Fact Sheet - 2013 Part C and D Plan Ratings

One of the Centers for Medicare & Medicaid Services' (CMS) most important strategic goals is to increase the quality for Medicare beneficiaries, including Fee for Services (FFS) and private health and drug plans. In this effort CMS is increasing the level of accountability for the care provided by physicians, hospitals, and other providers. Consistent with efforts in the traditional FFS Medicare, Parts C (Medicare Advantage or MA) and D (prescription drug plan) sponsors are accountable for the care provided by physicians, hospitals, and other providers.

CMS is committed to continuing to improve the Parts C and D quality performance measurement system to increase the focus on improving beneficiary outcomes, beneficiary satisfaction, population health, and efficiency of health care delivery. To that end, CMS has been working to develop a more robust system to measure quality and performance of Medicare Advantage (MA) and Prescription Drug Plan (PDP) contracts. As new measures are developed and adopted, CMS incorporates them into the Plan Ratings published each year on the Medicare Plan Finder website to assist beneficiaries in finding their plan and used to determine star ratings for quality bonus payments.

2013 Enhancements

Medicare Advantage with prescription drug coverage (MA-PD) contracts are rated on up to 49 quality and performance measures, MA-only contracts (without prescription drug coverage) are rated on up to 37 measures, while stand-alone PDP contracts are rated on up to 18 measures. Each year, CMS conducts a comprehensive review of the measures that make up the Plan Ratings, taking into consideration the reliability of the measures, clinical recommendations, feedback received from stakeholders, and data issues. All of the measures removed from the plan ratings are still displayed on the informational page of www.cms.gov.

The Plan Ratings measures currently span five broad categories:

- Outcomes
- Intermediate Outcomes
- Patient Experience
- Access
- Process measures

For the 2013 Plan Ratings, similar to last year, outcomes and intermediate outcomes are weighted three times as much as process measures, and patient experience and access measures are weighted 1.5 times as much as process measures. CMS assigns a weight of 1 to all new measures. Last year the all-cause readmission measure received a weight of 1, and this year the weight has been changed to 3 since it is no longer a new measure. Also similar to last year, CMS is reducing the overall Plan Rating for contracts with serious compliance issues, defined as the imposition of enrollment or marketing sanctions.

New Measures

For the Plan Ratings we have added three new measures focusing on care coordination and improvement.

- *Care Coordination (Medicare Part C)* – This is a composite measure made up of six questions from the MA CAHPS survey focusing on:
    - Whether the doctor had medical records and other information about the enrollee's care.
    - Whether there was follow-up with the patient to provide test results.
    - How quickly the enrollee got the test results.
    - Whether the doctor spoke to the enrollee about prescription medicines.
    - Whether the enrollee received help managing care.
    - Whether the personal doctor is informed and up-to-date about specialist care.

    - The national average for the composite was 85%, or 3.4 stars.
    - In general non-Special Needs Plans (SNPs) did better on Care Coordination than SNPs.
    - Contracts did best on doctor having medical records, followed by getting help from doctor managing care, talking to doctor about prescription medicines, and personal doctor up-to-date about care from specialists. The measures about how often and how quickly enrollee got test results were combined, and contracts have the most room for improvement on these measures.

- *Improvement (Medicare Parts C and D)* – This is a measure of net improvement at the contract level, calculated by summing statistically significant improvements or declines at the measure level. To qualify, measures must have two years of data and there must not have been any significant specification changes. Improvement is calculated separately for Medicare Parts C and D. These measures do not penalize contracts with 4 or more stars in their highest rating (overall – MA-PD, Part C summary – MA-only, Part D summary – PDP).
    - The average star rating for MA contracts for the Part C improvement measure is 3.1.
    - The average star rating for MA contracts for the Part D improvement measure is 3.4.
    - The PDP average star rating for the improvement measure is 4.1.

Additional changes to measures are included in Attachment A.

Highlights of Contract Performance in 2013 Plan Ratings

Changes in Ratings from 2012

The average star rating weighted by enrollment for MA-PDs is 3.66 for the 2013 Plan Ratings compared to 3.44 in 2012.

- Approximately 23 percent of MA-PDs (127 contracts) that will be active in 2013 earned four stars or higher for their 2013 overall rating; these contracts serve 37 percent of enrollees as can be seen in Table 1 below.
- This is a 9 percentage point increase from 28 percent of enrollees being in contracts with four or more stars last year.

