

2012 Part C and D Plan Ratings

The Centers for Medicare & Medicaid Services (CMS) continues to improve the Part C and D quality performance measurement system by increasing the focus on beneficiary outcomes, beneficiary satisfaction, population health, and efficiency of health care delivery. To that end, CMS has developed a more robust system to measure quality and performance of Medicare Advantage and stand-alone Prescription Drug Plans. The 2012 Plan Ratings increase the emphasis on outcomes of care, weight clinical outcome measures and patient experience measures greater than process measures, and incorporate additional measures that are expected to improve the overall health of Medicare beneficiaries.

2012 Enhancements

Medicare Advantage contracts offering prescription drug coverage (MA-PDs) are rated on up to 50 quality and performance measures, while stand-alone Prescription Drug Plans (PDPs) are rated on up to 17 measures. These ratings are incorporated into the Medicare Plan Finder (MPF) tool at www.medicare.gov. Several enhancements were added this year to the Plan Ratings, including retiring measures with low variability or reliability issues, adding new clinical measures, differentially weighting measures, and adjusting the ratings for contracts found to have serious compliance issues.

For 2012, CMS added the following measures:

- Plan All-Cause Readmissions,
- Adult Body Mass Index (BMI) Assessment,
- Care for Older Adults (for Special Needs Plans),
 - Medication Review
 - Functional Status Assessment
 - Pain Screening
- Medication Adherence,
 - Oral Diabetes Medications
 - Hypertension
 - Cholesterol
- Members Choosing to Leave the Plan, and
- Enrollment Timeliness.

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. Data for all “retired” Plan Ratings measures are still collected, but displayed on the informational page of www.cms.gov instead of the MPF.

CMS retired the following measures:

- Doctor Communication,
- Osteoporosis Testing,
- Appropriate Monitoring for Patients Taking Long Term Medications,
- Chronic Obstructive Pulmonary Disease Testing,
- Call Center Customer/Beneficiary Hold Time (Part C and D),
- Call Center Information Accuracy (Part C and D),

- Low Income Subsidy match rate, and
- Drug Plan Provides Pharmacist with Up-to-Date and Complete Enrollment Information about Plan Members.

The Plan Ratings measures currently span five broad categories: Outcomes, Intermediate Outcomes, Patient Experience, Access, and Process. Previously all measures were weighted equally, suggesting equal importance. For the 2012 Plan Ratings, outcomes and intermediate outcomes are weighted 3 times as much as process measures, and patient experience and access measures are weighted 1.5 times as much as process measures.

A new icon was developed this year to highlight high performing plans on the MPF. This icon highlights every contract receiving 5 stars for its highest (summary or overall) rating this year and alerts beneficiaries they may choose to enroll in these plans at any point during the year.

CMS is also reducing the overall Plan Rating for contracts with serious compliance issues, defined as the imposition of enrollment or marketing sanctions on a plan. This will ensure that contracts under sanction are not displayed publicly as high performing contracts.

Highlights of Contract Performance in 2012 Plan Ratings

Changes from 2011 Ratings

The average star rating weighted by enrollment for MA-PDs is 3.44 for the 2012 Plan Ratings compared to 3.18 for the 2011 Plan Ratings.

Approximately 19% of MA contracts earned 4 stars or higher for their 2012 rating; these contracts represent 29% of enrollees (see Table 1 below).

- This is an increase from last year, when 24% of enrollees were in contracts rated 4 or more stars.
- Thirty-seven percent of MA contracts' ratings stayed the same as the previous year. The rating went down by 0.5 stars for 13% of contracts and down by 1 or 1.5 stars for 1% of contracts, while it went up by 0.5 stars for 16% of contracts and up by 1 star for 2% of contracts. Thirty-two percent of contracts could not be compared across the two years.

