plans

• ACHP members enroll about 15% of almost 12 million Medicare Advantage enrollees in 2011.

• ACHP organizations:
  - Averaged 4.73 out of 5 stars on an enrollment-weighted basis compared to 3.35 out of 5 stars for non-ACHP plans,
  - Enrolled 98% of beneficiaries in 5 star plans,
  - Enrolled 70% of the beneficiaries in plans with 4.5 stars or better,
  - Offered 4.5 or 5 star plans in 17 states and the District of Columbia,
  - Improved 4 times faster (0.30 stars per beneficiary for ACHP plans versus 0.07 stars per beneficiary for non-ACHP plans).
<table>
<thead>
<tr>
<th>Part D Star Rating Measure</th>
<th>2010-11 Star Rating Averages</th>
<th>2011-12 Star Rating Averages</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Treatment</td>
<td>2.8</td>
<td>2.64</td>
<td>-0.16</td>
</tr>
<tr>
<td>Appeals Auto-Forward</td>
<td>4.39</td>
<td>4.23</td>
<td>-0.16</td>
</tr>
<tr>
<td>Getting Information from Drug Plan</td>
<td>4.32</td>
<td>4.26</td>
<td>-0.06</td>
</tr>
<tr>
<td>Medicare Plan Finder Composite</td>
<td>3.88</td>
<td>3.85</td>
<td>-0.03</td>
</tr>
<tr>
<td>Getting Needed Prescription Drugs</td>
<td>4.5</td>
<td>4.47</td>
<td>-0.03</td>
</tr>
<tr>
<td>Beneficiary Access Problems</td>
<td>2</td>
<td>3.94</td>
<td>1.94</td>
</tr>
<tr>
<td>Foreign Language Interpreter and TTY/TTD Availability</td>
<td>3.68</td>
<td>4.14</td>
<td>0.47</td>
</tr>
<tr>
<td>High Risk Medication</td>
<td>3.24</td>
<td>3.49</td>
<td>0.24</td>
</tr>
<tr>
<td>Complaints about the Drug Plan</td>
<td>4.28</td>
<td>4.49</td>
<td>0.21</td>
</tr>
<tr>
<td>Rating of Drug Plan</td>
<td>3.96</td>
<td>4.11</td>
<td>0.15</td>
</tr>
<tr>
<td>Part D Summary Rating</td>
<td>4.13</td>
<td>4.24</td>
<td>0.11</td>
</tr>
</tbody>
</table>
2011/12 ACHP Star Ratings Change

- ACHP plans had an average improvement of 0.11 stars among the Part D measures from 2011.
- ACHP saw improvement in three experience/satisfaction measures, including a significant increase in the Beneficiary Access Problems.
- The 3 star cut-point for Appeals Upheld increased substantially, thus it was harder to get higher stars on this measure.
- The Diabetes Treatment and High Risk Medication measures are Outcomes measures, which carry added significance in the overall star rating calculation.