Table 1: 2012 & 2013 Rating Distribution for MA-PD Contracts

Overall Rating	2012			2013		
	# of Contracts	%	Weighted By Enrollment	# of Contracts	%	Weighted By Enrollment
5 stars	9	1.62	8.74	11	1.95	9.25
4.5 stars	46	8.29	9.86	54	9.59	15.70
4 stars	51	9.19	9.49	62	11.01	12.23
3.5 stars	119	21.44	33.05	132	23.45	36.28
3 stars	144	25.95	25.98	127	22.56	20.02
2.5 stars	65	11.71	8.34	60	10.66	5.39
2 stars	6	1.08	0.27	2	0.36	0.03
Not enough data available	76	13.69	1.17	64	11.37	0.44
Plan too new to be measured	39	7.03	3.10	51	9.06	0.66
Total	555	100		563	100	

The average star rating weighted by enrollment for PDPs is 3.30 for the 2013 Plan Ratings compared to 2.96 for the 2012 Plan Ratings.

- Approximately 30 percent of PDPs that will be active in 2013 received four or more stars for the Part D 2013 Plan Rating; weighted by enrollment, close to 18 percent of PDP enrollees are in contracts with four or more stars as seen in Table 2.
- This is a 9 percentage point increase from 9 percent of PDP enrollees being in contracts with 4 or more stars last year.

Table 2: 2012 & 2013 Overall Rating Distribution for PDPs

Part D Rating	2012			2013		
	# of Contracts	%	Weighted By Enrollment	# of Contracts	%	Weighted By Enrollment
5 stars	4	5.41	1.80	4	4.60	1.85
4.5 stars	1	1.35	0.13	5	5.75	3.51
4 stars	8	10.81	7.32	17	19.54	12.19
3.5 stars	15	20.27	9.16	17	19.54	23.33
3 stars	15	20.27	56.33	17	19.54	55.04
2.5 stars	18	24.32	21.96	9	10.34	3.23
2 stars	3	4.05	0.80	1	1.15	0.77
Not enough data available	6	8.11	2.44	7	8.05	0.07
Plan too new to be measured	4	5.41	0.06	10	11.49	0.00
Total	74	100		87	100	

5 Star Contracts

Nineteen contracts are marked on Medicare Plan Finder with a high performing (gold star) icon; eleven are MA-PD contracts (Table 3), four are MA-only contracts (Table 4), and four are PDPs (Table 5).

The new high performing icon contracts for this year are:

- Kaiser Foundation of the Mid-Atlantic States (H2150)
- Group Health Plan, Inc. (H2462)
- Kaiser Foundation HP of Ohio (H6360)
- Humana Wisconsin Health (H6622)
- Medical Associates Clinic Health Plan (H5256)
- Catamaran Insurance of Delaware (S8841)

Table 3: MA-PD Contracts Receiving the 2013 High Performing Icon

Contract	Contract Name	Enrolled 10/2012	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year	SNP
H0524	KAISER FOUNDATION HP, INC.	863,506	31 counties in CA	Not applicable	Yes	Yes
H0630	KAISER FOUNDATION HP OF CO	80,307	17 counties in CO	Not applicable	Yes	Yes
H1230	KAISER FOUNDATION HP, INC.	26,853	3 counties in HI	Not applicable	Yes	No
H2150	KAISER FNDN HP OF THE MID-ATLANTIC STS	48,076	D.C. 11 counties in MD, 9 counties in VA	Not applicable	No	No
H2462	GROUP HEALTH PLAN, INC.	43,099	87 counties in MN, 8 counties in WI	Not applicable	No	No
H5050	GROUP HEALTH COOPERATIVE	75,502	13 counties in WA	Not applicable	Yes	No
H5262	GUNDERSEN LUTHERAN HEALTH PLAN	13,348	5 counties in IA, 11 counties in WI	Not applicable	Yes	No
H6360	KAISER FOUNDATION HP OF OHIO	18,126	7 counties in OH	Not applicable	No	No
H6622	HUMANA WISCONSINHEALTH ORGANIZATION INSURANCE CORP	8,306	30 counties in WI	Not applicable	No	No
H8578	HEALTH NEW ENGLAND, INC.	7,398	4 counties in MA	Most of the U.S.	Yes	No
H9003	KAISER FOUNDATION HP OF THE N W	65,101	9 counties in OR, 4 counties in WA	Not applicable	Yes	No
Total		1,249,622				

Table 4: MA-only Contracts Receiving the 2013 High Performing Icon

Contract	Contract Name	Enrolled 10/2012	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year	SNP
H1651	MEDICAL ASSOCIATES HEALTH PLAN, INC.	9,376	6 counties in IA, 1 county in IL	Not applicable	Yes	No
H5256	MEDICAL ASSOCIATES CLINIC HEALTH PLAN	2,883	4 counties in WA	Not applicable	No	No
H5264	DEAN HEALTH PLAN, INC.	19,709	8 counties in WI	Not applicable	Yes	No
H6052	KAISER FOUNDATION HP, INC.	2,488	21 counties in CA	Not applicable	Yes	No
Total		34,456				