Table 1: 2011 & 2012 Rating Distribution for MA Contracts

Overall Rating	2011			2012		
	# of contracts	%	% (weighted by enrollment)	# of contracts	%	% (weighted by enrollment)
5 stars	3	0.52	0.96	12	2.11	9.12
4.5 out of 5 stars	36	6.25	14.72	47	8.26	10.32
4 out of 5 stars	44	7.65	8.68	51	8.96	10.08
3.5 out of 5 stars	101	17.57	26.52	120	21.09	31.47
3 out of 5 stars	171	29.74	33.72	144	25.31	26.89
2.5 out of 5 stars	46	8.00	6.99	66	11.60	8.51
2 out of 5 stars	1	0.17	0.03	6	1.05	0.25
Not enough data to calculate overall rating	112	19.48	3.88	83	14.59	0.86
Plan too new to be measured	61	10.51	4.49	40	7.03	2.75
Total	575			569		

The average star rating weighted by enrollment for PDPs is 2.96 for the 2012 Plan Ratings compared to 3.49 for the 2011 Plan Ratings.

Approximately 20% of PDPs received 4 or more stars for the Part D 2012 Plan Rating; weighted by enrollment, approximately 7% of PDP enrollees are enrolled in contracts with 4 or more stars as seen in Table 2.

- This is a decrease from last year, when about 24% of PDPs received 4 or more stars, and 16% of PDP enrollees were enrolled in contracts with 4 or more stars.
- Twenty-seven percent of PDPs received the same rating as last year, while 25% decreased by 0.5 stars and 15% decreased by 1 or 1.5 stars. Nine percent of PDPs increased by 0.5 stars. Twenty-three percent of contracts could not be compared across the two years.

Table 2: 2011 & 2012 Overall Rating Distribution for PDPs

Part D Rating	2011			2012		
	# of contracts	%	% (weighted by enrollment)	# of contracts	%	% (weighted by enrollment)
5 Stars	4	6.06	6.71	4	6.25	1.96
4.5 Stars	6	9.09	5.83	1	1.56	0.16
4 Stars	6	9.09	3.49	8	12.5	5.36
3.5 Stars	22	33.33	53.72	15	23.44	10.38
3 Stars	17	25.76	29.01	15	23.44	57.96
2.5 Stars	5	7.58	1.24	18	28.13	20.63
2 Stars	0	0.00	0.00	3	4.69	1.14
Not enough data to calculate summary rating	4	6.06	0.01	6	9.38	2.41
Plan too new to be measured	2	3.03	0.00	4	6.25	0
Total	66			74		

For the 2012 Part D ratings, 156 Part D (135 MA-PD, 21 PDP) contracts are identified as low performers. This is an increase from 2010 where 63 (58 MA-PD, 5 PDP) contracts were classified as low performers. Of the 12 Part D Sponsors receiving 5 stars for their Part D rating, 8 are MA-PDs, and 4 are PDPs.

As described earlier, a number of changes were made this year to both Part C and D ratings. The impact of these changes are more significant to Part D plans as there are fewer Part D measures. Four Part D measures from last year were retired, while five new measures were added, including three adherence measures. Due to these changes, comparisons between 2011 and 2012 PDPs' performances may not be valid. Additionally, by weighting intermediate outcomes measures higher, nearly 25% of the Part D measures are weighted three times higher than process measures. As Part D plans generally did not do well on these intermediate outcomes measures, on average their Part D rating has declined.

5 Star Contracts

Sixteen contracts are marked on MPF with a high performing icon; nine are MA-PD contracts, (Table 3), three are MA Only contracts (Table 4), and four are PDPs. (Table 5).

Table 3: 5-star MA-PD Contracts

Contract	Contract Name	Enrolled 09/2011	Non-EGHP Service Area	EGHP Service Area	SNP
H0524	Kaiser Foundation HP, Inc	797,699	31 counties in CA		Yes
H0630	Kaiser Foundation HP of CO	73,561	17 counties in CO		Yes
H1230	Kaiser Foundation HP, Inc.	25,541	3 counties in HI		No
H5050	Group Health Cooperative	65,796	13 counties in WA		Yes
H5211	Security Health Plan of WI, Inc.	33,274	32 counties in WI		No
H5262	Gundersen Lutheran Health Plan	12,692	5 counties in IA & 11 counties in WI		No
H5591	Martin's Point Generations, LLC	10,701	16 counties in ME		No
H8578	Health New England, Inc.	5,349	3 counties in MA	Most of the U.S.	No
H9003	Kaiser Foundation of HP of the NW	60,025	9 counties in OR & 4 counties in WA	1 county in OR & 1 county in WA	No

