Using **Advanced Analytics** to Close Care Gaps and Attain a **Four-Star Medicare Rating**

**BACKGROUND:**

Geneia’s client is a regional health plan with more than 750,000 members. The plan offers a diverse set of health insurance products, including individual, self-funded and fully insured small and large employer group, Medicare Advantage Prescription Drug HMO and PPO, and Medicare supplement plans. About 10 percent of its membership participates in Medicare plans.

Like most health plans, our client became quite motivated to attain and maintain a Medicare rating of four stars. Before 2015, the Centers for Medicare and Medicaid Services (CMS) paid bonuses to health plans with three or more stars. CMS’ decision to eliminate bonuses to plans with three and three-and-a-half stars effectively raised the bar, resulting in health plans doing more to improve Medicare quality.

A star rating of four or more indicates above-average quality, which is attractive to consumers and tends to increase enrollment. It also entitles the plan to a share of more than $3 billion in federal bonus payments, approximately $500 per member.

“Through our use of Geneia’s Theon® platform, our health plan was able to effectively and efficiently conduct population health analysis, measure performance against benchmarks, develop an improvement strategy, and execute a comprehensive and coordinated outreach and intervention plan that resulted in our achievement of a four-star rating for our HMO and PPO products. The platform is also supporting our efforts to achieve a five-star rating.”

Senior Vice President, Government Programs
Regional Health Plan
**CHALLENGE:**

Nearly every year, CMS increases the standards for star ratings, meaning health plans continuously need to do more to improve the quality of care for Medicare members and earn and maintain a four-star rating. Similarly, quality is judged in relation to other health plans operating in the same area, and that means more needs to be done each year to maintain the same star rating.

Historically, health plans have tended to ‘throw money’ at interventions and gap closure initiatives in the late summer and fall, often outsourcing this effort to one or more vendors. Our client, like many health plans, was using expensive, labor-intensive, one-off tactics such as mobile mammograms and bone density scans, community health fairs, and ‘chart chasing,’ where the plan sends nurses to provider offices to manually search patient records.
SOLUTION:

Two years ago, our client decided to find a better way. The plan wanted to create a repeatable, cost-efficient process for attaining and maintaining a four-star rating.

To do so, the health plan knew it needed a clinically-focused and meaningful dashboard that efficiently presents open care opportunities aggregated by provider and by patient. The plan also sought a comprehensive, centralized analytics and reporting system, one that collects and integrates timely information from more than 25 sources, including:

- Member data
- Demographic
- Claims
- Costs
- Laboratory
- Pharmacy
- Durable medical equipment
- Procedures
- Care provider data
- Hospital discharge data
- National Committee for Quality Assurance HEDIS® (Healthcare Effectiveness Data and Information Set) measures, and more.

The health plan also knew it needed comprehensive communication capabilities to easily and quickly share results and facilitate collaboration between the plan’s medical director, physician and care management staff, Medicare stars director, and – equally important – its network of treating physicians and providers.

The health plan chose Geneia’s Theon® advanced analytics and insights platform as the foundation for its process of attaining and maintaining a four-star rating.
RESULTS:
Following a three-step approach, our health plan client effectively and efficiently used the Theon® platform to earn a four-star rating and maintains this rating today.

Step One

First, the health plan used the Theon® platform to identify quality gaps within its Medicare Advantage population. The plan believed more gaps were closed than previous systems reported and thought the Theon® platform – because it aggregates data from many additional sources – would prove it.

It did.

The Theon® platform brings in new sources of clinical information such as ADT (admissions, discharge and transfer), pharmacy and laboratory data and applies analytics to produce missing codes – ones that were likely forgotten, overlooked or not coded thoroughly or correctly at the outset.

