Topic Brief: Medicare Stars Health Outcomes Survey

Date: 1/10/2020
Nomination Number: 0890

Purpose: This document summarizes the information addressing a nomination submitted on 11/04/2019 through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

Issue: The Medicare Health Outcomes Survey (HOS) is administered annually by the Centers for Medicare and Medicaid Services (CMS) to track the health status of individuals enrolled in Medicare Advantage Organizations (MAOs). Changes in patient-reported health contribute to the healthcare providers' publicly reported Star Rating assigned by CMS, which is used for bonus payments to MAOs and by consumers to compare health plans. Multiple interventions have attempted to improve patient self-reported health status, but it is not clear which interventions are most effective and could be implemented by MAOs.

Program Decision: Though the scope of this topic met all EHC Program selection criteria and was considered for an evidence product, it was not selected to go forward.

Key Findings

No high-quality systematic reviews published within the last 3 years were identified. One recent review covers the scope of this topic but only one database was searched and no quality assessment of included studies was conducted[1]. This review, however, provides an indication of the scope and volume of literature that would be identified in an evidence map, with 206 relevant studies (including observational study designs) published between 2000-2011.

A targeted search of the literature in the past 5 years identified 28 randomized trials of various interventions (e.g. self-management, exercise) in different clinical populations (e.g. patients with cancer, diabetes) which all reported changes in patient-reported health status as measured by a VR/SF measure.

Background

In 1996, CMS initiated the development of the Medicare HOS, representing the first patient-reported outcomes measure in Medicare managed care. The goal of the HOS program is to collect clinically meaningful data that are valid and reliable and can be used for quality improvement, monitoring the performance of health plans, assisting Medicare beneficiaries in making informed health care choices, and promoting health outcomes measurement.

The HOS is administered annually to a random sample of Medicare beneficiaries drawn from each participating MA plan. Two years later, these same respondents are surveyed again. The baseline sample size is 1,200.

The Veterans RAND 12-item Health Survey (VR-12) is administered to Medicare enrollees as part of the Medicare HOS. It is distinct from but related to the SF-36 and SF-12. The 12 items are summarized into physical component summary (PCS) and mental component summary (MCS) scores. The PCS and MCS measures have been publicly reported in the Medicare Star Rating, which are used to link quality of care to payment for MAOs with Quality Bonus Payments, thus incentivizing improvement of quality indicators such as the PCS and MCS outcomes measures.

For the Medicare Part C Star Ratings, the primary PCS and MCS outcomes are reported as the percentage of respondents within an MAO who are "Improving or Maintaining Physical Health" (C04), and the percentage within an MAO who are "Improving or Maintaining Mental Health" (C05) over the two-year period, after adjustment for casemix (to control for pre-existing baseline differences across MAOs, such as baseline measures of sociodemographic characteristics, chronic medical conditions, and functional health status).

In 2019, one-third (34%) of all Medicare beneficiaries – 22 million people – were enrolled in Medicare Advantage (MA) plans. Approximately 52% of the 401 MA contracts offering prescription drug coverage (MA-PDs) that will be offered in 2020 earned 4 or higher stars (out of 5) for their 2020 overall rating. 81% of enrollees are in contracts that will have 4 or more stars in 2020. The average Star Rating for measure C04 (improving or maintaining physical health) and C05 (improving or maintaining mental health) in 2020 are 3.2 and 3.9, respectively, with scores varying from year to year[2]. Also, importantly for health systems, these outcome measures are assigned a higher weighting in the Stars Ratings than, for example, patient experience and complaints measures (e.g. 'getting appointments and care quickly') and process measures (e.g. 'Annual Flu Vaccine').

An important question for health systems involves how they can improve patient-reported physical and mental health (as measured by VR/SF measures).

Nomination Summary

This nomination came from a health system as part of their efforts to investigate which interventions impact patients' self-reported physical and mental health. Before submitting this nomination, the nominator conducted their own in-house rapid review of the literature using the following criteria:

> Population: Medicare-eligible population (US adults aged 65 and older; adults with long-term disability)
> Intervention: Health care system-feasible interventions (excluded studies of interventions that could not be implemented in health care or in collaboration with health care, surgical interventions, and prescription pharmaceutical interventions.)
> Comparators: Any
> Outcomes: Physical or mental health, as measured by VR-12 or a highly similar measure (i.e., SF-12)
> Design: RCTs/CCTs, systematic reviews
> Date of search: 2010-April 2019

In addition to their internal literature review, the nominator has evaluated the national data from the health outcomes survey, and their own health outcome survey data linked with medical record data. They also reported having interviewed experts around the country and an external assessment of both high performing plans, as well as vendors who offer services related to improvement in the HOS measure. Many vendors offer products intended to raise health systems Star Ratings (for example Star Navigator and StarServ) but there is no known published evidence to support their claims for effectiveness.