Table 4: 5-star MA only contracts

Contract	Contract Name	Enrolled 09/2011	Non-EGHP Service Area
H1651	Medical Associates Health Plan, Inc.	8,913	1 county in IL & 6 counties in IA
H5264	Dean Health Plan, Inc.	17,411	8 counties in WI
H6052	Kaiser Foundation HP, Inc.	2,870	21 counties in CA

Table 5: 5-star PDP contracts

Contract	Contract Name	Enrolled 09/2011	Non-EGHP Service Area	EGHP Service Area
S5743	BCBS MN, MT, NE, ND, WY, Wellmark IA and SD	290,777	1 region in upper Midwest and Northern Plains	38 regions
S5975	ODS Health Plan, Inc.	37,956		39 regions (entire U.S. and territories)
S3521	Excellus Health Plan, Inc	20,970	1 region in New York	38 regions
S3994	Hawaii Medical Service Association	1,603		34 regions (entire U.S.)

Low Performers

Thirty contracts are marked with the low performing icon on the MPF for consistently low quality ratings in the past three years (i.e., 2.5 or fewer stars for the 2010, 2011 and 2012 Plan Ratings for Part C and/or Part D). This is a similar number of contracts that received the low performing icon last year. Twenty-three of these contracts are receiving the icon for low Part C ratings, six are receiving it for low Part D ratings, and one contract is receiving the icon for both low Part C and D ratings. Thirteen of the 30 contracts also received this low performing icon last year.

Tax Status and Performance

Contracts that are non-profit tend to receive higher rankings than those that are for profit organizations. 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	0% (1)	8% (8)
4.5 stars	5% (16)	28% (30)
4 stars	8% (26)	23% (24)
3.5 stars	30% (100)	18% (19)
3 stars	37% (124)	19% (20)
2.5 stars	18% (61)	5% (5)
2 stars	2% (6)	0% (0)
Total # contracts	334	106

(# contracts in parentheses)

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

Part D Rating	For Profit	Non-Profit
5 stars	2% (1)	16% (3)
4.5 stars	0% (0)	5% (1)
4 stars	10% (4)	21% (4)
3.5 stars	22% (9)	21% (4)
3 stars	22% (9)	21% (4)
2.5 stars	37% (15)	16% (3)
2 stars	7% (3)	0% (0)
Total # contracts	41	19

(# contracts in parentheses)

Length of Time in Program and Performance

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

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

2012 Overall Rating	<5 years	5 to <10 years	>10 years	Total
5 stars	2	1	6	9
4.5 stars	7	12	27	46
4 stars	7	19	24	50
3.5 stars	25	53	41	119
3 stars	48	70	26	144
2.5 stars	28	33	5	66
2 stars	4	2	0	6
Not enough data to calculate overall rating	53	20	3	76
Plan too new to be measured	39	0	0	39
Total # contracts	213	210	132	555
Average stars	3.14	3.26	3.80	

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

2012 Part D Summary Rating – PDP	<5	5 years	Total
5 stars	0	4	4
4.5 stars	0	6	6
4 stars	0	6	6
3.5 stars	1	21	22
3 stars	3	14	17
2.5 stars	1	4	5
Not enough data to calculate summary rating	3	1	4
Plan too new to be measured	2	0	2
Total # contracts	10	56	66
Average stars	3.00	3.57	

