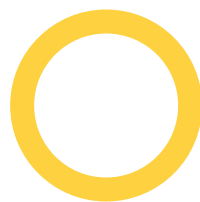


# Improving performance: A guide for payers navigating the changing healthcare market

Driving collaboration among payers, providers,  
and members for enhanced network efficiency

Executive summary The growth trajectory of the Star Ratings of health plans between the year 2017-2020 has been remarkable<sup>1</sup>. The weighted average of the plans awarded four or more Stars increased from 70 percent to more than 90 percent, even after accounting for an increase in the number of plans. Most Medicare Advantage Plans have been successful in cracking the code to earning lucrative Star Ratings.



<sup>1</sup>Need footnote



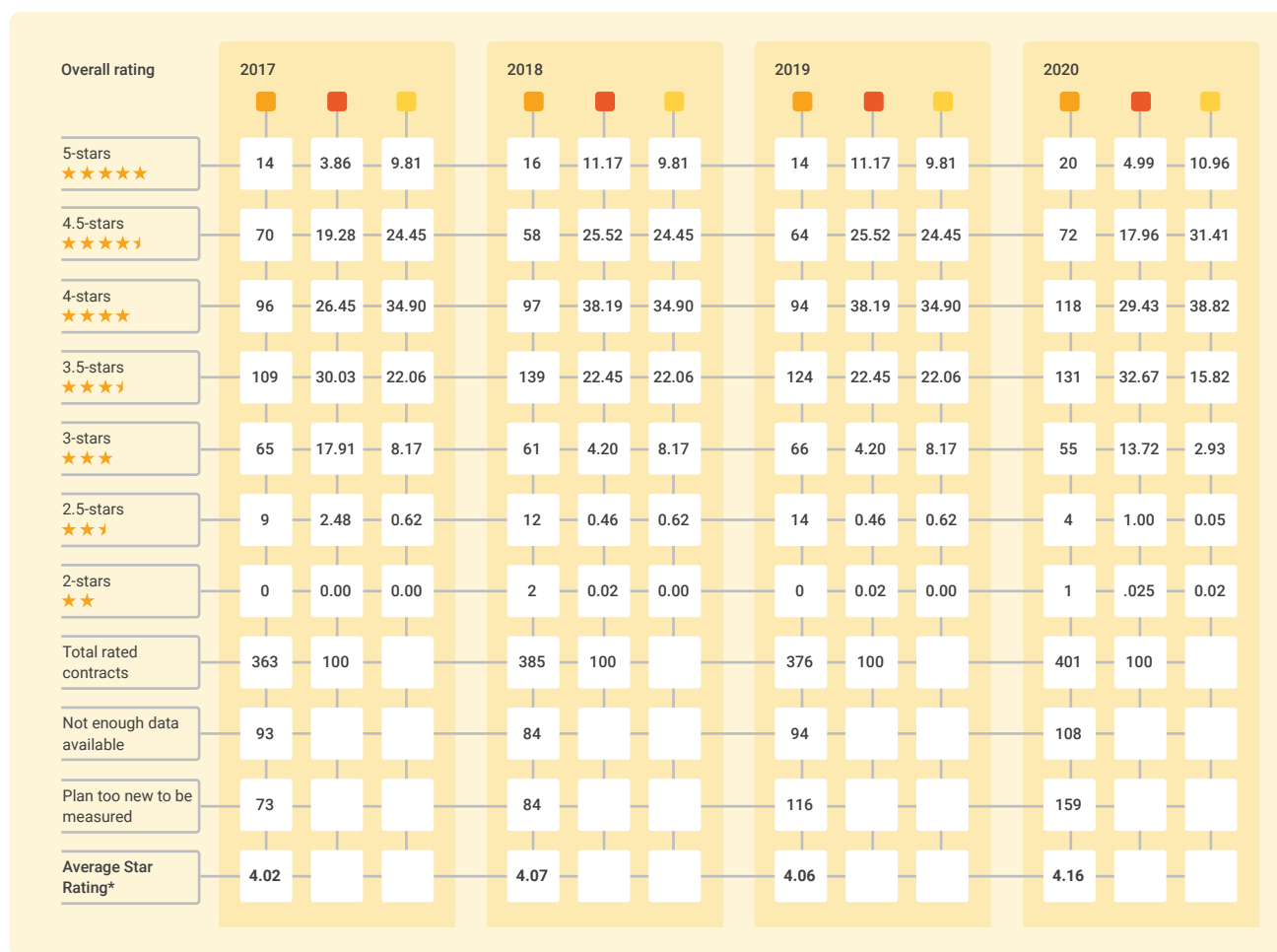
# Improving performance: A guide for payers navigating the changing healthcare market

CMS is set to add more parameters to intensify the momentum to drive better quality, health outcomes and reduce costs<sup>2</sup>. When a health plan achieves the maximum ratings for a measure, CMS has the authority to dismiss the measure and introduce a new one to further incentivize quality improvement.

