



The Accelerator Solution for Stars Improvement

We Can Help You Navigate
and Increase Your Star
Ratings



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MEET OUR HMA STAR CONSULTANTS



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LEARNING OBJECTIVES



Learn how to implement proven strategies and best practices



Understand how to leverage data analytics to monitor and assess trends



Provide focus areas to measure opportunities and enhance performance

WHY FOCUS ON STAR RATINGS?

Stars improve population health outcomes, member experience, and total cost of care

Star Ratings help consumers compare the quality of Medicare health and drug plans so they may choose the plan that best suits them.

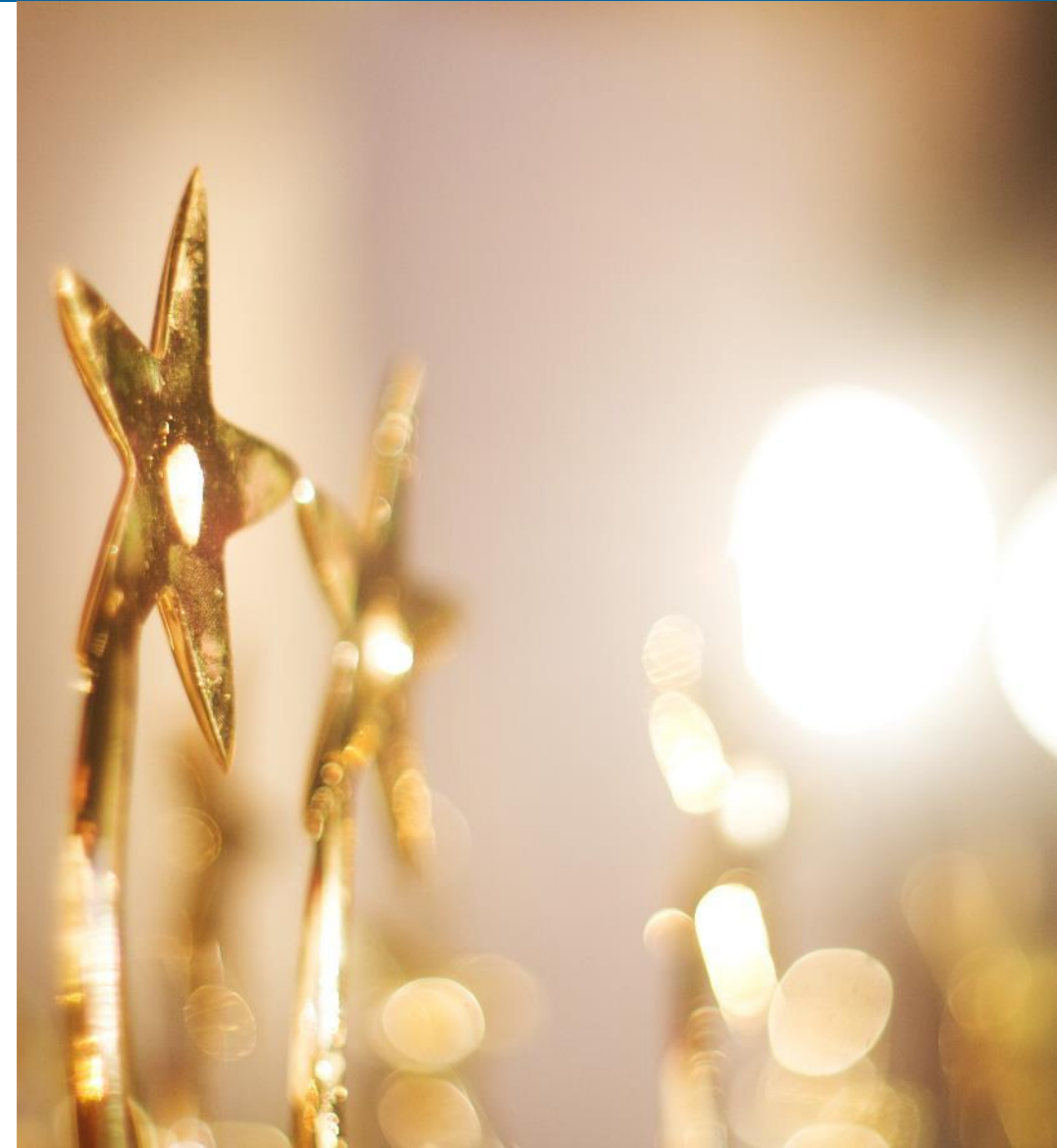
Plans with 4+ Stars are eligible for a quality payment bonus and have financial flexibility to offer enhanced supplemental benefits to members

Plans with higher star ratings are eligible for significantly higher rebates

A 5-Star plan may be sold all year-round (including D-SNPs)

CMS may terminate Medicare Advantage Part C and Part D plans that receive less than 3 stars for 3 consecutive years

CMS continues to modify the Star Rating program making it imperative to keep abreast and adapt accordingly



RESULTS-ORIENTED PERFORMANCE IMPROVEMENT SOLUTION

- » **HMA Accelerator Solution is consumer-oriented and customizable to meet your members' unique needs**
 - » Each strategy evaluates the population mix, measures effectiveness across domains, and provides a detailed, yearlong timeline outlining specific interventions for each measure.
- » **HMA Accelerator Solution is predicated upon industry best practices**
 - » Organizations are engaged at all levels—members, staff, providers, and vendors—joined by a common purpose, in support of an enhanced collaborative experience for all involved



STEPS TO OPTIMIZE STAR RATINGS

Step 1: Knowledge/Training – Gain understanding of how the Star Rating program works, know the domains and measures, know the weights, know the levers that can impact individual measures and domains, know the cycle.