The nominator's internal search identified 26 relevant studies and 1 report from the grey literature. Most studies reported on individuals with chronic physical and mental health conditions. The nominators reported finding limited evidence that supports targeting specific interventions to improve measures of self-reported physical or mental health. Three studies examined cognitive behavioral therapy interventions, but results were mixed. Studies targeting individuals with chronic conditions reported some improvements in self-reported health following interventions to promote self-management and treatment adherence; group and peer support; and stress reduction.

Scope

1. Which healthcare system feasible interventions result in changes in patient-reported health status, as measured by the VR-12/SF-12?

Assessment Methods

See Appendix A.

Summary of Literature Findings

A search was conducted to find systematic reviews from the last 3 years that addressed the nomination. We found one recently published review by Selim et al. (2019)[1]. This review only searched one database (PubMed) and did not conduct a quality assessment. It analyzed 418 articles from 2000-2017 to provide interpretive guidelines for the change in physical (PCS) and mental component summaries (MCS) of well-established patient-reported measures (MOS, SF-36 V1, HOS SF-12, VR-36 and VR-12) in adults with chronic conditions. This review was intended to be used as an organizational tool to improve the delivery of interventions. Inclusion criteria were (1) evaluation of a clinical or social/behavioral intervention, (2) metrics evaluated included an SF/VR measure (SF-36, SF-12, VR-36, and VR-12 measures), (3) a study with at least a baseline and follow-up assessment using the SF/VR metric, (4) quantitative empiric data presented in the publication for the SF/VR endpoints before and after an intervention. They included both randomized comparative studies and observational (one-arm) study designs. They included articles from 14 clinical areas including cardiovascular, musculoskeletal/orthopedics and respiratory disorders and interventions including surgery and medications (which are not of interest to the nominator). Excluding the surgical and medication interventions, this review identified 206 studies published between 2000-2017.

We conducted a limited literature search of randomized trials from the last 5 years of interventions which included the outcome of self-reported health (as measured by a VR/SF measure) for those with chronic conditions. 28 relevant studies were identified (see Table 1). These trials studied a range of interventions and patient populations. Thirteen studies reported on the effects of an exercise/physical activity intervention[3-15] as either a single or multi-component intervention. All the exercise/physical activity intervention trials assessed different populations, including patients with hypertension[3], intermittent claudication[5], colon cancer[6], stroke[7], heart

transplant patients[9], chronic neck pain[11], end-stage renal disease[13], prostate cancer[14], and ovarian cancer[15]. Other studies reported on the impact of interventions such as self-management[16-18] and group education[19]. Nine randomized trials reported the outcome of patient-reported health as measured by the VR-12 or SF-12[7, 16-23]. Nineteen trials measured self-reported health using the SF-36[3-6, 8-15, 24-30].

A search was also conducted in PubMed and in a business database (EBSCOHost) to look for literature that reports on improving Medicare Star Rating scores. No studies were found that reported the implementation of strategies to improve patients' self-reported health status.

Two studies that were identified explored correlations between factors such as the presence of chronic conditions and results of the HOS and Medicare Advantage plans quality ratings. One study found that MA contracts with high concentrations of complex patients were more likely to perform less well on 22 of 27 Part C Star Rating performance measures collected by the Medicare program, and these differences persisted after controlling for social risk factors on 14 measures[31]. Another observational study reported on the burden of sciatica on Medicare enrollees and found that VR-12 PCS and MCS outcomes were lower at baseline and 2-year follow-up in those patients with sciatica[32].

Table 1. Literature identified

Search	Primary studies (12/2014-12/2019)
Search 1: Interventions which include VR/SF outcomes	Total: 28 • RCT: 28[3-30]
Search 2: Improving Medicare Star ratings	Total: 2 • Observational studies: 2[31, 32]

See Appendix B for detailed assessments of all EPC selection criteria.

