

SFHSS Staff Recommendation for the Request for Proposal for Medicare Plan MAPD (Medicare Advantage Prescription Drug) PPO for the 2025 Plan Year

May 9, 2024

Presenters:

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Introduction

Aon Consulting: Medicare and Retiree Specialist



Maridale Goff
Senior Vice President,
Retiree Healthcare
Sub Practice Leader

Responsibilities

Maridale is a Senior Vice President within our Health Solutions Practice. In this role she leads the Retiree Health Care Sub Practice, formulates and develops Aon’s point of view on retiree health care opportunities and challenges for plan sponsors. Her work includes educating clients and collaborating with partners to deliver solutions that meet the needs of plan sponsors and their retirees.

Experience

Maridale has over two decades of experience in healthcare. She has worked to help plan sponsors design, operationalize and implement healthcare strategies across several populations and technical platforms. This includes traditional benefit administration platforms as well as exchange platforms that support group and individual strategies.

Education and Advocacy

Maridale graduated with honors from the University of Florida with a Bachelor of Science in Decision and Information Sciences. She is passionate about mental health issues and is a former board member of Hillside Hospital which serves children to young adults (6-24) with mental health issues.

Recommendation for the Health Service Board (HSB) Medicare Advantage Prescription Drug (MAPD) PPO

Staff Recommendation

Approve, effective January 1, 2025:

Add the Blue Shield of California (BSC) Medicare Advantage Prescription Drug (MAPD) PPO plan for Medicare members, and offer non-Medicare UnitedHealthcare Members the existing BSC HMO (Access+/Trio) and PPO plans; and

Discontinue the UnitedHealthcare (UHC) MAPD PPO plan, UHC non-Medicare Select EPO plan, UHC non-Medicare Doctors EPO plan, and UHC non-Medicare PPO plan.

Agenda

- Introduction
- Recommendation
- RFP Process
 - 2025 Health Plan Offerings for Medicare Members and Families
 - Summary of Goals and Objectives
 - RFP Process and Timeline
 - Requirements to Bid
- RFP Scoring and Framework
- Financial Results
- Non-Financial Results: Member Experience
- Next Steps
- Discussion
- Appendix

RFP Process

Recommended 2025 Health Plan Offerings for Medicare Members and Families

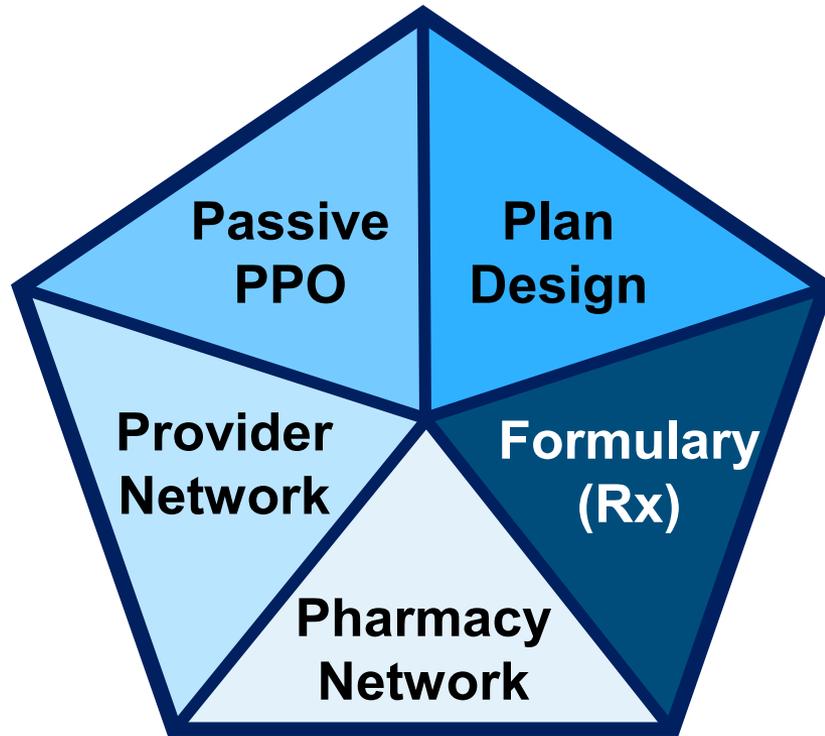
Medicare-eligible	Non-Medicare-eligible ¹
BSC Medicare Advantage PPO (new for 2025)	BSC Access+ HMO BSC Trio HMO BSC PPO (new for split-family population)
Kaiser Permanente Senior Advantage (KPSA) HMO (CA, OR, NW, HI coverage areas only)	Kaiser Permanente HMO (CA, OR, NW, HI coverage areas only)
Blue Shield of California PPO-20 Plan	<i>No dependent coverage available</i>

¹ Non-Medicare-eligible Dependent(s) with Medicare Member;
 Non-Medicare-eligible Member with Medicare Dependent(s).

