Background

Under the Patient Protection and Affordable Care Act, beginning in 2012, Medicare Advantage Plans have had the chance to improve their Medicare Advantage Star ratings and be awarded tens of millions of dollars in bonuses beginning in 2012.

At the outset, attaining a 3, 4 or 5-Star rating was to be achieved by encouraging wellness and preventive services and boosting customer service based on the 36 Medicare Advantage Stars performance measures set by the Healthcare Effectiveness Data and Information Set (HEDIS). These measures include how often members get screenings and tests, such as colonoscopies, check-ups and flu shots, as well as member satisfaction and customer service.

By 2015, only plans that receive a 4 or 5-Star rating will receive the bonus payment. This means that plans must be continually striving to reach the highest Star rating.

What is the Health Advocate Medicare Advantage Stars Program?

The Health Advocate Medicare Advantage Stars Program offers Medicare Advantage Plans a 6-part, fully integrated action solution that helps plans meet quality-based objectives. Our program provides an opportunity to maintain or reach a 4 or 5-Star rating required to secure the millions available in Star bonuses.

Our multipronged approach blends personalized telephonic healthcare help, clinical coaching and “Dashboard” informational architecture with data-driven, tailored communications to engage members regarding recommended preventive and chronic care measures.

The goal is to make Medicare Advantage Plan members partners in the quest for the highest quality healthcare, resulting in the best ratings and an increased opportunity for increased revenue.

Who is Health Advocate?

Health Advocate, a subsidiary of West Corporation, is the nation’s leading healthcare advocacy and assistance company serving millions of Americans. Our company offers our standard highly personalized Core Advocacy service and a full range of complementary solutions to save time and money.
Why is the Medicare Advantage Stars Program important for health plans?

The Medicare Advantage Stars Program provides Medicare Advantage Plans with an opportunity to earn back bonus revenue if they achieve the required performance ratings.

What are the 6 parts of the Health Advocate Medicare Advantage Stars Program... and how can the program help increase your Star rating?

The program’s 6 features interrelate and fully support members and the plan on multiple levels. This ensures better compliance with Medicare Advantage Star measures and helps achieve the Star ratings required to earn back bonus revenue.

**Feature #1:**

**Medicare Advantage Stars Health Advocacy Service**

Personalized telephonic member support, problem resolution and coaching to meet objectives, supported by our proprietary Dashboard informational architecture.

**Feature #2:**

**Personalized Member Communications**

Targeted communications to drive members to meet requirements.

**Feature #3:**

**Targeted Outbound Calls**

A data-driven outreach program to increase compliance and address gaps in care.

**Feature #4:**

**Carrier Agent Dashboard**

Provides the plan with proprietary Dashboards created for each member. Staff is trained in its use to engage the member to meet measurements.

**Feature #5:**

**Personalized Member Online Dashboard**

Personalized Health Information Dashboard tool highlighting actions required to encourage better compliance.

**Feature #6:**

**Comprehensive Monthly Reporting**

Summarizes measures including participation and outcomes.
**What is the Medicare Advantage Stars Advocacy service?**

At any time, Medicare Advantage members can call the dedicated, toll-free Health Advocate number for personalized assistance to navigate a full range of healthcare and insurance-related issues.

The assistance includes help to meet quality-based objectives, such as scheduling appointments, finding in-network doctors, as well as “coaching” to help the member comply with management of chronic conditions.

The member is assigned a Personal Health Advocate, typically a registered nurse, supported by medical directors and benefits and claims specialists, who helps resolve the issue quickly and efficiently.

**Here are examples of how the Personal Health Advocate can help the member:**

- Find senior services (e.g., assisted/long-term living facilities, in-home care, transportation, etc.)
- Locate durable medical equipment, cost-saving generic equivalents to brand-name drugs, assist with mail-order prescriptions
- Clarify Medicare; untangle medical bills

...and more

The same Personal Health Advocate remains with the member and is available for any follow-up calls.

This broad-based, dependable, personal assistance across multiple issues ensures the highest level of Member Satisfaction and Customer Service.

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**What are the Personalized Member Communications?**

As a complement to the Medicare Advantage Advocacy service, our state-of-the-art data technology collects and analyzes member utilization information. This enables us to create multiple types of personalized, mail-based communications with the purpose of improving Star ratings. All communications are geared to seniors (e.g., large print).

**Preventive Communications**

The communications encourage the timely use of evidence-based recommended preventive screenings and tests, tailored to the member, such as mammograms, prostate screenings, colonoscopies and flu immunizations.

Our communications also include benefit information, treating physician contact information and the reminder that the member can call a Personal Health Advocate to answer any questions, schedule appointments, explain tests and procedures, etc.

**Customized, disease-specific communications**

Members identified with a chronic condition, for example, diabetes, receive disease-specific messages with recommendations such as HbA1c testing, tailored to the best management of their condition.