Table 5: PDP Contracts Receiving the 2013 High Performing Icon

Contract	Contract Name	Enrolled 10/2012	Non-EGHP Service Area	EGHP Service Area	5 Star Last Year
S3521	EXCELLUS HEALTH PLAN, INC	21,313	1 region - New York	38 regions	Yes
S3994	HAWAII MEDICAL SERVICE ASSOCIATION (HMSA)	-	Not applicable	34 regions	Yes
S5743	WELLMARK IA & SD, & BCBS MN, MT, NE, ND,& WY	297,854	1 region - in upper Midwest and Northern Plains	33 regions	Yes
S8841	CATAMARAN INSURANCE OF DELAWARE, INC.	4,721	Not applicable	36 regions	No
Total		360,832			

Low Performers

Twenty-six contracts are marked with the low performing icon (LPI) for consistently low quality ratings in the past three years (i.e., 2.5 or fewer stars for the 2011, 2012 and 2013 Plan Ratings for Part C and/or Part D).

- Ten of these contracts are receiving the icon for low Part C ratings of 2.5 or fewer stars from 2011 through 2013, and 16 are receiving it for low Part D ratings of 2.5 or fewer stars from 2011 through 2013.
- Twenty-one of the 30 contracts receiving the LPI in 2012 either improved their ratings in 2013 or their contract was withdrawn or consolidated.

Tax Status and Performance

- Contracts that are non-profit tend to receive higher ratings than those that are for-profit organizations. Non-profit organizations also performed better than for-profit organizations last year.
- Below is the ratings distribution by tax status for MA-PD (Table 6) and PDP (Table 7) contracts.

Table 6: Distribution of For-profit and Non-profit MA-PDs

MA-PD Overall Rating	For-Profit	Non-Profit
5 stars	1 % (2)	9% (9)
4.5 stars	6% (22)	30% (32)
4 stars	13% (45)	16% (17)
3.5 stars	32% (109)	22% (23)
3 stars	32% (109)	17% (18)
2.5 stars	16% (54)	6% (6)
2 stars	1% (2)	0% (0)
Total # contracts	343	105

Table 7: Distribution of For-profit and Non-profit PDPs

Part D Rating	For-Profit	Non-Profit
5 stars	2% (1)	12% (3)
4.5 stars	5% (2)	12% (3)
4 stars	14% (6)	40% (10)
3.5 stars	26% (11)	20% (5)
3 stars	31% (13)	12% (3)
2.5 stars	19% (8)	4% (1)
2 stars	2% (1)	0% (0)
Total # contracts	42	25

Length of Time in Program and Performance

On average, higher Plan Ratings are associated with more experience in the Medicare program. The tables below show the distribution of ratings by the number of years in the program (MA-PDs in Table 8, and PDPs in Table 9).

Table 8: Distribution of MA-PDs' Star Ratings by Length of Time in Program

2013 Overall Rating	<5	5 to <10	≥10	Total
5 stars	2	0	9	11
4.5 stars	11	19	25	55
4 stars	10	24	30	64
3.5 stars	27	63	44	134
3 stars	34	79	20	133
2.5 stars	26	34	6	66
2 stars	3	0	0	3
Not enough data available	45	25	3	73
Plan too new to be measured	51	0	0	51
Total # contracts	209	244	137	590
Average stars	3.25	3.31	3.78	

Table 9: Distribution of PDPs' Star Ratings by Length of Time in Program

2013 Part D Rating	<5	5 to <10	Total
5 stars	0	4	4
4.5 stars	0	6	6
4 stars	1	16	17
3.5 stars	1	18	19
3 stars	2	16	18
2.5 stars	0	11	11
2 stars	0	1	1
Not enough data available	6	1	7
Plan too new to be measured	10	0	10
Total # contracts	20	73	93
Average stars	3.38	3.49	

Performance of Plans Eligible to Receive Low Income Subsidy (LIS) Auto-assignees versus Plans not Eligible for LIS Auto-assignees

Contracts eligible to receive LIS auto-assignees (LIS contracts) show a marked improvement from 2012 to 2013.

- Seventeen (70.83 percent) out of 24 LIS contracts earned a star rating of 3 or more in 2013. In 2012, 13 (56.52 percent) out of 23 contracts received star ratings of 3 or above.
- In 2013, there are only 2 (8.33 percent) contracts with a rating of 2.5 or below compared to 10 (43.48 percent) contracts in 2012.

