



★ WHY MEDICARE 5-STAR MATTERS

What this rating measures and how it sets us apart

Enrollment in Medicare 5-star plans has been growing steadily since the Centers for Medicare & Medicaid Services (CMS) began the rating system four years ago, and we're proud that Group Health Cooperative has received a 5-star rating each of those four years. Still, surveys show that consumers are confused about what the rating means, and why they should consider a 5-star plan, especially if it's not the least expensive choice.

To help you answer our mutual clients' questions about the value of 5-star plans, here are some details about what the rating involves and why Group Health scores well year after year.

What data are the ratings based on?

Medicare uses member satisfaction surveys, data provided by each health plan, and feedback from providers to rate the overall performance of health and prescription-drug plans.

What types of quality are measured?

CMS evaluates how diligent plans are about providing preventive care. Do members get the screening tests, vaccinations, and other checkups they need to help them

stay healthy and catch health problems early? Do members who have chronic conditions such as diabetes or hypertension consistently get the tests, treatments, and support they need to effectively manage their health issues?

Plans are also evaluated on how easy it is for members to get appointments and care when they need it, and whether care is smoothly coordinated. How proactive are physicians and pharmacists at making sure members get the right medications, and understand how to use their medications safely and effectively? And the bottom line, of course: How satisfied are members with their overall care?

What steps does Group Health take to maximize quality care?

Preventing health issues and managing chronic conditions have always been a key focus for us. All of our members—no matter where they receive care—get annual letters, automated calls, and other reminders to encourage them to come in for the screenings and tests, well-care visits, and immunizations that they're due for.

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In 2014, 83 percent of members who were due for breast cancer screening, and 76 percent of members due for colorectal cancer screening, received their needed tests. Our Medicare Advantage HMO plans were also ranked 14th best in the nation by the National Committee for Quality Assurance (NCQA) Medicare/Medicaid Health Plan Rankings 2014–2015.

Patients at Group Health Medical Centers clinics also benefit from our integrated group practice and sophisticated use of electronic medical records, which allow us to seamlessly deliver the most appropriate care in the most appropriate setting.



*Group Health Medical Centers and many network providers.

Unlike many other health care providers, we develop our own evidence-based clinical guidelines and best practices that we share with all clinicians at Group Health Medical Centers and throughout our contracted network. That helps guarantee that our quality extends systemwide.

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The 5-star special election period

Group Health's 5-star rating from the Centers for Medicare & Medicaid Services (CMS) for 2015 means that any Medicare client who has made a health plan choice they're unhappy with can move to one of our Medicare Advantage HMO plans anytime through Nov. 30, 2015, for a 2015 effective date.

There are a few restrictions regarding this special election period (SEP):

- It can only be used once during a 12-month period. That means if your client changed plans during December 2014—but after Dec. 7, when the regular annual enrollment period was over—they can't change again until the next annual enrollment period because they've already used their SEP opportunity for that 12-month period.
- It can't be used to add dental coverage outside of the annual enrollment period. But dental coverage can be added in combination with the selection of a new Medicare Advantage HMO plan.
- It can't be used if they have another SEP available to them. This can happen if someone loses their group retiree Medicare Advantage coverage and is granted a SEP to enroll in an individual Medicare Advantage plan, or if someone moves out of their current health plan's service area and is given a SEP to enroll in another plan.

Your Medicare Advantage account representative will be happy to answer questions if you're not sure how to apply the Medicare 5-star SEP period. You can also call our sales department.



MEDICARE

Fitness locations expanded for Medicare Advantage HMO plan members

Members with a Group Health Medicare Advantage HMO plan can participate in the SilverSneakers® fitness program at no additional cost. And over the past 12 months, SilverSneakers has done an excellent job expanding their network of locations in our service area, making it easier for members to take advantage of this program.



This popular program helps Medicare beneficiaries improve their physical and mental wellness. The program is flexible and adaptable to all ages and fitness levels. Participating in SilverSneakers can help older adults prevent falls by increasing flexibility, can help control weight and hypertension through strength and cardio workouts, and can improve mental health through social connections with peers.

With the expanded SilverSneakers network, our mutual clients have more choice in how to take advantage of the program. Along with the group classes, the program also gives them access to weight machines, swimming pools, and other exercise equipment

such as stationary bikes and treadmills (amenities vary by location).

Many members who participate in this program have told us that working out has improved their lives, and inspired them to get out more and exercise, even if only with a simple walk. What's more, our members who travel can access this program through SilverSneakers national affiliations.

We encourage you to mention this benefit to every Group Health Medicare Advantage HMO client. With SilverSneakers, they can participate at multiple locations close to home and throughout the nation. Our mutual clients can check [online](#) to find locations close to them. ●

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Does this quality only benefit Medicare Advantage members?

The quality that's measured by Medicare 5-star extends through all of our lines of business, and Medicare 5-star is just one of the quality measurement systems we participate in, and consistently score well in. Others that evaluate our total care—not just care to our Medicare members—include several National Committee for Quality Assurance (NCQA) rankings, Washington Health Alliance's Community

Checkup, and the National Business Coalition on Health's eValue8, which is sponsored regionally by Washington Health Alliance. You can find more information about our recent quality ratings and awards at [awards and recognition](#).

Watch future issues of *Producer Pulse* for more information about why Medicare 5-star matters. ●