# 2019-2019 Agent FAQ: Star Ratings

UnitedHealthcare Medicare Solutions

## GENERAL QUESTIONS

### What are Star Ratings?

Medicare Star Ratings are calculated annually by CMS to rate the quality and performance of Medicare Advantage (Part C), including Special Needs Plans, and Prescription Drug (Part D) Plans on a scale of one to five, with five stars being the highest rating. The ratings are published annually on Medicare.gov in October.

The ratings are determined each year by CMS primarily based on health plan performance two years prior, meaning 2019 ratings, released in October 2018, are a reflection of health plan performance during 2017. CMS uses more than 45 measures of clinical quality, health plan operations, and member satisfaction to determine a health plan's Star Ratings; performance benchmarks are re-established annually based in part on how health plans perform in comparison to one another.

### Why are Star Ratings important to our Medicare members/consumers?

The Star Ratings system is designed to help inform Medicare beneficiaries as they compare health plans. In addition, plans rated four Stars or above receive quality bonuses from CMS, which further enhances UnitedHealthcare's ability to provide additional benefits, services and resources to support Medicare beneficiaries' health and well-being.

### How did UnitedHealthcare perform in its 2019 Star Ratings?

We're committed to delivering quality health plan benefits, access to care and a distinctive experience for the members we're privileged to serve. Our focus on these commitments has enabled us to maintain solid Star Ratings, with an expected 69 percent of our Medicare Advantage members to be in plans rated four stars or higher for 2019 Star Ratings plan year (2020 payment year). Although the published results show an expected 69 percent of our Medicare Advantage members will be in plans rated four stars or higher for the 2019 Star Ratings plan year (2020 payment year), we anticipate that our results will improve in the following ways.

- When we include several known factors, like new plans that are not yet rated and will be paid at the overall average UnitedHealthcare four star rating, we expect 71 percent of our Medicare Advantage members will be in plans rated four stars or higher.
- Additionally, we are in discussions with CMS regarding one contract in particular that, based on our data, is operating at a four-star level. They have acknowledged this concern, and we are pleased with our ongoing dialogue, which would result in nearly 77 percent of our members in plans rated four stars or higher.

### What is UnitedHealthcare doing to continually improve its Star Ratings performance?

We are proud that programs like Advocate4Me, HouseCalls, Navigate4Me, and digital therapeutics are making a difference for those we serve. We will continue to help members get the preventive care they need and to remove the burden of navigating the health care system so our members can focus on their health and well-being.

### What does it mean when CMS issues a Star Rating at a "contract level"?

CMS issues only one set of Star Ratings for each Medicare contract. A contract is made up of one or more Medicare Benefit plans. Performance data for the plans within the Medicare contract is used to calculate performance, and all plans within that contract have the same Star Rating.

### Do all measures count the same toward a contract's overall Star Rating?

No. While the Star Ratings system measures plans across a number of performance categories, measures that focus on health outcomes and member satisfaction are more heavily emphasized in the Star Ratings scores.

### Does CMS publish a single Star Rating for UnitedHealthcare?

No. CMS does not issue a single Star Rating score for UnitedHealthcare's entire portfolio of Medicare Advantage and Prescription Drug Plans. However, other external organizations or researchers may cite a single, weighted average Star Rating for comparative analysis across the industry.

## AGENT QUESTIONS

### Why should I care about the Star Ratings?

As an agent, you are the "face of our plans," and how you portray our plans and interact with our consumers can positively affect our Star Ratings. CMS gathers data for a number of quality, operational and member satisfaction performance areas to determine Star Ratings.

### What does CMS assess when they measure quality to determine a Star Rating?

CMS uses more than 45 measures to determine a plan's Star Rating. The measure performance categories include clinical quality, health plan operations and member satisfaction. Health outcomes and member satisfaction are heavily emphasized in the Star Ratings scores. You may help improve our Star Ratings by simply being accurate when you present a plan and leveraging every opportunity to help members increasingly engage in their health care and effectively use their benefits (such as completing an annual care visit and recommended preventive services).

### Are certain measures more influential in calculating the ratings? Are the star measures weighted?

Yes. Star Ratings are assigned by CMS and calculated based on more than 45 measures. Each star measure has a weighted factor between one and five. Although every applicable star measure is factored into a contract's overall rating, the measures with a higher weighted factor have greater influence in the calculation.

### If UnitedHealthcare has a good benefit plan design, do we automatically get a higher rating?

No. UnitedHealthcare Medicare Advantage plans provide more services than Original Medicare including many that may help our members live healthier lives – such as health and wellness programs, dental and vision coverage, care coordination and preventive care services. Star Ratings measure our performance on how well plan benefits are delivered and utilized by members. For example, how well are we helping members close gaps in care? Are we effective at activating members to use their benefits, seek appropriate care and ensure prescriptions are filled and taken as prescribed? How good we are at assisting members at every touch point and resolving questions?