**Ongoing reminder messages**

These communications are mailed throughout the year to reinforce preventive screenings and disease-specific testing.
What are targeted outbound calls?
Using our “smart targeting” technology, driven by member utilization, our Personal Health Advocates reach out to members who meet criteria for specific screenings, tests and other Medicare Star measures to remind and encourage them to follow through to meet these measures. Calls are coordinated with physician appointments with confirmation that the appointments took place. The member data is updated to reflect improvement in success rates. The calls are coordinated with the health plan.

How does the Dashboard work and how does the Personal Health Advocate use it?
As a fully integrated feature of the Medicare Advantage Stars Program Health Advocacy service, the Personal Health Advocate uses a customized, informational Dashboard. This online tool organizes proprietary Medicare Advantage member utilization information, and highlights the member’s Medicare Star rating profile. The Dashboard also spotlights preventive actions required, such as a primary care visit or flu immunization.

The Dashboard enables the Personal Health Advocate to leverage “teachable moments” to personally guide members to timely and appropriate preventive and chronic care actions, and increase compliance for a better Star rating.

What is the Personalized Member Online Dashboard?
The Medicare Advantage plan members have access to their own online, secure member Web portal that conveniently displays an expanded version of the Agent Dashboard.

The Dashboard allows the member to easily view specific recommended preventive and chronic care tests and screenings and view alerts when action is required.

Members can also view medical tips and physician contact information. Additionally, the Dashboard allows access to health information supplied by either Health Advocate or the Medicare Advantage plan.

As always, the member is encouraged to call a Personal Health Advocate with any questions or for assistance.

What is the Carrier Agent Dashboard?
We provide the Medicare Advantage Plan with our exclusive Carrier Agent Dashboard, conduct the installation and train the health plan staff in its use as a “teachable moment” tool. We also work with the health plan to coordinate appointments for the member.

When the member calls the plan, the health plan agent can use this convenient tool to get a snapshot of the member’s profile and have an opportunity to encourage the preventive actions spotlighted. This can help boost compliance and, in turn, the plan’s Star rating.

What is Comprehensive Monthly Reporting?
Health Advocate provides the health plan with powerful monthly reports to track quality-based measurements.

Our reports include a summary of member engagement, such as contacts with the Coach, preventive actions and chronic condition management.

The reports also include member outcomes, such as doctor appointments, as well as member feedback.
Key benefits of the Health Advocate Medicare Advantage Stars Program

Our complete, turnkey solution offers personalized, varied and ongoing engagement at multiple levels, optimizing the opportunity to boost compliance, reach—or maintain—a 4 or 5-Star rating and earn back bonus revenue.

Empowering patients for better outcomes

Our program helps members become proactive on all fronts in the quest for better health through personal interaction, online Dashboards, standard mail and their physicians.

We eliminate the guesswork. Members know just what actions to take at the right time. And they know exactly what they need to do to better manage their chronic conditions and remain healthy for better compliance and better outcomes.

Personalized support for increased member satisfaction

Our Personal Health Advocates are highly trained and possess a full range of resources to help seniors navigate—and easily understand—benefit information. Personal Health Advocates provide clinical coaching assistance to help compliance with managing specific conditions.

The Personal Health Advocates remains with the member, no matter how long it takes, and our service can be accessed at any time. We have received outstanding feedback about our compassion, knowledge and expediency. These are important factors toward reaching higher Customer Service and Member Satisfaction ratings.

Dashboards support a “call-to-action”

Our state-of-the-art tool offers the Personal Health Advocate, the member and the agent, a quick but thorough and clear snapshot of required objective-based measures.

Highly knowledgeable about specific Star measures

Our staff has the experience to answer questions about preventive measures whether it is about colorectal screening, osteoporosis testing or the flu immunization. At the same time, we also have the clinical know-how to support the member in following specific care actions, such as controlling blood pressure or monitoring glucose.

Fully integrated

Whether the member needs to find out about coverage for a blood glucose monitor, locate an in-network doctor, expedite an appointment for a check-up, find living arrangements, in-home care or a smoking cessation program, they have easy access to an expert to get them the right answers at the right time.

Tailored, targeted communications boost compliance

Our highly personalized communications are tailored to the individual’s status and needs. This targeted approach is a more effective way to drive individuals to appropriate actions and ensure better compliance than generic mass mailings.

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About Us
Health Advocate™, a subsidiary of West Corporation, is the nation’s leading healthcare advocacy and assistance company. Health Advocate serves more than 10,000 clients offering solutions that save time and lower healthcare costs. Our award-winning solutions include EmpoweredHealth, Health Advocacy, Wellness Coaching, EAP+Work/Life, Chronic Care Solutions, Cost Containment and Specialized Product Support among others. We also leverage the power of data analytics to help our clients and members get more value out of the healthcare system.

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