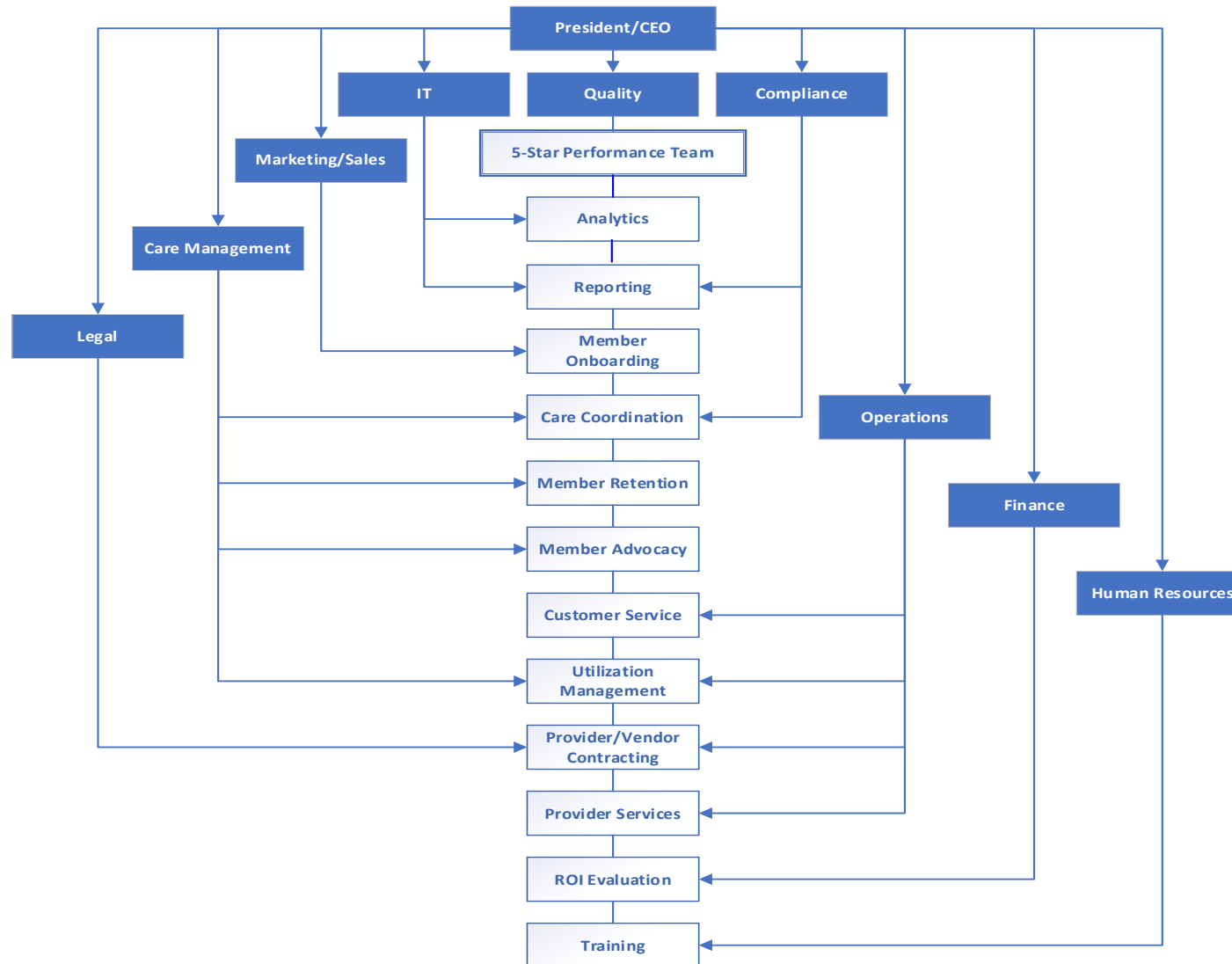
Step 2: Assessment of Current State – Executive sponsorship & governance structure, overall leadership RACI, by domain, by measure; modifications needed for Stars; ability to report out on measures and set interim goals; network and bonus structure aligned with Stars

Step 3: Develop a Roadmap – Calendar of events including preoperational and operational strategy; year over year workplan to track, assess, assign, & identify systems, technology, processes and people resources with a process for evaluation; hiring and investment plan, as needed

Step 4: Reporting and Oversight – Develop reporting and oversight structure, cadence of reporting and structure for review, process and timing for report-outs by measure/domain leads, & updated dashboards each year with new measures and weights; process for managing display measures



BUILDING A QUALITY CULTURE - LEADERSHIP



THE HMA STAR'S ACCELERATOR SOLUTION



WHAT THE ACCELERATOR SOLUTION DOES

Overall Assessment

- Provides an overall SWOT or gap assessment to enable health plans to create a 3-5-year business plan for their Star Rating Program to prioritize/execute quality/performance improvement initiatives

Journey Mapping

- Includes member journey mapping that lists each point at which a member touches the organization and identifies ways to intensify engagement and access timely care and services

Plan Preference

- Facilitates plan attractiveness through recommendations for benefit design and value-added services
- Strategies for gaining an understanding of what matters most to members and providers
- Assesses member satisfaction and experience with accessing and communicating with the plan

WHAT THE ACCELERATOR SOLUTION DOES

Member Outreach

- Provides an active member outreach strategy, especially for higher risk members in addition to standard outreach practices for enrollment, assessment, and care planning

Member Relationships

- Improves the quality of the relationship between member and plan through a comprehensive review, including recommendations to strengthen verbal and written communications with members

Stratification

- Stratifies population across multiple criteria and segmentation by product line to bolster performance management and improvement

WHAT THE ACCELERATOR SOLUTION DOES

Improved Integration

- Encourages co-enrollment and shared, but differentiated, care management roles, such as shared access by county and CBO partnering programs with a plan's electronic record system, joint staffing (health plan + CBO) with the member, and development of a care plan by the integrated team

