



5 MEMBER-ENGAGEMENT STRATEGIES

TO IMPROVE MEDICARE
ADVANTAGE STAR RATINGS



In an increasingly competitive Medicare Advantage market, if you're not getting better, you're falling behind.

Enrollment in Medicare Advantage (MA), the government-funded health plans created as an alternative to original Medicare, continues to soar. MA plans have increased from 8.4 million enrollees in 2007 to 19 million in 2017.¹

As a result, MA plans now have a 33 percent share of the Medicare beneficiary market compared to 19 percent in 2007.² And that growth is expected to continue. The Centers for Medicare & Medicaid Services, or CMS, predicts Medicare Advantage enrollment to jump to nearly 23 million people in 2019, a 12 percent increase.³

Because of the rising popularity of Medicare Advantage plans, more and more health plans are entering the market. In 2019 alone, fourteen companies decided to offer MA plans for the first time.⁴ Established payers continue to expand their presence. As a result, consumers can now choose from 3,700 different MA plans in 2019, 600 more than last year.⁵



To succeed in this increasingly competitive market, MA plans must develop an effective strategy to attract new members and retain existing ones in order to ensure and strengthen their financial position.

Achieving the 4- or 5-Star Rating required to receive the more than \$3 billion in Quality Bonus Payments available each year from CMS is an essential component of that strategy. MA plans that earn a 4-Star Rating or higher are eligible for higher rebates and a 5 percent bonus that plans can use to lower enrollee premiums, offer supplemental benefits and attract more members.

Studies have shown that a 1-Star Rating improvement can lead to an 8 to 12 percent increase in plan enrollment.⁶ Improving from a 3-Star to a 4-Star Rating can increase revenue between 13.4 percent and 17.6 percent through increased enrollment revenue and additional bonus payments.⁷ A high Star Rating

also confirms the quality and commitment of the plan to consumers, which attracts new enrollees and increases member retention and loyalty.



Because CMS grades Medicare Advantage plans on a curve, continuous improvement is paramount. Even if an MA plan achieves the same quality score as last year, it may not receive the same Star Rating if enough MA plans outperform it.

In addition, even plans that have a comprehensive strategy can fall short of achieving a specific measure or an overall Star Rating by a tiny percent, costing them millions of dollars in bonuses and rebates. That's the reason a multifaceted approach to provider and member engagement is critical.

To help MA plans succeed in this highly competitive market, this white paper outlines five strategies that can produce a higher Medicare Star Rating and then presents a case study that demonstrates the effectiveness of these five approaches.

1 THE “GROUNDWORK FOR SUCCESS” STRATEGY:

INVEST IN A DIGITAL MEMBER ENGAGEMENT PLATFORM

Baby boomers who are now entering MA programs have very different attitudes about health, wellness and aging than their parents did. Most want to live active, participatory lives, and they have a track record of embracing technology and innovation. As early adopters of devices like personal computers, cell phones and fitness trackers, this engaged, motivated group is committed to using technology to manage their well-being and support a healthier lifestyle.

A member engagement platform provides MA plans with an additional channel to educate and motivate members to engage in the behaviors that drive higher scores on medication adherence, HEDIS, HOS and other quality metrics. Member engagement platforms are a web-based system of technologies, communication tools and content (secure email, direct mail, educational materials, incentives, etc.) that inform and motivate members to become active agents in their healthcare and adopt positive behavioral changes. Accessible online through a member portal or a mobile application, the platform provides a convenient and seamless 24/7 user experience that simplifies the complexities of Medicare and integrates wellness into the daily lives of members.



The Benefits of a Digital Member Engagement Platform

Close Gaps in Care

An engagement platform can use gaps-in-care data to produce a series of recommendations, personalized for each member, who now knows “the next right thing to do” to improve his or her health. This step-by-step guide, which can be supplemented with information from a Health Assessment, communicates the activities and actions that will close the specific gaps in care for that individual, as well as targeted incentives and rewards. Ongoing personalized communications (web, text, email, print) encourage and motivate members to utilize a host of medical services. These services include Annual Wellness Exams (essential to classify a patient’s medical condition in order to receive the correct Medicare reimbursement), preventive screenings (mammography, bone density test, colonoscopy, etc.), and vaccines to prevent the flu, pneumonia, shingles, tetanus and hepatitis B.

