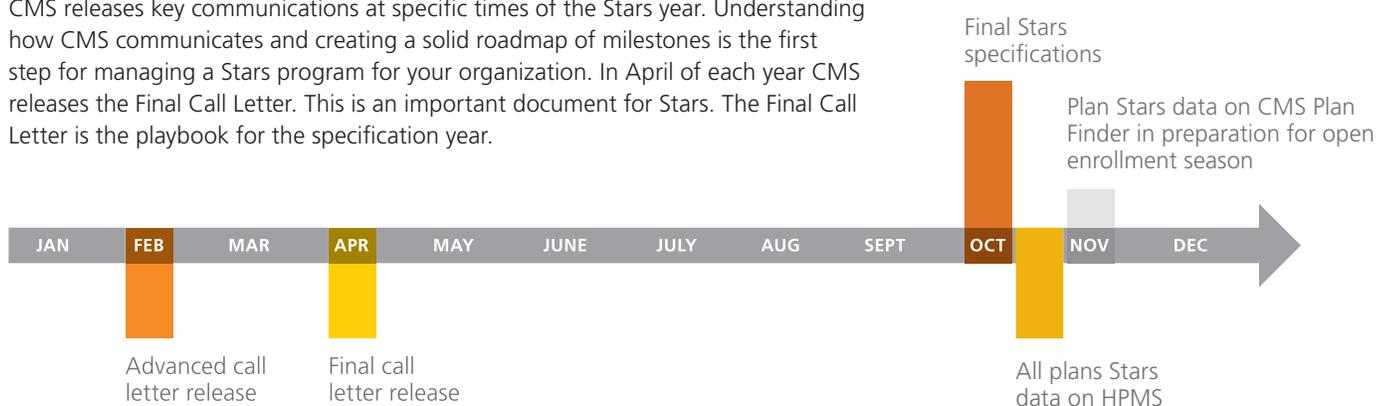


Best practices for a successful Stars management program

High ratings from the Five-Star Quality Rating System can mean increased revenue and a competitive advantage through the provision of richer benefits. Knowing where each Stars measure's result comes from and how you can affect the Stars scores is a solid foundation for effective Stars management.

CMS GPS

CMS releases key communications at specific times of the Stars year. Understanding how CMS communicates and creating a solid roadmap of milestones is the first step for managing a Stars program for your organization. In April of each year CMS releases the Final Call Letter. This is an important document for Stars. The Final Call Letter is the playbook for the specification year.



STARS-SPECIFIC COMMITTEE

The dissemination of Stars data in real time is an essential tool for your organization. A committee specific to Stars management will support the momentum of the interventions across departments. Engaging leadership from key departments and understanding how Stars interacts with virtually all areas of your organization, the workgroup allows everyone from medical directors to customer service reps to have a stake in Stars, making Stars everyone's responsibility. It allows executives and directors to evaluate departmental resources and set realistic Stars goals in accordance with allocated resources. An internal workgroup comprised of organization leadership from key areas can give an edge in Stars.

Composition of Stars workgroup:

- Care management – Clinical
- Pharmacy
- Medical director executive
- Medical informatics leadership
- Customer service
- Member outreach
- Provider relations
- Operations oversight compliance

INTEGRATE STARS INTO EVERY OPERATIONAL AREA

A lot of stakeholders in your organization hear about Stars. Taking a global approach instead of just focusing on measures is one of the keys to success in Stars. An internal campaign to educate staff on Stars scores and how each area of the organization can touch and affect Stars is essential. Posting monthly Stars summary scores for your contracts in a centralized area for everyone to see and track progress is recommended. This can work in conjunction with member satisfaction (members scoring) survey type results for your organization.

UTILIZE REAL-TIME TRACKING

Knowing how many member treatment opportunities it takes to achieve the next Stars is paramount in driving limited resources to the best spot. This information can empower member outreach or care management folks to target these gaps with a “one pager” mailing campaign or courtesy engagement call to the member. Having a system in place to generate gap trend reporting on a regularly scheduled basis, can move your Stars measures in the right direction.

THE POWER OF HOME ASSESSMENTS

Engaging members with in-home assessments, especially chronic care members, gives the plan eyes on the member in order to identify social, safety, home environment, physical well-being and caretaker issues. High-performing plans understand how members take their medications and work to identify any adaptations that can gain adherence.

MULTIFACETED INTERVENTION STRATEGY

Stars improvement activities (interventions) must be integral to the health plan operations, not stand-alone projects. Having real-time access to the percentage of gaps you are closing each month and being able to see member lives in gaps and overall percentages of your membership can identify how impactful your interventions are on a measure-by-measure level. Know where resources can be shifted to target slow-moving measures with ad hoc interventions.

PROVISIONS FOR PROVIDERS

Managing the partnership with providers can be challenging. Provider communication and education should be consistent. Monthly check-in meetings where provider relation managers can convey detail performance results to the physicians and physician managers will help drive gap closures.

Providers should know how well they are doing in closing Stars gaps for your membership. Knowing which providers have deficiencies in treatment opportunities can guide the provider's office to reach out to members and set up appointments to work on gap closures.

When the provider has solid information on how they are performing compared to their peers, it can be a good motivator. This information can give your physician-outreach team the ability to focus support on low-performing physicians and also identify high-performing providers for incentives and awards.

KNOW WHAT PERCENTAGE OF PLANS YOU ARE OUTPERFORMING

A key element driving quality and membership growth is a plan's ability to determine how best to differentiate its products from competitors. This knowledge will enable a plan to deploy a marketing strategy that maximizes resources and propels the plan into key markets. Completing a competitor analysis each year in coordination with CMS's release of Stars ratings data can provide a high level overview of your plan's overall performance compared to national averages. A comprehensive competitor analysis should provide a drill-down to measure-by-measure data of the plan's market and national averages at both **Stars rating** and **raw score** levels. And remember, each measure can have a unique set of circumstances for performance, so complete a root-cause analysis for each underperforming measure.

KNOW THE ORGANIZATIONAL IMPACT OF THE QUALITY BONUS

For CY 2016 Stars quality bonus payments, plans with less than four (4) Stars will not receive a quality bonus increase. Plans with four (4) or more Stars will receive a bonus increase to the county rates. This percentage for 4- and 5-Stars plans is a 5 percent increase to CMS's standard rates.

Plans must have a good understanding of where intervention dollars supported a good return on investment (5-Stars or ability to hold a measure with increasing thresholds). It has been determined that plans that look at the quality of care overall, not just Stars measures, have higher scores and are more likely to obtain quality bonuses.

Navigating Stars has several complex elements, processes and strategies, and sizable amounts of data to track and evaluate from multiple sources. CMS has set high expectations of health plans to meet the challenges of quality delivery of health care services. CMS has also created a substantial quality bonus structure for plans that can succeed with Stars.

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