Table 10: Distribution of PDPs' Star Ratings for Contracts Eligible to Receive LIS Auto-assignees

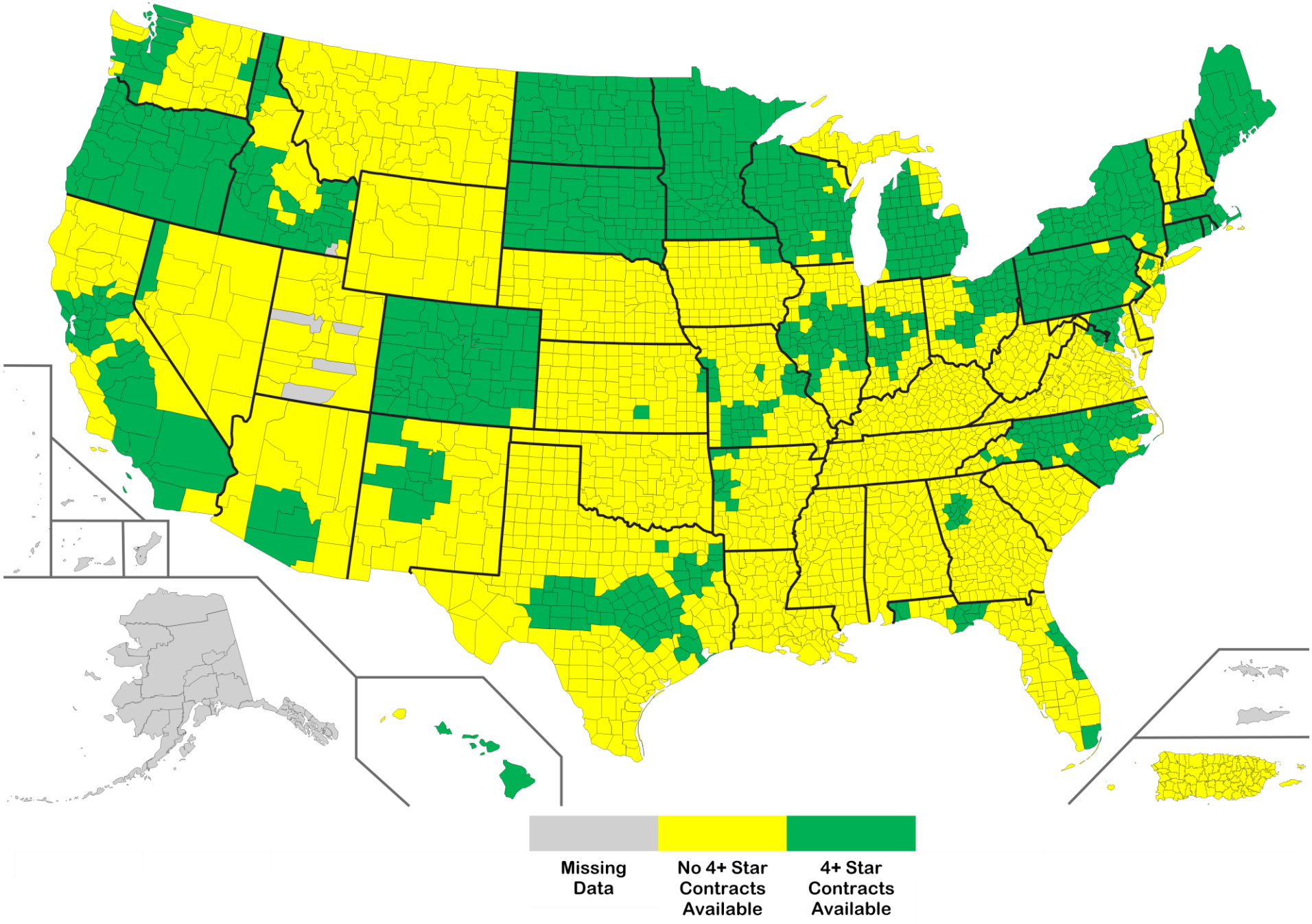
Star Rating	Number of LIS Contracts 2012	% of LIS Contracts 2012	Number of LIS Contracts 2013	% of LIS Contracts 2013
4 stars	2	8.7%	1	4.2%
3.5 stars	3	13.0%	6	25.0%
3 stars	8	34.8%	10	41.7%
2.5 stars	9	39.1%	2	8.3%
2 stars	1	4.45%	0	0.0%
No Rating [1]	0	0.0%	5	20.8%
Total	23		24	

