# Compass MED D - Medicare Star Ratings

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**Description:** This document explains the Medicare Star Rating.

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| General Information |

Star Ratings were developed by the Centers for Medicare and Medicaid Services, or CMS, to measure the quality of Medicare plans and to drive improvement.

The Star Rating program is aligned with CMS’s triple aim approach, which looks to create:

* Improved patient experience and care.
* Improved health of the population.
* Reduced health care costs through improvements.

5 Stars represents excellent quality, whereas 1 star represents poor quality.

**Note:** 5-star plans receive additional benefits such as increased member enrollment.



**Figure A**

Medicare assigns plans one overall star rating to summarize the plan’s performance as a whole. The overall star rating score provides a way to compare performance among several plans.

Medicare reviews plan performances each year and releases new star ratings on Medicare Plan Finder around the second week of October. This means plan ratings change from one year to the next.

* 5-star plans receive additional benefits such as increased member enrollment.

**Consumer Assessment of Healthcare Providers and Systems (CAHPS)** surveys also impact Star ratings. CCRs can provide excellent member experience to drive positive CAHPS survey results. Refer to [Consumer Assessment of Healthcare Providers and Systems (CAHPS)](#_Consumer_Assessment_of) below.

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| How Are Medicare Drug Plans Rated? |

There are many individual measures of quality that make up a plan’s overall Star rating.

Medicare drug plans are rated on how well they perform in four different categories:

1. Drug Plan Customer Service
2. Member Complaints, Problems Getting Services, and Choosing to Leave the Plan
3. Member Experience with Drug Plan
4. Drug Pricing and Patient Safety

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| Member Complaints, Problems Getting Services, and Choosing to Leave the Plan |

CMS measures Medicare drug plans based on the rate of complaints that CMS receives about the plan.

* The number of member complaints received by CMS count negatively against the plan.
* Member complaints that can be clearly attributed to plan performance count negatively against the plan.

This Star Measure makes up 5% of SilverScript’s overall Star Rating.

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| Call Center TTY/Foreign Language Interpreter Accessibility and Information Accuracy Study |

**TTY and Foreign Language Interpreter Availability**

CMS measures Medicare drug plans by **evaluating the prospective enrollee call center phone lines to determine (1) the availability of interpreters for individuals who have limited English proficiency and (2) TTY functionality for individuals who are hearing and speech impaired.**

* Hearing and speech impaired and limited English proficient members are some of the most vulnerable groups in our society.
* These members often have difficulty communicating their needs without assistance.
  + TTY is a special device that lets people who are hearing or speech impaired use a telephone to communicate by typing messages back and forth to one another.
  + Recently the handling of these TTY calls has moved from a TTY to TTY device at one of our locations, to the use of a 711 Relay Operator (specific to each state). The 711 relay operator receives the TTY communication and relays the information verbally between a CCR and the caller.
  + For this reason, the requirements with CMS and the information provided to members in mailings is to contact SilverScript using 711.
    - Refer to [MED D - Language Assistance - Language Line Services](file:///C:\Users\C337799\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\95RBD1TB\CMS-2-028005) and [Med D - Handling 711 TDD/TTY Relay Calls for the Hearing Impaired](file:///C:\Users\C337799\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\95RBD1TB\CMS-PRD1-097706).
* CCRs play a crucial role in a plan’s ability to assist these vulnerable members.
* TTY/711 and Foreign Language Interpreter Availability impacts a Medicare Plan’s star ratings.
  + Scores on this individual measure of quality are calculated by the number of successful contacts with either an interpreter or a TTY operator divided by the number of attempted contacts.
  + **Foreign Language** Successful contact with an interpreter
    - CCR confirms that he/she can answer questions about the plan’s Medicare Part D benefit
    - CCR establishes contact with appropriate interpreter and stays on the line

**AND**

* + - the caller begins the first of three test questions within **eight** minutes of the call reaching a CCR
  + **CMS will test Spanish, Cantonese, Mandarin, Vietnamese, French, and Tagalog**
  + **TTY** Successful contact with a TTY service
    - CCR confirms that he/she can answer questions about the plan’s Medicare Part D benefit

**AND**

* + - The caller begins the first of three test questions within **seven** minutes of the call reaching the TTY relay service
  + CMS conducts test calls **year round** to evaluate Medicare drug plans.

**Information Accuracy**

CMS also initiate test calls that require the CCR to accurately answer questions about Med D Plan.

* CMS may test for information accuracy as part of Foreign Language or TTY testing, or they may test for information accuracy in English

Once the CMS caller connects to a live CCR, CMS will ask an introductory question, for example, “Can you answer questions about Medicare Part D benefits?”

* The CCR must respond affirmatively, for example “Yes, I can help you” within **7** minutes.

CMS may ask up to three additional information accuracy questions.

* Each question must be answered by the CCR within a **7** minute response time.
  + Refer to [MED D - SilverScript CMS Test Questions](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=975d3432-596c-475f-88dd-254ff8c852b0).