Gap Analysis

- Drills into data to find out who is driving the low performance scores to help determine if there are common characteristics among the members experiencing care gaps

Provider Satisfaction

- Examines how the plan positions itself to be the preferred plan within the provider community to ensure provider satisfaction. Satisfied providers will result in more “satisfied members”

WHAT THE ACCELERATOR SOLUTION DOES

Future Strategies

- Conducts an assessment with the plan's 5-Star team to determine each of the measure strategies in play, and then adds strategies to a "parking lot" that may be recommended for each of the measures but not currently in use

Digital Readiness

- Provides strategic advice on readiness opportunities to prepare for implementing digital quality measurement and redesign of quality measurement workflows, and keeps plans ahead of the curve throughout their digital transformation journey

Wakely Analytics

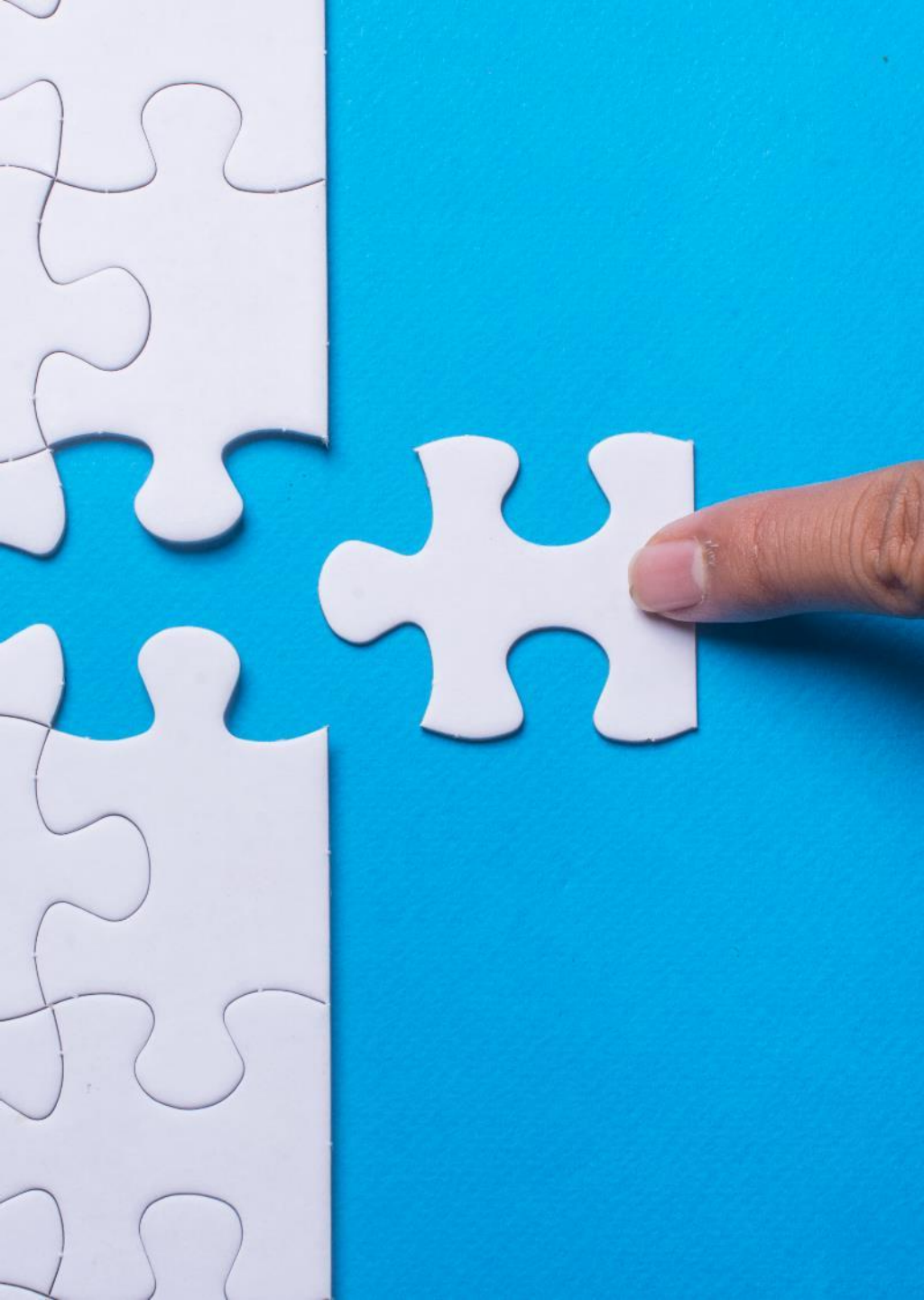
- Offers a strategically integrated approach to quality measurement, drawing on deep subject matter expertise, actuarial analytics, data science, and program management. Solutions go beyond measure run to include actionable insights such as member engagement index and cut-points projections.