Summary of Goals and Objectives

- Material impact to City budget and participating Employers contributions with a minimum three (3) year rate commitment.
- Comparable or improved provider network, identical or enhanced benefit designs, administration of companion plans for “split-families”.
- Alignment with and support for the SFHSS Strategic Plan.
- Comparable formulary and assessment of alternative formulary approaches.
- Experienced in Medicare member outreach and communications and Medicare transitioning for non-Medicare retirees and their dependents.

Summary of Goals and Objectives (cont.)



Alignment with current Medicare and “split-family” experience, benefits and plan design with a focus on the member experience.

Affordable, sustainable and known multi-year rates

RFP Process and Timeline

- Collection of input from HSB and stakeholders; development of scope and objectives (September - December 2023)
- Announcement of MAPD RFP (November 9, 2023, HSB meeting)
- Notify Medicare carriers, execute confidentiality agreements, provide access to deidentified census and claims data (December 2023)
- Evaluation panel vetting, selection, orientation and scoring of non-financial elements and oral interviews (December 2023 – March 2024)
- Addenda, requests for clarification, and responses to 134 total question from carriers (January – April 2024)
- Scoring finalized to include financial proposals and disruption analysis (March – April 2024)

Requirements to Bid

- Have at least 100,000 covered lives in Medicare Advantage programs.
- Have at least five (5) years of experience offering Medicare Advantage plans.
- Offer a Part B Only Medicare Advantage Plan.
- Support SFHSS operational file requirements.
- Have at least one (1) client with over 10,000 covered lives.

RFP Scoring and Framework

Scoring

Updated

Scoring Category	Possible Points	%
Premiums	60	37.5%
Other Financial	18	11.25%
Non-Financial	54	33.75%
Commercial (split-family)	8	5%
Oral Interview	20	12.5%
Total	160	100%

Final Scoring

Total Possible Points	UHC	BSC	Anthem
160	102.96	115.96	86.71
Rank	2	1	3

Final Scoring (cont.)

Updated

Item	Possible Points	UHC Points	BSC Points	Anthem Points
Premiums	60	18.94	54.00	20.65
Medicare Premium Rates	40	18.67	40.00	16.46
Medicare Future Premiums	20	0.27	14.00	4.19
Other Financial	18	14.5	9.98	9.94
Medicare Gain Sharing Agreement	8	5.60	4.48	2.40
Medicare Performance Guarantees	5	5.00	0.50	2.75
Caveats	0	-0.19	0.00	-0.21
Implementation and Audit Credits	5	4.09	5.00	5.00
Non-Financial	54	50.06	36.09	38.23
Plan Design	5	4.90	4.47	4.92
Star Ratings	5	4.50	0.00	3.50
Questionnaire	20	17.39	14.31	14.24
Provider Network	10	9.56	4.27	7.06
Formulary Disruption	12	11.71	11.11	6.52
Pharmacy Network Disruption	2	2.00	1.94	1.99
Commercial (split-family)	8	5.15	4.73	5.81
Questionnaire	4	3.16	3.36	2.73
Pricing	2	0.00	0.00	1.80
Provider Disruption	1	1.00	1.00	1.00
Formulary Disruption	1	0.99	0.37	0.28
Oral Interview	20	14.31	11.17	12.08
Medicare & Non-Medicare	20	14.31	11.17	12.08
Total	160	102.96	115.96	86.71

Financial Results

Cost Comparison

Updated

BSC's MAPD PPO financial proposal is projected to save as much as \$67M (\$7.8M of this for members) over the incumbent proposal from 2025-2027.¹