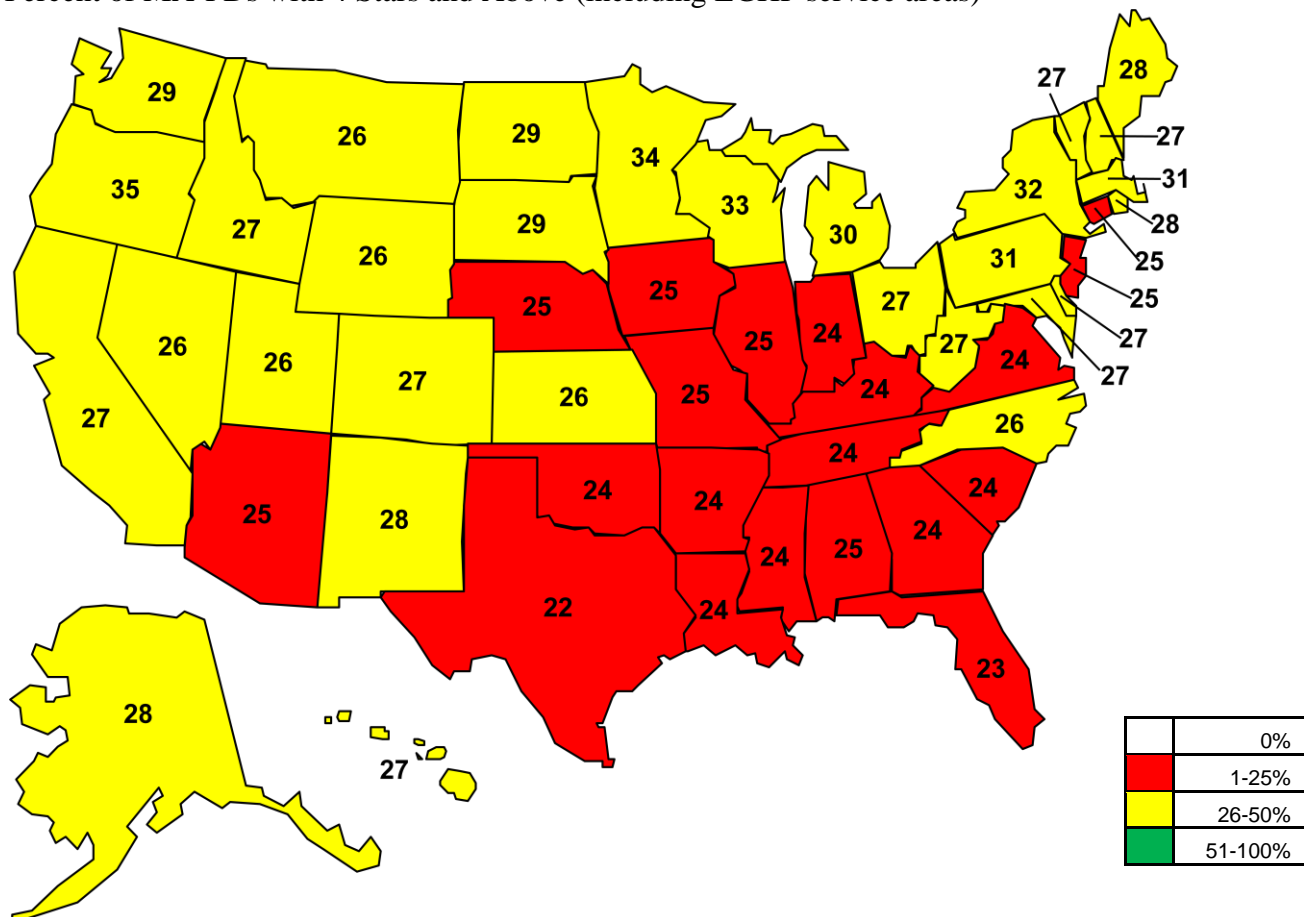
Geographic Variation

In the two maps below we show the percent of 4-star or above MA-PD contracts by state for all MA-PDs and for all non-EGHP MA-PDs. As shown in the 1st map, at least 22% of MA-PD contracts in each state are rated 4 or more stars, with the highest performance in Oregon and Minnesota, with 35% and 34% of contracts, respectively. No state has more than 18% of its MA-PDs with 2.5 stars or less.