Plans having four or more Stars must continue to improve their performance metrics to sustain their high ratings. This whitepaper discusses the major factors that determine a health plan's performance, the areas of improvement, and why there is a need for a data-driven approach to drive better performance.

## 2017-2020 overall Star Rating distribution for MA/PD contracts

■ Number of contracts
 ■ % percentage
 ■ Weighted by enrollment



<sup>2</sup>The average Star Rating is weighed by enrollment

# How can health plans sustain their high Star Ratings?

There are primarily four factors that determine an MA Plans' Star Ratings—outcome, process, access, and patient experience. From 2009-2018, there has been considerable improvement in the process and access to care delivery<sup>3</sup>. Patient experience and health outcomes, however, have not shown proportional improvements compared to the other two factors. The improvement in the process can be attributed to developments in medicine, and the increase in access to health

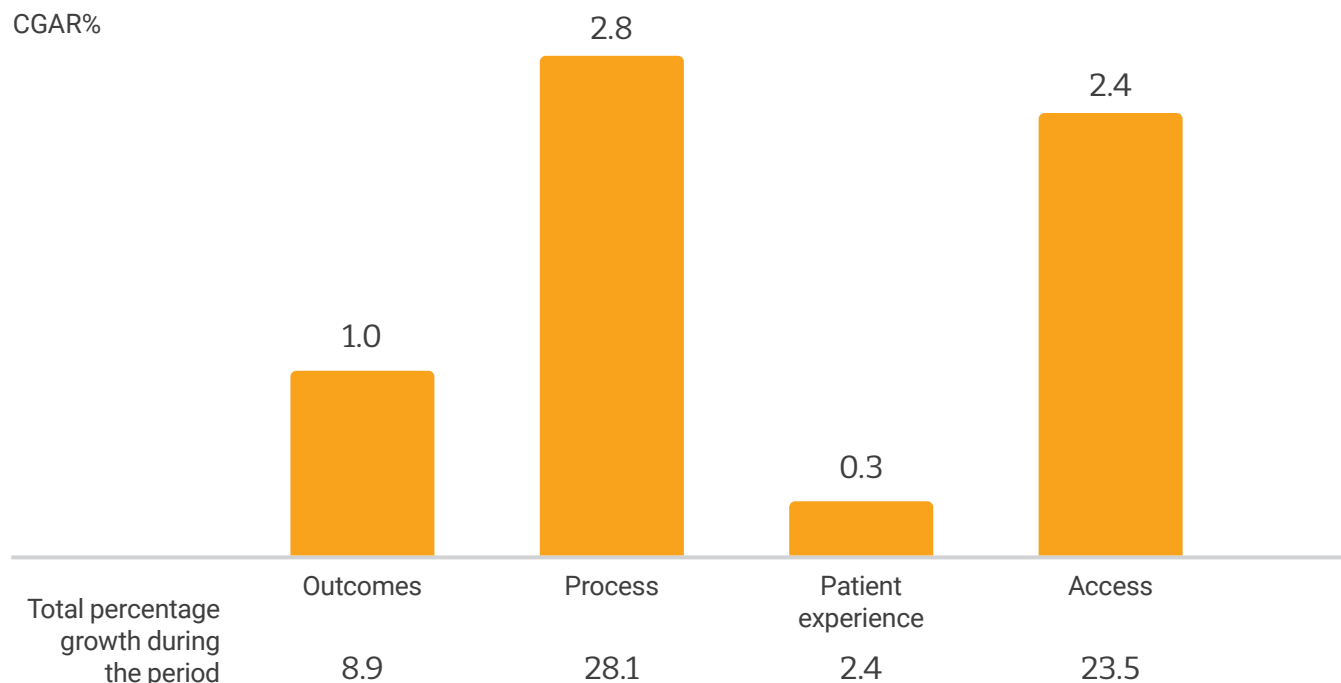
plans' robust provider networks and improved consumer digital interfaces.