Annual Financial Projections ²	2025	2026	2027	Projected 3-Year Total
Blue Shield of California	\$114,900,000	\$120,100,000	\$127,900,000	\$362,900,000
UHC¹	\$127,200,000	\$143,300,000	\$159,400,000	\$429,900,000
<i>BSC/UHC Difference</i>	\$12,300,000	\$23,200,000	\$31,500,000	\$67,000,000
Anthem¹	\$128,400,000	\$137,000,000	\$145,600,000	\$411,100,000
<i>BSC/Anthem Difference</i>	\$13,500,000	\$17,000,000	\$17,800,000	\$48,200,000

¹ UHC and Anthem provided rate caps for 2026 and 2027. For calculation and scoring purposes, the rate caps were used.

² Rounded to the nearest \$100,000.

Gross Per Member Per Month Premium Quotes

Medical Only Premium Table (PMPM)	2024	2025	2026	2027
Current SFHSS				
Parts A & B	\$514.31			
Part B Only	\$897.14			
Blue Shield of California RFP Response				
Parts A & B ¹		\$534.37	\$558.41	\$594.71
Part B Only ¹		\$534.37	\$558.41	\$594.71
	2025 Increase (Over Current)	2026 Increase (Over 2025 Quote)	2027 Increase (Over 2026 Quote)	
Blue Shield of California	3.1%	4.5%	6.5%	

¹ Blue Shield of California provided a blended rate for Part A&B and Part B Only members.

Non-Financial Results: Member Experience

Member Experience

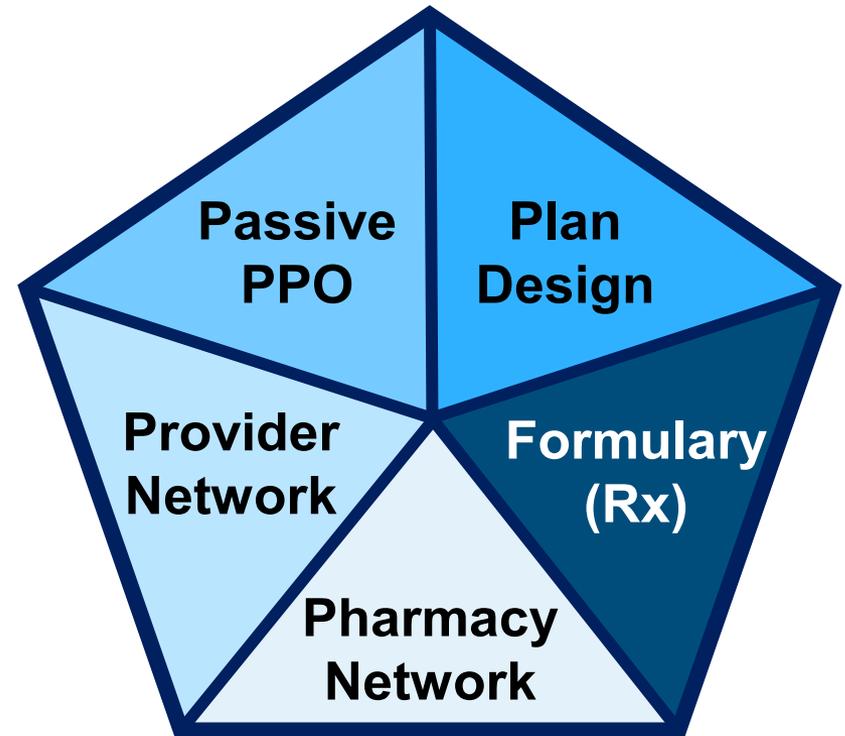
Passive PPO – Kept cost share in and out of network.

Plan Design – Kept medical and pharmacy plan designs.

Provider Network – Evaluated using 2022 and 2023 Member claims.

Formulary – Reviewed access to current medications and any tier changes.

Pharmacy Network – Reviewed access to currently utilized pharmacies.



