CMS Five-Star Quality Rating System and Our Network Providers

What is the CMS Five-Star Quality Rating System?

The Centers for Medicare & Medicaid Services (CMS) uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plans and health care systems. 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 Five-Star Quality Rating System 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 Keystone First VIP Choice 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 Keystone First VIP Choice and their providers, including access to care.
- Member complaints and changes in Keystone First VIP Choice's performance.
- Customer service, including timely appeal decisions.

How can I get more information?

The Keystone First VIP Choice Quality Improvement team is committed to working with you to improve the health of our members. If you have questions about this information or would like to know more about Keystone First VIP Choice and the Five-Star Quality Rating System, please contact any of the following:

Kathy Barnett, Director, Quality Improvement
VIPQuality@amerihealthcaritas.com

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

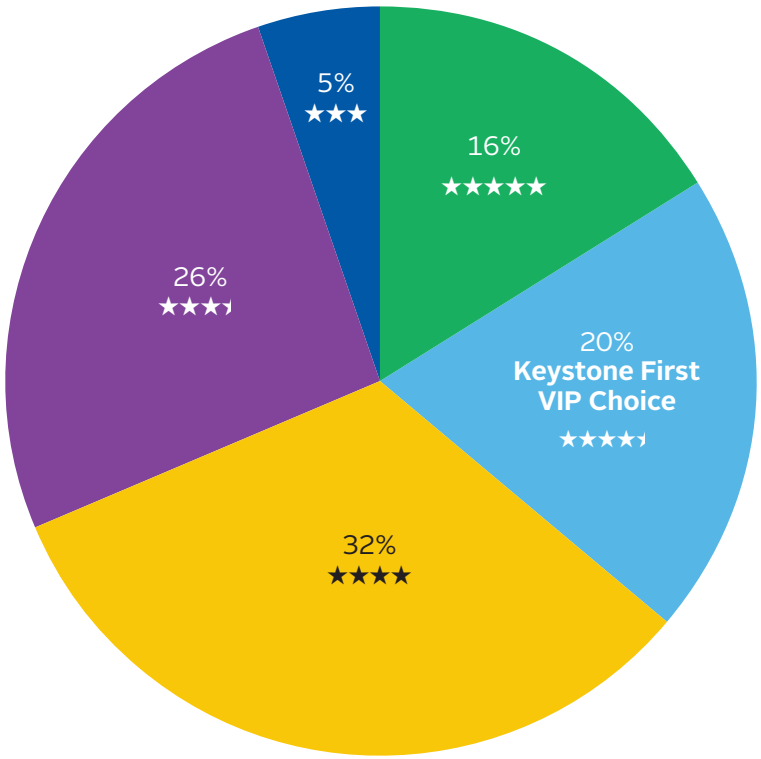
Keystone First VIP Choice®

Keystone First VIP Choice is striving to achieve a five-star rating.

Becoming a five-star plan is an incredibly prestigious goal that only select health plans achieve 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.

2022 national Star Ratings

- 5 stars
- 4.5 stars
- 4 stars
- 3.5 stars
- 3 stars
- 2.5 stars – 0%
- 2 stars – 0%



Benefits to you, the provider

Benefits to you, the provider, may include:

- Greater focus on preventive care and early detection of disease.
- Better performance in provider incentive programs and shared savings programs.
- Potential for increased patient base (five-star plans are granted a special enrollment period, allowing Medicare beneficiaries to enroll throughout the year).
- Improved relationships with your patients and Keystone First VIP Choice.

Benefits to our members, your patients

Our ultimate goal is to enhance the health and wellness of our members. When Star Ratings improve for Keystone First VIP Choice, 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.
- Improved care coordination and health outcomes.

Performing well on Star Ratings 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:

- **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 **https://www.ncqa.org/hedis/**.

  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 Keystone First VIP Choice.

- **CAHPS® and HOS:** Member satisfaction measures come from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey or the Health Outcomes Survey (HOS). CMS conducts these anonymous surveys annually with Medicare beneficiaries. Several of the questions ask beneficiaries about their experiences with health care providers. Learn more about the CAHPS survey at **https://www.cms.gov/research-statistics-data-and-systems/research/cahps and more about HOS at www.hosonline.org**.
- **Appeals and Grievances:** There are several Star Ratings measures related to the appeals and grievances 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 Keystone First VIP Choice is held accountable for members' experiences. Together through coordination and cooperation, Keystone First VIP Choice and the provider network can create a positive member experience.

2022 CMS Star Ratings 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 Keystone First VIP Choice's Star Ratings during measurement year 2022.

Star Ratings Measure	Description
Annual Flu Vaccine	Members who had a flu shot
Breast Cancer Screening	Female plan members ages 50 - 74 who had a mammogram during the past two years
Care for Older Adults	Members age 66 and older who had a pain and medication review
Colorectal Cancer Screening	Members ages 50 – 75 who had appropriate screening for colon cancer
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
Follow up after ER visit within 7 day	Patients that had a follow up visit within seven days of Emergency Room visit with provider
Getting Appointments and Care Quickly	Members were able to get an appointment and care when needed
Getting Needed Care	Members were easily able to get needed care, including care from specialists
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	Members who report discussing exercise with their doctor and were advised to start, maintain, or increase their physical activity
Osteoporosis Management in Women	Female plan members who broke a bone and got screening or treatment for osteoporosis within six months of fracture
Plan All-Cause Readmissions	Reduce readmission within 30 days following discharge from a hospital stay
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
Reducing the Risk of Falling	Members with a problem falling, walking, or balancing who discussed it with their doctor and got treatment for it
Statin Therapy for Cardiovascular Disease	Percent of plan members with heart disease who got a prescription for a cholesterol-lowering medication
Transition of Care	Members who had a follow up visit including a medication reconciliation within 30 days of discharge with their provider