Geographic Variation

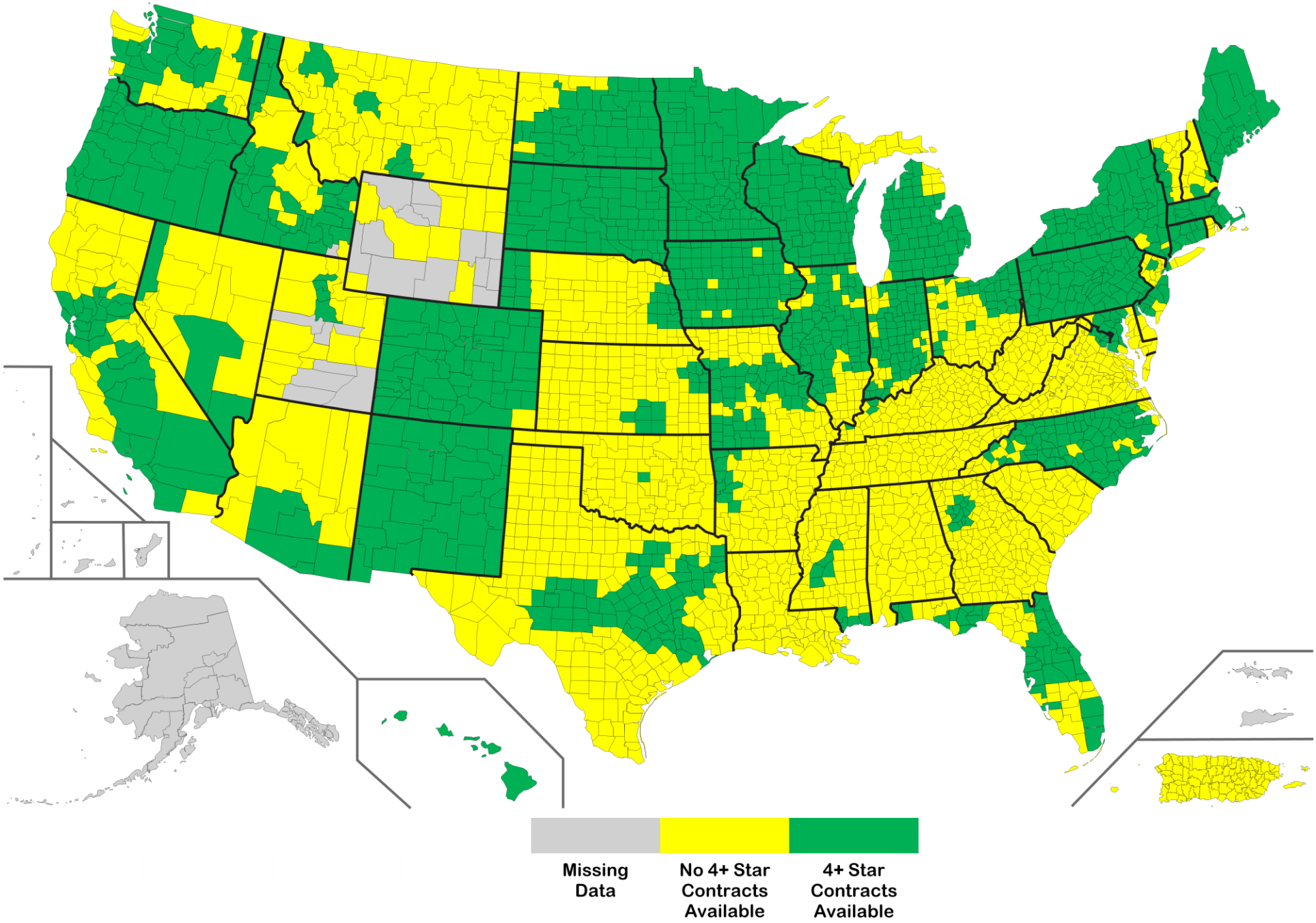
The following four maps describe the availability of MA-PDs and PDPs rated 4 or more stars across the United States, including its territories, between 2012 and 2013. Counties shaded in green indicate that at least one MA-PD or PDP rated four or more stars is available to those beneficiaries. Counties shaded in yellow indicate that none of the MA-PD or PDP plans available to those beneficiaries are rated four stars or more. Areas in silver indicate missing data.

- For 2013, the availability of highly rated MA-PDs has increased since 2012.
- Beneficiaries throughout the continental U.S. continue to have access to a highly rated PDP, as we observed in 2012.

