

Frequently Asked Questions: UnitedHealthcare Medicare Star Ratings

1. 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 Individual, Group Retiree, Special Needs Plans, and Prescription Drug Plans (Part D) on a scale of one to five, with five stars being the highest rating. The ratings are published annually on Medicare.gov in October.¹

The Star Rating program is a lagged pay-for-performance system. The ratings are determined each year by CMS primarily based on health plan performance two years prior, meaning 2021 ratings, released in October 2020, reflect health plan performance (and member experiences) during 2019. CMS uses 40+ measures across member satisfaction (Survey), clinical quality (HEDIS), health plan operations, pharmacy management, and improvement measures to determine a health plan's Star rating, and performance benchmarks are re-established annually based in part on how health plans perform in comparison to one another.

2. Why are Star Ratings important to UnitedHealthcare's Medicare business?

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.

3. How did UnitedHealthcare's Group Retiree plans perform in its 2021 Star Ratings?

For 2021 Star Ratings plan year (2022 payment year), 100 percent of our Group Retiree National PPO members are in plans rated 4.5 stars or higher. 99 percent of our entire UnitedHealthcare Group Medicare Advantage membership (HMO + PPO) are in plans rated four stars or higher, with 96 percent in plans rated 4.5 out of five stars.

4. Will this have an impact on my 2021 group contract renewal rate?

No. Your renewal rate for plan year 2021 was set by the 2020 Star Ratings plan year (2021 payment year). Star Ratings are just one of several factors used to calculate a plan's renewal rate.

5. 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.

6. 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.

7. 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.

8. What impact did COVID-19 have on Star Rating program methodology?

As a direct result of COVID-19 pandemic, CMS introduced several emergency changes to the Star Rating program methodology for Star Year 2021 (Payment Year 2022). In an effort to reduce member interaction and burden with the delivery system at the onset of the pandemic, CMS halted data collection mid-cycle for HEDIS and CAHPS Measures. To calculate the 2021 Star Ratings (2022 Payment Year), CMS used the prior year HEDIS and CAHPS performance data while at the same time increased how much that data contributed to the Star Year 2021 Rating. While we know our current HEDIS and CAHPS scores reflect the investments we have made to improve underlying quality performance, those scores were not used to calculate the Star Year 2021 ratings.

9. What is UnitedHealthcare doing to improve Star Ratings performance?

We are proud that programs like HouseCalls, Advocate4Me, Navigate4Me, and digital therapeutics are making a difference for those we serve. Our focus remains on delivering better care and experiences to help people and their caregivers more easily navigate the complex health care system. We support this focus through our comprehensive customer service models and support to our provider partners.

i Every year, Medicare evaluates plans based on a 5-star rating system.