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# The Ultimate Guide to Boosting Medicare Star Ratings in 2019



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# Table of Contents

What can you expect to learn in this guide?

|   |    |
|---|----|
| Introduction  | 3  |
| What Star Ratings Actually Measure & Why They Matter          | 5  |
| 6 Strategies to Boost Your Medicare Star Rating               | 9  |
| - Use Data Analytics to Drive Quality of Care Improvements    |    |
| - Secure Institutional Support & Prioritize Your Efforts      |    |
| - Increase Patient Adherence by Simplifying Medication Access |    |
| - Engage Providers  |    |
| - Reach Out to Patients                                       |    |
| - Take Steps to Improve Customer Care                         |    |
| Five-Star Ratings Are Within Reach                            | 23 |

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# Introduction

Medicare Star Ratings are a critical aspect of business for any pharmacy, hospital, or medical clinic.



However, improving and maintaining a high Medicare Star Rating in the current patient landscape can sometimes be difficult.

In a healthcare environment that's increasingly competitive and focused on patient needs, these ratings play a key role in winning over discerning consumers. However, staying on top of your Medicare Star Ratings is an increasingly difficult goal because CMS guidelines for achieving five-Star Ratings are complicated, and they change every year.

The good news is that patient care is improving across the board, but as benchmarks rise, it gets harder to make marginal improvements in plan performance. Getting ahead of the competition requires new techniques and new technology.

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In 2019, almost a quarter of all clinics or health centers improved their overall rating from the previous year.

In other words, it's still more than possible to increase your Medicare Star Rating. Working smarter, not harder is key - improving your Star Rating requires staying abreast of best practices, adopting new technology, and proactively managing your ranking from year-to-year.

### **Read on to learn:**

- *The real reasons why Medicare stars are important.*
- *What factors impact Star Ratings, including the most-often ignored elements.*
- *How data analytics, medication access, and other tools make the difference between mediocre and impressive Star Ratings.*
- *Concrete steps you can take to improve your Star Rating -- immediately and in the long term.*



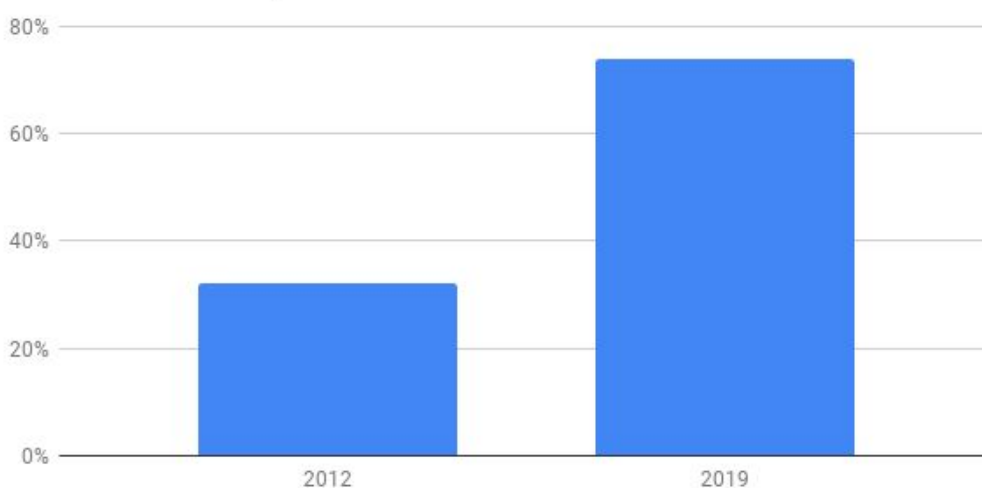
# What Star Ratings Actually Measure

And Why They Matter

## Some striking facts & figures about Medicare Star Ratings:

- Highly ranked plans receive bonus awards from CMS in the form of cash payments per subscriber. Taking all bonus incentives into account, improving from a 3-star to 4-Star Rating could increase revenue between 13.4% and 17.6%.
- Low Star Ratings can lead to contract termination.
- As of this year's ranking, [about 74% of all Medicare Advantage subscribers are in plans with four or more stars, up from less than a third of subscribers in 2012.](#)

Percentage of Medicare Advantage Subscribers in Plans with Four Stars and Up



- 0 than 10 plans to choose from this year.

