Executive Summary

Modern history records no greater healthcare threat than Covid-19, and efforts in the United States to treat those afflicted with the new virus and check its spread profoundly changed healthcare delivery. The delivery of new information and the dissemination of knowledge has been the driving force for all impacted by Covid-19. Reflective of this upheaval, the Centers for Medicare & Medicaid Services (CMS) Star Rating System for Medicare Advantage (MA) and Part D plans saw a number of adjustments to its performance evaluations that, added to significant cut-point movement, caused a number of plans to receive lower ratings.

That, however, is not the point of this paper. Rather, our focus is on the fact that Star Ratings have been changing since their inception and likely will continue to do so while they remain in force. What hasn’t changed is the foundational needs of payers, providers, pharmacy benefit management (PBM) organizations and retail pharmacies to work together within whatever constraints or opportunities to improve service to consumers. Chief among these critical needs is current, accurate, trusted knowledge – something hard to find in this age of misinformation.

Only with the latest and best evidence-based knowledge can healthcare stakeholders work together to formulate strategies to achieve top ratings, deliver optimal patient and member service and engage and educate consumers in managing their own care.
Introduction

We remain awash in information, available at our fingertips and pushed to us in torrents. It is a collective issue, spread across individuals, enterprises and institutions, leaving each to determine the validity of the data and the dependability of the source. Perhaps nowhere is this quest more critical than in healthcare or more important for all its constituents – patients, caregivers, providers and insurers.

This paper encourages the pursuit of trusted knowledge with the proviso of unity in usage. That is because the maximum value of authoritative, evidence-based knowledge can be obtained only when all involved are using the same knowledge tools for clinical and drug reference and patient engagement and education. The truth is that, while piecemeal solution purchases may meet the needs of individual departments, this approach can cause unpredictable costs, confusion and potential harm while attempting to manage conflicting content from various vendors across the organization.

In addition, for Medicare and Part D insurers, evidence-based content is a powerful tool in achieving success under the Star Rating System, which is a critical part of doing business today and will be particularly challenging this year, given 2021 revisions and the impact of 2020 on healthcare.

This makes the choice of a content partner a strategic decision that should be made at the highest levels to meet the needs of the entire organization and healthcare continuum. Moreover, that decision should be narrowed down to a single provider for maximum benefit.

As it relates to members, 81 percent of enrollees are in contracts with 4 or more Stars. In 2019, that figure stood at 69 percent.1

It also stands in the way of creating the tight relationship among patients, providers and payers that enables everyone to reap the benefits, with true integration creating strong bonds that help reduce variability in care, improve outcomes and promote greater patient engagement.
The Search for Truth

We live in an era of misleading news and false information that travels faster than ever, with one click to find and disseminate what anyone has to say about anything. In fact, one study said, false information actually spreads more quickly than truth on social media platforms.²

With the Covid-19 pandemic, we are seeing the most dire ramifications, with a marked rise in medical disinformation that the World Health Organization called a “massive infodemic” of myths, fake news and conspiracy theories, some of which are life-threatening.³

The effects of misinformation pose a critical challenge for healthcare, with the quest of knowing whom and what to trust impacting lives at the highest levels.

What it Means for Payers

To address this issue, multiple teams across payer organizations must have access to the same, most current, evidence-based information, inclusive of those involved in policy creation; those managing utilization and processing pre-authorizations, claims adjudication and chart reviews; member/provider communication teams; and drug reference. Establishing evidence-based standards across all teams can help increase consistency and efficiency, while reducing unwarranted variations. In addition, a continually updated platform can help them stay current with the latest medical advancements and protocols.

Using guidance from authoritative sources, payers can reduce unnecessary referrals, tests and procedures – saving money. And by ensuring all decisions reflect the latest evidence, payers can achieve the best possible health outcomes, improve cost efficiency and increase consumer satisfaction.
The Universe of Stars

Change is a constant with the Star Rating System, which makes navigating them a daunting task—especially after an unprecedented year for healthcare.

As insurers entered 2020, they reportedly were focused on competitive issues and quality improvement, as more plans gained four or more stars and more and more Baby Boomers were aging into Medicare and increasingly selecting MA plans. Then came the real "boom," with Covid-19 throwing typical healthcare out of its orbit.

