



Seven Strategies to Boost Star Ratings

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Who knew reaching for the stars could be so difficult?

The healthcare landscape is changing. You're seeing an emergence of telehealth solutions gaining interest among younger members. You're figuring out how to manage an aging population—expected to double by 2050, according to the World Health Organization—battling chronic diseases like diabetes and high blood pressure, and every day you're searching for new ways to lower costs. And that's just the tip of the iceberg.

It's no wonder then that finding simple and effective solutions to keep members happy and engaged is such a challenge. It's a never-ending game of tug-of-war that's leaving more and more health plans on the losing end.

Much like an Olympian, health plans must plan and work their way to better member satisfaction and improved star ratings. Winning the coveted gold medal—in this case, a 5-level star rating from the Center for Medicare and Medicaid Services (CMS)—is the stuff of true Olympians. So how do you achieve that status? Addressing problems with member satisfaction and influencing how and when members get their preventative care are the first steps.

Members have become increasingly selective about their health plans and the competitive landscape is constantly evolving. They have endless options at their fingertips, and they're frustrated by the struggle to find and see a provider, the long wait times, and the increased healthcare expenses amid budget-stifling, country-wide inflation. They've made their dissatisfaction known through the most recent Medicare Advantage and Part D Star Ratings.



A look at the numbers

Star and Consumer Assessment of Healthcare Providers & Systems (CAHPS) ratings are a direct reflection of how members are getting their care and how satisfied they are with their health plan, and CMS raised the bar this year. They modified how quality is assessed and introduced new methods of calculating outliers, making it harder to receive a high rating and corresponding bonus payments. And not without good reason: these ratings are a member's voice amid the chaotic world of healthcare. This year, CMS is giving health plans and their networks a wake-up call.

According to the 2024 ratings, only 31 contracts for Medicare Advantage and the Part D Drug Plan earned the coveted 5 stars, falling from 51 in 2023. That marks the second year in a row that star ratings declined. The average star rating is now the lowest since 2017 at 4.04.

Only 42% of plans were awarded a rating of 4 stars or higher. That leaves 58% still struggling to reach the 4- or 5-star ranking, with a mere 7% of Medicare Advantage beneficiaries enrolled in 5-star plans this year, down from 22% in 2023.


Thankfully you can boost your star ratings and improve member satisfaction with a few simple strategies. Read on for seven tips to become a gold medalist in the CMS Olympics.





1

Partner with providers



Star rating metrics place a premium on health outcomes, not adherence to process. That means health plans need provider buy-in and support, and they must work together to align priorities. Ensuring patients have access to quality care is key to improving star ratings, and that starts with adjusting the way gaps are closed to meet today's needs.

Today, many health plans and their providers use spreadsheets and paper checks to manage their provider payments strategies. Are you one of these plans? If so, consider leveraging a consolidated, end-to-end ecosystem for all payments and communication. When all your payment needs are managed in a single platform, making and receiving payments to and from members and providers is both faster and far less confusing. That helps improve provider and member satisfaction, while also ensuring you benefit from quick and efficient payments.

Value-based care models are another example of how providers and health plans are working together to improve member satisfaction. The trend toward value-based care offers financial incentives for providers who improve on quality, patient experience, and total cost of care.

This care model shifts the focus from service-as-a-fee to an outcomes-based model, while also giving providers more flexibility in how they treat patients. And since outcome metrics are becoming increasingly important in star ratings, it follows that these outcomes are prioritized.



2

Implement a smart engagement program

A key component of improving member satisfaction is helping members understand the next step in their health journey. You want to be sure that your program is set up for success.

For example, if your goal is to increase the number of people who get immunizations like the flu shot, you can set up a program that targets non-compliant members with specific communications around the flu shot. You might also consider offering rewards to incentivize those that might still be on the fence.

A program that offers multiple member touchpoints, often referred to as an omni-channel solution, is a great way to help you accomplish this. Consider adding one to your stack of point solutions to ensure you're reaching members in a variety of different ways.

Even better, consider finding a partner that can integrate its member engagement and activation solution with your program. When everything is united under a single banner, you have a more efficient and streamlined program that benefits you and, ultimately, members.

