



Incentivizing Providers to Help Plans Improve Their Star Ratings

May 17, 2018

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Strengthening Strategic Partnerships

- Collaboratively identify key clinical and financial opportunities for mutual shared savings and accurate revenue based on daily, monthly and quarterly reports
- Share data that will empower and assist teams in identifying financial and clinical opportunities
- Collaboratively create timelines and action plans to assist teams in achieving successful outcomes
- Work together on a frequent basis to ensure plans are followed and course corrected when necessary
- Engage together in monthly financial and clinical meetings



The Partnerships

- ACO
- Shared Savings
- Pay-for Performance



Driving Optimal Value

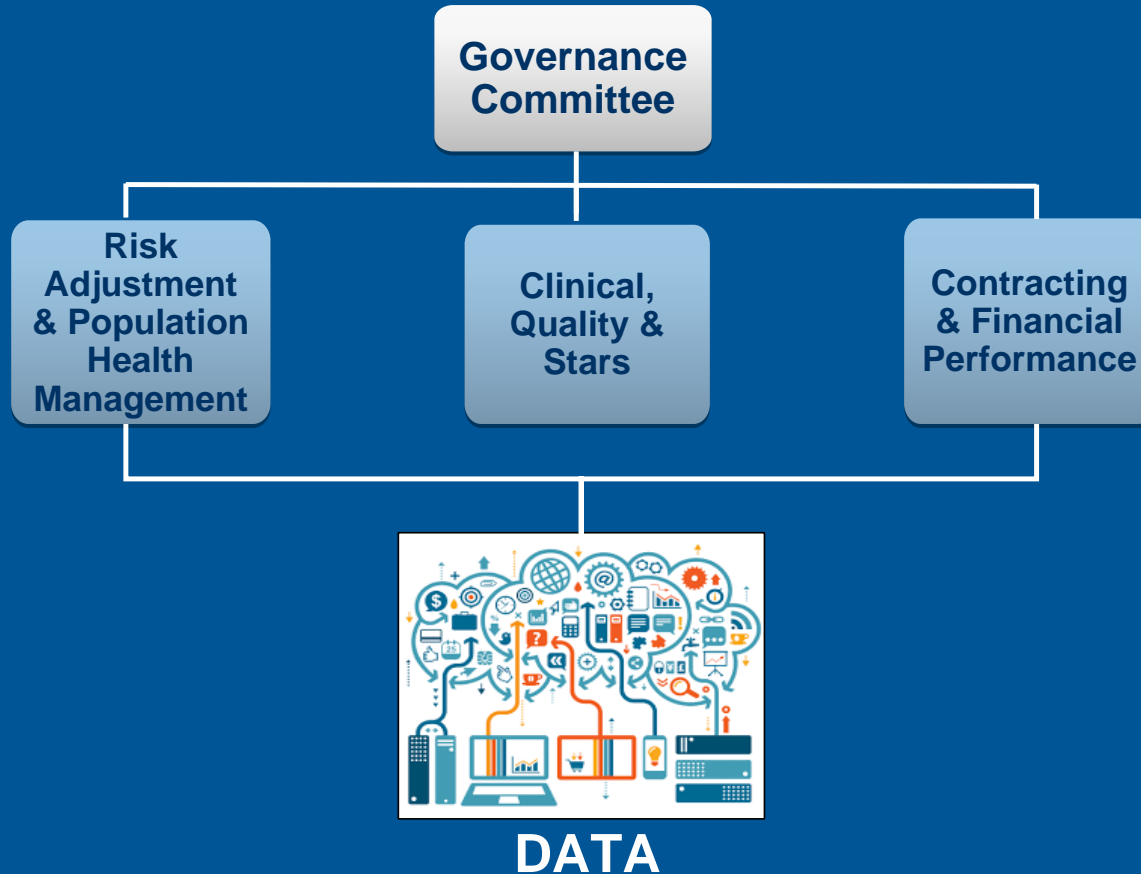
Short & Long Term Opportunities

The Value Proposition

- Identify opportunities that drive optimal values for both parties within:
 - Product sustainability
 - Utilization Management and Quality Performance
 - Maintain financial viability and affordability
- Collaborate on efforts that focus on:
 - Performance improvement
 - Operational efficiencies
 - Program integrity



Strategic Partnership Structure



Guiding Responsibilities for Teams

- Create a charter, action plans and targets for initiatives
- Review and advise on action plans and performance targets for initiatives
- Develop a program strategy designed to maintain and/or improve strategic partnership initiatives
- Align initiatives that support partnership in achieving financial value and improving patient care
- Monitor program performance for measures as defined in the overall strategy
- Assess effectiveness of previous years' interventions and goals
- Quarterly report on achievement and improvement areas to Governance Structure

Work collaboratively to identify individuals' roles & responsibilities.