Affordable, sustainable and known multi-year rates

Member Experience: Current Benefits and Providers

Member Experience	Matching Member Experience
<p>Passive PPO: Same cost share in and out of network</p>	<p>Passive PPO required to bid</p>
<p>Plan Design: Closely replicate core medical, supplement and pharmacy design.</p>	<p>Closely replicate core medical, supplemental benefits, and pharmacy; Plan design is not filed with CMS</p>
<p>Provider Network Match: Reviewed 2022 and 2023 claims for provider, facilities and ancillary match.</p>	<p>Looked at contracted providers (CP) and non-contracted providers with a history (NCH) of accepting the plan</p>
<p>Formulary Match: Formulary that covers all Part D drugs and select non-Part D drugs.</p>	<p>Less than 2% absolute disruption; RFP evaluated both tier and absolute formulary disruption</p>
<p>Pharmacy Network: Broad based pharmacy network</p>	<p>No bidder exceed 0.05% pharmacy network disruption</p>

Medical Utilization Analysis – Top Facilities

Facility	City	State	Network Status	
			UHC	BSC
UCSF MEDICAL CENTER	SAN FRANCISCO	CA	CP	CP
CA PACIFIC MEDICAL CENTER VAN NESS CAMPUS	SAN FRANCISCO	CA	CP	CP
MILLS-PENINSULA MEDICAL CENTER	BURLINGAME	CA	CP	CP
STANFORD MEDICAL CENTER	STANFORD	CA	NCH	NCH
ST. MARY'S MEDICAL CENTER	SAN FRANCISCO	CA	CP	CP
CALIFORNIA PACIFIC MEDICAL CENTER MISSION	SAN FRANCISCO	CA	CP	CP
MARINHEALTH MEDICAL CENTER	GREENBRAE	CA	NCH	NCH
SAN FRANCISCO GENERAL HOSPITAL	SAN FRANCISCO	CA	CP	NCH
CA PACIFIC MEDICAL CENTER DAVIES CAMPUS	SAN FRANCISCO	CA	CP	CP
SUTTER VISITING NURSE ASSOC. AND HOSPICE	ROSEVILLE	CA	CP	CP

CP – Contracted Provider; NCH – Non-Contracted with a History of Accepting

Medical Utilization Analysis – Top Providers

Provider	Network Status	
	UHC	BSC
PACIFIC INPATIENT MEDICAL GROUP INC.	CP	CP
BROWN AND TOLAND LLC.	CP	CP
UCSF PHYSICIAN GROUP	CP	CP
UCSF CLINICAL INTEGRATED PARTNERS	CP	CP
CEP AMERICA CALIFORNIA A CALIFORNIA GENE	CP	CP
UCSF MEDICAL CENTER	CP	CP
UCSF DEPT. OF MEDICINE	CP	CP
UCSF MEDICAL GROUP BUSINESS SERVICE	CP	CP
UCSF MEDICAL CENTER/PROF. FEES	CP	CP
SAN FRANCISCO EMERGENCY MEDICAL ASSOCIATION	CP	CP

CP – Contracted Provider

Pharmacy Network Analysis – Top Pharmacies Chains

Based on the pharmacy analysis the following pharmacy chains are currently in the UHC and BSC network.

Top Pharmacies Chains	
Costco	Safeway
CVS	Vons (Albertsons)
Kroger	Walgreens
Lucky (Save Mart)	Walmart
Rite Aid	

Member Experience: Transition

Carrier	Pharmacy Transition Fill or Temporary Supply	Plan Design	Provider Network Match
	Provide members with temporary supply in the event, medications are not on the formulary or a temporary supply.	Transition information from prior partners for member ease.	Outreach to ensure understanding of the program.
Blue Shield of California	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Next steps (following HSB approval)

- Finalize implementation plan (internal and external project leaders, support staff, kick-off, communications schedule).
- Initiate contracting process (benefit and Group set-up, plan documents, DSAs).
- Finance/ESA (billing, payment, reconciliation procedures, EDI).
- Collaborate with health plans (transition of care/continuity of care, outpatient Rx, medical claims data, prior authorization, open refill transfers/mail order Rx).
- Review, amend and implement communications and Member outreach plan which includes, not to be limited to, Open Enrollment, webinars, onsite events, Welcome Kits, ID Cards, and call-scripting.
- Finalize approach to high-touch Member support throughout the 2025 plan year.

Recommendation for the Health Service Board (HSB)

Approve, effective January 1, 2025:

Add the Blue Shield of California (BSC) Medicare Advantage Prescription Drug (MAPD) PPO plan for Medicare members, and offer non-Medicare UnitedHealthcare Members the existing BSC HMO (Access+/Trio) and PPO plans; and

Discontinue the UnitedHealthcare (UHC) MAPD PPO plan, UHC non-Medicare Select EPO plan, UHC non-Medicare Doctors EPO plan, and UHC non-Medicare PPO plan.

