

# FIVE IMPORTANT POINTS ABOUT STAR RATINGS



## Medicare Advantage Provider's Guide

### ★ 1. Star Ratings are incredibly important.

Every year, the Centers for Medicare & Medicaid Services (CMS) rate all Medicare Advantage plans on a scale from one to five Stars. Ratings indicate Quality of Care, Access to Care, Responsiveness and Patient Satisfaction.

★★★★★ 5 Stars = Excellent	<b>In 2021, Cigna earned a 4 Star Rating in the Arizona Market.</b>	<b>2020 MA-PD Star Ratings Distribution*</b> 
★★★★ 4 Stars = Very good		
★★★ 3 Stars = Good		
★★ 2 Stars = Fair		
★ 1 Star = Poor		

### ★ 2. Higher Star Ratings result in greater rewards.

A high Star Rating results in a range of rewards and benefits for the health plan, our providers and, most importantly, your patients. Based on the rating, benefits may include:

HEALTH PLAN	PROVIDERS	CUSTOMERS
<ul style="list-style-type: none"> <li>▶ A 5% of revenue bonus is awarded to plans that earn a 4-, 4.5- or 5-Star Quality Rating.</li> <li>▶ 5-Star plans can enroll Medicare customers year-round.</li> </ul>	Star Ratings are linked to value-based payments that reward providers based on quality of care, not quantity of care. Cigna is proud to partner with providers who share our commitment to quality of care.	Added revenue goes directly toward benefits such as: <ul style="list-style-type: none"> <li>▶ \$0 PCP copay</li> <li>▶ Lower specialist copay</li> <li>▶ Prescription gap coverage</li> <li>▶ Transportation services</li> <li>▶ Meal benefits</li> </ul>

### ★ 3. Star measures are affected by plans, providers and patients.

CMS assesses nearly fifty weighted measures of data collected from multiple sources during a year, including surveys mailed to random patients.

MEASURE	DATA SOURCE	OVERVIEW	WEIGHT
Perception recollection	Consumer Assessment of Healthcare Providers and Systems (CAHPS)	Survey of randomly selected customers. Focuses on their perception of ability to access quality care.	38%
	Healthcare Outcomes Survey (HOS)	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 2 years.	
Operational	CMS	Administrative data about a plan's business functions, service capabilities and performance.	20%
	Independent Review Entity (IRE)	Reviews timeliness and fairness of medical or pharmacy appeals.	
Clinical (Part C)	Healthcare Effectiveness Data and Information Set (HEDIS)	A subset of clinical quality measures focused on compliance, preventive care and evidence-based medicine guidelines.	23%
Pharmacy (Part D)	Prescription Drug Event (PDE)	Pharmacy claims used to determine appropriate use of medications.	19%

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CMS determines Star Ratings measures based on criteria such as:	Measures often start out as or become Display Measures, during which time:	Measures become Retired Measures when:
<ul style="list-style-type: none"> <li>Applies to substantial number of patients with sufficient data to report.</li> <li>Reasonable variation, and possibility to show improvement.</li> <li>High validity and clinical relevance.</li> <li>Stability without substantial random variation over time.</li> </ul> <p><b>Note:</b> Public comment periods are held for community input.</p>	<ul style="list-style-type: none"> <li>Plan performance is measured and publicly released, but not rated.</li> <li>Does not affect Star Ratings or revenue.</li> <li>CMS reviews its long-term validity.</li> </ul> <p><b>Note:</b> All measures, including Display Measures, may change at any time.</p>	<ul style="list-style-type: none"> <li>All plans improve on a measure, leaving no differentiation.</li> <li>Guidelines change.</li> </ul> <p><b>Note:</b> Retired Measures may return to Display Measures at any time.</p>

**★ 4. Star Ratings are a multiyear effort.**

The life cycle of a Star Rating includes: Year 1 – Dates of service; Year 2 – CAHPS survey sent; Year 3 – Rating received; and Bonus paid to health plan for Year 4.

**Star performance for <health plan>**

2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Dates of service	CAHPS survey	4.5 Star Rating	5% Bonus 70% Rebate						
	Dates of service	CAHPS survey	4.5 Star Rating	5% Bonus 70% Rebate					
		Dates of service	CAHPS survey	4 Star Rating	5% Bonus 65% Rebate				
			Dates of service	CAHPS survey	4.5 Star Rating	5% Bonus 70% Rebate			
				Dates of service	CAHPS survey	4 Star Rating	5% Bonus 65% Rebate		
					Dates of service	CAHPS survey	4 Star Rating	Payment year	
						Dates of service	CAHPS survey	Star Rating year	Payment year

**★ 5. Keep reaching for the Stars.**

To reach our goal in 2021, we're focused on improving four key measures during 2021-2022 dates of service (DOS). Working together, we've got this.

KEY MEASURES – (2021-2022 DOS)	CURRENT RATING –	5-STAR GOALS – 2023 and beyond
Diabetes Care: A1c Control	4 Stars	★★★★★
Medication Adherence: Hypertension, Statins	4 Stars	
Statin Therapy for Patients with CVD	1 Star	
Patient Experiences	4 Stars	

**QUESTIONS ABOUT STAR RATINGS?**

We're always here to help.

- Call **1-800-627-7534**  
Monday - Friday, 8 a.m. - 8 p.m.
- Email **AZStars@cigna.com**
- Visit **https://medicareproviders.cigna.com/az-region**

\* Graph above created with data from CMS' 2020 Star Ratings Fact Sheet.  
<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/Downloads/2020-Star-Ratings-Fact-Sheet.pdf>

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