USE CASE: RECENT EXAMPLE OF PLAN PERFORMANCE DATA

Example: Health Plan

Cluster	Measure	Raw Score per Measure						Out-Points				Proximity to		Value Contribution		Star Rating per Measure						Wgt
		2021	2022	2023	2024	2025	Trend	2	3	4	5	4	5	@ Current	@5-Stars	2021	2022	2023	2024	2025	Trend	
ADMIN	C05: Special Needs Plan (SNP) Care Management	81%	84%	NoData	75%	71%	-0.03	46%	62%	76%	89%	-5%	-18%	3	5	4	4	1	4	3	-0.20	1
	C26: Members Choosing to Leave the Plan	9%	8%	13%	12%	11%	-0.01	36%	24%	17%	8%	6%	-3%	16	20	4	5	4	4	4	-0.10	4
	D03: Members Choosing to Leave the Plan	9%	8%	13%	12%	11%	-0.01	36%	24%	17%	8%	6%	-3%	16	20	4	5	4	4	4	-0.10	4
	C28: Plan Makes Timely Decisions about Appeals	95%	98%	98%	100%	100%	0.01	69%	85%	95%	99%	5%	1%	20	20	4	5	5	5	5	0.20	4
	C29: Reviewing Appeals Decisions	82%	95%	87%	100%	92%	0.03	78%	92%	95%	99%	-4%	-7%	12	20	3	4	3	5	3	0.10	4
	C30: Call Center - Foreign Language Interpreter and TTY Availability	88%	97%	94%	83%	87%	-0.02	46%	69%	93%	100%	-6%	-13%	12	20	3	5	5	3	3	-0.20	4
	D01: Call Center - Foreign Language Interpreter and TTY Availability	95%	94%	91%	81%	87%	-0.03	40%	74%	90%	100%	-3%	-13%	12	20	4	5	5	3	3	-0.40	4
	C25: Complaints about the Health Plan	0.06	0.04	0.11	0.13	0.12	-0.02	1.39	0.75	0.37	0.12	0.25	0%	20	20	5	5	5	5	5	0.00	4
D02: Complaints about the Drug Plan	0.06	0.04	0.11	0.13	0.12	-0.02	1.39	0.75	0.37	0.12	0.25	0%	20	20	5	5	5	5	5	0.00	4	
CAHPS	C03: Annual Flu Vaccine	66%	72%	68%	69%	67%	0.00	61%	65%	71%	76%	-4%	-9%	3	5	2	3	2	3	3	0.20	1
	C19: Getting Needed Care	83%	84%	82%	81%	80%	-0.01	77%	79%	82%	83%	-2%	-3%	12	20	3	4	4	3	3	-0.10	4
	C20: Getting Appointments and Care Quickly	80%	80%	80%	79%	81%	0.00	80%	82%	84%	86%	-3%	-5%	8	20	4	4	4	4	2	-0.40	4
	C21: Customer Service	91%	91%	91%	90%	90%	0.00	88%	89%	91%	92%	-1%	-2%	12	20	4	4	4	4	3	-0.20	4
	C22: Rating of Health Care Quality	86%	86%	87%	86%	85%	0.00	84%	85%	87%	88%	-2%	-3%	12	20	3	3	4	3	3	0.00	4
	C23: Rating of Health Plan	87%	87%	87%	89%	88%	0.00	84%	85%	88%	89%	0%	-1%	16	20	4	4	3	4	4	0.00	4
	C24: Care Coordination	87%	88%	86%	86%	85%	-0.01	84%	85%	87%	88%	-2%	-3%	12	20	4	4	4	4	3	-0.20	4
	D06: Getting Needed Prescription Drugs	90%	91%	87%	92%	87%	-0.01	87%	88%	90%	91%	-3%	-4%	8	20	4	4	1	4	2	-0.40	4
HEDIS	C01: Breast Cancer Screening	77%	69%	68%	67%	67%	-0.02	58%	67%	75%	82%	-8%	-15%	3	5	4	4	3	3	3	-0.30	1
	C02: Colorectal Cancer Screening	77%	72%	71%	66%	65%	-0.03	58%	65%	75%	83%	-10%	-18%	3	5	4	4	4	3	3	-0.30	1
	C04: Monitoring Physical Activity	51%	48%	51%	52%	50%	0.00	41%	47%	52%	60%	-2%	-10%	3	5	3	3	3	3	0.00	1	
	C06: Care for Older Adults - Medication Review	88%	88%	76%	91%	95%	0.02	83%	80%	92%	98%	3%	-3%	4	5	4	4	3	4	4	0.00	1
	C07: Care for Older Adults - Pain Assessment	89%	89%	76%	89%	92%	0.01	79%	81%	92%	96%	0%	-4%	4	5	4	4	3	3	4	-0.10	1
	C08: Osteoporosis Management in Women w/ Fracture	NoData	NoData	NoData	NoData	NoData	na	27%	39%	52%	71%	na	na	na	na	NoData	NoData	NoData	NoData	na	na	1
	C09: Diabetes Care - Eye Exam	71%	66%	74%	67%	84%	0.03	62%	70%	77%	83%	7%	1%	15	15	3	3	4	3	5	0.40	3
	C10: Diabetes Care - Blood Sugar Controlled	70%	65%	75%	68%	74%	0.01	69%	72%	84%	90%	-10%	-16%	9	15	3	3	4	3	3	0.00	3
	C11: Controlling High Blood Pressure	na	na	72%	73%	76%	0.03	69%	74%	80%	85%	-2%	-7%	3	5	na	na	3	3	3	0.00	1
	C12: Reducing the Risk of Falling	70%	77%	77%	73%	73%	0.00	50%	56%	63%	73%	10%	0%	5	5	5	5	5	5	5	0.00	1
	C13: Improving Bladder Control	NoData	39%	45%	NoData	41%	0.00	39%	44%	48%	52%	-7%	-11%	2	5	NoData	1	3	NoData	2	0.21	1
	C14: Medication Reconciliation Post-Discharge	65%	60%	68%	54%	76%	0.02	42%	57%	73%	87%	3%	-11%	4	5	3	3	3	3	4	0.20	1
	C15: Plan All-Cause Readmissions	na	na	na	12%	12%	0.00	14%	12%	10%	8%	-2%	-4%	9	15	na	na	na	2	3	1.00	3
	C16: Statin Therapy for Patients with Cardiovascular Disease	87%	87%	89%	89%	86%	0.00	81%	85%	88%	92%	-2%	-6%	3	5	5	5	5	4	3	-0.50	1
C17: Transitions of Care	na	na	na	51%	61%	0.10	44%	52%	63%	77%	-2%	-16%	3	5	na	na	na	2	3	1.00	1	
C18: Follow-up after ED Visit for People w/ Chronic Conditions	na	na	na	57%	57%	0.00	39%	53%	60%	69%	-3%	-12%	3	5	na	na	na	3	3	0.00	1	
PHARM	D05: Rating of Drug Plan	85%	85%	87%	88%	87%	0.01	84%	86%	87%	89%	0%	-2%	16	20	3	3	4	4	4	0.30	4
	D07: MPF Price Accuracy	100%	96%	98%	97%	94%	-0.01	97%	98%	99%	100%	-5%	-6%	1	5	5	5	5	3	1	-1.00	1
	D08: Medication Adherence for Diabetes Medications	83%	85%	83%	83%	85%	0.00	80%	85%	87%	91%	-2%	-6%	9	15	3	3	2	2	3	-0.10	3
	D09: Medication Adherence for Hypertension (RAS antagonists)	82%	84%	85%	83%	84%	0.00	83%	87%	90%	92%	-6%	-8%	6	15	2	3	2	2	2	-0.10	3
	D10: Medication Adherence for Cholesterol (Statins)	83%	85%	85%	83%	85%	0.00	80%	85%	89%	93%	-4%	-8%	9	15	3	3	3	2	3	-0.10	3
	D11: MTM Program Completion Rate for CMR	91%	90%	NoData	86%	82%	-0.02	57%	77%	89%	93%	-7%	-11%	3	5	5	5	1	4	3	-0.50	1
	D12: Statin Use in Persons with Diabetes (SUPD)	84%	85%	87%	86%	86%	0.01	81%	86%	89%	93%	-3%	-7%	3	5	4	4	4	3	3	-0.30	1

