

A Message from the Stars

December 2018

The Center for Medicare and Medicaid Services (CMS) created the Medicare Star Ratings program to help provide quality and performance information to Medicare beneficiaries.

The purpose of the Star Ratings program is to help beneficiaries, family members, and caregivers compare the quality of Medicare plans provided in their area. Success in the Medicare Stars program benefits the member, the provider, and the health plan! This summary provides a brief overview of current Medicare activities and important information for your offices to know.

What's happening at MeridianCare?

Year-End Screenings



As 2019 fast approaches, it's important to remind patients to complete their screenings. This could be your office's last chance to remind patients to visit their specialists or help schedule appointments, such as mammograms. With your office's assistance, our dual efforts will hopefully increase the number of patients completing screenings before the end of the year.

In-Home Screenings



MeridianCare partnered with HomeAccess to send out home testing kits. The kits screen for colon cancer, HbA1c, and nephropathy. Members will receive both telephonic and mail reminders to encourage them to complete the kits at home before December 31.

Member Outreach



Member Services is alerting members of the screenings they are due for when they call the health plan. The team is offering to schedule appointments for the members.

Medicare Star Rating:

2019 H5779 (IL) Star Rating: ★★★★★

2019 H5475 (MI) Star Rating: ★★★★★

What is HEDIS® Medical Record Review Season?

From January through May 2019, a medical record retrieval project requires health plans to review medical record documentation for services completed in 2018 or prior. This allows CMS to measure the quality of care our members are receiving. During this time, Meridian's medical record abstraction team will request medical records by fax, schedule an on-site visit, or request access to your electronic medical records system (EMR).

Why am I receiving so many medical record requests?

- If Meridian does not receive a response to a request, a subsequent fax will be sent until we hear from you
- Your office is responsible for responding to requests and is allowed to disclose protected health information (PHI) with the health plan
- Your prompt response will ensure that your patients' HEDIS® completion accurately represents the high quality of care that you provide

How You Can Help!

Physicians and Clinical Staff

- Review open care gap reports and complete screenings
- If a screening cannot be completed at your office, assist with scheduling the patient's appointment

Office Staff

- Continue with last minute efforts to try to get your patients into the office before the end of the year
- Patients sometimes need that extra push to get into the office. A simple phone call to schedule the appointment can resolve this
- Communicate wait time upon patient's arrival

For more information on Medicare Stars and Medicare Quality initiatives, please contact MeridianCare at **877-902-6784**.

Appendix: Medicare Stars Overview



The Federal Government contracts with private health plans, like MeridianCare, to administer Medicare benefits to beneficiaries 65 and older. This program is called Medicare Advantage and consists of Part C (hospital and physician coverage) and Part D (prescription coverage). CMS grades MeridianCare on the care that is provided based on HEDIS® quality scores and member satisfaction reported through Health Outcome Surveys and CAHPS® surveys.

The grade is publicly available, influences member perception, and is tied to large financial incentives. The grading scale is a 5 Star scale with 5 Stars being the best, 1 Star is poor, and a score of 4 Stars and above means that MeridianCare is eligible for quality bonus payments from CMS. The chart below outlines the 48 measures included in the 2019 Medicare Stars program, including breast cancer screening, medication adherence, customer service, and more.

ID	Part C Measure Name	2019 Weight
C01	Breast Cancer Screening	1
C02	Colorectal Cancer Screening	1
C03	Annual Flu Vaccine	1
C04	Improving Physical Health	3
C05	Improving Mental Health	3
C06	Monitoring Physical Activity	1
C07	Adult BMI Assessment	1
C08	Special Needs Care Management	1
C09	Care for Older Adults Medication Review	1
C10	Care for Older Adults Functional Status	1
C11	Care for Older Adults Pain Assessment	1
C12	Osteoporosis management in women	1
C13	Diabetes Care-Eye Exam	1
C14	Diabetes Care-Kidney Disease Monitoring	1
C15	Diabetes Care-Blood Sugar Controlled	3
C16	Controlling Blood Pressure	3
C17	Rheumatoid Arthritis Management	1
C18	Reducing Risk of Falling	1
C19	Improving Bladder Control	1
C20	Medication Reconciliation Post-Discharge	1
C21	Plan All-Cause Readmissions	3
C22	Statin Therapy for Patients with Cardiovascular Disease	1
C23	Getting Needed Care	1.5
C24	Getting Appointments and Care Quickly	1.5
C25	Customer Service	1.5
C26	Rating of HealthCare Quality	1.5

Rating	Star	Description	Value
1	★★★★★	Excellent	\$\$\$\$\$
2	★★★★	Above Average	\$\$\$\$
3	★★★	Average	\$\$\$
4	★★	Below Average	\$\$
5	★	Poor	\$

C27	Rating of Health Plan	1
C28	Care Coordination	1
C29	Complaints about the Health Plan	1
C30	Members Choosing to Leave the Plan	3
C31	Health Plan Quality Improvement	3
C32	Plan Makes Timely Decision on Appeals	1
C33	Reviewing Appeals Decisions	1
C34	Call Center & Interpreter Availability	1

ID	Part D Measure Name	Value
D01	Call Center & Interpreter Availability	1
D02	Appeals Auto-Forward	1
D03	Appeals Upheld	1
D04	Complaints about Drug Plan	1
D05	Members Choosing to Leave Plan	1
D06	Drug Plan Quality Improvement	3
D07	Rating of Drug Plan	3
D08	Getting Needed Prescription Drugs	1
D09	MPF Price Accuracy	1
D10	Medication Adherence for Diabetes	1
D11	Medication Adherence for Hypertension	1
D12	Medication Adherence for Cholesterol	3
C13	Medication Therapy Management	1.5
C14	Statin Use in Person's with Diabetes (SUPD)	1.5