Health Service Board Discussion

Appendix

Enrollment Summary

2024 Medicare-Eligible Members

	Retirees	Dependents	Total
UHC Medicare Part D Rx	14,141	3,780	17,921

Split Families

2024 Pre-Medicare-Eligible Members

	Retirees	Dependents	Total
UHC	167	857	1,024

- There are 17,921 Medicare-eligibles enrolled in a medical PPO supported by United.
- There are 9,304 Pre-Medicare-eligibles enrolled across four commercial medical plans. However, what is in scope for this RFP is the split families listed above. These family members will move to the pre-65 commercial plan of the winning carrier.
- Kaiser is not in scope for this RFP. SFHSS did ask for fully-insured premium pricing and experience transitioning Kaiser members as part of the MAPD RFP to understand the opportunity in future years.
 - Retirees can opt out of Kaiser and join the MAPD PPO plan.

Appendix Claims Based Disruption – Medical Provider Utilization Analysis

Medical Provider Utilization Analysis

Considerations

National Open Access "Passive PPO"

Allows participants to see **any willing provider participating in the Medicare program**, with no network steerage, restrictions, or plan design penalties.

As a result, **“provider disruption” in the traditional sense is not the same** when transitioning from one Medicare Advantage plan to another Medicare Advantage plan.

Considerations

- There are contracted providers and non-contracted providers
- Non-contracted providers who accept Medicare Advantage members receive the **same reimbursement** as they would receive under Original Medicare. There is not a financial disincentive to take the plan.
- Contracted providers receive the negotiated rate and must abide by the terms of the contract.
- When considering a move to an open access Medicare Advantage PPO medical strategy, it makes sense to study the extent to which participants are currently using Medicare Advantage PPO network contracted providers.
- Knowing the degree to which existing network contracts are leveraged helps us understand the plan's opportunity to manage member health and utilize care management programs.

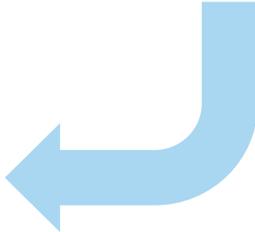
Medical Provider Utilization Analysis

Methodology

Using the 2022 and 2023 SFHSS medical provider utilization data, we asked each carrier to indicate the provider’s current “status” with respect to the 2023 Medicare Advantage PPO medical network supporting the carrier’s proposal, using the following codes:

<p>CP Contracted Provider</p>	<p>NCH Not Contracted, but has a history of accepting the plan within the last 12 months</p>	<p>NCNH Not Contracted, and does not have a history of accepting the plan within the last 12 months</p>
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The carriers will generally outreach to these providers to educate them on the open access MA PPO product and encourage them to see the patient and accept the plan



Provider Disruption Scoring

	Total Claims	Total Contracted	Total Not Contract with History of Accepting (75%)	75 Calculation %	Total	Total %	Points Total
UHC Ancillary	214,209	213,047	1,162	872	213,919	99.86%	
UHC Provider	583,819	551,346	32,473	24,355	575,701	98.61%	
UHC Facility	231,570	210,644	20,926	15,695	226,339	97.74%	
UHC Total	1,029,598	975,037	54,561	40,921	1,015,958	98.68%	5
Blue Shield of California Ancillary	214,209	198,722	0	0	198,722	92.77%	
Blue Shield of California Provider	583,819	435,534	0	0	435,534	74.60%	
Blue Shield of California Facility	231,570	201,243	0	0	201,243	86.90%	
BSC Total	1,029,598	835,499	0	0	835,499	81.15%	3
Anthem Ancillary	214,209	191,317	21,108	15,831	207,148	96.70%	
Anthem Provider	583,819	493,693	63,383	47,537	541,230	92.71%	
Anthem Facility	231,570	170,606	54,489	40,867	211,473	91.32%	
Anthem Total	1,029,598	855,616	138,980	104,235	959,851	93.23%	5

Blue Shield of California does not have ability to differentiate between NCH and NCNH, therefore all providers that are not CP, are counted as NCNH

Appendix

Claims Based Formulary Disruption Analysis

Medical Provider Utilization Analysis

Results Summary

- UHC will show the best results because their paid claims are being used as the baseline.
- All carriers show strong results when looking at CP + NCH.