■ = HEI Measure



DATA-EVIDENCE PERFORMANCE IMPROVEMENT SOLUTION

- » **HMA Accelerator Solution leverages Wakely quality and actuarial analytics**
 - » Employs holistic and collaborative approach to quality measurement, Stars math, and operational excellence
 - » Provides calculations as well interpretation of performance results, insights into data, patient, population, and provider opportunities to inform strategies
 - » Helps set meaningful targets and recommendations for actionable steps for execution (cut points projections, improvement measure targets, and HEI reward analytics)
- » **Wakely Analytics ensures that plans have the latest information on current performance and improvement opportunities**
 - » Wakely's analytics tools contain up-to-date adjustments from the CMS Advance Notice, Final Notice, and Star Ratings technical notes
 - » The Stars calculator enables plans to appropriately and efficiently allocate resources to those areas that target measures that can tip your plan into 4-Star status

CURRENT STATE & FUTURE STARS – MEASURE AND WEIGHT CHANGES

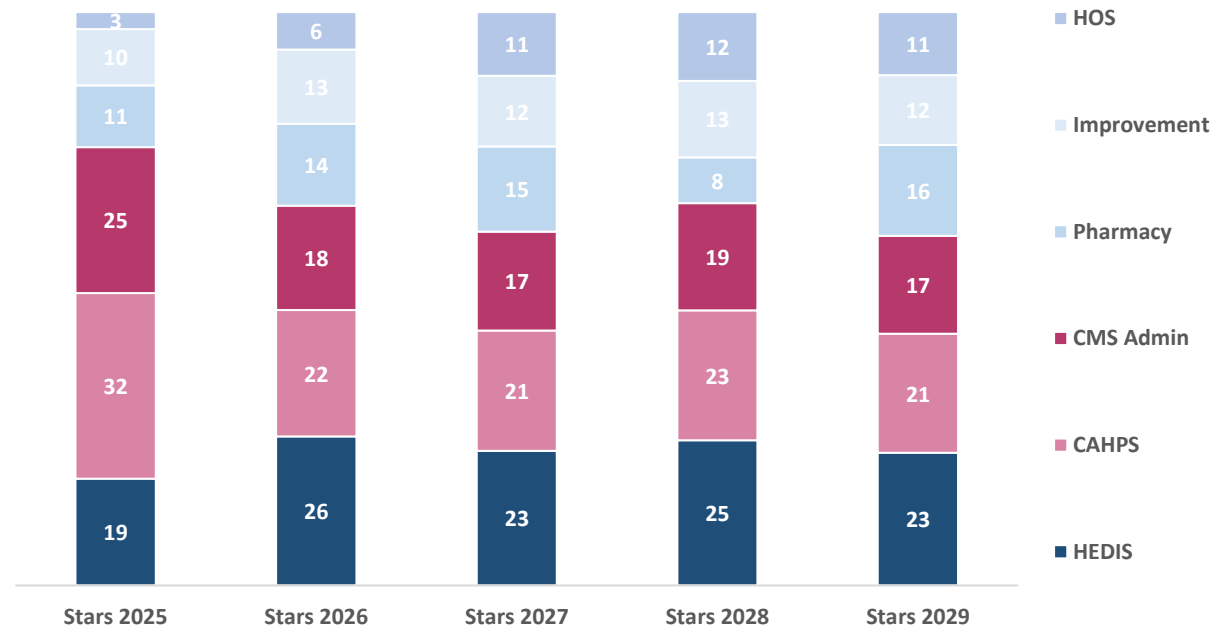
Recent weight changes have significantly shifted measure relative weights and importance.

CAHPS and Admin measures decrease from 4x to 2x weight, increasing the proportional weight of other measures.

Return of HOS outcome measures and risk adjustment for med adherence measures will also add disruption.

HEDIS measures will see the largest increase and capture roughly one quarter of the total weight.