From these statistics, we can infer that members were able to access care easily and providers had the equipment and expertise in place to care for them. Still, patient experience and outcomes were below satisfactory levels.

**MA performance improved after quality bonuses were implemented**

## Change in enrollment – weighted average by category (2009-18)<sup>1</sup>

CGAR%



CGRR, compound annual growth rate; MA, Medicare Advantage.

<sup>1</sup>Analysis based on Star Ratings measures available in all years (2009-18); excludes breast cancer screening, controlling blood pressure, and appealing auto-forward metrics; enrollment based on April enrollment per contract for the year the Star Ratings fall data is released. Source: McKinsey analysis of CMS Medicare Star Ratings data (2009-18) and contract enrollment data (2008-17)

# How can payers improve plan performance?

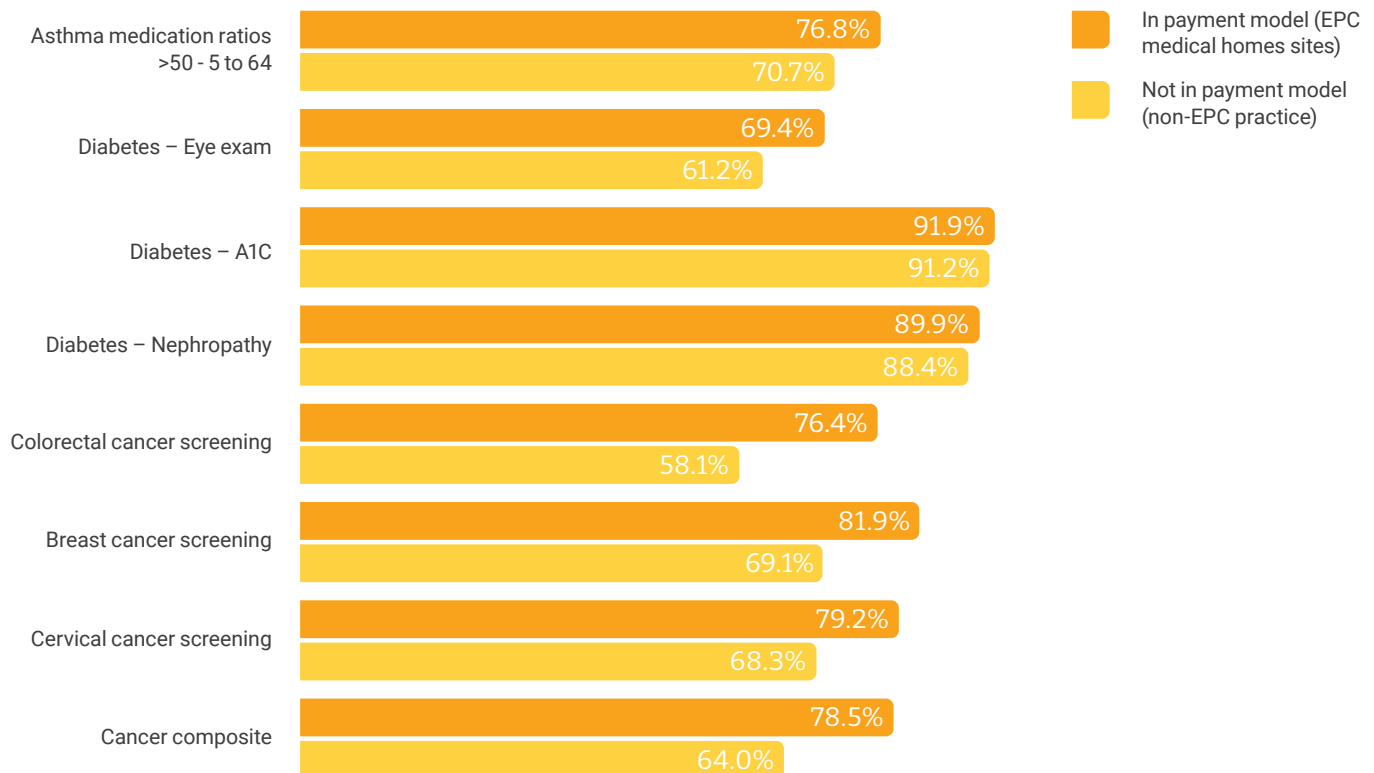
Collaborating with providers and assisting them in the process of care delivery could be the answer. According to a study, payer participation in the care delivery process can improve member experience, outcomes, and lower costs<sup>4</sup>. Health plans have access to clinical, financial, and claims data. Applying data analytics on this and sharing it with providers can help them understand the

patterns of health issues and conditions which most need their attention<sup>5</sup>.