Other Analysis

We explored an alternative approach to answering the nominators question of improving self-reported health status. Instead of an evidence review, we explored an approach which may involve undertaking a more targeted primary analysis of the HOS and Star Ratings data to explore which other measures may be statistically correlated and have clinically meaningful associations with physical and mental health outcomes. This may suggest that improvements in other measures could improve physical and mental health outcomes. However, we conducted an exploratory correlation analysis of the patient-reported health measures, using the publicly available Stars Ratings data (available from https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData). Very little overlap was found between the physical and mental health outcomes and other health system plan performance measures and the results did not warrant any additional analysis (see Appendix C for further details).

Summary of Selection Criteria Assessment

As stated in the topic nomination, the nominator recognizes that this is an atypical evidence request as they are starting with a specific outcome and exploring the evidence of the impact of interventions on that outcome. Firstly, for this topic brief, a search was conducted which built upon the internal evidence review conducted by the nominator. The search looked for interventions for chronic conditions (consulted CDC's Chronic Diseases in America website for list of top chronic conditions) that improve self-reported health outcomes, as measured by the SF/VR measures. However, searching by outcomes is likely to be problematic because authors

often do not include all outcomes (or their measures) in the abstract or other fields available to search in bibliographic databases.

Considering the nature of the evidence base, we recommended two different options for the EPC program to consider. One was the development of an evidence map to gain a better understanding of the existing mix of studies that report SF/VR outcomes and/or to focus research synthesis questions for a further systematic review. An evidence map based on the nominator's own internal review key question/PICOTS would be feasible. Though an evidence map would likely identify a similar yield of studies that were reported in Selim et al. (2019)[1], a new AHRQ EPC program evidence map could be structured to focus more on the applicability of the interventions to the health system and review the implementation findings of the included studies.

Another approach to addressing this topic is through a process of using the evidence and working with the nominator and potentially several other health systems to identify clinical populations with poorer VR-12 scores and/or particular interventions that the health system has the potential to implement/de-implement within their health system. This approach could also involve a careful critique of the existing literature review[1], through an assessment of the included studies and a review of the applicability of the interventions to the health system and the implementation findings. The development of a further evidence product to aid with their decision making for a particular intervention or population could then be further explored.

Please see Appendix B for detailed assessments of individual EPC Program selection criteria.

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Conflict of Interest: None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

Acknowledgements
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This report was developed by the SRC under contract to the Agency for Healthcare Research and Quality (AHRQ), Rockville, MD (Contract No. HHSA 290-2017-00003C). The findings and conclusions in this document are those of the author(s) who are responsible for its contents; the findings and conclusions do not necessarily represent the views of AHRQ. No statement in this article should be construed as an official position of the Agency for Healthcare Research and Quality or of the U.S. Department of Health and Human Services.

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Appendix A: Methods

We assessed nomination for priority for a systematic review or other AHRQ Effective Health Care report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one. See Appendix B for detailed description of the criteria.

Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

Desirability of New Review/Absence of Duplication

We searched for high-quality, completed or in-process evidence reviews published in the last three years (to December 06, 2019) on the questions of the nomination from these sources:

- AHRQ: Evidence reports and technology assessments
    - AHRQ Evidence Reports https://www.ahrq.gov/research/findings/evidence-based-reports/index.html
    - EHC Program https://effectivehealthcare.ahrq.gov/
    - US Preventive Services Task Force https://www.uspreventiveservicestaskforce.org/
    - AHRQ Technology Assessment Program https://www.ahrq.gov/research/findings/ta/index.html
- US Department of Veterans Affairs Products publications
    - Evidence Synthesis Program https://www.hsrd.research.va.gov/publications/esp/
    - VA/Department of Defense Evidence-Based Clinical Practice Guideline Program https://www.healthquality.va.gov/
- Cochrane Systematic Reviews https://www.cochranelibrary.com/
- PROSPERO Database (international prospective register of systematic reviews and protocols) http://www.crd.york.ac.uk/prospero/
- PubMed https://www.ncbi.nlm.nih.gov/pubmed/
- McMaster Health System Evidence https://www.healthsystemsevidence.org/
- UBC Centre for Health Services and Policy Research http://chspr.ubc.ca/

Impact of a New Evidence Review

The impact of a new evidence review was qualitatively assessed by analyzing the current standard of care, the existence of potential knowledge gaps, and practice variation. We considered whether it was possible for this review to influence the current state of practice through various dissemination pathways (practice recommendation, clinical guidelines, etc.).

