Measuring quality through Medicare Star Ratings

The Centers for Medicare & Medicaid Service's (CMS) Star Ratings system measures the overall quality of Medicare Advantage (MA only and MA-PD) and Prescription Drug Plans (PDPs). Health plans are rated on a scale of one to five stars in half-step increments, with five stars representing the highest score.

More than 40 quality measures weigh into our Star Ratings, spanning five categories:

- ✓ Quality of care
- ✓ Access to care
- ✓ Member satisfaction
- ✓ Customer service
- ✓ Responsiveness to member needs

Claims data, medical records, surveys, pharmacy data and more all factor into each measure.

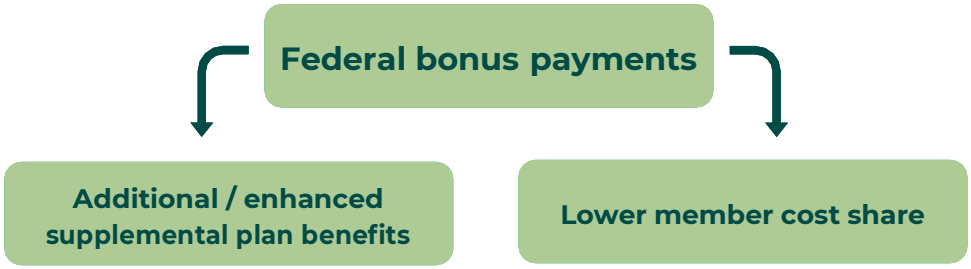
Star ratings benefits

The Star Ratings system helps Medicare beneficiaries compare and choose plans. It also plays a key role in financing health care benefits for MA and MAPD plan members. Financial reimbursements for quality reward high-performing plans that bring resources into our communities. We use these resources to support patient services, provider quality incentives and fee schedule enhancements.

The Star Ratings system benefits both providers and patients by improving:

- ✓ Physician and patient relationships
- ✓ Focus on preventive services for early detection of disease
- ✓ Programs that help to manage chronic conditions
- ✓ Customer experience
- ✓ Patient satisfaction
- ✓ Collaboration with the health plan
- ✓ Awareness of patient safety issues
- ✓ Support for chronic condition management

Becoming a Five-Star plan is a prestigious achievement that only select health plans are awarded annually. Health plans that earn at least four stars qualify for federal bonus payments. As a nonprofit health plan, we use these payments to improve the quality of care and services we provide.



How to achieve excellence

Excellent care not only enhances the health and wellness of your patients, our members, but it also supports our Star Ratings program by:

Encouraging your patients to get preventative screenings
Identifying barriers your patients face when getting care
Creating a workflow to identify non-compliant patients at appointments
Submitting complete and correct claims with appropriate codes, including CPT II codes
Understanding each measure you influence and how your patients can become compliant
Incorporating Health Outcomes Survey (HOS) questions into each visit by talking to patients about physical activity, physical and mental health, bladder control and falls prevention
Reviewing the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey to find opportunities for you or your office to have an impact, i.e.: getting your patients in for appointments as quickly as possible, reviewing test results and care coordination

Finding and closing care opportunities

Check your Partners in Performance Report in Filemart to see patients with open care opportunities. Review this information and the patient's medical record to determine if the services have been completed or scheduled.

If a service is not completed, flag or contact the member to schedule the service.

If a service is completed or if exclusion is applicable, submit medical record documentation including all supporting documentation to our HEDIS Department by:

- **Electronically** uploading medical records – contact HEDIS@priorityhealth.com to get a file set up or for more information.
- **Email**: HEDIS@priorityhealth.com
- **Fax**: 616.975.8897
- **Mail**: HEDIS at 1239 E Beltline, NE Mail Stop 1280, Grand Rapids, MI, 49525

Star Ratings impact

Measures used to determine Star Ratings overlap with HEDIS, surveys and other initiatives. Performing well on Star Ratings measures helps you perform well for other programs and surveys.

PCP Incentive Program (PIP)

Many physicians in our network participate in our quality incentive programs, which offer primary care practices incentives for quality care and effectively managing their HMO and PPO populations' care. There's a significant overlap in the measures included in these incentive programs and CMS Star Ratings (see below). Therefore, physicians who perform well in our PIP program also help to improve our Star Ratings.