Increased competition, rising medical costs, and CMS mandates are making it challenging to increase or retain high Star Ratings. Some payers have already started leveraging provider-payer collaborative dynamics.

## Payer-provider partnership produces better quality outcomes

EPC sites outperform non-EPC sites in 2017 quality measures



HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

Note: Nonparametric test was applied as rates are not normally distributed (Wilcoxon-Mann-Whitney test Z-score)

Source: CapitalInDistrict Physicians' Health Plan; Alliance of Community Health Plans.

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

# How can payers improve plan performance? cont'd

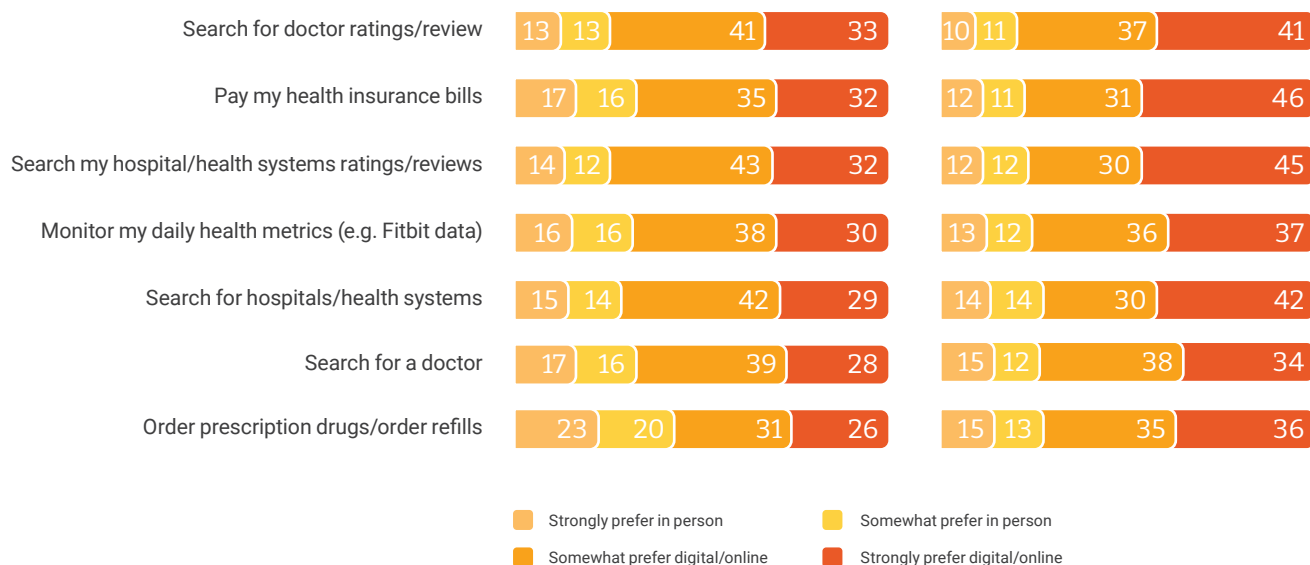
Along with providers, health plans have another (and probably the most important) stakeholder to consider: the members. Assisting providers in enhancing the care experience can boost members' healthcare journey. Health plans' direct interaction with members also has a crucial role to play in defining a member's experience.

Health plans must engage members at each point of interaction to increase satisfaction. The US Health Insurers Customer Experience Index, 2018 by Forrester revealed that customer service is the most important component of member engagement<sup>9</sup>.

Leveraging technological assistance to map behavior patterns to health plan offerings, like web retailers, can be an effective way to engage members and provide them with high-quality customer service<sup>8</sup>. Apart from that, engaging members on a digital platform can lead to increased satisfaction levels. Research reveals that members are increasingly inclined towards digital channels for interaction. Between the year 2016 to 2018, there was a steady rise in the preference to use digital channels for healthcare services<sup>10</sup>.