Data Sharing

Describing the patient and population

- MCO – Demographics, disease profile
- Partner – Clinical records, risk stratification

Improving quality

- MCO – Star measures gaps in care
- Partner– EMR application, chronic disease management, gaps in care

Defining cost

- MCO – Claims-based description of utilization patterns, high-cost care

Managing Pharmacy

- MCO – Claims-based utilization, adherence, high-risk meds
- Partner– High-cost meds, high-risk meds, polypharmacy, clinical context

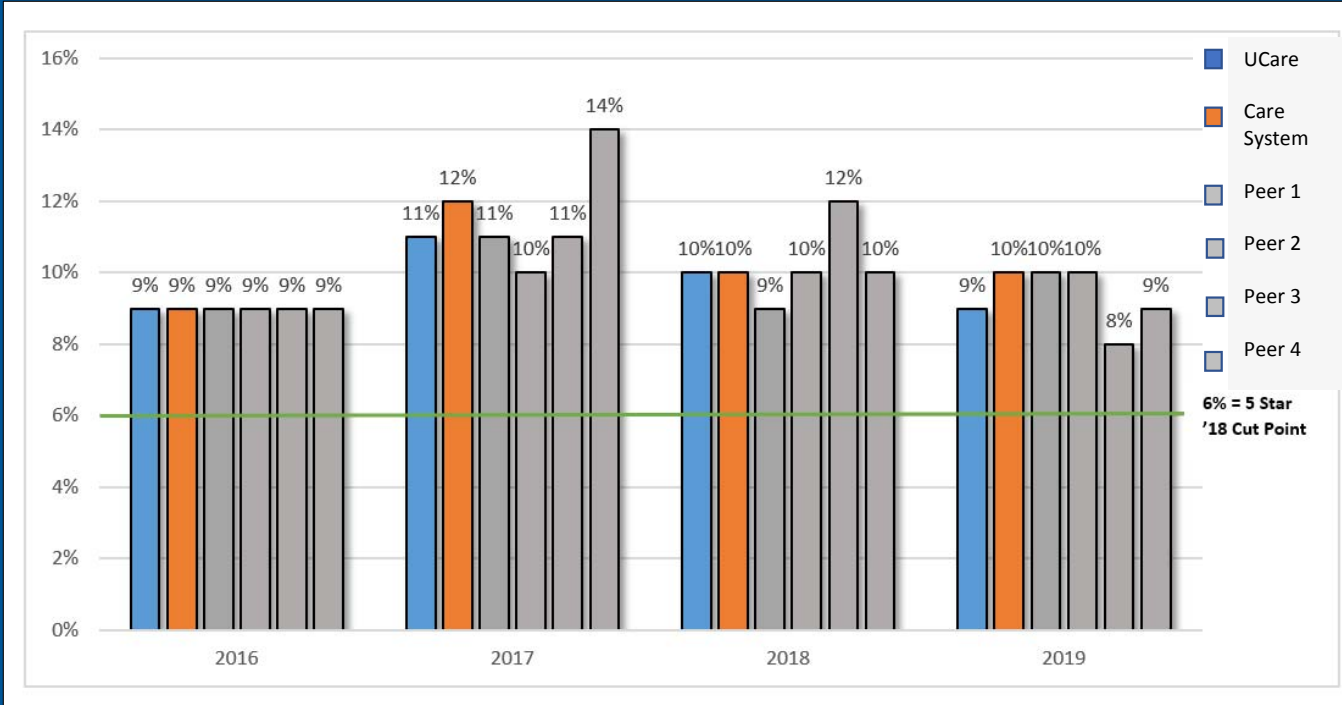


An elderly couple is shown in a close-up, medium shot. The man, on the left, has short, graying hair and is wearing a blue and white checkered short-sleeved shirt. He is looking down at a tablet computer held in his hands. The woman, on the right, has short, styled gray hair and is wearing a light purple or lavender button-down shirt. She has her right arm around the man's shoulder and is smiling warmly as she looks at the tablet. The background is softly blurred, showing what appears to be a window with light coming through and a neutral-toned wall. The overall mood is warm and collaborative.

