
MEDICARE ADVANTAGE NEWS

CMS Study Finds Higher MA Star Scores Lift Enrollment Likelihood

Just a one-star-higher rating of a Medicare Advantage plan by CMS is associated with a 9.5% increased likelihood that a new Medicare beneficiary will enroll in that plan, according to a new study published in the *Journal of the American Medical Association* (JAMA). And that same one-star edge is associated with a 4.4% greater enrollment likelihood among MA enrollees switching plans, the article says.

The study, which its authors themselves say has limits in terms of implications because of such variables as demographic characteristics of beneficiaries and differences in marketing among MA plans, nevertheless appears to be the first major one to assess the relationship between MA star ratings and enrollment. Moreover, while the authors, all of them associated with CMS's Center for Medicare and Medicaid Innovation, did not claim a cause-and-effect relationship, their large-scale study could get MA plans even more interested in boosting star ratings.

The data refer to plan elections made by 952,352 first-time MA enrollees and 322,699 plan switchers for 2011, which is before CMS's huge three-year stars quality bonus demonstration upped the reasons for even three-star MA plans to focus on boosting their ratings to get financial rewards (*MAN* 11/25/10, p. 1). And the study appears to show there is at least rising if not huge awareness of the star ratings among Medicare beneficiaries, says Keith Dunleavy, M.D., president and CEO of stars data analytics specialist Inovalon, Inc.

The four authors themselves state in the article that "one interpretation of these findings suggests that publicly reported star ratings could be achieving one of their intended purposes of guiding beneficiaries toward higher-quality plans." Indeed, the study also found that "the highest rating available to a beneficiary was associated with a 1.9-percentage-point increase in likelihood to enroll."

Results Differ for Black, Rural Beneficiaries

But the authors also pointed to limitations in their findings. For example, "star ratings were less strongly

associated with enrollment for black, rural, low-income, and the youngest beneficiaries," they wrote in summarizing the results. And they noted that other research, including a previous study by Kaiser Permanente, indicated that "while star ratings clearly matter to insurers, it is unclear whether they matter to beneficiaries. One poll showed low beneficiary awareness of the star ratings."

The beneficiaries already may be accessing stars information via CMS's Medicare Plan Finder website, but CMS doesn't release "traffic" figures for Plan Finder that could give more information on this, notes Dunleavy.

Kristian Marquez, Inovalon's vice president, clinical and quality outcomes, agrees with the article authors' inference that it's necessary to evaluate the socioeconomic status of an MA plan's membership and potential membership in determining how important star ratings may be to beneficiaries. Moreover, says Dunleavy, it's necessary to take different approaches with some members than with others in order to get more "attentiveness to personal quality issues." The idea, he tells *MAN*, is to "derive member-specific intervention programs." There are different types of "responsiveness" to star ratings and thus different types of interventions needed, he adds.

Sometimes, less is more, he suggests. Dunleavy explains that Inovalon tries to persuade MA-plan clients that an abundance of general campaigns addressed to all members at certain times of the year (e.g., flu-shot reminders in the fall) can "turn off" members' attention to individualized care-quality enhancements. And there is plenty of opportunity for such individualized steps, he asserts, since the average MA member has "in excess of eight quality gaps."

It is reasonable, according to Dunleavy, that the authors did not find a pure cause-and-effect relationship between high star ratings and MA enrollment since there are so many variables that would have to be accounted for. But as this kind of study gets repeated, he contends, there will be a "growing body of data" to

show the linkage.

Asked why the link appeared to much stronger with new members rather than switchers even though the new beneficiaries presumably would have less exposure to star measures, Dunleavy responds, "A member aging in or new to MA may not yet have a brand affiliation....They have less on which to make a decision on." He explains that while existing members may have loyalties such as to a particular MA plan's benefit package, a new beneficiary doesn't, so star ratings can be a bigger factor.

If CMS wants to boost the linkage between MA plans' star ratings and their enrollment, he says, it could require the plans to disclose their star scores in all communications with Medicare beneficiaries to increase the chance that stars will be "front of mind" more frequently.

Contact Dunleavy at kdunleavy@inovalon.com and Marquez at kmarquez@inovalon.com. View the JAMA study at <http://jama.jamanetwork.com/article.aspx?articleid=1557733>. ✧