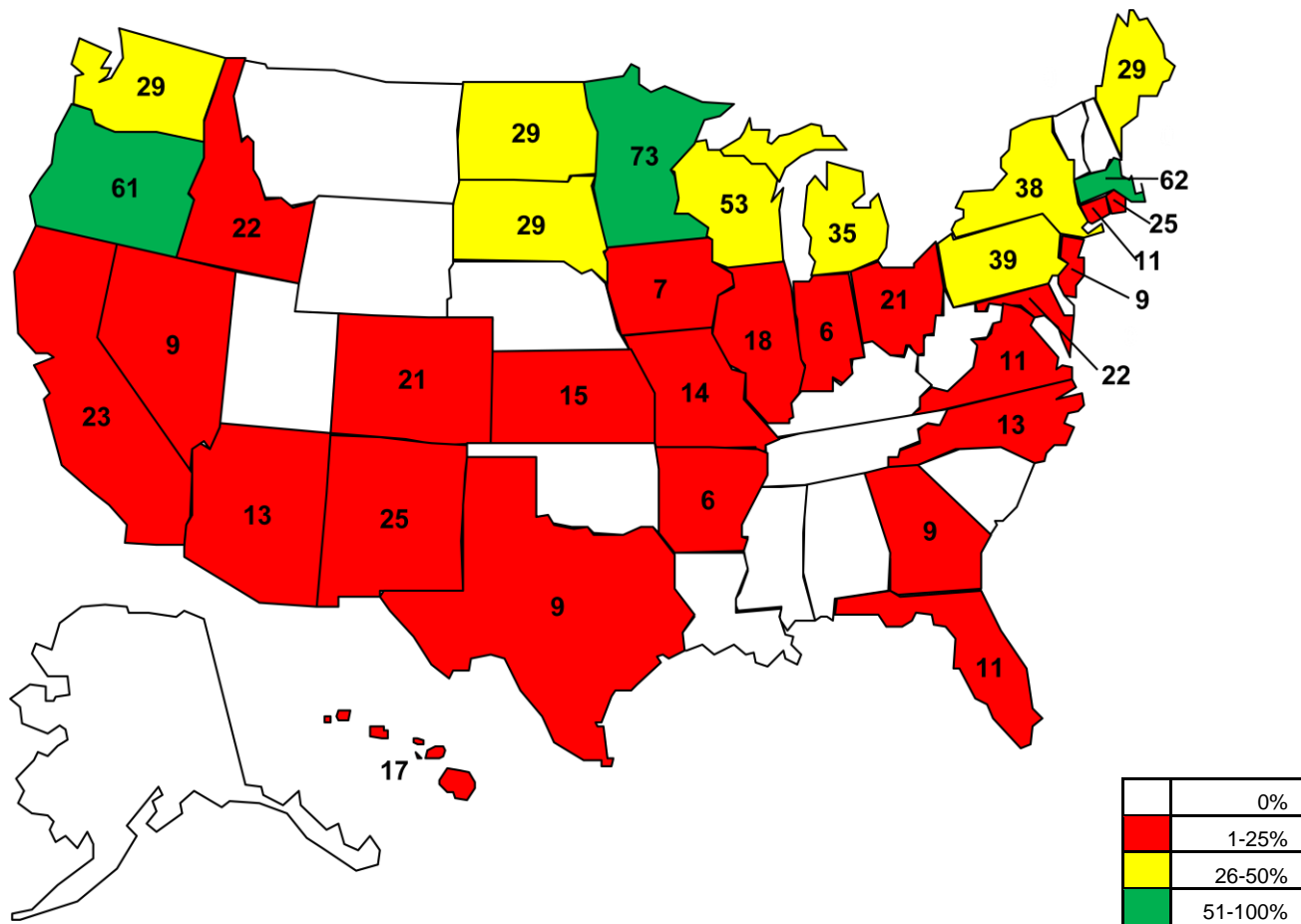
The 2nd map shows that more variation is found after excluding Employer Group Health Plans (EGHPs). While there are several states without any non-EGHP contracts rated 4 or more stars, 73% of non-EGHP contracts in Minnesota are rated above average. States have anywhere from 0% to 45% of non-EGHP contracts with 2.5 stars or lower (Puerto Rico has 100%). The variation in ratings across states is confounded by the variation in contracts' characteristics across the country. There are 16 states without any MA-PD contracts rated 4 or more stars. Half of these states do not have any non-profit MA-PD contracts; the remaining states have one or two non-profit MA-PD contracts. As stated above, non-profit contracts generally receive higher rankings than for profit organizations.

This analysis was only done for MA contracts because many PDPs cover the entire country.

Percent of MA-PDs with 4 Stars and Above (including EGHP service areas)



Percent of Non-EGHP MA-PDs with 4 Stars and Above



Enrollment Changes

Of beneficiaries who made an enrollment change in 2011, over 87% chose to enroll in a plan rated 3 stars or better. For beneficiaries enrolled in low performing contracts (less than 3 stars) in 2010, 24.7% of beneficiaries changed to a higher performing contract (3 or more stars) in 2011.

