# UPDATES TO THE CMS STAR RATING SYSTEM AND METHODOLOGY

## For Cigna Medicare Advantage Providers

## January 2022

The Centers for Medicare & Medicaid Services (CMS) annually outlines updates to the Star Rating methodology as part the Medicare Advantage Organizations Advance Notice.

### The CMS Star Ratings

Medicare Advantage Plans are graded on a one to five Star Rating system by CMS. The five-star program is a key component in financing health care benefits for Medicare Advantage plan enrollees and helping patients make informed decisions about plans in their area. The CMS five-star program is designed to promote improvement in quality and recognize primary care providers for demonstrating an increase in performance measures over a defined period of time.

### Provider benefits from the CMS Star Rating system

- Improved patient relations
- Improved health plan relations
- Increased awareness of patient safety issues
- Greater focus on preventive medicine and early disease detection
- Strong benefits to support chronic condition management

### Areas for Star Ratings

Star ratings are compiled in the following areas:

| Domain | Category | Description |
|---|---|---|
| **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** | Plan responsiveness, access to care, and overall quality | Survey of randomly selected customers. Focuses on their perception of ability to access quality care. |
| **Health Outcomes Survey (HOS)** | Chronic condition management | Survey of randomly selected customers. Focuses on their perception of their health, and recollection of specific provider care received. The same customers are surveyed twice over two years. |
| **Healthcare Effectiveness Data and Information Set (HEDIS)** | Patient compliance with preventive care and screening recommendations | A subset of clinical quality measures focused on compliance, preventive care, and evidence-based medicine guidelines. |

Together, all the way.™

Cigna®

| | | |
|---|---|---|
| **Pharmacy (Part D) (PDE)** | Clarity and accuracy of prescription drug information and pricing | Cigna pharmacy claims used to determine appropriate use of medications. |
| **Administrative (Admin)** | Customer service complaints and appeals | Administrative data about a plan's business functions, service capabilities, and performance.<br><br>Includes CMS data related to health plan service capabilities and performance (Complaint Tracking Module [CTM] grievances), and Independent Review Entity (IRE) appeals. |

## Five-Star Rating measures

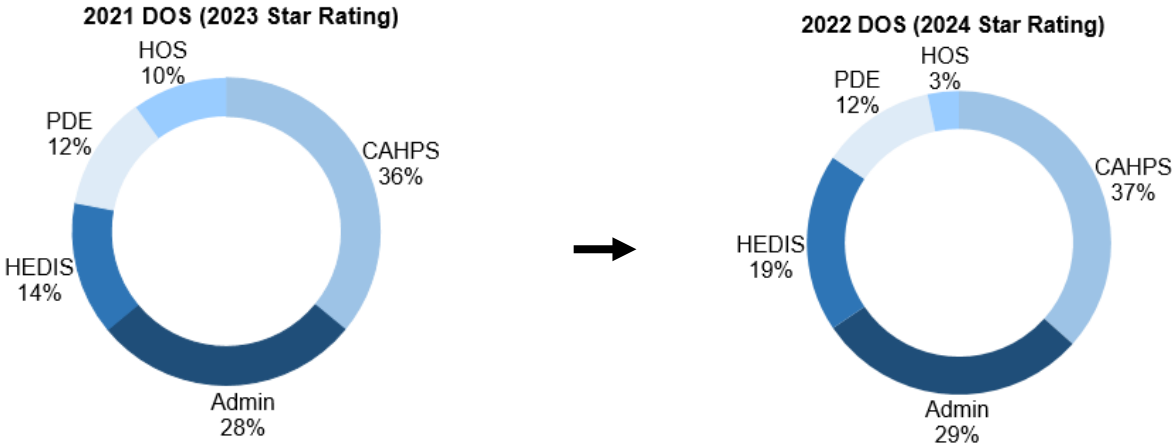
The CMS five-star rating system is based on a range of quality metrics that come from the areas listed above. The weighted average of these measures becomes the overall Star score, which determines the quality bonus payment. Currently, plans are eligible for bonus payment if they receive a rating of four Stars or more.

## Updates to 2024 Star Rating measures

The following five quality measures will be updated to calculate overall Star Ratings for 2022 dates of service (DOS):

- Controlling blood pressure from 1x to 3x weight
- Plan all-cause readmission from display* to 1x weight
- Transition of care from display* to 1x weight
- Follow-up after ED visit for patients with multiple high-risk chronic conditions (FMC) from display* to 1x weight
- Care for older adults - functional status assessment from display to 1x weight

## Domain percentage changes for 2022 DOS




## Provider resources

Visit MedicareProviders.Cigna.com (Provider Education > STARS Education) for additional information:

- Health Outcomes Survey (HOS)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)

* Display measures include measures that have been transitioned from the Star Ratings, new measures that are tested before inclusion into the Star Ratings, or measures displayed for informational purposes only. They are not included in the calculation of Star Ratings. (Source: CMS)

Together, all the way.™

Cigna®