SUCCESS STORY

The MLR-Quality Connection: How One Medicare Advantage Plan Met the 85% Ratio and Simultaneously Boosted Star Ratings

CHALLENGE

It's a familiar annual problem—how to ensure enough resources are focused on quality improvement activities (QIAs) that support a plan's ability to meet the 85% MLR (Medical Loss Ratio) threshold and avoid the significant consequences of missing the mark. It's not just a question of spending the money, but choosing where to invest it to provide maximum value to members, while simultaneously optimizing plan performance.

One large Connecticut-based Medicare Advantage plan faced this exact issue. They were looking to invest in a quality improvement program and needed to optimize their MLR before the end of the year. Having never before offered a rewards and engagement program—which fits solidly within QIAs and can directly impact gap closure—the plan decided to tap into the power of engagement, and chose to partner with us.

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Solution

We designed a targeted, cost effective rewards and engagement program for 5 H-plans. In Q3, it launched in three markets; in Q4, it launched in the remaining two. For each market, the program invested in quality improvement and member care to optimize care for QIAs, leading to Star Rating improvements and an improved member experience.

While the program was available to all members, our proprietary predictive analytics and consumer marketing expertise allowed us to focus on high-risk and non-compliant members (those not actively participating in their care). We leveraged rewards and incentives to motivate them to complete the healthcare activities that would most impact Star measures and member health.

To support both short- and long-term objectives, we offered multiple activities with varied reward levels. This stratified approach optimized the plan's investment, allowed us to impact the most valuable measures quickly, and set the stage for long-term measure maintenance and improvement.

Results

Enabling the plan to invest in QIAs, the program successfully engaged members and improved quality. The number of members who signed up for the program was exceptional: 12.4% of targeted members in the Q3 program and 10.9% of targeted members in the Q4 program. Of those members, 11.5% in the Q3 program and 10.5% in the Q4 program went on to redeem at least one healthcare activity—what we call "utilization." With a set goal of 9% minimum utilization, this means both programs exceeded expectations.

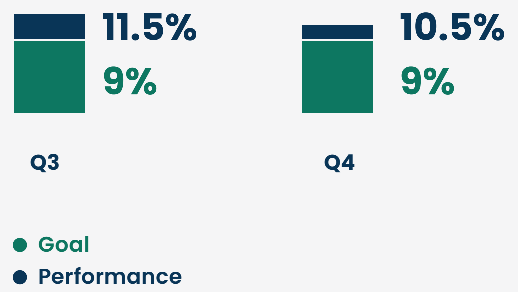
The program also drove previously non-compliant members to attest to closing over 23,000 open care gaps.

What's more, we found that program participation led to higher overall rates of health engagement: members who completed an Annual Wellness Visit in the program were 1.6 times more likely to complete another healthcare activity, such as a cancer screening or diabetes exam.

The success of the program also impacted Star Ratings in 3 significant ways: It improved 6 quality measures to the next Star Rating, progressed 15 quality measures to the next Star cut point, and maintained 8 quality measures with 5-Star Ratings.

With these strong, proven results, the plan is now expanding its programs with us—adding additional H-plans in new markets and increasing the number of targeted quality measures.

Program Exceeded Utilization Goals



Members who completed an Annual Wellness Visit were 1.6x more likely to complete additional health actions.

Insight

6
Star Ratings improved to next level

15
Star Ratings progressed toward next level

8
5-Star Ratings successfully protected

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