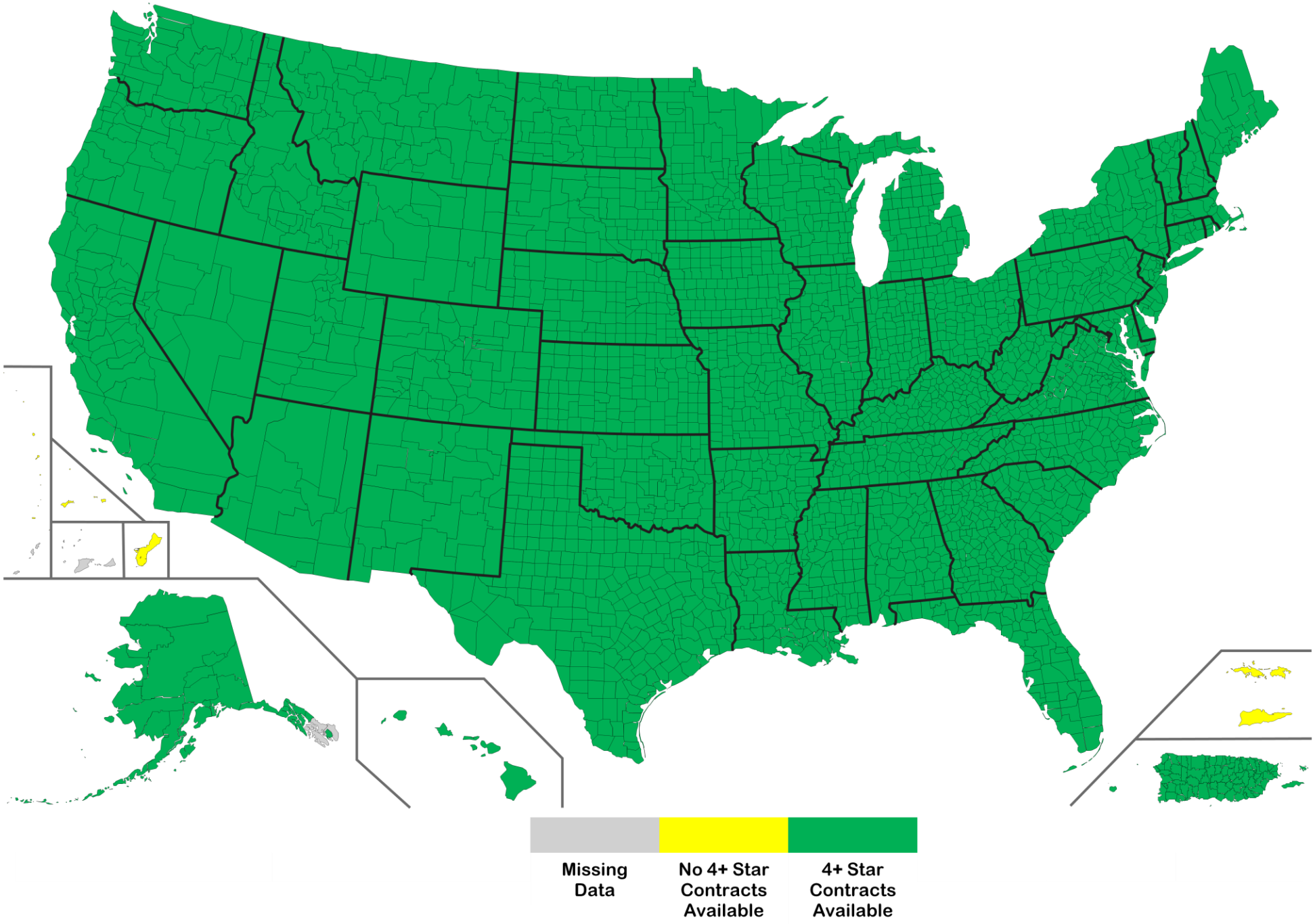
2012 Plan Ratings - Location of MA-PD Contracts with 4 or more stars



