

# 2013-2014 Agent FAQ: Star Ratings

## Questions from Agents:

### 1. What are Star Ratings?

Medicare Star Ratings is a government pay-for-performance program for Medicare Advantage and Part D prescription drug plans. The Centers for Medicare & Medicaid Services (CMS) uses Star Ratings to rate plan quality on a scale of one to five on a number of different performance categories, with five being the highest. Plans are rated at the contract level and are published for all plans on [www.Medicare.gov](http://www.Medicare.gov).

The system rates plans using a scale of ‘stars’ ranging from 1-5 stars as shown here:



### 2. Why should I care about the Star Ratings and all the recent conversations?

Our Agents are the ‘face of our Plan’ and how you portray our plans and interact with our consumers can positively influence affect our Star Ratings. CMS gathers data for a number of quality, operational and performance areas to determine a plan’s Star Ratings, including member experience through consumer outreach and other statistical data. So, your professionalism and accuracy are very important to some of the categories measured by CMS. You can impact some of these measures by encouraging consumers to use their benefits, such as preventive care. (Additional updates will be sent via Focus News, offering a more complete list of benefits you can refer to when meeting with consumers.)

### 3. What all does CMS look for, when they measure plans to determine a Star Rating?

CMS uses more than 50 types of measures to determine Plan Ratings, considering such things as: How often our enrollees use specific benefits (flu shots, etc.), a consumer’s access to care, complaints, and measureable improvements in the health outcomes of our members. By simply being accurate when you the plans you sell, and encouraging consumers to use benefits that are covered (and ultimately measured by CMS), you can help improve our plan’s Star Ratings.

### 4. How do Star Ratings impact the Plan?

Star Ratings is also a ‘pay for performance’ program, so higher Star Ratings mean greater reimbursements or funding to the Plan – which helps us offer enhanced benefits for more competitive products.

**Plans with Star Ratings lower than 4, may not receive additional performance funding in future years (see below).** What you do **today** to be sure you’re selling accurately and professionally, can impact Star Ratings and reimbursements to the Plan.

PERFORMANCE (on which plans are rated)	DATA COLLECTION	STAR RATINGS CALCULATED	PAYMENT
2010	2011	2012	2013
2011	2012	2013	2014
2012	2013	2014	2015
<b>2013</b>	2014	2015	<b>2016</b>

#### Chart Explanation:

- What we did in **2011**, affected our current Star Ratings of today for **2013**.
- What we do **today**, will affect our Star Ratings for **2015**.

- **In 2015, only plans with at least 4 stars will be eligible for additional performance funding.**
- Plans with higher Star Ratings keep a greater percentage of rebates

### 5. Should I recommend a low-rated plan?

You should always recommend whichever plan is the best fit for the consumer's healthcare needs. Remember, Star Ratings reflect how the plan performed approximately 2 years ago and if the plan has a low rating, those areas of measurement may be greatly improved today. Precisely what is measured, also can change from year to year.

### 6. How can I impact Star Ratings?

- Know the benefits you're selling, to accurately explain the plan and determine the best fit for the individual. This supports the consumer with their plan selection, strengthens your relationship, and may also help avoid complaints.
- Encourage consumers and members to use their benefits because Star Ratings are partially based on whether or not our members obtain specific services, such as: Annual screenings and preventive care, visiting their Primary Care Physician (PCP), and properly using their medications (referred to as 'medication adherence.)
- Reduce the chance that any type of complaint would be filed, by doing what's required in all sales presentations and appointments and lending proper support to your enrollees.
- Take the Star Ratings training through WebEx or as provided to your Agent Manager, to know what services you should be mentioning to encourage consumers to use those benefits. Certain services are monitored by CMS and when consumers obtain those services, this can help our Star Ratings. Healthier outcomes of our members are also measured, so you do have the ability to influence those healthy habits and outcomes. Who knows – you may even save a life through these recommendations.
- Earn high scores on your sales events if Agents are secret-shopped, by mentioning all required statements and showing consumers all required materials. One of the things you are required to cover, is information on Star Ratings.
- Take the Events Basics module if you are conducting sales events, or, even to improve your knowledge for hosting individual appointments. The Events Basics module will teach you what is required to say or do when selling our plans, and it's based on what CMS uses for scoring when they secretly shop your events.
- Use the sales presentations tools: "Hello Clarity," accompanying Agent Workbook, and, the sales events video to be sure you are covering all the required statements so consumers understand what they are buying. This will help avoid consumer complaints resulting from any misunderstandings.

### 7. What's in it for me, if I take these extra steps?

Higher Star Ratings are a great selling point when presenting our plans, and can also result in funding to the Plan. This supports the Plan in offering competitive benefits, which also helps you stay competitive when selling.