The platform can also create a personalized checklist of medical issues and gaps in care that the member can print and take to their next medical appointment to review with their doctor.

Impact CAHPS Scores by Providing Follow-up Information and Surveys After a Physician Visit or Health Plan Interaction

A survey tool can be incorporated into the application to assess a member’s impression of a recent provider visit or health plan interaction, providing actionable insights to improve CAHPS scores. Members can also access personalized educational materials to help them stay healthy or manage a chronic condition.

Promote a Healthier Lifestyle and Financial Well-Being


With a digital engagement platform, members can participate in health challenges and integrate their activity-tracking devices and fitness apps into the platform to monitor their progress and celebrate their achievements. Financial wellness tools can assist members in financial planning and security, reducing anxiety and stress about personal finances and consequently improving mental health and emotional stability. Both of these offerings support the HOS measures of increasing physical activity and improving mental health.

2 The Help Members Understand The Next Right Thing To Do” Strategy

When members complete an online health assessment, it provides the health plan with crucial information, everything from the member’s physical and mental health to chronic conditions, current prescribed medications and screening gaps. By leveraging this data, the health plan’s wellness program can prioritize the most clinically relevant actions each member needs to take. Equipped with this step-by-step wellness plan, members always know “the next right thing to do” to improve their health and close gaps in care.

For example, African-American males often have lower screening rates for colorectal cancer. When data identifies a group with low participation, targeted communications can be created and distributed to educate this specific audience about the benefits of screening. Incentives can also be used as a motivational tool, and the wellness program can make “Schedule a Colorectal Cancer Screening” the #1 health priority for each individual if it is a plan priority.





BY LEVERAGING DATA, THE
HEALTH PLAN'S WELLNESS
PROGRAM CAN PRIORITIZE
THE MOST CLINICALLY
RELEVANT ACTIONS EACH
MEMBER NEEDS TO TAKE.

3 THE “LOW-HANGING FRUIT” STRATEGY:

Focus on Measures with the Greatest Opportunity to Impact Your Star Rating

The 44 quality and performance measures listed on the next page are part of the formula CMS uses to determine the Star Rating for an MA plan. Taking a “shotgun” approach and attempting to improve the scores for all of these measures is not the most efficient use of care management resources, which are already limited. What’s needed is a more focused approach that targets those measures that will have the most immediate and efficient impact on improving a Star Rating.

Onlife’s Medicare Advantage Star-Measure Consultation Strategy, (next page), analyzes and pinpoints the gaps in care that offer the greatest opportunity to increase a health plan’s Star Rating. As an example, one plan could increase from a 3.5 to a 4.0 Star Rating simply by improving the five measures that were nearest to the threshold cut point. In another case, focusing on fewer measures, even though they were further from the cut point, was the right approach. By incorporating the plan’s Star data into our Star Rating calculator, we can provide various models that demonstrate how the plan can increase their Star Rating by focusing on a variety of targeted measures.

Effective incentive design directs members to the “next right thing to do”, in this case, which gap to close next. As a part of the consultative Star-Rating strategy conversation, Onlife provides guidance on incentive design, including which gaps to incent, how much to spend on each gap, and nuances related to bundling incentives around certain gaps, timing of gap closures and engagement modality. By applying the right incentives, along with an intuitive user experience, we have experienced higher gap-closure rates for members engaged with our platform.

Additionally, an understanding of the technical specifications and demographic information of a measure can guide plan strategy. Using colorectal cancer screening as an example, age, race, insurance coverage, and place of residence have all been associated with utilization of screening tests. In addition, some members may be reluctant to have an invasive test. The plan can provide targeted education on the importance of screening as well as various screening options. From a medical expense viewpoint, a colonoscopy closes the colorectal cancer screening gap for ten years, but carries a high medical expense for the plan; less invasive tests, such as the FOBT or FIT DNA, close the gap for one to three years, but carry a significantly lower medical expense for the plan. Given demographic information for a particular region, the plan can customize educational materials and reminders to motivate previously reluctant members to now participate in some form of screening.