All health plans are required to request medical records for their members when there are documentation gaps. The more information you include in claims supplemental data for your patients, the less likely you'll have to submit medical records to us.

HEDIS®

For health plans, the Healthcare Effectiveness Data and Information Set (HEDIS®) are very important. The scores received from HEDIS® measures help health plans understand the quality of care being delivered to their members for preventive services and chronic illnesses. HEDIS® results provide reliable comparisons of healthcare quality and outcome measures. When our physicians perform well in HEDIS, it's a direct impact to improve Star Ratings.

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 questions ask beneficiaries about their experience with health care providers.

2025 CMS Star Ratings Measures

Of the more than 40 measures used to determine a health plan's Star Ratings, the measures listed below could have the greatest impact on our Star Ratings in 2025.

Note: Highlighted rows are measures included in our PCP Incentive Program (PIP).

Star Ratings measure	Description
Staying healthy: Screenings, tests & vaccines	
Annual Flu Vaccine Measure weight: 1	Plan members who got a vaccine (flu shot) prior to flu season
Breast Cancer Screening Measure weight: 1	Female plan members ages 40 – 69 who had a mammogram during the past two years
Colorectal Cancer Screening Measure weight: 1	Plan members ages 50 – 75 who had appropriate screening for colon cancer
Monitoring Physical Activity Measure weight: 1	Plan members who discussed exercise with their doctor and were advised to start, maintain, or increase their physical activity
Managing chronic (long term) conditions	
Care for Older Adults – Medication Review Measure weight: 1	Plan members ages 66 years of age and older who had a medication review by a clinical pharmacist or prescribing practitioner and the presence of a medication list in the medical record
Care for Older Adults – Pain Assessment Measure weight: 1	Plan members ages 66 years of age and older who had a documented functional status assessment
Controlling Blood Pressure Measure weight: 3	Plan members ages 18-75 whose most recent HbA1c level is greater than 9% or who were not tested
Diabetes Care – Blood Sugar Control Measure weight: 3	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 Measure weight: 1	Plan members with diabetes who had an eye exam to check for damage from diabetes
Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions Measure weight: 1	Plan members with 2 or more chronic conditions receive follow-up care within 7 days after an emergency department visit
Improving Bladder Control Measure weight: 1	Plan members that had a discussion related to urinary incontinence with their provider during the last six months

Star ratings measure	Description
Managing chronic (long term) conditions	
Medication Reconciliation Post-Discharge Measure weight: 1	Plan members that had a medication reconciliation by their provider post- discharge of an inpatient admission
Osteoporosis Management in Women Who Had a Fracture Measure weight: 1	Female plan members who broke a bone and got screening or treatment for osteoporosis within six months
Plan All-Cause Readmissions Measure weight: 3	Plan members who had an acute inpatient stay who was readmitted for any diagnosis within 30 days *Unplanned acute readmissions are excluded
Reducing the Risk of Falling Measure weight: 1	Plan members with a problem falling, walking, or balancing who discussed it with their doctor and got treatment for it
Statin Therapy for Patients with Cardiovascular Disease Measure weight: 1	Plan members with heart disease who get the right type of cholesterol-lowering drugs
Transitions of Care Measure weight: 1	Plan members who received follow-up care after a hospital stay within 30 days of an inpatient discharge
Member experience with health plan	
Getting Needed Care Measure weight: 4	The best possible score the plan earned on how easy it is for members to get needed care, including care from specialists
Getting Appointments and Care Quickly Measure weight: 4	The best possible score the plan earned on how quickly members get appointments and care
Rating of Health Care Quality Measure weight: 4	The best possible score the plan earned from members who rated the quality of the health care they received
Rating of Health Plan Measure weight: 4	The best possible score the plan earned from members who rated the health plan
Care Coordination Measure weight: 4	The best possible score the plan earned on how well the plan coordinates members' care
Medication adherence	
Medications Adherence for Cholesterol (Statins) Measure weight: 3	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 for Diabetes Medications Measure weight: 3	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 for Hypertension (RAS Antagonists) Measure weight: 3	Plan members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time
Statin Use in Persons with Diabetes (SUPD) Measure weight: 1	Plan members with diabetes with a prescription for a cholesterol medication with at least two medication fills