Carrier	Percentage of Medicare Medical PPO Claims Dollars			
	2022		2023	
	Contracted MA Provider (CP)	Projected to Accept (CP + NCH)	Contracted MA Provider (CP)	Projected to Accept (CP + NCH)
UHC	95%	100%	95%	100%
Blue Shield of California	84%	84%	82%	82%
Anthem	79%	97%	77%	96%

Blue Shield of California does not have ability to differentiate between NCH and NCNH on all claims, therefore all providers that are not CP are labeled as NCNH.

Formulary Disruption Analysis (UHC/BSC)

- Analysis of current 2024 UHC formulary relative to MAPD carrier formulary recommendations (Carrier formularies represent Open Medicare Part D formularies)

Results Summary: 2023 UHC Formulary vs. 2024 MAPD Formularies

	RXs	%	Drugs	%	RXs	%	Drugs	%
No Change	787,558	99.89%	10,051	99.79%	765,868	97.14%	9,255	91.89%
Positive - Downtier	0	0.00%	0	0.00%	5,204	0.66%	105	1.04%
Negative - Uptier	0	0.00%	0	0.00%	17,001	2.16%	662	6.57%
Excluded	847	0.11%	21	0.21%	332	0.04%	50	0.50%
Total Positive or Neutral	787,558	99.89%	10,051	99.79%	771,072	97.80%	9,360	92.93%
Total Negative	847	0.11%	21	0.21%	17,333	2.20%	712	7.07%
Grand Total	788,405	100.00%	10,072	100.00%	788,405	100.00%	10,072	100.00%
No Change	787,558	99.89%	10,051	99.79%	765,868	97.14%	9,255	91.89%

- Formulary Disruption Ranking based on impacted products: 1) UHC 2) Blue Shield of California 4) Anthem
- Analysis assumes adoption of the following formularies: UHC Select Formulary, Anthem Formulary E4, Blue Shield of California EGWP 4-tier
- Analysis excludes vaccines
- Current Tier 4 copay (\$20) is assumed to be equal to Tier 2 for purpose of positive/negative disruption

Pharmacy Disruption Scoring

	Scripts Total	Negative Disruption	Percentage	1% results in deduction	Total	Full Total
UHC Tier Changes	791,404	0	0.00%	0.33	0.00	
UHC Tier Changes (HIV)	791,404	0	0.00%	0.67	0.00	
UHC Absolute (Not on Formulary)	791,404	847	0.11%	2.67	0.29	11.71
Blue Shield of California Tier Changes	791,404	17,001	2.15%	0.33	0.72	
Blue Shield of California Tier Changes (HIV)	791,404	727	0.09%	0.67	0.06	
Blue Shield of California Absolute (Not on Formulary)	791,404	332	0.04%	2.67	0.11	11.11
Anthem Tier Changes	791,404	12,994	1.64%	0.33	0.55	
Anthem Tier Changes (HIV)	791,404	251	0.03%	0.67	0.02	
Anthem Absolute (Not on Formulary)	791,404	14,578	1.84%	2.67	4.91	6.52

Formulary Disruption

Top 10 Negatively Impacted Drugs Based on Prescription Count

UHC			
Rank	Drug Name	Change	RXs
1	Icosapent	Excluded or N/A	680
2	Budesonide-Formoterol	Excluded or N/A	89
3	Budesonide-Formoterol	Excluded or N/A	35
4	Fluticasone-Vilanterol	Excluded or N/A	18
5	Fluticasone	Excluded or N/A	19
6	Proair	Excluded or N/A	2
7	Fluticasone-Salmeterol	Excluded or N/A	2
8	Miebo	Excluded or N/A	1
9	APO-Varenicline	Excluded or N/A	1