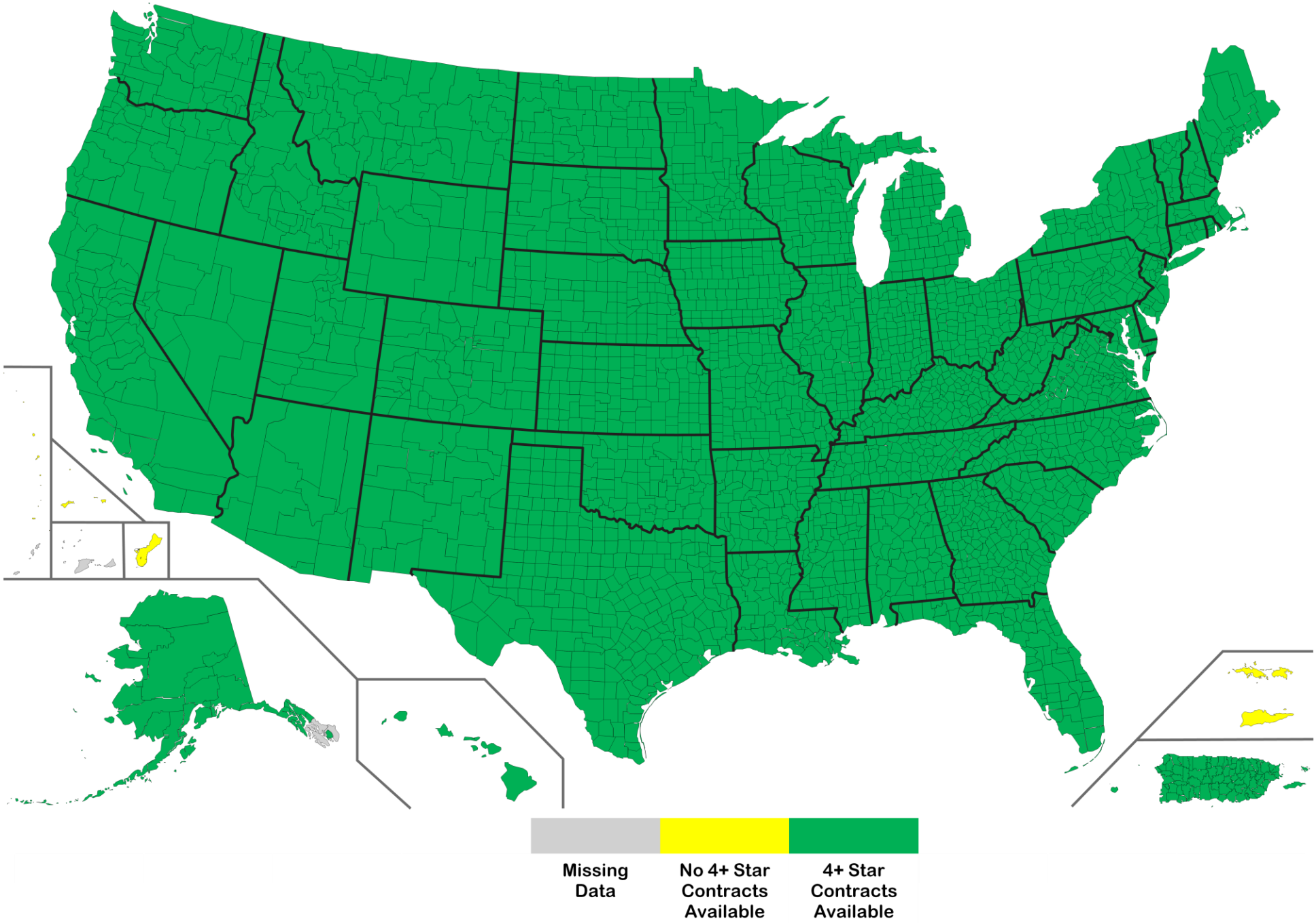
2013 Plan Ratings - Location of MA-PD Contracts with 4 or more stars



2012 Plan Ratings - Location of PDP Contracts with 4 or more stars



2013 Plan Ratings - Location of PDP Contracts with 4 or more stars



Average Star Rating for Each Measure

Below we list the average star rating for 2012 and 2013 Part C and D Plan Ratings measures (Tables 11 and 12). In general, the star rating has gone up from 2012 to 2013 for most measures.

