

# Star Ratings Talking Points



## Simply THE BEST

UPMC *for Life* earned an excellent 5 out of a possible 5 overall star rating for its HMO and PPO plans from the Centers for Medicare & Medicaid Services (CMS) for 2022. Only 4% of Medicare plans in the nation received a 5-star rating for both their HMO and PPO products for 2022. UPMC *for Life* is **the largest and most popular HMO plan in PA** with a perfect 5-star rating. In the last five years, UPMC *for Life*'s HMO plans have had the largest growth in PA, growing by 32%.

And that's not all. We've also received Accreditation from the National Committee for Quality Assurance (NCQA), a nonprofit organization that identifies organizations that are run in ways **that make health care better**. This makes UPMC *for Life* **the ONLY plan in PA** to have achieved NCQA Accreditation and a 5-star rating from CMS for both its HMO and PPO products.

These prestigious awards reflect our commitment to offering the best possible care and coverage to our members every day. Plans cannot pay for these awards; they must earn them.

## What do these high ratings mean?

These high ratings mean that all UPMC *for Life* HMO and PPO members are enrolled in plans with an overall star rating of 5 from Medicare, which is excellent, and have NCQA Accreditation. UPMC *for Life* is the largest HMO plan in PA with a 5-star rating. Only 4% of Medicare plans in the nation received a 5-star rating for both their HMO and PPO products for 2022.

These increased ratings also help UPMC *for Life* maintain the strong benefits and programs currently offered to members and reflect the strength and stability that Medicare beneficiaries have come to expect in their health coverage. Many nationwide insurance companies have member retention rates of 89%. However, UPMC *for Life* has an **excellent member retention rate of 96%** for its Medicare plans. That means 96% of our members stayed with their UPMC *for Life* coverage in the last year.

## Why are these ratings important?

More stars and NCQA Accreditation mean a better plan—members get better care, better quality, and better customer service. Medicare beneficiaries can use these scores to compare quality and performance of Medicare plans. These are important tools that can help beneficiaries choose the best Medicare plan to fit their needs.

## What are the Medicare star ratings?

Every year, Medicare (CMS) evaluates plans based on a 5-star rating system to assist Medicare beneficiaries and their families in comparing plans based on quality and performance. The Medicare Star Ratings are based on how well Medicare Advantage plans deliver medical care, prescription drug services, and customer service. The score also includes how current members rate their satisfaction with the plan. CMS uses up to

40 quality and performance measures to rate plans. Ratings range from a low of 1 star, which is poor, to the highest possible 5 stars, which is excellent.

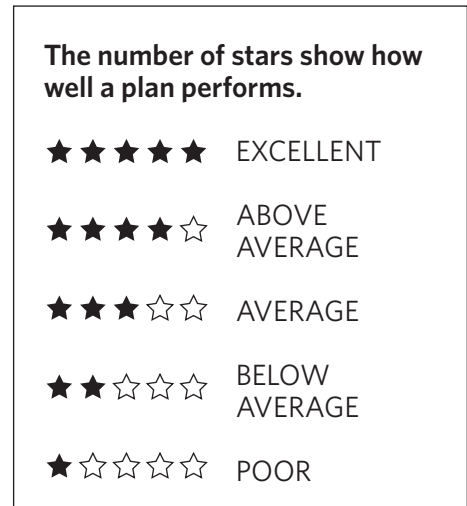
**Among the areas CMS uses to determine its ratings include:**

- Feedback from members about the plan’s service and care.
- The number of members who left or stayed with the plan.
- The number of complaints Medicare got about the plan.
- Data from doctors and hospitals that work with the plan.

**Why is it harder for an HMO plan to achieve a 5-star rating from Medicare?**

It is generally harder for HMO plans, particularly large nationwide insurance companies, to achieve a 5-star rating from CMS because these plans have many members to care for. This can make it more difficult for the plan to meet the CMS star rating measures. UPMC *for Life* is the largest HMO in PA and has an excellent 5-star rating. We have some of the most popular plans available and have the largest growth of all Medicare plans in PA over the last five years.

Our excellent 5-star rating is due in large part to UPMC *for Life*’s unique partnership with UPMC’s doctors and hospitals as well as other community providers. This helps us to deliver access to exceptional care, provide high-quality coverage, and deliver award-winning customer service to each of our members every time they need care. We’re dedicated to helping our members through our provider partnerships to get coordinated care, manage chronic medical conditions, and find ways to save money on their treatment and prescriptions. That’s why using UPMC to get your health care and your Medicare insurance just makes sense. OR That’s why getting your Medicare coverage and your health care from UPMC just makes sense.



**How does the 5-star SEP work?**

Now that UPMC *for Life* is a 5-star plan, Medicare beneficiaries can enroll in our plan even after the Annual Election Period is over by using the 5-star Special Enrollment Period (SEP). Eligible Medicare beneficiaries can disenroll from their current plan and enroll in a Medicare Advantage plan offered by a Medicare Advantage organization that currently has a 5-star overall rating. This includes Medicare beneficiaries on Original Medicare, a Medicare Supplement plan, and competitor Medicare Advantage plans. The eligible beneficiary can use the SEP only one time from Dec. 8, 2021, through Nov. 30, 2022.

**What is NCQA Accreditation?**

The NCQA is a private, nonprofit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations and recognizes clinicians in key clinical areas. NCQA accredits and certifies a wide range of health care organizations and recognizes clinicians in key clinical areas. NCQA’s Healthcare Effectiveness Data and Information Set (HEDIS®) is the most widely used performance measurement tool in health care. NCQA’s website (ncqa.org) contains information to help consumers, employers, and others make informed health care choices. NCQA’s industry-leading Accreditation is a rigorous assessment of health plans’ structure and process, clinical quality, and patient satisfaction.

CMS contracted with NCQA to develop a strategy to evaluate the quality of care provided by Medicare plans. NCQA established HEDIS measures specifically for Medicare Advantage plans. HEDIS is a comprehensive set of standardized performance measures designed to provide consumers with the information they need for reliable comparison of health plan performance. HEDIS measures relate to many significant public health issues, such as cancer, heart disease, smoking, asthma, and diabetes. Medicare plans can use HEDIS performance data to identify opportunities for improvement, monitor the success of quality improvement initiatives, track improvement, and provide a set of measurement standards that allow comparison with other plans.

NCQA's work saves lives, helps millions of people stay healthy, and saves the country billions of dollars.

**Among the areas NCQA uses to determine Accreditation include:**

- Quality management and improvement.
- Members' rights and responsibilities.
- Network management.
- Care and service performance.

**Why is NCQA Accreditation important?**

When a health plan is accredited, it means that it demonstrate its commitment to quality in several key areas including safety, operational efficiency, and patient care coordination and satisfaction.