Formulary Disruption

Top 10 Negatively Impacted Drugs Based on Prescription Count

Blue Shield of California			
Rank	Drug Name	Change	RXs
1	Paxlovid	Negative - Down Tier 4→3	1,404
2	Symbicort	Negative - Up Tier 1→3	1,269
3	Cyclosporine	Negative - Up Tier 1→3	840
4	Mounjaro	Negative - Up Tier 2→3	795
5	Dexlansoprazole	Negative - Up Tier 1→3	678
6	Levemir	Negative - Up Tier 2→3	638
7	Spiriva	Negative - Up Tier 1→2	605
8	Vemlidy	Negative - Down Tier 4→3	550
9	Livalo	Negative - Up Tier 2→3	494
10	Rocklatan	Negative - Up Tier 2→3	444

Formulary Disruption

Top 10 Negatively Impacted Drugs Based on Prescription Count

Anthem			
Rank	Drug Name	Change	RXs
1	Myrbetriq	Negative - Up Tier 2→3	2,300
2	Symbicort	Negative - Up Tier 1→2	1,269
3	Cyclosporine	Negative - Up Tier 1→2	840
4	Mounjaro	Negative - Up Tier 2→4	795
5	Sod	Negative - Up Tier 1→2	793
6	Brimonidine	Negative - Up Tier 1→2	785
7	Icosapent	Excluded or N/A	680
8	Dexlansoprazole	Negative - Up Tier 1→3	678
9	Spiriva	Negative - Up Tier 1→2	605
10	Brinzolamide	Negative - Up Tier 1→2	535

Appendix

Retail Pharmacy Network Disruption Analysis

Retail Pharmacy Network Access Analysis

- Percentage of 2024 pharmacies and prescriptions used by UHC from an In-Network Medicare Part D Retail Pharmacy

	UHC				Blue Shield of California				Anthem			
	RXs	%	Pharm.	%	RXs	%	Pharm.	%	RXs	%	Pharm.	%
No Change	639,832	100.00%	7,636	100.00%	638,272	99.76%	7,596	99.48%	639,623	99.97%	7,625	99.86%
Y→N	0	0.00%	0	0.00%	1,510	0.24%	36	0.47%	159	0.02%	7	0.09%
N→Y	0	0.00%	0	0.00%	50	0.01%	4	0.05%	50	0.01%	4	0.05%
Total Positive or Neutral	639,832	100.00%	7,636	100.00%	638,322	99.76%	7,600	99.53%	639,673	99.98%	7,629	99.91%
Total Negative	0	0.00%	0	0.00%	1,510	0.24%	36	0.47%	159	0.02%	7	0.09%
Grand Total	639,832	100.00%	7,636	100.00%	639,832	100.00%	7,636	100.00%	639,832	100.00%	7,636	100.00%

- This model assumes the incumbent’s (UHC) 2024 Retail Network as the baseline.
- 433 pharmacies representing 13,052 prescriptions are from pharmacies that are now closed. These are captured under “No Change”
- All proposed networks contain greater than 64,000 pharmacies
- The majority of disrupted pharmacies are independent pharmacies which do not participate in Medicare Part D networks across some carriers