In the Beginning

CMS originally created the Star Rating System in 2007, with goals of driving improvements in Medicare quality and making insurers more accountable for the care provided. Under the system, health plans offering MA plans, Prescription Drug Plans (PDPs) and the combination of both (MAPD) are rated on the quality of care and customer service they provide to their members. Ratings range from one to five stars, in half-star increments, with five representing the highest possible ranking.

These ratings are posted on the CMS consumer website, www.Medicare.gov, to help beneficiaries choose among the MA and MAPD plans offered in their areas during the Medicare open enrollment period each year. The ratings also serve as the basis for bonuses and enrollee rebates.

Medicare reviews plan performances each year and releases new ratings each fall. Thus, plan ratings can change from year to year as can Star Rating parameters and methodologies for measuring results.

The Role of Pharmacy in Star Ratings

Though Star Ratings are not assigned to retail pharmacies and pharmacy benefit management organizations, they play a key role and can feel the pressure as plans more closely scrutinize the performance of their network providers. It is also important to note that pharmacies’ role in improving medication safety and adherence is more critical than ever before. As trusted healthcare advisors, pharmacists are expanding their role to influence the medical-use measures outlined in the Star Ratings, as they relate to medication safety and adherence.
Benefits and Concerns

Today, 20 million Medicare beneficiaries (34 percent) are enrolled in an MA plans, compared to 2012, when penetration was 27 percent, and plans with four or more Stars has risen from 24 percent to 73 percent. Five-Star plans’ enrollees receive the extras associated with quality bonuses (e.g., reduced premiums, additional vision or dental coverage and other additional benefits), as well as highly rated service.

That said, the System is not without its critics, who question its accuracy and methodology and point to industry consolidation in which poorer plans can be acquired by higher performing ones, giving a sudden boost in the former’s ratings.

Stars and Covid

As noted, each year can bring change to evaluations and this year is certainly no exception. Given the disruptions caused by Covid-19 in 2020, CMS announced a number of alterations in the Star Ratings System. For instance, it removed the requirement for submission of 2020 Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey data for Medicare health and drug plans, noting Part C and D plans may use any CAHPS survey data collected for their internal quality improvement efforts. It also announced that, for 2021 calculations, it will use last year’s HEDIS measures scores and ratings from the 2020 Star Ratings. For 2022 Star Ratings, CMS expects MA contracts to submit HEDIS data in June of 2021, and MA and Part D contracts to administer the CAHPS survey in 2021. A number of other changes were put in place to address the impact of 2020 on healthcare. Unfortunately, some of them caused a drop in ratings, which has added to criticisms of the system.

Medicare health plans are rated on their performance in five categories:

1. Staying healthy: Screenings, tests and vaccines
2. Managing chronic (long-term) conditions
3. Plan responsiveness and care
4. Member complaints, problems getting services and choosing to leave the plan
5. Health plan customer service

Medicare drug plans are rated on their performance in four categories:

1. Drug plan customer service
2. Member complaints, problems getting services and improvement in the plan's performance
3. Member experience with the drug plan
4. Patient safety and accuracy of drug pricing

Various formulae and weighting are employed by CMS to stars to assign scores to each contract for each individual measure, based on relative performance compared to other contracts, with the overall summary score for each contract calculated by averaging the star rating for each individual measure.
Impacts and Implications

The impacts of Star Ratings, both negative and positive, can be profound for payers, PBMs and retail pharmacists.

Lower performers can suffer in a variety of ways, including competitive disadvantage and reputational damage from exclusion from bonuses, in the form of compensation and rebates, which higher performers can pass on as elevated services. The CMS also has the option of terminating a plan for a variety of reasons, including failure to meet Star Ratings requirements.7

Plans with at least four stars obviously have a marketing advantage. For those with five stars, the benefits are greater, as they can market year round, unconstrained by open-enrollment periods, and beneficiaries can switch to them at any time.

For pharmacies, this represents opportunity and incentive, as MA plans seek out those that can help them maintain or boost their ratings in areas such as medication adherence associated with chronic disease categories, customer service, and effective care transition. Pharmacies also can affect Star Ratings by promoting medication safety and identifying gaps in therapy.8

Helping ensure compliance and supporting MA plans in improving their Star Ratings is not a standalone effort for pharmacies, it has been noted, as it fits with the other activities retailers are undertaking to become more comprehensive providers of healthcare information and services.9

Going Forward: Trusted Knowledge is Key

The goals of Stars are the goals of healthcare: delivery of optimal, consistent care; creating a positive consumer experience; and minimizing costs. For payers, this has meant – and will continue to mean:

– Effective and aggressive outreach and service around medication adherence and preventive measures, using agile tools.
– Having authoritative information at hand to make the best, fully informed decisions;
– Understanding their populations.
– Responsiveness to their members.
– Consistent, multi-channel communication.
– Helping members help themselves with access to the right information at the right time.