Feasibility of New Evidence Review

We conducted a limited literature search in PubMed and Business Source Premier (EBSCOHost) for the last five years (December 6, 2014 to December 6, 2019). We reviewed all studies identified titles and abstracts for inclusion. We classified identified studies by question and study design to estimate the size and scope of a potential evidence review. A search was conducted which built upon the internal evidence review conducted by the nominator. The search looked for interventions for chronic conditions (consulted CDC's Chronic Diseases in America website for list of top chronic conditions) that improve self-reported health outcomes, as measured by the SF/VR measures. A search was also conducted in PubMed and in a business database (EBSCOHost) to look for literature that reports on improving Medicare Star Rating scores.

Search strategy

Date searched: December 9, 2019

1 Chronic Disease/ or Multiple Chronic Conditions/ or Alzheimer Disease/ or exp Cardiovascular Diseases/ or exp Diabetes Mellitus/ or exp Neoplasms/ or exp Renal Insufficiency, Chronic/ or exp Stroke/ (6041840)

2 ((chronic adj3 (care or condition* or disease* or illness* or cardiovascular* or condition* or disease* or heart or illness* or kidney or lung or pulmonary or renal or respiratory)) or alzheimer* or cancer* or diabet* or stroke*).ti,ab,kf. (2943403)

3 or/1-2 (6963025)

4 (SF-12 or SF-36 or "Short Form-12" or "Short Form-36" or VR-12 or VR-36 or "Veteran* RAND-12" or "Veteran* RAND-36").ti,ab,kf. and (Quality of Life/ or ("quality of life" or QoL or HRQoL).ti,ab,kf.) (20749)

5 and/3-4 (7596)

6 limit 5 to "all adult (19 plus years)" (6429)

7 limit 6 to yr="2017 -Current" (913)

8 limit 7 to english language (883)

9 8 not (dt or su).fs. (602)

10 (((evidence or systematic) adj2 (review or synthesis)) or metaanal* or meta-anal*).ti,ab. or (meta-analysis or systematic review).pt. (287789)

11 and/9-10 (21)

12 randomized controlled trials as topic/ or exp clinical trial as topic/ or comparative study/ (2134777)

13 ("randomized controlled trial" or "controlled clinical trial").pt. (584238)

14 (trial* or control* or random*).ti,ab. (4699237)

15 or/12-14 (6270501)

16 and/9,15 (287)

17 (((CMS or Medicare or MA plan or CAHPS or HCAHPS) adj5 (HOS or "health outcome survey" or rating* or score*)) or "hospital compare" or "Star Rating Program" or "Star Ratings Program" or "Hospital Consumer Assessment of Healthcare Providers and Systems").ti,ab,kf. (1248)

18 ((chronic adj3 (care or condition* or disease* or illness* or cardiovascular* or condition* or disease* or heart or illness* or kidney or lung or pulmonary or renal or respiratory)) or alzheimer* or cancer* or diabet* or stroke*).ti,ab,kf. or chronic.hw. (3307733)

19 (cleanliness or communicat* or care or discharg* or quietness or responsive* or transition*).ti,ab,kf. (2361226)

20 (high or higher or improv* or increas* or five-star or 5-star or four-star or 4-star).ti,ab,kf. (10334021)

21 or/19-20 (11485439)

22 and/17-18,21 (183)

23 22 not (surg*.ti. or -S-CAHPS.ti,ab,kf. or su.fs.) (151)

Business Source Premier (EBSCOHost)

Date searched: December 23, 2019

S6 S1 AND S2 AND S5 (9)

S5 S3 OR S4 (3,536,570)

S4 TI ((high or higher or improv* or increas* or five-star or 5-star or four-star or 4-star)) OR AB ((high or higher or improv* or increas* or five-star or 5-star or four-star or 4-star)) (2,844,811)

S3 TI ((cleanliness or communicat* or care or discharg* or quietness or responsive* or transition*)) OR AB ((cleanliness or communicat* or care or discharg* or quietness or responsive* or transition*)) (902,510)