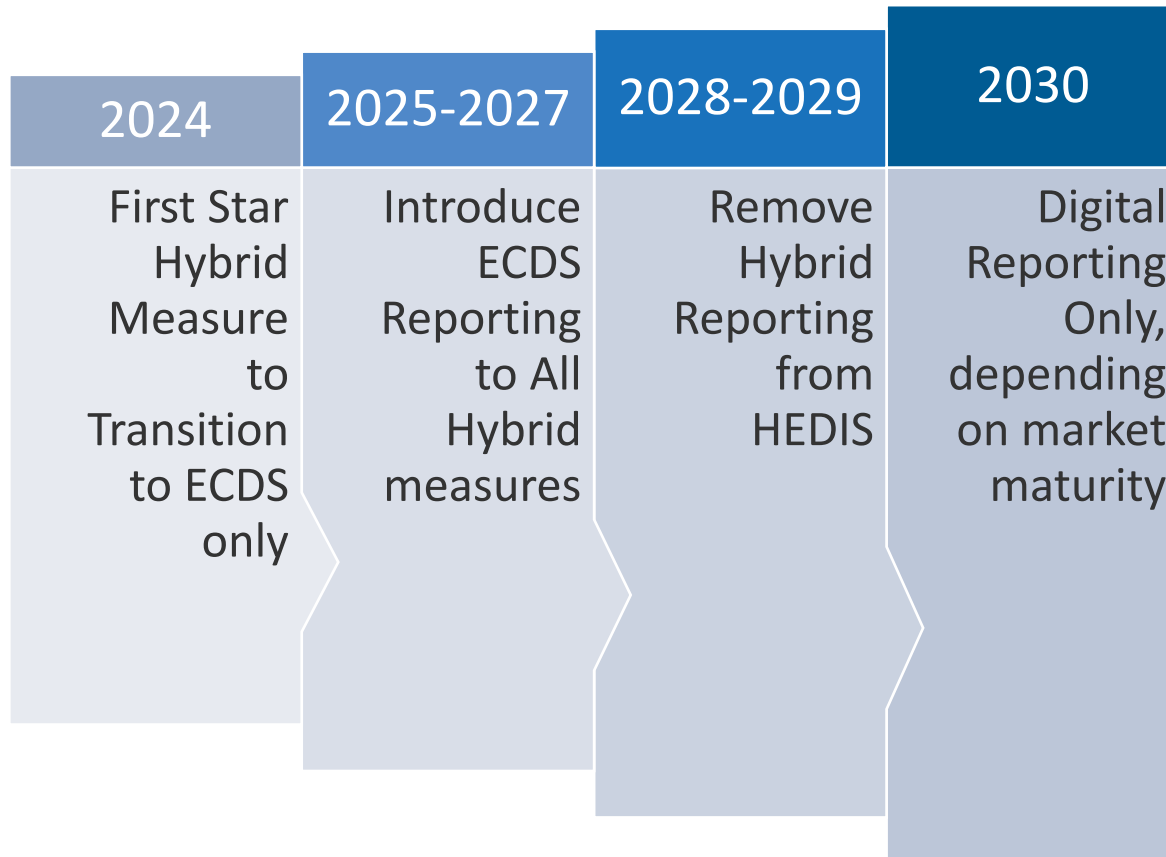
(%) Relative Weight of Quality Measures from Stars 2025 (MY2023) to Stars 2029 (MY 2027)



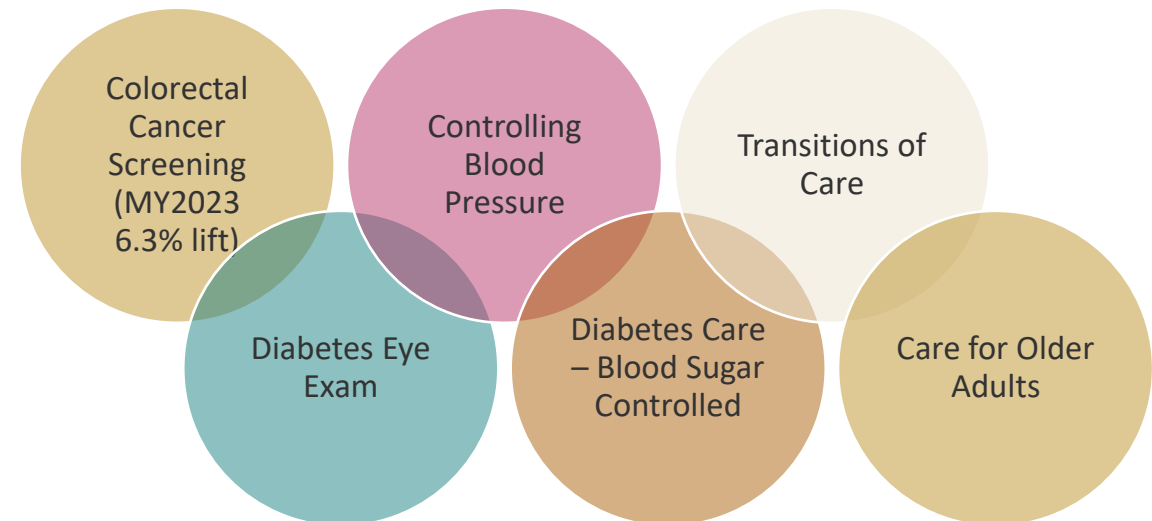
As of April 2024, and inclusive of the CMS Final Rule. Measure mix and weights may change with the release of subsequent CMS rules and advance notices.

