

Star Ratings: A Best Practices eBook



Introduction

When CMS changed the way Star ratings were calculated, giving far more weight to the consumer experience, it put added pressure on Medicare Advantage plans to improve member satisfaction. To help MA plans evaluate their strategies and achieve higher scores, we're sharing best practices for improving the member experience and Star ratings.

Contributors

A special thank you to these experts for their contributions to this ebook.



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Ensure Team Alignment

Do a quick level-set with your team on the importance of achieving high Star ratings and taking action to improve member satisfaction.

Ensure they know:

- Star ratings help consumers compare and choose health plans, which means scores can positively or negatively impact acquisition and retention.
- Both HEDIS® reporting and CAHPS® factor significantly. Revisions from CMS place greater weight on the results of the CAHPS survey. By 2023, the consumer experience will determine 57 percent of overall Star ratings (up 25 percentage points).
- Accurate data collection and seamless data sharing are key to achieving a high score. If members can't navigate their personal health information easily, it can impact member satisfaction. If activities related to HEDIS measures aren't accurately recorded, it can hurt Star ratings.
- Star ratings are tied to financial incentives. Highly rated plans (4+ stars) are awarded quality bonus payments and gain advantage in the marketplace with no member enrollment restrictions.
- A plan's revenue can decline if member experience isn't improved.



Focus on Five Key Areas

Develop initiatives to improve your performance across the five main categories that impact your Star ratings:

1.

Staying healthy

Do members have access to preventive services such as physical exams, screenings, tests, and vaccinations?

2.

Chronic conditions management

How well and how often is care coordinated among members with long-term health conditions?

3.

Member experience

How would members rate their overall satisfaction with your health plan? Are they getting the care they need and in a timely manner?

4.

Member complaints

How quickly do you resolve complaints and to what level of satisfaction? How frequently do members leave the plan? Is your plan's performance improving year over year?






5.

Customer service

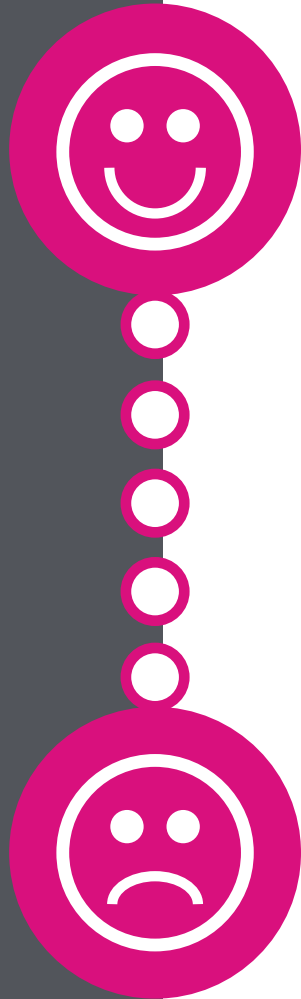
What is the quality of your call center services? How efficiently do you process appeals and new enrollments?

Avoid These Common Missteps

Focus on improving your efforts in areas that are frequent missteps found in CMS audits, such as:

-  Failure to follow the local coverage determinations
-  Proper denial notices with appeal rights language
-  Classification of appeals vs. grievances
-  Failure to effectuate approvals and denials with overturns
-  Failure to auto-forward any adverse reconsideration in a timely manner to the Part C Independent Review Entity (IRE)





Proactively Gauge Member Satisfaction

Develop your own surveys to regularly measure member satisfaction with the plan and its providers. Ask CAHPS-like survey questions to help you identify areas for proactive, timely improvement, such as:

- In the last six months, how often was it easy to get the care, tests or treatment you needed?
- How often does your provider... spend enough time with you? Explain things in a way that is easy to understand? See you within 15 minutes of your appointment time? Follow up with you on test results?
- On a scale of 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?
- How often did your health plan's customer service staff... treat you with courtesy and respect? Give you the information or help you needed?

Get to the Heart of the Issues

Don't just blanket your membership with surveys. Segment your survey audience and questions based on where members are in their journey.

For example, if you have a new member, how efficient was enrollment? Were plan materials easy to understand? Could they find the information they were looking for? Did they understand the costs associated with services? What would improve the onboarding experience?

If members have been referred to specialists, how satisfied were they with the referral? If tests were ordered, did they receive prompt authorization from the plan and follow-up from the provider?

If they contacted customer service, how quickly and completely were their needs met?



“
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”

Seek One Call Resolution

Kimberly Swanson, VP of Quality and Clinical Integration at Network Health, a Wisconsin health plan that has been 4.5 Star rated five out of the last six years, said their goal is to achieve “first call” or “one call” resolution when members need customer service.

Accomplishing that may require going back to the basics and mapping out your phone tree. Start with a thorough review of the types of calls that are coming in and how those calls are answered and routed. Leverage cross-functional teams to identify and remedy where any breakdowns occur.

Additionally, do a quality check to ensure calls are being classified correctly for reporting purposes and regularly review customer service records to see if one call resolution is the norm.

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Turn to Technology

Implement technology-led solutions that will optimize member experiences and support robust data collection and analytics.

- Engage with members using their preferred tools for communication.
- Use integrated systems that provide the care ecosystem with the health information and insights necessary to provide coordinated, holistic care.
- Embrace solutions that standardize and automate workflows to reduce administrative burdens and costs.
- Ensure you have the data and reporting capabilities to:
 - o Support timely intervention and engagement
 - o Produce the documentation necessary for reimbursements or audits
 - o Identify patterns that lead to improved member outcomes
 - o Evaluate the efficacy of programs like preventive care and chronic care management

Be Purposeful and Proactive

Don't just talk the talk, walk the walk. Make a purposeful investment in improving the member experience.

- Engage members, providers, agents, and the community as needed so you can get to the root cause of dissatisfaction.
- Invest in training and solutions that drive member engagement and satisfaction.
- Identify and remove barriers to care.
- Ensure proper data collection and reporting is consistent across your delivery system.
- Automate where possible to streamline referrals and authorizations.
- Collaborate with cross-functional teams, partners and providers to deliver on goals.
- Revisit your customer experience model regularly.



Remember, It's Not Just About You

When members come into contact with care and services provided by those in your delivery system, a poor experience can influence their perception of your plan. Take steps to ensure every experience is a good one.

- Conduct ongoing quality assessments of the services provided by partners and providers.
- Implement initiatives that drive provider performance improvement.
- Where possible, hold providers accountable for meeting certain measures, such as care coordination and timeliness.
- Have strong SLAs with third-party vendors to ensure customer service stays true to your brand.



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