The ideal engagement and activation solution fits with your strategy to meet your plan needs. Every Medicare Advantage plan looks a little different based on geographic location and provider behavior, so there is no one-size-fits-all approach. Engage with a solution that is flexible and can be personalized to what you and your members need.

You want an engagement program that can personalize the healthcare experience, empower members along their healthcare journey, and drive improvement where you need it most. What should this program include? Make sure it provides educational resources to help members understand the why

behind going to the doctor or taking preventive measures, such as getting a mammogram or a colonoscopy. These resources help ensure members are not left confused and unsure of what to do.

The right program also offers appointment reminders, strategic notifications about important tasks, embedded surveys to gather additional information about members, and even provides incentives and rewards for completing tasks. Each of these benefits reminds members you are on their healthcare journey with them. You're meeting them right where they are to guide them to better health and, in return, you'll boost your star rating.



3

Improve CAHPs scores

It's impossible to talk about improving star ratings without addressing CAHPs surveys. They're arguably the most challenging sprint in your quest for that coveted gold medal. These surveys ask patients about their experiences and how they'd rate their providers, health plans, and healthcare facilities. The results are heavily weighted by CMS and are crucial to your overall star rating. Given how significant a role CAHPs plays in your star rating, it's no surprise these surveys require a year-round focus.

Improving CAHPs scores means improving member satisfaction. The two go hand-in-hand. And since value-based care is becoming an increasingly important differentiator for consumers, it's essential to ensure every interaction has a focus on service. Here are a few things you can do to improve how members rate your health plan in the annual survey:





- **Spend extra time training customer service staff.** Customer service is your first line of defense with members. Make them aware of policy changes and the details of your plan, so they can quickly and knowledgeably resolve member issues.
- **Establish a clear process to resolve those issues.** Create an escalation process for any issues that customer service staff can't resolve. Make that process clear for complex issues, creating timelines and next steps for resolving them. You want everyone on your team to understand the process and know the appropriate next steps. If your own team isn't familiar with what's happening, your members certainly won't. Keep everyone thoroughly informed.
- **Build connections with members.** If members enroll online or through another impersonal means, be intentional about connecting with them. You want every member to recognize how much you appreciate them and know you are ready to help. Ask your Marketing team to develop an email campaign welcoming these newcomers. Share their contact information with appropriate teams to give them a welcome call. These small touches have a tremendous impact.
- **Start thinking about CAHPs surveys sooner.** As mentioned above, this should be a year-round focus so that your systems are already in place during the survey period from February to April.

These steps are simple but effective. Implementing these changes will take time, but—in the long run—your members will notice a difference and take note of the effort.

4

Lean into the power of data

Data can be daunting. But when understood and used the right way, data can be a game changer by providing insights into what members are thinking. Use that to your advantage. Leverage data from the following sources:

- **Disenrollment survey:** Understand why members leave your plan and figure out how to prevent issues in the future.
- **Complaint tracking modules (CTMs):** Customer complaints are highest when plan changes are rolled out at the beginning of the year. Focus on that data and resolve grievances early to prevent member confusion

and dissatisfaction from continuing throughout the year. By taking a proactive approach, you'll give members more time to experience positive results that will impact your CAHPs scores and boost your star rating.

- **Customer service:** Your customer service reps are the voice of your health plan. They talk to members more than anyone else and have the best understanding of what is driving member dissatisfaction. Work closely with them to understand trending issues. Providing training and high-value follow through will reduce member abrasion.



- **Social determinants:** You know your members' claims history, but you might not know how they are influenced in their daily lives and how that impacts their compliance. This insight can be valuable to drive meaningful member engagement and satisfaction. For example, consider your recent Amazon experience. Based on your search history, Amazon knows what you're interested in or even what's going on in your life. Consequently, they serve up similar products they think you'll like because they've gained additional information about your interests.

Social determinant data can give you that same opportunity. The more you know about your members, the more you can improve their experience.

In addition to pulling data from the above sources, consider using enhanced data analysis to perform risk stratification. This will help you target high-risk members, such as those with diabetes, heart disease, and other chronic conditions, that are more susceptible to costly Medicare needs.