By using the Theon® platform, the health plan proved that more than 25 percent of the care gaps identified through its old system had in fact already been closed. For example, the Theon® platform displayed the true number of diabetics who had missed an annual eye exam because of the addition of vision benefit and claims information. Having this information allowed the plan to target its limited resources to address real care gaps. It also allowed the plan to address a significant pain point for its network of physicians and work more easily and cooperatively with them to close the true gaps.
Step Two

Second, our health plan client used the Theon® platform to create a **timely, accurate scorecard**. The scorecard concisely illustrates the platform’s aggregation and analysis of the diverse sources of information needed to know precisely where the plan stands in relation to its four-star rating. The scorecard, a critical component in our client’s success, allows for the effective targeting of resources, which is especially important in light of the 50 or more star measures of quality and customer experience, each with different weights and complex requirements.

Each month, and weekly as the reporting period nears completion, the health plan uses the Theon® platform to produce an updated, timely scorecard. In a recent year, the plan’s July scorecard showed its overall score was 3.64. It also pinpointed the best measures to focus on to move the 3.64 to 4. Before the scorecard, the plan was forced to guess which measures to target and tended to focus on the ones with the highest weight and hope for the best.

In this case, the scorecard indicated one of the best measures to address in the time remaining until the reporting period closed on December 31 was annual eye exams for diabetics.

Knowing this, the plan used the Theon® platform to produce a list of the diabetic members who had not had an eye exam since the previous July. There were more than 7,000 members on the list.

Even more telling, the report showed more than 30 percent of the members on the list were attributed to one provider group. This provider group was owned by a health system, which also included an eye physician practice.

The health plan’s assistant medical director arranged to meet with the chief medical officers of both practices. She walked them through the steps taken in the Theon® platform to produce the list so they could see the clinical gap for themselves. She also worked with them to create a plan to educate their physicians and outreach to the impacted members and demonstrated how the system updates within two business days to ‘submitted status’ when the coding for the eye exams is entered correctly.

“Geneia’s Theon® solution gives us a clinically-focused, meaningful and useful dashboard that allows us to easily identify and close patient gaps in care. Just as importantly, the information is aggregated by patient and by provider, simplifying the gap closure process for our health plan as well as our network of physicians and their staff.”

Assistant Medical Director Regional Health Plan
The plan’s assistant medical director had similar meetings with the other physician practices with a large percentage of diabetics who had not yet had their annual eye exam.

This bidirectional communication and feedback between the health plan and providers facilitated by the Theon® platform meant they almost immediately narrowed their efforts to those members with open care opportunities rather than waiting as long as a month for a claim submission and adjudication and even longer for the reporting to reflect the closed opportunity. It also meant this information could be integrated with provider scheduling systems so the office is reminded of the open quality opportunities the day or week before an upcoming patient visit, facilitating an easier process for closing quality opportunities.

The timeliness and accuracy of the information in the Theon® platform became a critical feedback loop to the primary care and eye physicians, who were able to close the annual eye exam gap for an additional 3,275 diabetic members in this reporting year and use this process on an ongoing basis.

Our health plan client used a similar process to improve its performance on the ‘Colorectal Cancer Screening’ and ‘Osteoporosis Management in Women Who Had a Fracture’ measures, and ultimately achieved a four-star rating in this reporting year.
Step Three

Finally, the health plan deployed the Theon® platform to its network of physicians. One of the biggest hurdles in accurate and timely coding is how challenging and time-consuming it is for providers to stay on top of coding. The Theon® platform simplifies and automates the gap closing process, greatly easing the administrative burden on providers and their staff. It also makes it easier to maintain and check on gap status throughout the year, rather than waiting for the end-of-the-year mad dash, as well as for providers to upload information supplemental to claims to close gaps.

To learn more about how Geneia’s advanced analytics platform can help your health plan achieve and maintain a four-star Medicare rating, email us at solutions@geneia.com.

This three-step repeatable, cost-efficient process has enabled the health plan to achieve a four-star rating each year since it began using the Theon® platform with its Medicare Advantage population.
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Produced in the United States
January 2017

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