### What is UnitedHealthcare doing to continually improve Star Ratings?

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**We are intensely focused on Star Ratings and always striving to raise clinical quality.**

- We collaborate closely with care providers to support patient access and health through data-sharing, year-round electronic chart collection, quality incentives and field-based practice resources.
- We continue to focus on delivering a personalized experience to help people on Medicare and their caregivers more easily navigate health care. To do this, we're removing barriers that might otherwise be a burden as people manage complex health needs, complete recommended preventive care and make the most of their health. For example:

    - Through Advocate4Me, we are educating members about the importance of engaging in their health, effectively using their benefits and getting the right care at the right time. This includes encouraging members to complete an annual exam and the recommended preventive services, assisting members in scheduling appointments, and leveraging clinical care gap information to facilitate meaningful conversations.

    - Our HouseCalls program provides people with the option of receiving an annual clinical wellness visit from the comfort of home. We expect to complete 1.4 million HouseCalls in 2018.

**Delivering on our commitments to quality and member experience continues to guide our innovation, long-term investments and daily priorities.**

- Medicare beneficiaries are responding well to the distinctive consumer experience, quality and care we strive to provide. In the last three years, UnitedHealthcare accounts for nearly 52 percent of Medicare Advantage's net enrollment growth and an average of over 90 percent of our members have chosen to stay enrolled in a UnitedHealthcare Medicare Advantage plan, year over year. Additionally, we have grown 4.3 times faster than the rest of the Medicare Advantage industry combined.

- As we look to 2019, we will continue to focus innovation and investments on our high-touch consumer service model, which is transforming how we engage with members to become more active participants in their health.

- Navigate4Me. This support program is available to people facing complex health issues and pairs them with a UnitedHealthcare employee as their single point of contact to coordinate care, address claims issues, provide social support and help with other needs. The company's goal is to help 500,000 people through Navigate4Me in 2019, including people like Melinda Lacy, a UnitedHealthcare Medicare Advantage member in Florida. "I never expected or anticipated that kind of help, that depth of caring from an insurance company. I felt safe," Lacy said of her experience with the program. "[My navigator] was somebody I could trust. Through my surgeries, she was always there."

- Solutions for Caregivers. Caregivers, who are often a family member or friend, are the unsung heroes of the health care system, so in 2019, UnitedHealthcare is adding Solutions for Caregivers to nearly all Medicare Advantage plans. The program offers caregivers resources like access to care management, personalized care plan development and emotional support.

- Renew Active, UnitedHealthcare's Medicare Advantage fitness program (formerly Optum Fitness Advantage), will expand to 12 additional states and include new features, like online exercises and activities designed to support cognitive health and help people stay active in body and mind.

- Virtual Visits. Many baby boomers are looking for more convenient ways to access care, so in 2019, UnitedHealthcare will make Virtual Visits available for more than 1.7 million people, giving them access to care providers through a smartphone or computer for minor health issues or behavioral health support, often at no cost.

- Transportation. About 1.7 million people will have access to transportation for doctor appointments and other health-related needs included in their plans.

- Digital Innovation. We're integrating wearable and other digital health devices' data into our care management programs to help members and their providers monitor their health and more proactively manage conditions like congestive heart failure or diabetes.

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

You should always recommend whichever plan is the best fit for the consumer's health care needs. Remember, Star Ratings reflect how the plan performed approximately two years prior, and if the plan has a low rating, those areas of measurement may be greatly improved today. In addition, precisely what is measured by Star Ratings changes from year to year.

### How can I impact Star Ratings?

These results remind us that our work to improve Star Ratings is ongoing and that the needs and expectations of our members are constantly evolving. Here are some direct ways you can make an impact:

- **Collecting all of the information** on the enrollment form to ensure completeness and accuracy.
- **Explaining thoroughly** the benefits and copays of a member's plan.
- **Communicating** to members how to contact their PCP to schedule an annual Wellness exam.
- **Reassuring** members that UnitedHealthcare may contact them periodically. For example, to help with preventive care needs, such as flu shots, mammograms and medication reconciliation.

- **Know the benefits** you are selling to accurately explain the plan and determine the best fit for the consumer. 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, visit their Primary Care Physician (PCP), and properly use their medications (referred to as medication adherence).
- **Help reduce the chance that any type of complaint would be filed** by doing what is required in all sales presentations and appointments and lending proper support to your consumers.

### What is in it for me, if I take these extra steps?

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

### What could happen if I do not 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 plans – which has a domino effect, impacting what we may offer in terms of costs or enhanced benefits.
- 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.

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

When presenting a Medicare Advantage or Prescription Drug Plan to a consumer at a marketing/sales event, one-on-one appointment, or telephonically, you are required to say and do the following:

- **State out loud** what Star Ratings are
- **State out loud** what the current Star Rating is for the plan you are presenting (the rating is found in the Enrollment Guide for the plan you are presenting)
- **Tell** the audience/consumer the page where the Star Rating is located in the Enrollment Guide. Tell them they can find more information on www.Medicare.gov.
- **Mention** 1-2 measures CMS considers when establishing a Plan's Star Ratings.
  **Examples you can mention:**
  1. Member use of preventive care (such as annual screenings)
  2. Access to Care
  3. Member use of prescribed medications – use as prescribed to improve health (i.e., adherence)
  4. Customer satisfaction

### Why do some plans not have a Star Rating?

A plan could be too new or too small with too little data for measurement and calculation. When the necessary information becomes available, the Star Rating will be determined and made available on Medicare.gov and be provided in future enrollment materials. You do not need to be concerned if the Star Rating is not yet published.