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Make medication
adherence a
priority

Medication adherence is vital to your star rating. Certain nonadherence measures—like those for diabetes, high blood pressure, and high cholesterol—are even triple-weighted.

But how can you convince members to take their medications regularly? That uphill climb is easier to navigate when you understand why they're not taking their medication in the first place. This simple, three-step approach will help you get all the way up the hill:

Step 1: Identify those not adhering

Use medical and pharmacy claims data to identify nonadherence. Once you know which members need a little help, develop a comprehensive outreach plan for these members.

Step 2: Identify barriers to care

Ask your clinicians to discuss concerns and barriers to care with members. Keep in mind that some members might not be comfortable opening up in person, but they will share concerns over the phone or through a survey.

Step 3: Eliminate the problem

If members struggle to get to a pharmacy, tell them about delivery or mail-order prescription services. Consider leveraging an app, or similar technology-based solution, that reminds members to pick up prescriptions or follow-up with the doctor. Use technology to your advantage here as you guide them to better health.

If they are struggling to afford medications, make sure they're aware of all the ways they can save through rewards, pharmacy savings programs, or by opting for generic over brand-name drugs. Even better, offer coupons through an engagement and activation program. Many programs integrate with a solution that helps members save up to 80% on prescriptions. In fact, more than a third of generic medications cost less than a typical \$10 copay with a coupon.¹

When it comes to problems stemming from a misunderstanding or lack of education about the medication themselves—such as worry over side effects, becoming dependent, or questions about their effectiveness—make sure clinicians take time to listen and validate those concerns. Then work to gently correct them where needed, encouraging open lines of communication with their provider.

Remember: There's a lot of weight tied to the health outcomes of chronic conditions. Both for you as a health plan and—most importantly—for the member. It's important that members get their prescriptions regularly and don't neglect follow-up visits. Hold members accountable and empower them to make good choices in their healthcare journey.

¹ Prices compared across more than 3000 generic drugs for day supply 30 quantity, pricing as of Sep 7, 2022, lowest prices sourced among CVS, Walgreens, Albertsons, Kroger, and Rite Aid.





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Communicate strategically



As you've probably noticed, there's a common theme to all this: Communication. That's the secret to many successful relationships in life, so why would it be any different for your relationship with members? After all, you're an Olympian going for the gold, and the best Olympians know they must communicate with their team effectively to reach the finish line. They work together to win, and it's the same here. You need to be communicating effectively and strategically to win.

In a recent Zelis member survey, proactive assistance and communication was a top three wish-list request. Members want more from their health plan. Communicate with them in the way they want to interact with you. Develop and implement solutions that offer a variety of ways to communicate with each member—through email, phone, apps, or text.

Every member will connect with you best in a different way. Join them as partners to better health by offering an easy outlet to communicate in the way that works for them.



Find the right partner to help

These are achievable goals that can make a huge difference in star ratings, but we recognize implementing these changes can take time and effort. That's why you want a valued partner to help identify areas for—and help you work toward—improvement. A coach, if you will, on your way to becoming the prized Olympian. And these days, a 5-star rating from CMS is indeed a prize.

Our team at Zelis already has solutions in place to help you hit the ground running. Contact our team or learn more [here](#).



About Zelis

Zelis is modernizing the healthcare financial experience by providing a connected platform that bridges the gaps and aligns interests across payers, providers, and healthcare consumers. This platform serves more than 750 payers, including the top-5 national health plans, BCBS insurers, regional health plans, TPAs and self-insured employers, and millions of healthcare providers and consumers. Zelis sees across the system to identify, optimize, and solve problems holistically with technology built by healthcare experts – driving real, measurable results for clients. Learn more at [zelis.com](https://www.zelis.com).

About SmartShopper® Propel

SmartShopper® Propel is an engagement and activation solution that makes highlighting open opportunities for care easy and convenient. With an omni-channel approach, Propel focuses on meeting the consumer where they are to build engagement and trust, enhancing your quality rating programs. Propel is there to help you meet your plan goals, whether it be improving scores (HEDIS, Star, CAHPS) or lowering your total cost of care. Propel is here to help. To learn more, contact us at SmartShopper@zelis.com, or visit our website.

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