S2 TI (((chronic N3 (care or condition* or disease* or illness* or cardiovascular* or condition* or disease* or heart or illness* or kidney or lung or pulmonary or renal or respiratory)) or alzheimer* or cancer* or
diabet* or stroke*)) OR AB (((chronic N3 (care or condition* or disease* or illness* or cardiovascular* or condition* or disease* or heart or illness* or kidney or lung or pulmonary or renal or respiratory)) or
alzheimer* or cancer* or diabet* or stroke*)) (97,433)
S1 TI ((((CMS or Medicare or MA plan or CAHPS or HCAHPS) N5 (HOS or "health outcome survey" or rating* or score*)) or "hospital compare" or "Star Rating Program" or "Star Ratings Program" or "Hospital Consumer Assessment of Healthcare Providers and Systems")) OR AB ((((CMS or Medicare or MA plan or CAHPS or HCAHPS) N5 (HOS or "health outcome survey" or rating* or score*)) or "hospital compare" or "Star Rating Program" or "Star Ratings Program" or "Hospital Consumer Assessment of Healthcare Providers and Systems")) (486)

Value

We assessed the nomination for value. We considered whether or not the clinical, consumer, or policymaking context had the potential to respond with evidence-based change; and if a partner organization would use this evidence review to influence practice.

Appendix B. Selection Criteria Assessment

Selection Criteria	Assessment
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	Yes, the nomination relates to the U.S. Medicare population.
1b. Is the nomination a request for an evidence report?	Yes, the nomination is a request for an evidence product to inform the health system on improving patient self-reported health outcomes as measured by the VR-12/SF-12 in the CMS Medicare Health Outcomes Survey.
1c. Is the focus on effectiveness or comparative effectiveness?	Yes, the nomination focuses on the effectiveness of interventions in changing health status.
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes, previous literature has explored the impact of intervention strategies for improving patient-reported outcomes. The Health Outcomes Survey is a component of the Medicare Star Rating System for Medicare Advantage plans, which is used to calculate performance assessment.
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	In 2018, 17.8% of U.S. Americans were covered by Medicare. Total Medicare spending in 2018 was $740.6 billion. Projected enrollment in Medicare in 2060 is 96.1 million people.[33]
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population	Yes, Medicare provides health insurance to older adults and disabled people.
2c. Incorporates issues around both clinical benefits and potential clinical harms	Yes, the topic will explore changes, both positive and negative, in patient-reported health status.
2d. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes. In 2012, Medicare households spent $4,722 on health care issues, whereas non-Medicare households spent $2,772.[33]
3. Desirability of a New Evidence Review/Absence of Duplication	
3. A recent high-quality systematic review or other evidence review is not available on this topic	No existing high-quality systematic reviews were identified. One literature review was identified which covered the scope of this nomination[1]. However, only one database was searched and did not perform a quality assessment of included studies. This review gives an indication of the scope and yield of the literature that an evidence map would cover, if such an evidence map was based on the nominators internal evidence review question and PICOs. Excluding medicinal and surgical interventions (which were not of interest to the nominator) this review identified 206 studies published between 2000-2017.
4. Impact of a New Evidence Review	
4a. Is the standard of care unclear (guidelines not available or guidelines inconsistent, indicating an information gap that may be addressed by a new evidence review)?	Yes, there are no guidelines about how healthcare systems can improve patient-reported health status as measured by the HOS and therefore improve patient outcomes and health systems Star ratings.
4b. Is there practice variation (guideline inconsistent with current practice, indicating a potential implementation gap and not best addressed by a new evidence review)?	Yes, there is likely variation in the interventions that are implemented between healthcare systems.

Selection Criteria	Assessment
5. Primary Research	
5. Effectively utilizes existing research and knowledge by considering: - Adequacy (type and volume) of research for conducting a systematic review - Newly available evidence (particularly for updates or new technologies)	The targeted literature search from the last five years identified 28 randomized trials reporting various interventions and populations and a VR/SF self-reported health outcome. 13 of the studies reported an exercise-based intervention. Populations across the studies were heterogeneous.
6. Value	
6a. The proposed topic exists within a clinical, consumer, or policy-making context that is amenable to evidence-based change	Yes, MAOs are given a Star rating based on the results of the HOS, which is used to determine eligibility for bonus payments. Health systems are therefore amenable to making changes in practice and policy based on the evidence.
6b. Identified partner who will use the systematic review to influence practice (such as a guideline or recommendation)	Yes, the nominator is a health system who will use the evidence product to implement change within their health system.