## A growing number of consumers prefer digital channels for healthcare services

Which channel do you prefer to use for the following tasks?

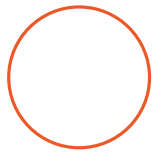


Source: McKinsey's 2016 and 2018 Consumer Health Insight Surveys

# How can payers improve plan performance?

The current trend suggests that people are increasingly less inclined to receive in-person communication for healthcare services<sup>11</sup>. They would prefer to use self-service portals instead of calling customer care. However, this does not mean that traditional communication methods should be discontinued. There are times when a problem arises which cannot be solved digitally.

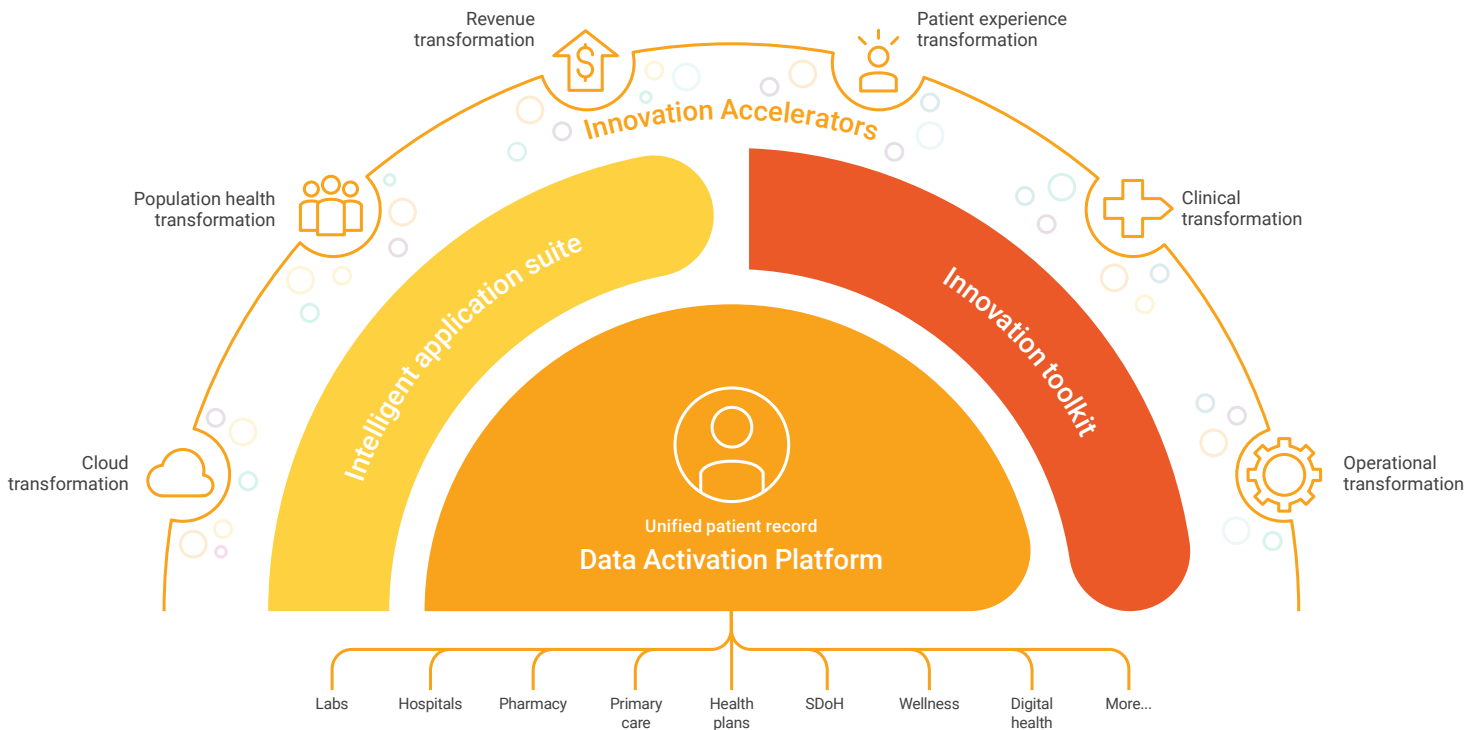
In that case, a member has to get in touch with a payer representative. As competition for enrollees intensifies, plans must improve their member experience. Both channels online and offline, should be made available to beneficiaries and switching between them should be swift and seamless. A data-driven approach is the key to accomplishing this.