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These numbers put the importance of increasing star metrics into focus, but they don't tell the whole story.

While taking steps to improve Star Ratings is important, Star Ratings, in and of themselves, are less relevant than what they represent. It's plan quality and bonus payments that directly drive enrollment and reduce attrition.

The bonuses awarded to highly ranked plans allow those plans to reduce premiums and increase investment in better patient care.

These attributes, rather than the number of stars itself, are more likely to be the reason highly-ranked plans get more subscribers.

In fact, ***fewer than a quarter of Medicare subscribers are even aware of Star Ratings.***



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However, in the future, Star Ratings may become more directly important for marketing:

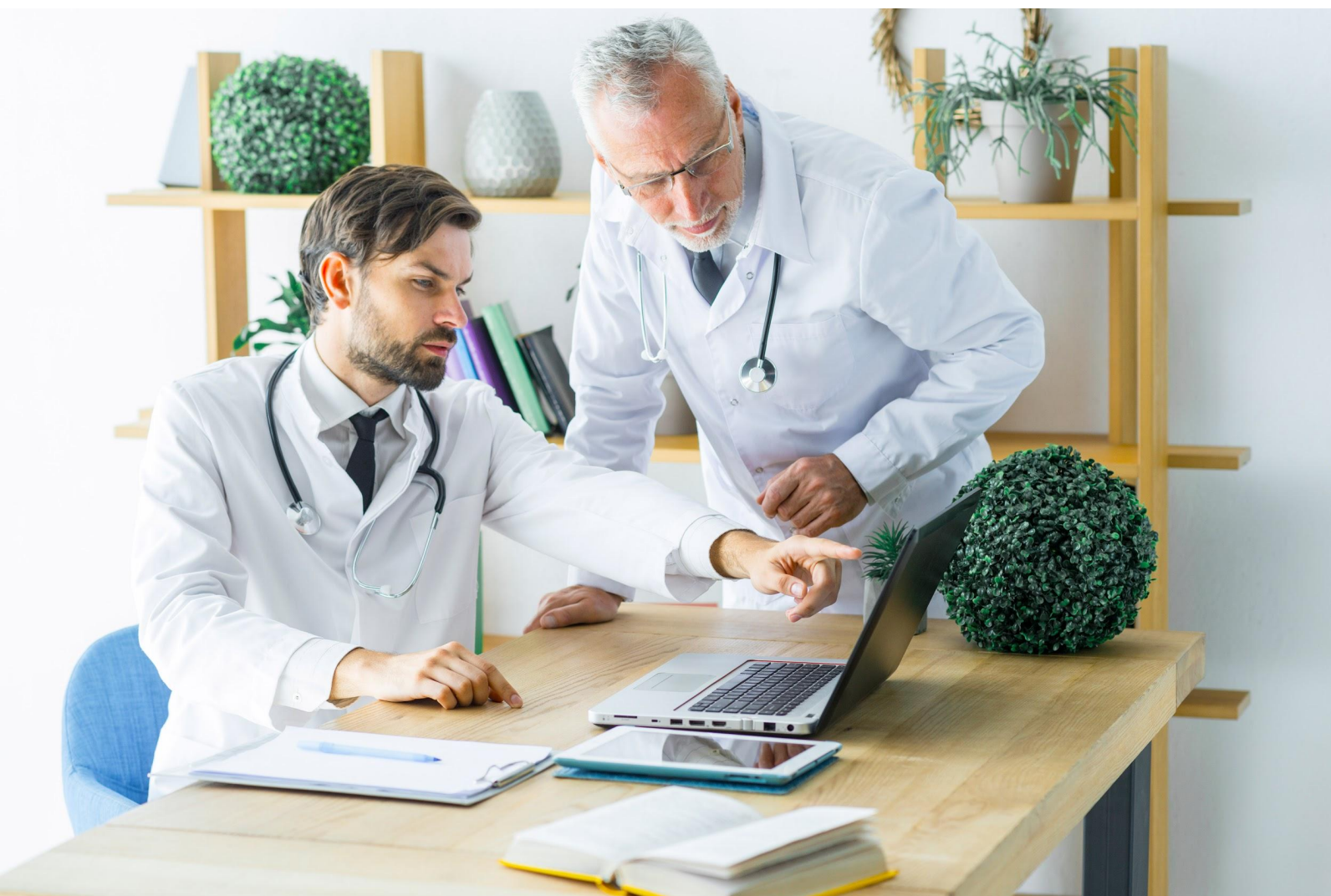
*Over 10,000 people become eligible for Medicare every day, and as time goes on, these tech-savvy potential subscribers are more likely to shop around for plans based on rankings.*