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| How Can Customer Care Representatives Help Improve Star Ratings? |

Our call center teams have a direct impact on our ability to be a highly rated plan. Customer Care Representatives (CCRs) have the ability to influence over 20% of the Overall Star Rating.

Excellence in the following areas will ensure our continued success:

* Limiting Complaints About the Drug Plan
* Prompt service for members that require a Foreign Language Interpreter and TTY/711 operator support
* Accurately answer questions about Medicare Part D benefits; and
* Excellent Member Experience to Drive Positive CAHPS Survey Results

**To limit complaints about the drug plan, CCRs can:**

* Work to ensure that all member needs and complaints are completely resolved before disconnecting, which may include forwarding complaints via MedHOK or Compass by filing a grievance. Ensure all complaints be resolved internally; do not instruct members to call 1-800-Medicare to file a complaint. If the member is dissatisfied, file a grievance in MedHOK or Compass.
* Provide excellent customer service at all times to improve member experience and to assist in resolving issues that arise.

**To ensure that callers who require Foreign Language Interpreter and TTY/711 support are served in a timely manner, CCRs can:**

* Remember to stay calm and breathe during test calls and notify Learning Coach or Supervisor if you think the caller is a CMS test call.

**Note:** CMS hires test callers to call plans and request Foreign Language and TTY/711 services.

* Listen carefully to the language being requested and confirm the language with the caller before conferencing the Language Line services.
* Ensure that the plan demonstrates the capability to assist this group of vulnerable members by successfully conferencing test callers to the correct Foreign Language Line interpreter within the 8 minute time window.
* Confirm confidently with the test caller that, “Yes! You are able to answer questions about Medicare Part D.”

**To accurately address questions regarding Medicare Part D benefits,**

* Confirm your ability to answer Medicare Part D questions and answer each question correctly within **7 minutes**.
  + Refer to [MED D - SilverScript CMS Test Questions](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=975d3432-596c-475f-88dd-254ff8c852b0) prior to answering to confirm correct response.

### Consumer Assessment of Healthcare Providers and Systems (CAHPS)

CCRs can provide excellent member experience to drive positive CAHPS survey results.

* CAHPS Surveys are questionnaires sent out by CMS to plan members assessing their health care experience.
* Excellence in this area relies heavily on complete and accurate verbal and written communication, treating all beneficiaries with courtesy and respect, and ensuring beneficiary needs are fully resolved prior to disconnecting.
* Each time a CCR interacts with a beneficiary, verbally or through written communication, CCRs have the opportunity to improve the member’s experience and positively impact our performance on CAHPS Survey results.
* For additional information, refer to [MED D - CAHPS Surveys](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/Customer%20Care%20Documentation%20-%20Formatting/Formatting%20Needed/Approved/CMS-PRD1-109202).

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| FAQs |

Use as needed:

* [Star Ratings](#SR)
* [Complaints](#Com)
* [TTY/Foreign Language](#TTY)

**Star Ratings**

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| **Question** | **Answer** |
| 1. What is the name of the program that evaluates Medicare plan quality? | **Star Ratings** |
| 1. When do Medicare plans receive their Star Rating? | **Fall** |
| 1. Which Star Ratings area is **not** primarily influenced by Customer Care Representatives? | **High Risk Medications in the Elderly** |
| 1. Medicare Plans are rated by CMS on a scale of \_\_\_\_\_. | **1 to 5 Stars** |

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**Complaints**

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| **Question** | **Answer** |
| 1. Complaints count against a plan’s Star Rating \_\_\_\_. | **All year round** |
| 1. What kind of complaints count negatively against a plan’s Star Rating? | **Complaints made to CMS** |
| 1. A member calls CARE with a complaint. What should the CCR **NOT** do? | **Direct the member to call 1-800-Medicare** (unless otherwise directed by work instructions or Supervisor) |

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**TTY/Foreign Language**

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| **Question** | **Answer** |
| 1. When does CMS measure performance on TTY and Foreign Language Interpreter Availability? | **Year round** |
| 1. CMS has initiated a test call that requires the CCR to accurately answer questions about SilverScript. If the CCR does not provide accurate information within \_\_\_ minutes of each question being asked, then the call will be deemed to have failed. | **7** |
| 1. CMS has initiated a test call that requires the CCR to access an interpreter. If an interpreter is not obtained within \_\_\_ minutes from the initial greeting, the call will be deemed to have failed for accessibility. | **8** |
| 1. What should you do if you believe you are receiving a CMS Foreign Language Test Call? | **Confirm the language being requested with the caller.**  **Notify Supervisor or Learning Coach of CMS test call.**  **Calmly conference in the caller to their language request.** |
| 1. To pass a TTY availability test call, the CCR must confirm that he/she can answer questions about the plan’s Medicare Part D benefit and begin the first of three test questions within \_\_\_\_ minutes of the call reaching the TTY relay service. | **7** |

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| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/Customer%20Care%20Documentation%20-%20Formatting/Formatting%20Needed/Approved/TSRC-PROD-007931)

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/Customer%20Care%20Documentation%20-%20Formatting/Formatting%20Needed/CMS-2-017428)

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