Putting together these pieces of maintaining and improving Star Ratings and delivering the service consumers want and expect, we see a common core – the need for trusted information across the continuum and enterprise.
Five-Star Solutions

As insurers work to achieve top ratings, they need access to trusted, authoritative information and clinical reference. They also require the same caliber of educational resources to contribute to the goals of healthcare and transform members into active participants in their own health and wellness. This necessitates health resources and patient education materials that are current, accurate and entirely relevant to the patient’s condition.

All stakeholders can save time and money, while vastly reducing the chance of errors and misinformation, by using a trusted drug information provider that constantly updates information based on the latest research and best practices. It is also important to have flexibility in format and the ability to customize content as needed.

Significantly, all teams need to use the same, single-source reference for their clinical information, inclusive of a drug database/drug reference to drive smarter prescribing; patient education based on the same trusted information clinicians use; clinical reference that reflects the latest standards of evidence-based care to drive — and/or substantiate — actions taken; and a powerful platform that will help your teams set policies and make utilization management decisions with the utmost confidence and consistency.

Conclusion

The great necessity for, and extensive elements of, five-star solutions for Five-Star Ratings underscores the need for a single vendor to deliver trusted information across healthcare stakeholders and enterprises. Only with the latest, most accurate, most authoritative data at hand can organizations succeed to the benefit of themselves and their patients, members and consumers.

Why Elsevier?

It can be hard for clinicians to know whom to trust for the information they need to remain timely and informative. But it shouldn’t be. Not if they start down a path toward a proven, established, reputable provider of current, authoritative and evidence-based knowledge — a path that will lead them to Elsevier. Over the past 140 years, every publication we have released and every solution we have developed has been built on trusted information.

During those decades, we partnered with the scholarly community to curate and verify knowledge. Now, as an information analytics business, we are committed to bringing that rigor to a new generation of Elsevier platforms — especially at this time when it’s harder than ever to know what to believe.
We also are a trusted partner of healthcare’s major associations, such as ENA, AACN, AMA and ANPD. Our domain leaders are some of the most well-known and widely respected experts in their fields, engaged to develop and verify content and guide product design and development, as well as to serve on pathways committees. And our content provides a single source of truth that empowers innovations such as next-generation clinical decision support.

Among our ongoing efforts is the expansion of our Health Hub to include disease states such as diabetes and obesity. A platform initially developed in response to the COVID-19 pandemic, the mission of the Elsevier Healthcare Hub is to provide clinicians with the immediate support they need to make quicker, more informed decisions. Provided with free access, this site is a trusted information center of evidence-based knowledge, research and resources for the most pressing topics in medicine and healthcare.

Our solutions for payers PBMs and retail pharmacy include:

ClinicalKey – a clinical knowledge solution designed to help users find the most clinically relevant answers through a wide breadth and depth of trusted content across 30+ medical and surgical specialties/sub-specialties, offering summary content as well as deep-dive reference resources.

Clinical Pharmacology powered by ClinicalKey – a trusted source for current, accurate, clinically relevant drug information.

Gold Standard Drug Database – which enables intelligent drug data decisions and our pricing solution features an integrated data deliverable to support business intelligence needs.

ProspectoRx – real time pricing analysis and query builder to facilitate ad hoc pricing analysis.

Predictive Acquisition Cost – data science derived acquisition cost to augment business analytics capabilities.

MedsOnCue by VucaHealth – is an innovative digital patient education solution that reinforces safe medication use by providing patients with on-demand access to prescription-specific videos.

Elsevier’s Patient Engagement Solutions – a patient education platform that gives clinicians and patients quick and easy access to trusted information that is relevant to their case, delivered in interactive and patient-friendly ways.

1 https://cdn2.hubspot.net/hubfs/3004740/offer-PDFs/2020-medicare-star-ratings-release-trend-report.pdf
2 https://science.sciencemag.org/content/359/6380/1146
3 https://www.nature.com/articles/d41586-020-01834-3
7 http://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/
8 http://www.aprx.org/issues-advocacy/star-ratings-overview
9 http://smartretailingrx.com/regulatory-public-affairs/star-ratings-explained/