CMS	2018 Part C Measure	Weight	2018	2018 Star	Range to	Rating Goal	Focus
HD1: Staying Healthy: Screenings, Tests and Vaccines	CO1 Breast Cancer Screening	1	80%	4	≥84%	4	
	CO2 Colorectal Cancer Screening	1	70%	3	≥72% to <80%	4	Yes
	CO3 Annual Flu Vaccine	1	76%	4	≥77%	4	
	CO4 Improving or Maintaining Physical Health	3	71%	4	≥72%	4	
	CO5 Improving or Maintaining Physical Health	3	84%	4	≥88%	4	
	CO6 Monitoring Physical Activity	1	56%	4	≥58%	4	
	CO7 Adult BMI Assessment	1	93%	4	≥94% to <98%	4	Yes
HD2: Managing Chronic (Long Term) Conditions	C12 Osteoporosis Management in Women who had a Fracture	1	23%	1	≥24% to <42%	2	Yes
	C13 Diabetes Care - Eye Exam	1	67%	3	≥72% to <81%	4	Yes
	C14 Diabetes Care - Kidney Disease Monitoring	1	98%	5	-	5	
	C15 Diabetes Care - Blood Sugar Controlled	3	80%	5	-	5	
	C16 Controlling Blood Pressure	3	61%	2	≥67% to <75%	2	
	C17 Rheumatoid Arthritis Management	1	80%	4	≥86%	4	
	C18 Reducing the Risk of Falling	1	57%	2	≥59% to <66%	3	Yes
	C19 Improving Bladder Control	1	39%	2	≥43% to <46%	2	
	C20 Medication Reconciliation Post-Discharge	1	67%	4	≥68%	4	
	C21 Plan All-Cause Readmissions	3	11%	3	≥6% to <9%	3	
HD3: Member Experience with Health Plan	C22 Getting Needed Care	1.5	87%	5	-	5	
	C23 Getting Appointments and Care Quickly	1.5	81%	5	-	5	
	C24 Customer Service	1.5	91%	4	≥92%	4	
	C25 Rating of Health Care Quality	1.5	86%	4	≥87%	4	
	C26 Rating of Health Plan	1.5	82%	2	≥84% to <86%	2	
	C27 Care Coordination	1.5	88%	5	-	5	
	C28 Complaints about the Health Plan	1.5	0.12%	5	-	5	
HD4: Member Complaint and Changes in the Health Plan's Performance	C29 Members Choosing to Leave the Plan	1.5	17%	3	≥8% to <13%	3	
	C30 Beneficiary Access and Performance Problems	1.5	100%	5	-	5	
	C31 Health Plan Quality Improvement	5		5	-	5	
HD5: Health Plan Customer Service	C32 Plan Makes Timely Decisions about Appeals	1.5	96%	4	≥98%	4	
	C33 Reviewing Appeals Decisions	1.5	82%	3	≥86% to <93%	3	
	C34 Call Center - Foreign Language Interpreter and TTY	1.5	86%	4	≥94%	4	
HD5: Health Plan Customer Service	C32 Plan Makes Timely Decisions about Appeals	1.5	96%	4	≥98%	4	
	C33 Reviewing Appeals Decisions	1.5	82%	3	≥86% to <93%	3	
	C34 Call Center - Foreign Language Interpreter and TTY	1.5	86%	4	≥94%	4	
DD1: Drug Plan Customer Service	D01 Call Center - Foreign Language Interpreter and TTY	1.5	88%	4	≥95%	4	
	D02 Appeals Auto-Forward	1.5	4%	5	-	5	
	D03 Appeals Upheld	1.5	73%	3	≥79% to <89%	3	
DD2: Member Complaints and Changes in the Drug Plan's Performance	D04 Complaints about the Drug Plan	1.5	12%	5	-	5	
	D05 Members Choosing to Leave the Plan	1.5	17%	3	≥8% to <13%	3	
	D06 Beneficiary Access and Performance Problems	1.5	100%	5	-	5	
	D07 Drug Plan Quality Improvement	5	data	3	≥44% to <60%	3	
DD3: Member Experience with the Drug Plan	D08 Rating of Drug Plan	1.5	80%	1	≥81% to <83%	1	
	D09 Getting Needed Prescription Drugs	1.5	84%	1	≥88% to <89%	1	
	D10 MPF Price Accuracy	1	97%	4	≥99%	4	
DD3: Member Experience with the Drug Plan	D11 Medication Adherence for Diabetes Medications	3	81%	4	≥86%	4	
	D12 Medication Adherence for Hypertension (RAS)	3	84%	4	≥85%	4	
	D13 Medication Adherence for Cholesterol (Statins)	3	79%	3	≥80% to <85%	4	Yes
	D14 MTM Program Completion Rate for CMR	1	49%	2	≥51% to <59%	2	

The Power of Personalization

Personalization is delivering a customer experience in which all interactions are specifically tailored to match each person’s health goals and needs, preferences, demographics and interests.

