## Understanding How CMS Determines Star Ratings for Medicare Part C and Part D Plans

Medicare Advantage (Part C) and Medicare Prescription Drug Plans (Part D) play a crucial role in providing healthcare coverage for millions of Americans. To help beneficiaries make informed decisions, the Centers for Medicare & Medicaid Services (CMS) utilizes a star rating system to assess the quality and performance of these plans. Understanding how CMS determines these star ratings is essential for beneficiaries navigating the complex landscape of Medicare options.

The CMS star rating system evaluates Medicare Advantage and Prescription Drug Plans on a scale of 1 to

5 stars, with 5 stars representing the highest quality and performance. These ratings provide beneficiaries with valuable insights into the overall quality and customer satisfaction of a plan. But how exactly does CMS calculate these ratings? Here's how...

#### **Clinical Quality Measures (CQMs)**

CMS assesses various clinical quality measures to evaluate the effectiveness of healthcare services provided by Medicare plans. These measures include preventive care, management of chronic conditions,



and patient safety. For example, CMS evaluates whether plans conduct screenings for conditions like diabetes, cancer, and heart disease, as well as how effectively they manage medications for chronic conditions.

#### **Member Experience Measures**

In addition to clinical quality measures, CMS considers the experiences of plan members through surveys and other feedback mechanisms. This might be considered similar to the star ratings a person finds on Amazon.com. These member experience measures assess aspects such as customer service, communication with healthcare providers, and access to care. Plans with higher member satisfaction ratings are more likely to receive higher star ratings from CMS.

## **Health Outcomes**

CMS also evaluates health outcomes to gauge the effectiveness of Medicare Advantage and Prescription Drug Plans in improving the health of their members. This includes metrics such as hospital readmission rates, management of chronic conditions, and overall health status. Plans that demonstrate positive health outcomes for their members are rewarded with higher star ratings.

## **Administrative Performance**

Efficiency and accuracy in plan administration are also important factors in determining star ratings. CMS assesses how well plans manage their finances, process claims, and comply with regulatory requirements. Plans that demonstrate strong administrative performance are more likely to receive higher star ratings from CMS.

# **Plan Stability and Accessibility**

CMS considers the stability and accessibility of Medicare Advantage and Prescription Drug Plans when assigning star ratings. This includes factors such as plan availability in different geographic areas, network adequacy, and continuity of coverage. Plans that offer consistent and accessible coverage to beneficiaries are more likely to receive higher star ratings.

It's important to note that CMS updates the star ratings each year based on the most recent data available. This allows beneficiaries to compare the quality and performance of Medicare plans and make informed decisions during the annual enrollment period.

In conclusion, the CMS star rating system plays a critical role in helping Medicare beneficiaries choose high-quality healthcare coverage through Part C and Part D plans. By evaluating clinical quality measures, member experience, health outcomes, administrative performance, and plan stability, CMS provides valuable insights into the overall quality and performance of Medicare plans. Understanding how these star ratings are determined empowers beneficiaries to make informed decisions about their healthcare coverage.

As a state licensed, AHIP certified insurance agent, I can help with any questions you may have about the plans available in your area and their CMS star ratings, as well as any other Medicare questions. Give me a call and I can help guide you through your Medicare decisions!

Warmest regards,

John Salois

401-522-6334