
GENERAL QUESTIONS

What are Star Ratings?

Medicare Star Ratings are calculated annually by the Centers for Medicare & Medicaid Services (CMS) to rate the quality and performance of Medicare Advantage (Part C), including Special Needs Plans, and Prescription Drug Plans (Part D) on a scale of one to 5, with 5 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 2022 ratings, released in October 2021, and are a reflection of health plan performance during 2020. CMS uses more than 40 measures of clinical quality, health plan operations and member experience to determine a health plan's Star Ratings and 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 4 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. If a plan is rated 5 stars, which is CMS's highest rating, UnitedHealthcare is allowed to sell that plan *year round, providing more consumers access to quality care.

**After the Annual Enrollment Period (AEP) ends on Dec. 7, 2021, consumers have a Special Enrollment Period (SEP) to enroll in this 5-Star plan from Dec. 8, 2021, through Nov. 30, 2022, using the 5-Star SEP.*

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 experience are more heavily emphasized in the Star Ratings scores.

How did UnitedHealthcare perform in its 2022 Star Ratings?

We continue to lead the industry with the highest number of members enrolled in 4+ star (out of 5 stars) plans, with 95% of our Medicare Advantage members in 4 star plans or higher for 2022 Star Ratings (2023 Payment Year), a new high mark for our company. Within this, 38% of members will be in 5 star plans.

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

As we look to 2022, we will continue to focus innovation and investments in the member and provider experience, whether in-person or online, which is transforming how we engage with them to become more active participants in health care. We will continue to support our members, with enhanced focus in coordinating care and improving their experience with the health plan and care providers. We'll continue to focus on medication adherence, including telephonic outreach and point-of-service pharmacy interactions, meeting our members where they are. We'll collaborate more closely with providers who care for our members and support them in delivering a great patient experience.

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.

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 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 (or negatively) affect our Star Ratings. CMS gathers data for a number of quality, operational and member experience performance areas to determine Star Ratings.

It's also important to note the important role agents play in Star Ratings. For example, voluntary disenrollment is a Star measure. CMS rewards plans that have low volumes of voluntary disenrollment. Another example is all of the CAHPS measures, which come from a survey that asks members about their experience getting care and interacting with the health plan. Members who fully understand their plan and benefits, and have an established relationship with a Primary Care Provider (PCP) tend to respond more favorably on these surveys.

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 the time of enrollment, 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

Can I give the consumer a printout of the new rating from [Medicare.gov](http://www.Medicare.gov) ?

Yes. This is public information and is posted on [Medicare.gov](http://www.Medicare.gov). Consumers are able to access this information. It is appropriate to offer a printout to the consumer from this website. However, agents cannot use Star Ratings to disparage competitors, Medicare or the federal government.

Can I use existing inventory of Enrollment Guides?

Yes. Agents are not required to destroy their inventory, although they are required to communicate the most current Star Ratings. Consumers can access those ratings on the [Medicare.gov](http://www.Medicare.gov) website. Enrollment Guides with updated Star Rating information will be available on *Jarvis*. Agents will receive communication when the updated guides are available.

What can I do to provide consumers with updated Star Ratings between now and when UnitedHealthcare issues a new Enrollment Guide?

You can view 2022 Star Ratings on [Medicare.gov](https://www.Medicare.gov).

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. You can make an impact by:

- **Collecting all of the information** on the enrollment form to ensure completeness and accuracy.
- **Explaining thoroughly** the benefits and copays of the 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 take advantage of their benefits and complete a Health Assessment (if applicable)** 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.

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.

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 encouraging members to use their benefits, seek appropriate care and ensure prescriptions are filled and taken as prescribed? How effective are we at assisting members at every touch point and resolving questions?

What is UnitedHealthcare doing to continually improve Star Ratings?

We are committed to delivering on our Star Ratings which ultimately support the Triple Aim, where we strive to deliver better care and a better experience for our members while lowering health care costs.

What should I tell consumers who ask about when Star Ratings might change again?

The Centers for Medicare & Medicaid Services uses Star Ratings to rate the quality for Medicare Advantage Plans. Star Ratings measure plans across a number of performance categories – including clinical quality, health plan operations and member satisfaction – on a scale of 1 to 5, with 5 stars being the highest rating.

Star Ratings are published by CMS only one time per year (typically in October with no updates in between).

Be careful when discussing Star Ratings to avoid using superlatives. When discussing Star Ratings with consumers, the Star Rating should always be given as a number. For example, if a plan is 3.5 stars, the verbiage to the consumer would be, “This plan is rated 3 and a half out of 5 stars.” Agents should never use descriptive terms such as good, pretty good, high, etc., when describing Star Ratings.