Personas play a key role in generating this personalized experience. A persona is a composite sketch of a segment of a population that shares similar characteristics, values, behaviors, needs and goals. Personas deliver a better understanding of the different groups within a general population, allowing MA plans to align their marketing and communications to the customer’s needs and expectations with greater precision. This one-to-one communication is more effective in motivating members to become engaged. It builds stronger relationships that create a healthier membership and support long-term member retention.

Using machine-learning algorithms and inferential statistics, the Informatics team at Onlife Health developed five personas (next page) for the Medicare Advantage population. Each persona received a descriptive name to capture the essence of each group of members.

Here are two examples of how personas can be used to create a more effective communication campaign that matches the right message with the right audience.

Relaxing Retirement (1.7 times more likely to have three or more gaps in care):






Create an ongoing marketing campaign that communicates the importance of screenings, vaccines and any other medical tests measured by CMS to determine a Star Rating.

Early Enrollees (Twice as likely to have a blood-sugar screening gap in care):

Create a marketing campaign that encourages plan members whose diabetes is under control to have an annual A1C lab test and inform them about any available incentives.

Using personas can improve engagement, enhance a member’s health and build brand loyalty. By providing a curated experience paired with simple solutions, members can easily achieve their goals and earn incentives, creating a sense of accomplishment and satisfaction.

Data Generates Insights Through Persona Creation

PERSONA	CHARACTERISTICS	ENGAGEMENT VALUE
 Aging Well	<ul style="list-style-type: none"> • Lowest BMI, best self reported health • Exercise second only to Staying Active • Slightly older on average • Highest levels of education 	<ul style="list-style-type: none"> • 1.3x more likely to track info with device • Closure of gaps in care is 10 points higher than Early Enrollees; 5 points higher than all others
 Relaxing Retirement	<ul style="list-style-type: none"> • Middle of the road for health • Most hours of sleep • Lowest levels of alcohol consumption 	<ul style="list-style-type: none"> • 1.7x more likely to have 3 or more gaps
 Early Enrollees	<ul style="list-style-type: none"> • Unhealthiest in nearly all areas • Lowest levels of exercise • Highest BMI • Worst diet 	<ul style="list-style-type: none"> • 2x as likely as the rest of the population to have a blood sugar screening gap in care
 Still Stressed	<ul style="list-style-type: none"> • Less sleep per night, but middle of the road in many other measures • Second highest levels of stress • Many still working 	<ul style="list-style-type: none"> • 1.1x more likely to complete the annual physical
 Staying Active	<ul style="list-style-type: none"> • Primarily driven by higher exercise minutes • Second best diet and overall health 	<ul style="list-style-type: none"> • 1.3x more likely to have no gaps in care • 1.4x more likely to complete their bone density screening

5 THE “ZIP CODE” STRATEGY:

Incorporate Social Determinants of Health


Social Determinants of Health (SDoH) are the conditions in which people live, learn, work and play that affect a wide range of health risks and outcomes. SDoH include a person’s education, income level, job status, access to transportation, access to healthy food, neighborhood safety, housing, and a multitude of other social factors. Indeed, according to the Harvard School of Public Health, a person’s zip code is a better predictor of health than a person’s genetic code.⁸

By collecting socio-economic information about a population and then analyzing that information to identify specific SDoH that need to be addressed, MA plans can employ its member engagement platform to connect each member with the appropriate information, social support, health plan resources and community services. For example, a member who resides in a low-income neighborhood that lacks reliable access to affordable, nutritious food can be notified about local food banks. Another member who lacks convenient access to public transportation could be informed about a free ride-access program that will take them to and from their medical appointments.