Abbreviations: AHRQ=Agency for Healthcare Research and Quality; CMS=Centers for Medicare and Medicaid Services; HOS=Health Outcomes Survey; MAOs=Medicare Advantage Organizations

Appendix C. Correlation Analysis of Stars Ratings dataset

An analysis was conducted on the publicly available 2020 Star Ratings Data (available from https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData)

Simple correlations were conducted among the Part C Measures using data from 592 Local Coordinated Care Plans (CCPs). Table C1 below provides a summary of the significant correlations that were identified between measures C04 (improving physical health), C05 (improving mental health) and the other Part C measures. A full list of Part C measures can be found in Table C2 below. There was very little overlap between measures C04 and C05 and the other Part C measures. Pathways between statistically significant relationships were not clinically obvious. These results may suggest that a generic self-reported measure of overall health status is influenced by factors indirectly influencing health perceptions or reporting biases. The extent of missing data and lack of a clear model to limit the numbers of factors examined did not support further analysis.

Table C1. Part C STAR Domain and Measures: Exploratory Examination of Part C Measures' Relationships to Improving Physical Health and Mental Health

	C4-Improving Physical Health	**C5-Improving Mental Health**
Domain 1 (C1-C7)-- Staying Healthy: Screening, Tests and Vaccines		
C1-Breast Cancer Screening	.182** (n=316)	ns
C2-Colorectal Cancer Screening	.159** (n=318)	ns
C3-Annual Flu Vaccine	ns	.213** (n=311)
C6-Monitoring Physical Health	.176** (n=315)	
Domain 2 (C8-C21)—Managing Chronic (Long-term) Conditions		
C12-Osteoporosis Management in Women who had a Fracture	ns	-.202 ** (n=212)
C13-Diabetes Care-Eye Exam	.134* (n=317)	ns
C14-Diabetes Care-Kidney Disease Monitoring	ns	-.124* (n=310)
C15-Diabetes Care-Blood Sugar Controlled	.125* (n=317)	.146** (n=317)
C17-Reducing the Risk of Falling	ns	-.166** (n=306)
Domain 3 (C22-C27)—Member Experience with Health Plan		
C23-Getting Appointments and Care Quickly	-.143* (n=311)	.185** (n=311)
C27-Care Coordination	ns	.117* (n=308)
Domain 4 (C28-C30)--Member Complaints and Changes in the Health Plan's Performance		
Domain 5 (C31-C33)—Health Plan Customer Service		

Notes: Data set included 592 Local CCPs. Rank correlation measured by Spearman's rho. *p<.05; **p<.01

Table C2. Star Ratings Part C Measures

Measure ID	**Measure Name**
C01	Breast Cancer Screening
C02	Colorectal Cancer Screening
C03	Annual Flu Vaccine
C04	Improving or Maintaining Physical Health
C05	Improving or Maintaining Mental Health
C06	Monitoring Physical Activity
C07	Adult BMI Assessment
C08	Special Needs Plan (SNP) Care Management

Measure ID	Measure Name
C09	Care for Older Adults – Medication Review
C10	Care for Older Adults – Functional Status Assessment
C11	Care for Older Adults – Pain Assessment
C12	Osteoporosis Management in Women who had a Fracture
C13	Diabetes Care – Eye Exam
C14	Diabetes Care – Kidney Disease Monitoring
C15	Diabetes Care – Blood Sugar Controlled
C16	Rheumatoid Arthritis Management
C17	Reducing the Risk of Falling
C18	Improving Bladder Control
C19	Medication Reconciliation Post-Discharge
C20	Plan All-Cause Readmissions
C21	Statin Therapy for Patients with Cardiovascular Disease
C22	Getting Needed Care
C23	Getting Appointments and Care Quickly
C24	Customer Service
C25	Rating of Health Care Quality
C26	Rating of Health Plan
C27	Care Coordination
C28	Complaints about the Health Plan
C29	Members Choosing to Leave the Plan
C30	Health Plan Quality Improvement
C31	Plan Makes Timely Decisions about Appeals
C32	Reviewing Appeals Decisions
C33	Call Center – Foreign Language Interpreter and TTY Availability