SUNSETTING OF HYBRID METHODOLOGY FOR HEDIS STAR MEASURES

Minimum one year of parallel traditional and digital reporting that can start 2024 - 2025/Q2



Sunsetting of Hybrid Methodology						
Measure	2024	2025	2026	2027	2028	2029
COL	ECDS only					
EED		Admin				
CBP		+ECDS			ECDS only	
GSD			+ECDS			ECDS only
TOC				+ECDS		ECDS only
COA				+ECDS		ECDS only



TRANSITION TO DIGITAL MEASUREMENT ~2030

	CURRENT / TRADITIONAL	FUTURE / DIGITAL
Specifications	Traditional Vol 2 Paper Specs (.pdf)	Digital delivery of executable code packages
Calculation Engine	HEDIS Vendor built by interpreting Volume 2	NCQA Reference or any supported CQL Engine
Data Model	Varies and defined by the HEDIS Vendor. Different format for claims and clinical data.	All data regardless of data source will need to be mapped to FHIR
Data Sources	Claims as primary source, often supplemented with various clinical data sources	No "primary" source. New emerging data sources such as patient generated data/ RPMDs etc.
Data Mapping	HEDIS Vendor specific	Standardized using industry developed Implementation Guides
Reporting Method	Administrative, Hybrid, Electronic	Full population reporting only. No hybrid!
Infrastructure	Proprietary, SFTP, SQL Server or Cloud-based platforms	Open Source & Proprietary, API, Dev Environment

HEALTH EQUITY INDEX (HEI) REWARD – STAR YEAR 2027

Rewards high enrollment and high performance among duals, LIS, and disabled (SRF)

Eligibility
requirement
(SRF industry
1/2 median and
median)

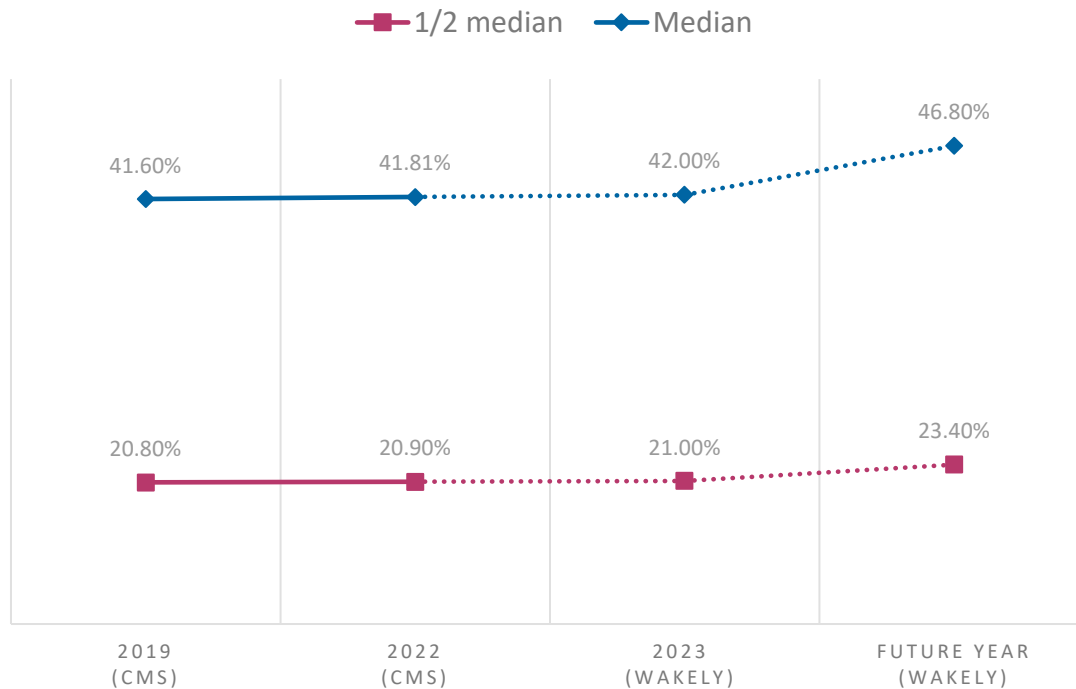
Plans historically
receiving the
reward factor
unlikely to qualify
for the HEI reward

Measure
performance
requirement
(HEI Score >0)

HEI reward boost
likely smaller than
reward factor
(0.1 vs. 0.3)