Social Determinants of Health can also be used to predict who will meaningfully engage in a Medicare Advantage program. In fact, including SDoH data points in our predictive models increased our ability to accurately predict whether a member would engage or not. This underscores the importance of leveraging SDoH data. By understanding more about a member and their behaviors, we can now engage that individual more effectively and meet that person at their highest level of need.

In addition to identifying people with a high certainty of participating in a member engagement program, data analytics can also identify people with a higher-than-average possibility of becoming engaged in the program and adopting healthier behaviors, but only if the right incentives, motivation and support are made available. MA plans can then focus their marketing efforts on reaching this ideal target audience.





SOCIAL DETERMINANTS
OF HEALTH (SDOH) ARE
THE CONDITIONS IN
WHICH PEOPLE LIVE,
LEARN, WORK AND
PLAY THAT AFFECT A
WIDE RANGE OF HEALTH
RISKS AND OUTCOMES.

A Brief Case Study

In 2017, Onlife Health partnered with a statewide health insurance plan to provide a comprehensive member-engagement platform for more than 100,000 members enrolled in four Medicare Advantage plans. The platform achieved the following positive results in three critical areas.

Engaged Members with the Greatest Need

Reaching out and engaging the most non-compliant members is a key factor in closing gaps in care.

- In this case, more than 73 percent of members who registered in the program had at least one gap in care (excluding a wellness exam). Of members who did not register, only 63 percent had at least one gap in care.

Takeaway: The program reached the right members—those who had gaps in care that needed closing.

Closed Gaps in Care

- 88 percent of members who registered in the program closed a gap in care, a 35 percent increase over non-registered members.
- Members who registered in the program closed a non-wellness gap in care at a 39 percent higher rate than members who did not.

Takeaway: The program was highly successful in influencing members to engage in gap-closing behavior.

Overcame Obstacles to High-Value Screenings

- Members who registered digitally in the Onlife program were twice as likely to close gaps in care than those not registered for three time-consuming procedures: bone density screening, breast cancer screening and colorectal screening.

Takeaway: This is an especially significant finding, given the hesitation of many members to have these screenings, which require a substantial investment of time and planning by the member, are inherently inconvenient, and involve some degree of discomfort.

Key Takeaways

As these outcomes demonstrate, engagement strategies that connect with members and deliver personalized communications can motivate a population to be more actively involved in health and wellness.

The five strategies outlined in this white paper have a proven track record of reaching the most non-compliant members, significantly closing gaps in care, especially for inherently inconvenient screenings that require a large time commitment from members, improving medication adherence and enhancing the overall member experience.

MA plans that adopt these strategies will position themselves favorably in a competitive marketplace where plans are judged annually, continuous improvement is essential, and only 4- and 5-Star MA plans earn the more than \$3 billion in Quality Bonus Payments available each year from CMS.

References

¹ Jacobson, Gretchen, Anthony Damico, Tricia Neuman, and Marsha Gold. "Medicare Advantage 2017 Spotlight: Enrollment Market Update." *The Henry J. Kaiser Family Foundation*. June 15, 2017. Accessed November 06, 2018. <https://www.kff.org/medicare/issue-brief/medicare-advantage-2017-spotlight-enrollment-market-update/>.

² *Ibid.*

³ Galewitz, Phil. "Medicare Advantage Growing as New Insurers Compete to Sell to Seniors." *USA Today*. October 15, 2018. Accessed November 06, 2018. <https://www.usatoday.com/story/news/2018/10/15/medicare-advantage-enrollment-growing-affordable-care-act-obamacare-insurance-plans/1618652002/>.

⁴ *Ibid.*

⁵ *Ibid.*

⁶ Galewitz, Phil. "Medicare Advantage Growing as New Insurers Compete to Sell to Seniors." *USA Today*. October 15, 2018. Accessed November 06, 2018. <https://www.usatoday.com/story/news/2018/10/15/medicare-advantage-enrollment-growing-affordable-care-act-obamacare-insurance-plans/1618652002/>.

⁷ *Ibid.*

⁸ "Zip Code Better Predictor of Health than Genetic Code." *News*. August 04, 2014. Accessed November 06, 2018. <https://www.hsph.harvard.edu/news/features/zip-code-better-predictor-of-health-than-genetic-code/>.



A New Way to Well

1.888.676.3975 | OnlifeHealth.com