Table 11: Average Star Rating by Part C Measure

Measure	2012 Average Star	2013 Average Star
Breast Cancer Screening	3.1	3.0
Colorectal Cancer Screening	3.1	3.5
Cardiovascular Care – Cholesterol Screening	4.0	4.3
Diabetes Care – Cholesterol Screening	4.0	4.1
Glaucoma Testing	3.2	3.2
Annual Flu Vaccine	3.2	3.2
Improving or Maintaining Physical Health	4.3	4.4
Improving or Maintaining Mental Health	2.2	2.2
Monitoring Physical Activity	1.9	2.1
Adult BMI Assessment	2.8	3.7
Care for Older Adults – Medication Review	3.5	3.0
Care for Older Adults – Functional Status Assessment	2.8	2.8
Care for Older Adults – Pain Screening	2.7	3.2
Osteoporosis Management in Women who had a Fracture	2.1	1.4
Diabetes Care – Eye Exam	3.5	3.4
Diabetes Care – Kidney Disease Monitoring	4.3	4.3
Diabetes Care – Blood Sugar Controlled	3.2	3.1
Diabetes Care – Cholesterol Controlled	3.2	3.4
Controlling Blood Pressure	3.5	3.5
Rheumatoid Arthritis Management	3.3	3.3
Improving Bladder Control	1.8	2.3
Reducing the Risk of Falling	3.2	3.3
Plan All-Cause Readmissions	3.3	3.0
Getting Needed Care	3.5	3.5
Getting Appointments and Care Quickly	3.4	3.4
Customer Service	3.4	3.4
Overall Rating of Health Care Quality	3.6	3.7
Overall Rating of Plan	3.3	3.3
Care Coordination	n/a – new for 2013	3.4
Complaints about the Health Plan	3.2	3.0
Beneficiary Access and Performance Problems	3.4	3.5
Members Choosing to Leave the Plan	3.3	3.5
Health Plan Quality Improvement	n/a – new for 2013	3.1
Plan Makes Timely Decisions about Appeals	4.3	4.0
Reviewing Appeals Decisions	2.9	3.3
Call Center – Foreign Language Interpreter and TTY/TDD Availability	3.8	4.2
Enrollment Timeliness	n/a – new for 2013	4.4

Table 12: Average Star Rating by Part D Measure

Measure	2012		2013	
	MA-PD Average Star	PDP Average Star	MA-PD Average Star	PDP Average Star
Call Center – Pharmacy Hold Time	3.9	3.8	4.1	4.3
Call Center – Foreign Language Interpreter and TTY/TDD Availability	3.3	3.3	3.7	3.8
Appeals Auto–Forward	4.0	3.3	3.4	2.4
Appeals Upheld	2.4	2.4	3.2	3.3
Enrollment Timeliness	3.0	3.1	4.4	4.4
Complaints about the Drug Plan	3.1	2.9	3.0	3.7
Beneficiary Access and Performance Problems	3.3	3.1	3.5	3.8
Members Choosing to Leave the Plan	3.3	3.7	3.5	3.7
Drug Plan Quality Improvement	n/a – new for 2013		3.4	4.1
Getting Information From Drug Plan	3.6	3.4	3.7	3.4
Rating of Drug Plan	3.3	3.3	3.4	3.6
Getting Needed Prescription Drugs	3.6	3.6	3.5	3.7
MPF Price Accuracy	n/a – new for 2013		3.8	4.2
High Risk Medication	2.7	3.1	3.1	3.1
Diabetes Treatment	2.9	2.9	3.0	2.8
Part D Medication Adherence for Oral Diabetes Medications	3.1	3.1	3.1	3.3
Part D Medication Adherence for Hypertension (ACEI or ARB)	3.1	3.0	3.0	3.2
Part D Medication Adherence for Cholesterol (Statins)	3.0	3.2	3.1	3.2

Attachment A – 2013 Plan Ratings Measure Specification Changes

Below are some additional changes to the 2013 Plan Ratings in terms of the measures included.

Transitioned Measures

For the 2013 Plan Ratings, CMS has transitioned the following three measures to the display page on www.cms.gov.

- Pneumonia Vaccine (Part C)
- Access to Primary Care Doctor Visits (Part C)
- Medicare Plan Finder (MPF) Stability (Part D; removed from last year's MPF Composite measure)

Specification Changes

There are a series of technical measure specification changes implemented with the 2013 Plan Ratings. Below is a summary of the most significant changes.

- Plan Makes Timely Decisions about Appeals (Part C) – This measure now includes the timeliness of dismissed appeals.
- MPF Price Accuracy (Part D) – This measure was the MPF Composite in 2012. In 2013 we have removed the price stability portion of the measure.
- Beneficiary Access and Performance Problems (Parts C and D) – For this measure, the contract effectiveness score was replaced with the percent of elements passed out of all elements audited.
- Call Center – Foreign Language Interpreter and TTY/TDD Availability (Parts C and D) – This measure now includes data from Special Needs Plans and changes to collection methodology.
- Enrollment timeliness (Parts C and D) – This is the percentage of plan generated enrollment requests submitted to the Medicare Program within 7 calendar days of the application date. This measure now includes MA-only contracts. However, we are excluding cost contracts and SNP plan benefit packages from this measure.
- High Risk Medication (Part D) – CMS increased the number of HRM fills from one to two fills. Due to this specification change, the previously established 4-star threshold will not be applied for the 2013 Plan Ratings.