Average Star Rating for Each Measure

Among Part C measures, contracts receive the highest rating on measures of Access to Primary Care Doctor Visits and Improving or Maintaining Physical Health, and they perform the worst on Improving Bladder Control and Monitoring Physical Activity. In the Part D measures, MA-PDs receive the highest rating on Appeals Auto-Forward, while PDPs receive the highest rating on the MPF pricing accuracy/stability measure. For both MA-PDs and PDPs, the Part D measure with the lowest rating is Appeals Upheld. Below we list the average star rating for 2012 Part C and D Plan Ratings measures (Tables 10 and 11).

Table 10: Average Star Rating by Part C Measure

Measure	2011 Average Star	2012 Average Star
Breast Cancer Screening	2.71	3.05
Colorectal Cancer Screening	2.85	3.06
Cardiovascular Care – Cholesterol Screening	3.87	3.97
Diabetes Care – Cholesterol Screening	3.96	3.97
Glaucoma Testing	2.99	3.16
Annual Flu Vaccine	2.97	3.21
Pneumonia Vaccine	3.09	3.2
Improving or Maintaining Physical Health	4.38	4.33
Improving or Maintaining Mental Health	1.88	2.15
Monitoring Physical Activity	1.88	1.91
Access to Primary Care Doctor Visits	4.64	4.43
Adult BMI Assessment	n/a – new for 2012	2.81
Care for Older Adults – Medication Review	n/a – new for 2012	3.54
Care for Older Adults – Functional Status Assessment	n/a – new for 2012	2.81
Care for Older Adults – Pain Screening	n/a – new for 2012	2.72
Osteoporosis Management in Women who had a Fracture	1.28	2.06
Diabetes Care – Eye Exam	3.28	3.51
Diabetes Care – Kidney Disease Monitoring	3.96	4.3
Diabetes Care – Blood Sugar Controlled	3.18	3.22
Diabetes Care – Cholesterol Controlled	3.15	3.22
Controlling Blood Pressure	3.10	3.45
Rheumatoid Arthritis Management	3.32	3.29
Improving Bladder Control	2.14	1.83
Reducing the Risk of Falling	2.93	3.15
Plan All-Cause Readmissions	n/a – new for 2012	3.34
Getting Needed Care	3.18	3.52
Getting Appointments and Care Quickly	3.08	3.44
Customer Service	3.16	3.43
Overall Rating of Health Care Quality	3.13	3.58
Overall Rating of Plan	2.94	3.3
Complaints about the Health Plan	3.74	3.15
Beneficiary Access and Performance Problems	3.23	3.35
Members Choosing to Leave the Plan	n/a – new for 2012	3.28
Plan Makes Timely Decisions about Appeals	4.32	4.32
Reviewing Appeals Decisions	2.66	2.94
Call Center – Foreign Language Interpreter and TTY/TDD Availability	3.52	3.84

Table 11: Average Star Rating by Part D Measure

Measure	2011		2012	
	MA-PD Average Star	PDP Average Star	MA-PD Average Star	PDP Average Star
Call Center – Pharmacy Hold Time	4.14	4.03	3.89	3.82
Call Center – Foreign Language Interpreter and TTY/TDD Availability	3.13	3.06	3.27	3.27
Appeals Auto-Forward	3.47	3.35	3.96	3.29
Appeals Upheld	2.60	2.71	2.37	2.38
Enrollment Timeliness	n/a – new for 2012		3.02	3.07
Complaints about the Drug Plan	n/a – new for 2012		3.14	2.86
Beneficiary Access and Performance Problems	2.98	3.12	3.33	3.1

Measure	2011		2012	
	MA-PD Average Star	PDP Average Star	MA-PD Average Star	PDP Average Star
Members Choosing to Leave the Plan	n/a – new for 2012		3.27	3.69
Getting Information From Drug Plan	3.14	3.03	3.6	3.39
Rating of Drug Plan	2.89	2.82	3.33	3.25
Getting Needed Prescription Drugs	3.10	3.07	3.59	3.57
MPF Composite	4.03	4.24	3.9	4.5
High Risk Medication	2.48	2.79	2.71	3.13
Diabetes Treatment	3.05	3.40	2.94	2.87
Part D Medication Adherence for Oral Diabetes Medications	n/a – new for 2012		3.05	3.06
Part D Medication Adherence for Hypertension (ACEI or ARB)	n/a – new for 2012		3.06	2.96
Part D Medication Adherence for Cholesterol (Statins)	n/a – new for 2012		3	3.19