# Improve health outcomes and member experience with data activation

A Data Activation Platform enables the automated integration of member data. When aggregated data is made available online and offline, beneficiaries can use the model most convenient for them. They can also alternate between the channels and the transition would seem so smooth that they would feel like they are interacting with just one entity – the

insurer. Facilitating omnichannel interaction can markedly improve a member's experience. With this, members get a sense that their inputs are registered by the insurer and their problems are promptly addressed. It can alleviate the bureaucratic steps in member communication and boost system efficiency.





# Innovaccer's Data Activation Platform



A Data Activation Platform allows payers to give providers access to care insights and enable priority actions that they cannot take using their EHRs alone. It offers an in-workflow approach to enable cost-effective care delivery at the point of care without any EHR integration dependencies. With this platform, payers can

assist providers with resources that enable them to improve clinical outcomes and boost the overall network performance.

The following solutions are built on Innovaccer's data activation platform:

## inapi

Innovaccer's advanced healthcare data integration engine, providing one-click interfacing mechanisms to a wide breadth of healthcare data systems and a seamless bidirectional flow of data.

## incare

Smart, AI-assisted care management solution, with patient-centered medical home (PCMH) level care delivery, hardcoded into the workflow. InCare streamlines the care management process enabling systems to scale care management programs at lower costs, and with higher quality.

## ingraph

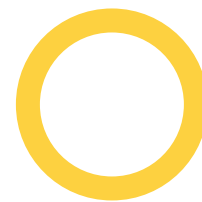
InGraph is the most intuitive healthcare analytics offering for population management health strategies in the industry with over 800+ measures to track network performance and outcomes, customizable measures, and access dashboards accessible across the network, and automated reporting on quality measures.

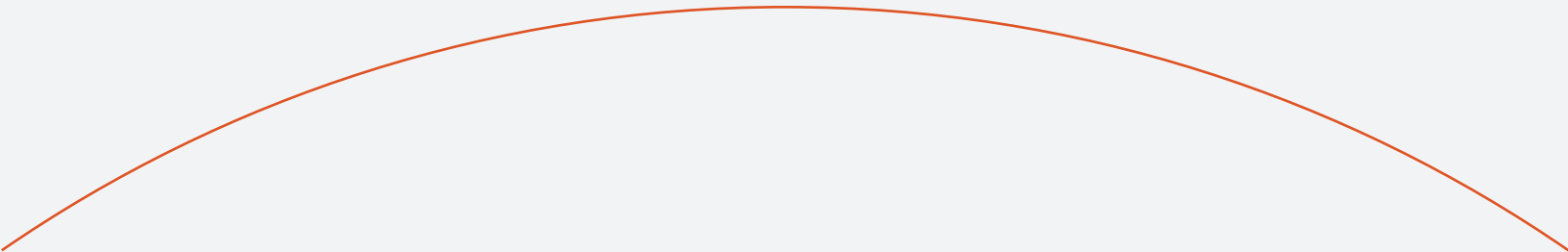
## innote

A smart, lightweight physician's digital assistant that surfaces critical system and population health insights derived from multiple data sources, at the point of care. Using InNote, insights such as care gaps, dropped codes, process measures and referrals information can be shared with the clinician—without their having to leave the EHR experience.

## inconnect

An automated analytics-driven patient engagement solution to scale patient outreach workflow, and bring patients closer to the care team.





Innovaccer Inc., the Health Cloud company, is dedicated to accelerating innovation in healthcare. The Innovaccer® Health Cloud unifies patient data across systems and care settings, and empowers healthcare organizations to develop scalable, modern applications that improve clinical, financial, and operational outcomes.

July 2022

Innovaccer's solutions have been deployed across more than 1,600 care settings in the U.S., enabling more than 96,000 providers to transform care delivery and work collaboratively with payers and life sciences companies. Innovaccer has helped its customers unify health records for more than 39 million people and generate over \$1B in cumulative cost savings.

Innovaccer is the #1 rated Data and Analytics Platform by KLAS, and the #1 rated population health technology platform by Black Book.

For more information, please visit [innovaccer.com](https://innovaccer.com)