Report Card Examples

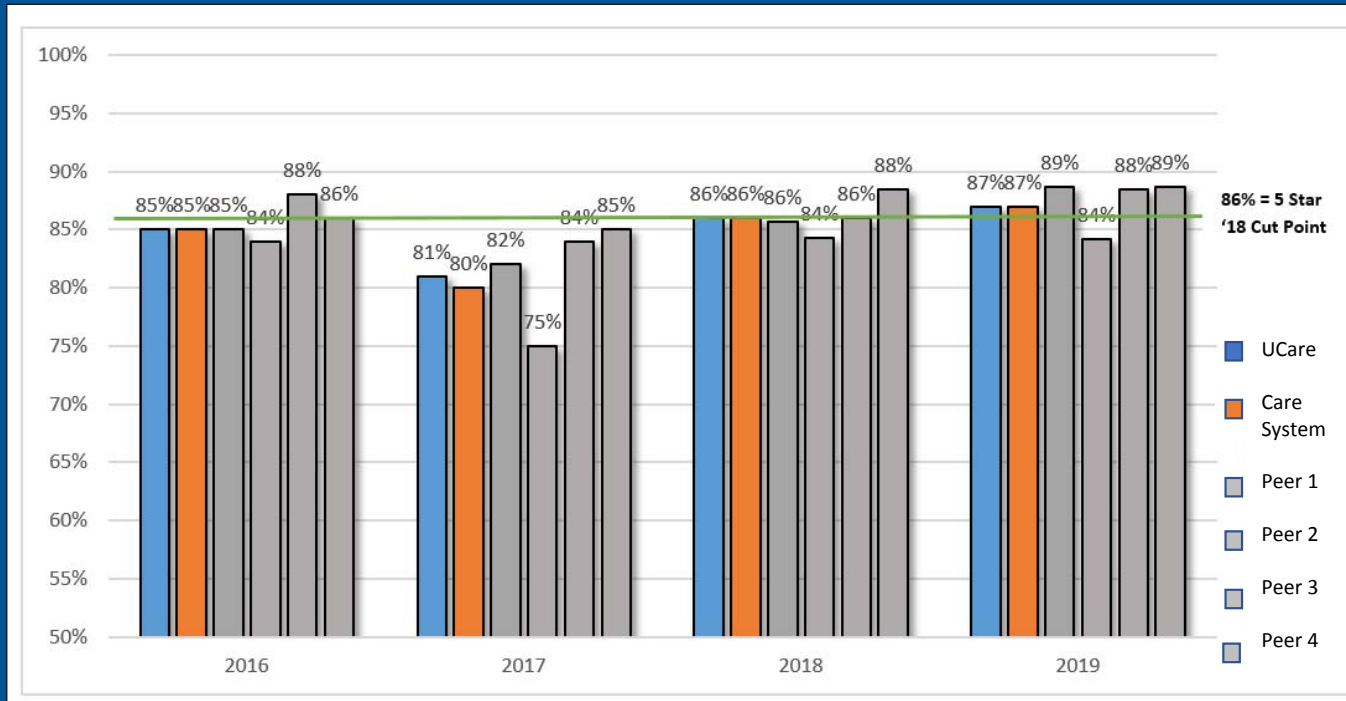
PCR Trend: Star Rating Years 2016-2019

Star Rating Year	Dates of Service	UCare Denominator	UCare Admin Rate	Care System Denominator	Care System Admin Rate
2016	2014	14,311	9%	3,189	9%
2017	2015	13,729	11%	3,128	12%
2018	2016	13,065	10%	2,941	10%
2019	2017	12,898	9%	2,994	10%



Diabetes Medication Adherence Trend: Star Rating Years 2016-2019

Star Rating Year	Dates of Service	UCare Denominator	UCare Admin Rate	Care System Denominator	Care System Admin Rate
2016	2014	8,343	85%	1,621	85%
2017	2015	7,681	81%	1,547	80%
2018	2016	7,533	86%	1,530	86%
2019	2017	7,621	87%	1,569	87%



Defining Roles in the Partnerships

1. Data

- Where does the data come from?
- How is it shared?

2. Quality

- Where is the best quality data?
- Whose responsibility is it?

3. Utilization and Cost

- How does a partnership improve analysis and improvement of utilization?

4. Pharmacy

- Performance depends on a shared strategy
- More efficient, greater satisfaction when interventions move upstream

Quality

Chronic Disease Management (Partner Example)

- DM II, HTN, depression, cancer screening based in primary care
 - Primary care model
 - Registries, alerts, gaps in care
- CHF program based in cardiology

Star Measures

- EMR registry identifies patients early
- Referral to clinical practice to close gaps in care
- Claims data more complete
 - More useful later in the year



Utilization and Cost

Utilization and cost data reviewed mutually to identify practice improvement opportunities

- Analysis of care in high cost claims
- Hospital, skilled nursing facility, ED rates
- Elective procedures
- Non par

Utilization patterns inform future decisions on:

- Benefit design
- Network design



Pharmacy

Formulary created together (Joint Products)

EMR prescription ordering supports the formulary

- Cost-effective options offered

High-cost drugs

- UCare determines utilization patterns
- Opportunity to adjust formulary
- Share utilization and cost patterns with specialty departments

High-risk medications

- Caution alerts built into EMR ordering
- EMR registry for early identification
- Claims data is more complete

Adherence

- Claims data to identify patients





Thank you

Second National Medicare Advantage Summit