Appendix

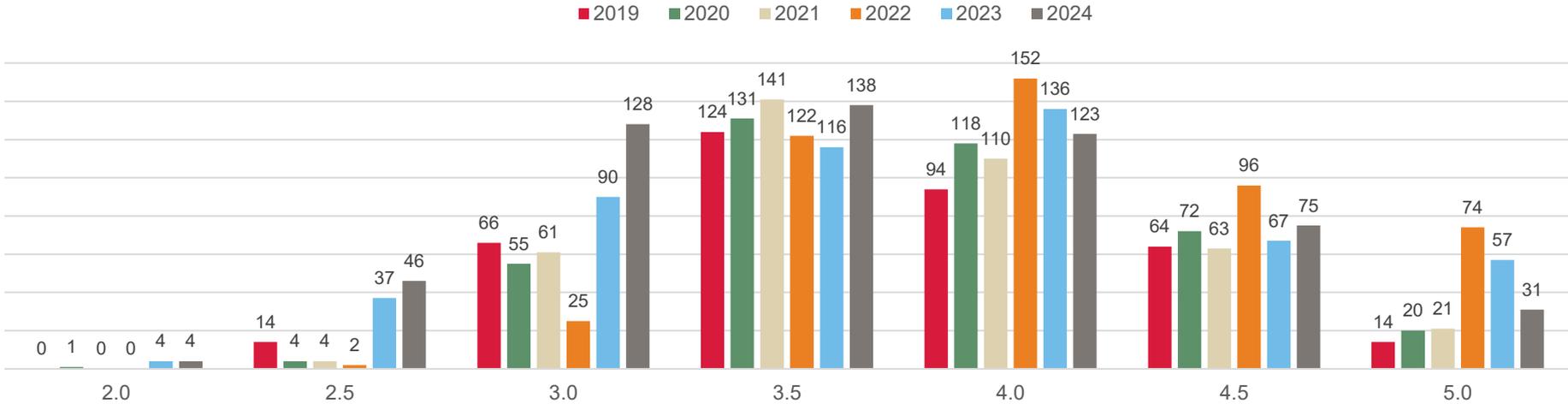
Experience and Star Ratings

Star Ratings Program

Category	Select Sample Measures	
<p>Staying Healthy</p> <ul style="list-style-type: none"> How often members received various screening tests, vaccines, and other check-ups 	<p>Breast Cancer Screening Colorectal Cancer Screening Cardiovascular Care—Cholesterol Screening Diabetes Care—Cholesterol Screening Glaucoma Testing</p>	<p>Annual Flu Vaccine Improving or Maintaining Physical Health Improving or Maintaining Mental Health Monitoring Physical Activity Adult BMI Assessment</p>
<p>Managing Chronic Conditions</p> <ul style="list-style-type: none"> Frequency with which members received certain tests and treatments that help them manage their conditions 	<p>Medication Review Functional Status Assessment Pain Screening Osteoporosis Management in Women who had a Fracture Diabetes Care—Eye Exam Diabetes Care—Kidney Disease Monitoring</p>	<p>Diabetes Care—Blood Sugar Controlled Diabetes Care—Cholesterol Controlled Controlling Blood Pressure Rheumatoid Arthritis Management Improving Bladder Control Reducing the Risk of Falling Plan All-Cause Readmissions</p>
<p>Member Experience</p> <ul style="list-style-type: none"> Includes ratings of member satisfaction with the plan 	<p>Getting Needed Care Getting Appointments and Care Quickly Customer Service</p>	<p>Overall Rating of Health Care Quality Overall Rating of Plan Care Coordination</p>
<p>Member Complaints and Appeals</p> <ul style="list-style-type: none"> How often members filed a complaint against the plan 	<p>Complaints about the Health Plan Beneficiary Access / Performance Problems</p>	<p>Members Choosing to Leave the Plan Health Plan Quality Improvement</p>
<p>Customer Service</p> <ul style="list-style-type: none"> How well the plan handles calls from members 	<p>Plan Makes Timely Decisions about Appeals Reviewing Appeals Decisions</p>	<p>Call Center Performance Enrollment Timeliness</p>

Star Ratings Program

MA Contracts by Star Rating¹



Data Source: 2023 CMS Star Rating Fact Sheet

¹ The COVID-19 pandemic presented significant challenges in providing care to Medicare-eligible patients resulting in meaningful reductions for certain measurement categories including breast cancer screenings, diabetes care, and general care for older adults. CMS implemented measure-level disaster adjustments **resulting in significant rating bumps for plans**

Star Scoring

Star Ratings		Criteria	UHC H2001	Blue Shield H4937	Anthem H4036
Contract	2	Full Award - 4 stars or higher 4 out of 5 years or better. 50% Award - 4 stars or higher 3 out of 5 years.	Full Award 4.5 and higher all 5 years	No Award 3.5 for 2 years.	Full Award 4.0 and higher all 5 years
Contract Score			2	0	2
Percentage of group members	1	80% of members in 4 or higher star plans full points Less than 80% to 70% of members in 4 or higher star plans 25% reduction Less than 70% to 60% of members in 4 or higher star plans 75% reduction Less than 60% to 50% of members in 4 or higher star plans 100% reduction Less than 50%, no points	Full Award 100% of group members	No Award 0%	Full Award 94.3%
Group Score			1	0	1
Percentage of group and individual members	2	80% of members in 4 or higher star plans full points Less than 80% to 70% of members in 4 or higher star plans 25% reduction Less than 70% to 60% of members in 4 or higher star plans 75% reduction Less than 60% to 50% of members in 4 or higher star plans 100% reduction Less than 50%, no points	25% Reduction 79%	No Award 0%	75% Reduction 67%
Group and Individual Score			1.5	0	0.5
Total			4.5	0	3.5