What's really important about your Star Rating from an organizational perspective, though, is what it measures. In the end, it's patient care, adherence, and health outcomes that drive success.

*Focusing on these underlying factors is what drives long-term ROI and financial success as well as improving Star Ratings.*

As plans improve across the board and consumers become more aware of their choices, high rankings will become non-negotiable: it's likely that in the future, high Star Ratings will become a baseline expectation, rather than a benefit.





# Boost Your Medicare Star Rating

The 6 Most Effective Strategies In 2019

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# The 6 Most Effective Strategies to Boost Your Medicare Star Rating in 2019 (and beyond).

## 1. Use Data Analytics to Drive Quality of Care Improvements

*AI and data analysis find and address care gaps.*

In this data-driven era, practically everyone is seeking to take advantage of healthcare data.

Patient records and organizational data are potent sources of information, but they're only valuable if you can use them to generate useful insights.

Artificial intelligence and data analytics platforms are becoming increasingly crucial to automate information processing and stay ahead of the curve.

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These tools can quickly generate a detailed picture of both your organization's operations and the health of individual customers, helping to:

- Personalize messages for individual members, communicating according to their preferences.
- Quickly identify care gaps (such as low coverage for immunizations, lab work, etc.)
- Automate tasks such as preventative care reminders and annual communications with providers
- Identify underserved consumer segments and target outreach efforts



The ultimate goal here is to build a holistic picture of your patients' demographics, preferences, and behavior. The more you know about what your patients want and how they seek care, the easier it will be to deliver better experiences.

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## 2. Secure Institutional Support & Prioritize Your Efforts

*Ensure that leadership understands and prioritizes customer experiences.*

To make improvements that stick, you'll need to consistently work towards Star Rating goals year-round.

The relatively long timeline of Star Ratings means that you'll have significant historical information through which to identify key areas for improvement and communicate these priorities throughout your organization.

Successfully improving your Star Rating often requires the creation of governance committees to:

- Evaluate star metrics.
- Maintain accountability.
- Identify key areas that require institutional resources and capital.



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A widely communicated plan also helps you target your resources at the areas of your rating where:

- You are close to a cut-off point (i.e., a small improvement could have a big impact).
- Making improvements is more natural (i.e., your organization's structure lends itself to changes in that area).
- That area is weighted heavily (i.e., efforts have a higher ROI when they directly impact customer experiences).



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## 3. Increase Patient Adherence by Simplifying Medication Access

*In the U.S., more than 20% of prescriptions never get filled. Failing to take medication as prescribed is responsible for up to half of treatment failures.*

Medicare Star Ratings unsurprisingly put a lot of weight on both customer experiences and health outcomes. Medication adherence is one of the few points of attack that influences both of these metrics at once.

**Moving the needle on prescription adherence is one of the highest-impact areas for improving Star Ratings.**

Pharmacists and physicians are at the forefront of this battle: simplifying prescription processes, synchronizing medications, and e-prescribing can all impact patient medication adherence.

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For example; the medifriendRx® automated pharmacy kiosk system provides immediate access to medication at the point of care – patients prescribed medications can fill them immediately after their appointments within the care setting without traveling to a pharmacy.



Eliminating extra time and effort typically required to fill prescriptions can dramatically increase the chances that patients will actually receive the medications necessary for better health outcomes.