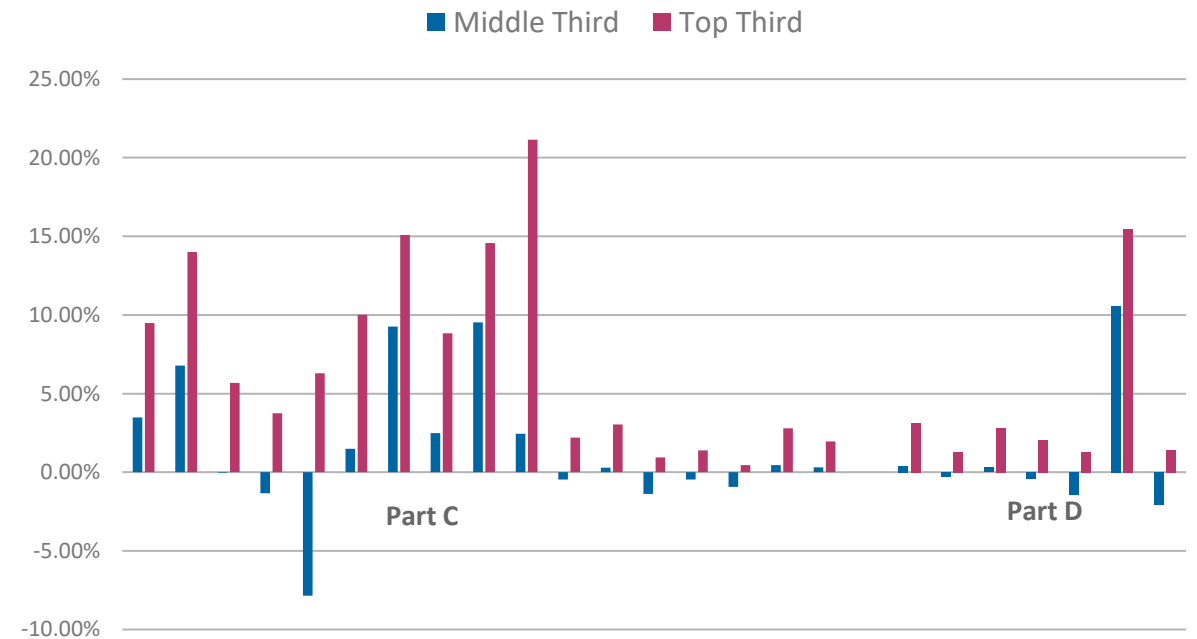
SETTING TARGETS FOR HEI REWARD

HEI SRF ENROLLMENT THRESHOLDS



% SRF enrollment thresholds by enrollment year. The enrollment thresholds for 2027 HEI reward will be determined by the enrollment in 2025.

HEI SCORE THRESHOLDS & 3 STAR CUTPOINTS



2024 Star Year cut points vs. 2023/2024 HEI measure thresholds. Performance in star years 2026 and 2027 (measurement years 2024 and 2025) will determine the 2027 HEI scores. Measure mix and weights will also differ from 2024 Stars.

WHAT ARE THE BENEFITS OF IMPLEMENTATION?

POSITIVE IMPACTS ON POPULATION HEALTH AND MEMBER EXPERIENCE

Quality of care
improvement

Star Ratings
improvement

Revenue
improvement to
support enhanced
supplemental
benefits

Setting of meaningful
targets based on
projected next-year
thresholds with
actionable steps for
future strategy

WAKELY STAR RESOURCES

Wakely Quality Solutions and Services

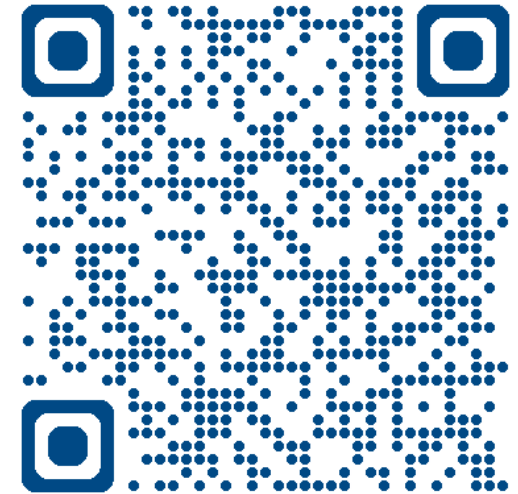
Recent Publications

Medicare Advantage Star Ratings: 2024 Measurement Year Changes

Falling Stars: Wakely Dissects the Decline in 2025 Medicare Advantage Star Ratings

A Cut Above the Rest: Summary of 2025 Star Rating Cut Point Changes

Oops, Let's Do It Again: CMS Announces Sweeping Changes to 2025 Quality Bonus Payments



HMA STAR RESOURCES

[← VIEW ALL BLOGS](#)

Decoding your defense: a playbook to help your plan increase your Star rating

September 11, 2024

Join us for the upcoming webinar, *Mastering Star Performance: Strategies from the HMA Stars Accelerator Program*. [REGISTER NOW →](#)

HMA works with managed care plans to maximize Star ratings and improve program quality.


Want a copy of HMA's Stars Accelerator Playbook? Fill out this form and one of our consultants will get back to you.

Star Ratings have been on a steady decline over the last two years resulting in large reductions in quality bonus and rebate.

[Decoding your defense: a playbook to help your plan increase your Star rating](#)



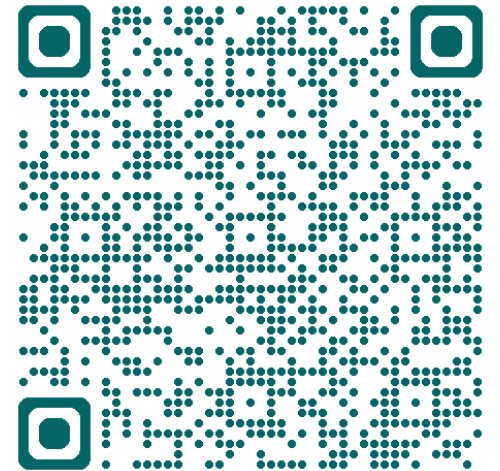
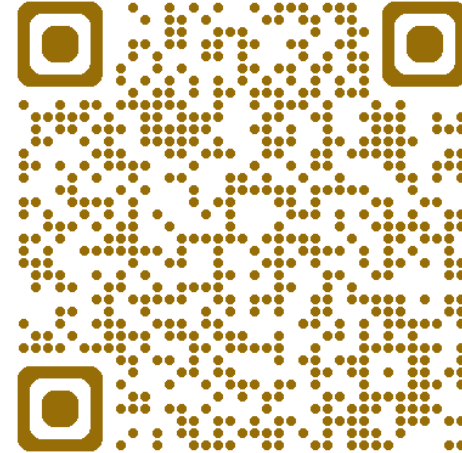
Star Rating: We Can Help You Navigate to a Higher Level



★★★★★

- › What is the VALUE of a Star in your plan(s)?
- › What initiatives have you introduced to prepare for the changes in the Star Rating that may impact your overall Star Rating results?
- › What are you doing for health equity focus? What data are you collecting for health equity?

[Star Rating: We Can Help You Navigate to a Higher Level](#)



Upcoming Additional HMA Webinars:

November 19:

Future of Medicare Advantage

(LP and Wakely)



November 20:

Electoral Consequences: ACA

(HMA and Wakely)





WHAT CAN WE DO FOR YOU?

Our depth and breadth of experience has helped an incredibly diverse range of healthcare industry leaders.

Questions?



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