



**HELEN KURRE**  
PharmD, MBA

Senior Director, Health Management, Optum Advisory Services  
Stars Practice Lead

Helen Kurre has experience in both payer and provider programs with particular expertise in health care quality programs. Helen's clinical background and quantitative focus, combined with her prior experience with provider organizations give credibility in developing solutions that deliver results.

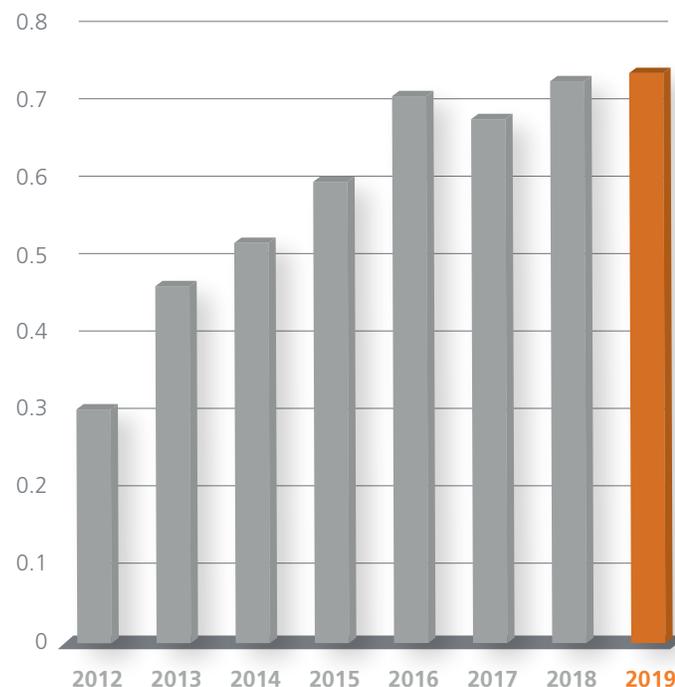
Prior to joining Optum, Helen held leadership roles in health care, including on the health plan and the delivery system side. In her role leading quality for a regional health plan across all lines of business, she helped her organization achieve a CMS five-star rating. In addition to Stars accountability, she led the organization's provider incentive quality programs, medical home network development, practitioner and facility credentialing, HEDIS® and CAHPS, and NCQA health plan accreditation. Prior to this, she led hospitalists program and graduate medical education clinic operations across six area hospital locations in a large delivery system. Through this work, Helen understands the importance of provider engagement and integration to health plan performance.

## As the Stars program matures, be sure to optimize foundational areas

As the Stars program continues to mature, we see from the 2019 Star Ratings how the differentiation between health plans continues to narrow. The following summarizes trends since the program's beginning of membership in higher-rated Medicare Advantage plans:

- We continue to see membership increases in Medicare Advantage, with total increases in three-star and greater plans.
- From 2012 to 2016, membership as a percentage of total in four-star or higher-rated plans, went from 30 percent to 71 percent.
- For years 2016 to 2019, membership as a percentage of total stayed within a few percentage points of 70 percent.
- The 2019 Star ratings were no exception with 74 percent of membership versus 73 percent in 2018, enrolled in a four-star or higher plan.

### Percent of total members in 4-star or greater plans



For many Medicare Advantage plans, membership growth in four-star or greater plans has been moderate staying around 70 percent. This trend indicates easy gains have been achieved and Star performance may have plateaued. (Membership growth in Medicare Advantage, which has been around 10 percent annually, does not affect the percentage of members in those plans.)



**BRANDON TAYLOR**  
JD, MBA

Director of Risk, Clinical  
and Quality Solutions

Brandon Taylor is responsible for Growth and Strategy of Risk and Quality solutions at Optum. Brandon's expertise includes HEDIS, risk adjustment and Stars Ratings strategy, health care interoperability, Health Law, population health management, and business transformation. Brandon was instrumental in assisting the first publicly traded national plan to earn a five-star rating.

### Ready to fill in the gaps in your Star ratings strategy?

Optum can help you to understand what we're seeing in the market and identify areas of opportunity to help you become a strong player in Star ratings.

Learn more now.

**Email:** [empower@optum.com](mailto:empower@optum.com)

**Phone:** 800.765.6807

**Visit:** [optum.com/quality](https://optum.com/quality)

## Four best practices to optimize improvement opportunities to help achieve or remain at a four-star rating

Once a plan achieves four stars, organizations can assess data quality, reporting and analytics to help drive additional improvement and confirm these foundational items are being optimized. However, equally important is provider engagement to drive Star Ratings. You can have great data quality, reporting and analytics but it's crucial that providers engage and execute.

- 1 **Data quality is the basis for nearly all interventions whether member focused or provider directed.** Assuring a high degree of data quality reduces provider and member abrasion and improves trust between you and the provider or you and the member. For plans with four and one-half stars or more, data drives advanced analytics and predictive modeling to help give those plans an edge in effective member targeting and outreach.
- 2 **Reporting – Most plans have reporting for executive oversight and may generate other “interesting” reports, but are the reports actionable?** Are you getting the data you need? Assure your operations and quality teams are working collaboratively with your analytics team to design reporting that drives effective intervention. This includes identifying the population and necessary information relevant to the intervention to ensure the report is timely.
- 3 **Analytics – Recently, a lot of new avenues of data have become available to take analytics to the next level.** Use advanced analytics to help drive risk and quality. Incorporate more consumer data to better understand behavior to develop predictive models for target interventions. For example, social determinants of health information can be used to let you know the members who have some basic non-clinical needs which need to be met before they can manage care gaps; propensity toward engagement scores can help you prioritize members you need to focus on first. Predictive analytics are used more frequently to identify members who are likely to become non-adherent with their medications before they have missed too many doses.
- 4 **Provider engagement – Think about the behavior you're trying to drive and understand that one incentive doesn't fit all.** As you build your provider incentives, think of where the provider is on the maturity continuum and meet the provider where they are in their data quality. As we see consolidation on the provider side and health plan side, more is expected of the provider and their time is squeezed. When they have consistency and process in their office, they may have more time to address patient needs to help drive better quality outcomes. Vet, help and enable the provider to help them down the path to self-sufficiency, but not reliance.

As we've seen from the 2019 data, points of differentiation are narrowing. It's getting harder for plans to improve and maintain. If you find any or all of the foundational items are lacking optimization in your organization, it may be time for an assessment to see where and how to fill gaps and identify areas where additional development can help you become a strong player in Stars ratings.

\*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).



11000 Optum Circle, Eden Prairie, MN 55344

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