## 4. Engage Providers

Providers play a key role in reporting important Star Rating data and supporting value-based care efforts. Successful strategies to proactively involve providers in the reporting and Star Rating process include:

- **Reaching out proactively:** CAHPS surveys are typically mailed in March or June; these deadlines aren't flexible, but it is sometimes possible to get ahead of the game by contacting providers early, before they are swamped with other requests, to stay ahead of competing demands for their time.
- **Creating outcome-based models:** work with them and take into account providers' day-to-day experience and challenges when providing care.



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- **Creating financial incentives:** ease the transition to value-based compensation with bonuses for timely reporting and high performance.
  - **Taking advantage of physicians' competitive drive:** make financial compensation metrics transparent to reveal a provider's current earnings for value-based reimbursement programs.

Health plans can - and should - also work with pharmacists to improve clinical and operational star-rating measures for issues like:

- Side Effects
- Cost
- Complete Medication Review (CMR)
- Interactions With Other Medications
- Brown Bag Programs
- Refill Reminders
- Monitoring Refills For Non-compliance
- Generic Substitutions

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Because these issues are relevant to both pharmacists and physicians, it's a good idea to offer or invest in resources that ensure compliance and positively affect outcomes.

For example; services like [Outcomes](#) or [Mirixa](#) track outcomes from pharmacy intervention to improve compliance; they include a menu of financial reimbursements offered to the pharmacy for providing these services.





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## 5. Reach Out to Patients

Patient-centered communication helps improve patient satisfaction and boost adherence.



Educational outreach, for example, is a powerful tool to drive medication adherence and create positive relationships.

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Patients who understand how to use their medications are more likely to follow medication timelines and modify their behavior; communication improvement is particularly effective at improving clinical outcomes for chronic conditions highly weighted by CMS, such as diabetes, hypertension, and cancer.

A pharmacist or physician can directly impact medication adherence and outcomes by asking detailed questions at the time of the CMR to assess the patient's knowledge of how and why they are taking the medication.

Use digitally-supported tools like:

- Personalized outreach (such as AI-supported messaging).
- Portals and other communication touchpoints.
- Engagement platforms.

Also, increasing your knowledge of patient needs, on top of improving patient experiences, making it easier to meet customer expectations.

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## 6. Take Steps to Improve Customer Care



While customer service might seem like an obvious area to focus on to improve Star Ratings, many plans still lack comprehensive customer care systems.

Proactively responding to complaints is also key to minimizing voluntary unenrollment, a figure which can have significant adverse effects on Star Ratings.

Systemic prioritization of customer care can include:

- Tracking all complaints and responses to identify patterns
- Conducting consistent surveys to determine additional steps for improvement.

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- Responding to customer encounters and work with patients through any conflicts that arise - this step might include setting up reconciliation procedures and training customer care reps in empathy and engagement.
  - Equipping customer service staff and providers to provide assistance and help patients access care. For example, pharmacists and physicians should be equipped to, coordinate information exchanges between teams and explain benefits and medication use in addition to providing care
  - Where possible, increasing the convenience of care - for example by extending clinic hours, offering 24/7 phone support, and making accessing medication more convenient





# Five-Star Ratings Within Reach

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# Patient Health Outcome Strategies Bring Five-Star Ratings Within Reach

We are in a new age when it comes to provider-insurance-patient relationships. Today, health plans have to pay attention to what enrollees need and look for when choosing a Medicare Advantage or Part D Plan.

CMS' Star Ratings have a powerful impact on your reputation and bottom line.

Meeting rating goals every year can be discouraging. However, with the right information, tools, systems, and technology in hand, driving up your Medicare ratings is more than possible.

*Ready to put your 2019 Medicare Star Rating Plan into action by improving patient adherence? Start with our [Checklist](#)*

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The medifriendRx® automated prescription dispensing kiosk system simplifies the prescription delivery and pick-up process by providing a state-of-the-art self-serve pharmacy kiosk at local clinics and doctors' offices around the country.

These automatic dispensing kiosks help you maintain regulatory compliance while providing the smoothest delivery of Schedule II through V drugs to your patients at the point of prescribing, where access to the medications has the highest impact.

*To learn more about improving your Star Ratings or how medifriendRx® solutions might improve patient care at your organization, get a free demo [here](#)*

