CMS 2018 Medicare Advantage Star Ratings: Key Takeaways

Pulse8's Subject Matter Experts reviewed the recently published 2018 Star Ratings and are sharing preliminary insight for health plans. While some of the 384 plans with an MA-PD contract increased their Star Ratings, many other plans had their Star Ratings decline from 2017, continuing to prove that achieving and maintaining the gold standard is difficult without a long-term commitment to quality improvement.

❖ **Overall plan performance went down, but the percentage of members in Plans rated 4-Stars and above increased in 2018.**

   While the average Star Rating increased from 4.02 to 4.06 percent in 2018, only 44 percent of MA-PD plans (170 contracts) earned a 4-star rating in 2018, down from 49 percent in 2017. This means that less than half of all plans met the threshold for a bonus payment, yet enrollment in 4- and 5-Star plans increased to 73 percent from 69 percent in 2017.

   Pulse8 insight: Star Ratings are not only impacting bonus payments, but enrollment as well. With the current trend, low-performing plans will be unable to stay competitive in the quality arena.

❖ **Experience is a key factor in success.**

   Of the 16 MA and MA-PD contracts that received the gold Star Rating in 2018, only nine were also on the list in 2017. Merely two plans in existence for fewer than 5 years achieved the 5-Star Rating. Plans who have more experience with the MA program are more likely to achieve and maintain a 5-Star Rating.

   Pulse8 insight: A key to success is ensuring that your plan has a long-term commitment and strategic plan for maximizing 5-Star performance.

❖ **Many Measures had a decrease in the average Star Rating despite consistent plan performance in the underlying metric.**

   For many measures, we saw a decrease in the average Star Rating. In some cases, this was due to cut points increasing significantly (more than 5 percentage points). This may have come as a shock to plans who didn't anticipate the increase in cut points for measures such as breast cancer screenings, care for older adults, and controlling high blood pressure.

   Pulse8 insight: CMS is continuing to raise the bar and demand year-over-year improvements in metric performance just to maintain the same Star Rating, let alone improve one's rating. Having a strong analytics tool with a prospective approach aimed at closing gaps in a coordinated road map will be critical for 5-Star success.

Qualit8™, Pulse8's quality solution, enables plans to identify and close existing and potential quality gaps for HEDIS®, Hybrid HEDIS®, and CMS 5-Star Parts C and D measures that can significantly improve both Quality Bonus Payments (QPBs) and Star Ratings. Qualit8 integrates efforts to close Quality gaps with those aimed at Documentation and Coding, to produce a coordinated road map that is more efficient for the plan, less disruptive to its providers, and more respectful of its members.

Qualit8 includes the following components:

- Output File coupling critical Quality gap information with Risk Adjustment gaps at the member level to support combined program integration;

- Provider Chase List combining Quality and Risk Adjustment gaps to reduce provider abrasion, save administrative cost, and increase intervention impact; and

- Dashboards and Reports covering an array of Quality Measurement and Management needs, including:
    - MA 5-Star Quality Ratings;
    - Quality Measure Summary and Trends;
    - Measure Performance by Provider Group; and
    - Medication Adherence

In summary, Qualit8 provides the "command center" from which to orchestrate your Quality Management endeavors, using a series of inter-related analytic dashboards, output files, and chase lists.

Please contact our Chief Revenue Officer, Scott Filiault, at 732-570-9095 or Scott.Filiault@Pulse8.com to discuss how Qualit8 and the Pulse8 suite of products will help you achieve the best possible ROI from your Star Rating improvement efforts.