### 8. What could happen if I don't follow these suggestions regarding Star Ratings support?

Selling inaccurately can result in complaints, which can hurt our Star Ratings.

Poor Star Ratings, can:

- Reduce performance funding to our Plan – which has a domino effect toward impacting what we may offer in terms of costs or enhanced benefits in the plans we offer.
- Repeated low Star Ratings can also impact our ability to expand plans into new areas or apply for new health plans to offer the next year.

## 9. Can you explain to me, what ‘past performance’ means?

‘Past Performance’ is a scoring method used as a tool by CMS to evaluate the performance of ALL Medicare contractors (health plans). Star Ratings themselves, are just 1 of 11 ‘performance measures’ that make up ‘Past Performance Review Methodology’ (PPRM).

We are assigned points based on our past performance, and higher scores indicate low performance, similar to golf. A high score in Past performance, can hinder our ability to:

- Expand into new areas, with new plans
- Can limit our ability to obtain enrollees through Passive Enrollment, in areas where that may apply.

## 10. What am I required to say or do, when it relates to Star Ratings?

When presenting our plans at an event or an individual appointment, you are required to say and do the following:

- **State out loud** what Star Ratings are
- **State out loud** what the Star Rating is for the plan you are presenting (the ratings are found in the sales materials for the plan you are presenting)
- **Show** the audience where the Star Rating is located, within the materials. Tell them they can find more information on [www.Medicare.gov](http://www.Medicare.gov)
- **Mention** 1-2 measures CMS considers when establishing a Plan’s Star Ratings.

### Examples you can mention:

1. Consumer use of preventive care (such as annual screenings)
2. Access to Care
3. Consumer use of prescribed medications – use as prescribed to improve your health (ie: adherence)
4. Customer Satisfaction

## 11. Where can I go to get more information on Star Ratings, for myself or to discuss with other Agents?

A number of tools have been created to help you. Please see the primary resources below

- Events Basics module
  - *Required before agents can file or conduct events (educational or sales)*
  - *Offers updated language as to what an agent must cover (including Star Ratings information)*
- “Quick Reference Guide: Compliant Sales Practices” (Revised June 2013)
  - Offers tips on staying compliant throughout your sales experience. Compliant selling practices support positive Star Ratings.
- Stars Trainings – Effective August 30
  - *“Telesales Star Ratings Training” – Online Course specific to Star Ratings education*
  - *“Star Ratings Training for Field Agents” – National WebEx*
- Email: Contact Compliance at [Compliance\\_Questions@uhc.com](mailto:Compliance_Questions@uhc.com)
- Focus News Articles
  - Watch the Focus News and its Compliance Corner section for updates on Star Ratings and other strategies to support compliant sales practices.

## Questions Consumers May Ask:

### 1. Why isn’t your plan a 5-Star Plan?

UnitedHealthcare has a focused effort to achieve this goal. However the rating you see today, reflects how we performed a couple of years ago. Our organization is definitely committed to the health and well-being of the members we serve and is committed to achieving the highest rating possible.

### 2. How many 5-star plans exist and where are they?

For 2013, across the nation there are a total of only 19 plans out of hundreds, that achieved a 5-Star Rating. The 19 plans are made up from: 11 MAPD plans, 4 MA-only plans, and 4 PDP plans.

### **3. What really determines the Star Rating your plan might receive?**

- CMS uses up to 55 measures that deal with health care quality, and operational performance
- Exactly what is measured, can change each year depending on what CMS observes across the industry.
- The types of things CMS measures, fall into these overall 'Domains':
  1. Staying Healthy – Screenings, tests and vaccines
  2. Managing chronic, long-term conditions
  3. Member experience with the Health Plan
  4. Member complaints, problems getting services, and improvement in the health plan's performance
  5. Health Plan customer service
  6. Part D: Similar to the above, but also includes:
    - Accurate pricing of medications
    - Medication Adherence
    - Patient Safety

### **4. How will the ratings affect my service?**

- The quality of service we provide at UnitedHealthcare is held to a high standard. Plans with lower Star Ratings may have had other types of scores that were lower, that perhaps did not involve the level of service. Remember, there are up to 55 measures that can contribute to a Plan's Star Ratings.
- We are dedicated to:
  - Increasing members access to health and well-being services
  - Simplifying the way health care is delivered
  - Improving the quality of the care our members receive

### **5. I'm confused by what I see in the "Medicare & You" book. It shows a percentage, and my other materials show a 1-5 Star Rating. What's the difference?**

The percentage shown in the back of the "Medicare & You" book simply highlights the member satisfaction measure that contributes to our Plan's Star Ratings. The overall rating for the Plan is located on the Star Ratings page in the pre-enrollment kit, as well as online at Medicare.gov.