

What Primary Care Physicians Need to Know About the Medicare STARS Program

What is the Medicare STARS program?

- CMS is now reporting quality scores for insurance plans so a consumer can compare Medicare Advantage Programs when purchasing health insurance.
- CMS also uses STARS ratings to determine reimbursement to an insurance plan.
- CMS ranks a plan between 1 and 5 STARS (5 being the best)... most plans want at least a 4 STAR rating to be competitive in the insurance market and to obtain higher reimbursement rates from CMS.

Why is the STAR program important to physicians and providers?

- Insurance plans are offering significant **pay for performance dollars** to practices that achieve performance metrics.
- Physicians are being reimbursed by a per click method... if the BMI is coded in the record, the provider receives the subsequent pay for performance for the measure.
- There is currently HEDIS and pharmacy data being analyzed to create provider quality reports.

What quality measures do physicians and providers need to focus on to be eligible for PAY for PERFORMANCE DOLLARS?

- There are currently **8 HEDIS measures** Blue Cross Blue Shield of Michigan is using to access physician performance.
- The HEDIS measures are weighted which means more money is paid for diabetic measures than for the osteoporosis measure.
- This table shows the HEDIS measures being used for 2014 (exclude blood sugar screen):

PO	Staying Healthy: Screenings and Tests			Managing Chronic (Long Term) Conditions				
	Breast Cancer Screening	Colorectal Cancer Screening	Adult BMI Assessment	Diabetes – Blood Sugar Controlled	Diabetes – Eye Exam	Diabetes – Kidney Disease Monitoring	Rheumatoid Arthritis Management	Osteoporosis Management in Women who had a Fracture
The Physician Alliance, LLC	77.7%	56.6%	32.9%	71.6%	52.9%	86.3%	76.3%	24.7%
75th Percentile and Above	84.2%	64.9%	45.4%	75.0%	57.6%	90.4%	86.7%	27.4%
50th to 74th Percentile	81.5%	61.0%	32.8%	70.1%	54.5%	87.6%	82.9%	24.7%
25th Percentile to 49th Percentile	78.2%	55.7%	26.7%	60.3%	52.0%	85.5%	77.8%	19.9%
Less than 25th Percentile	<78.2%	<55.7%	<26.7%	<60.3%	<52.0%	<85.5%	<77.8%	<19.9%

- The rankings in the table above reflect the performance for The Physician Alliance as of October 2014.
- **Plan All Cause Hospital Readmission** rate is also factored into the performance of the physicians and practices. (See table on next page.)
- Pharmacy measures such as use of high risk medications, adherence to oral diabetic medications and adherence to hypertensive medications are currently NOT factored into the pay for performance dollars but will likely be added in the future.

What is the current weighting of the measures in the Medicare STARS program?

Measure	Weight	Description
Breast Cancer Screening	1X	Percent of women 52-74 as of December 31 of the measurement year, who had a mammogram from October 1 two years prior to the measurement year through December 31 of the measurement year
Colorectal Cancer Screening	1X	Percent of plan members aged 50-75 who had either a fecal occult blood test during the measurement year, flexible sigmoidoscopy during the measurement year or 4 years prior or a colonoscopy during the measurement year or the 9 years prior
Adult BMI Assessment	1X	Percent of plan members with an outpatient visit who had their Body Mass Index (BMI) calculated from their height and weight and recorded during the measurement year or year prior
Diabetes Care – Blood Sugar Controlled	3X	Percent of plan members aged 18-75 with diabetes whose most recent HgbA1c lab test is ≤ 9 .
Diabetes Care – Retinal Eye Exam	1X	Percent of plan members aged 18-75 with diabetes who had an eye exam by an eye care professional during the measurement year
Diabetes Care – Kidney Disease Monitoring	1X	Percent of plan members aged 18-75 with diabetes who had medical attention for nephropathy during the measurement year
Osteoporosis Management in Women who had a Fracture	1X	The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.
Rheumatoid Arthritis Management	1X	Percent of plan members who had 2 or more claims with a diagnosis of Rheumatoid Arthritis who filled one or more prescription(s) for an anti-rheumatic drug within the measurement year
Plan All-Cause Readmissions	3X	Risk-adjusted percent of plan members 65+ discharged from a hospital stay between Jan 1 and Dec 1 of the measurement year who were readmitted to a hospital within 30 days, either for the same condition as their recent hospital stay or for a different reason.

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