

# Level Up Your Stars: Innovative Approaches to Boosting Quality Performance

## Presented By:

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# Webinar participant tips

- All participant lines are muted. To protect your privacy, you will only see your name and the presenters' names in the participant box.
- You can submit a question to the presenters at any time during the event, to be answered by the panelists
- In the Event window, in the Panels drop-down list, select Q&A. Type your question in the Q&A box and click "Send".
- The chat feature is turned on to enable further conversations among attendees and presenters.

# Today's panel



**Dana McCalley, MBA**

VP Value Based Care  
Navina



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**Michael Barr, MD,  
MBA, MACP, FRCP**

President & Founder  
MEDIS LLC



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**Yair Lewis, MD, PhD**

Chief Medical Officer  
Navina

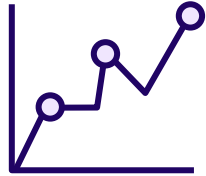


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**What is the biggest challenge your organization faces in closing care gaps?**

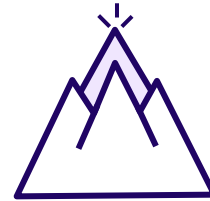
# The importance of quality metrics



Direct impact on  
revenue streams



The 4-Star  
threshold



The 3-year cliff

# Challenges associated with quality metrics

**01**

Measures related to chronic conditions

**02**

Preventive screenings

**03**

Post-event follow-up measures

**04**

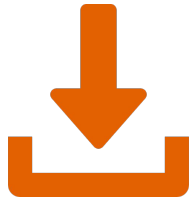
Incomplete/inaccurate documentation

**05**

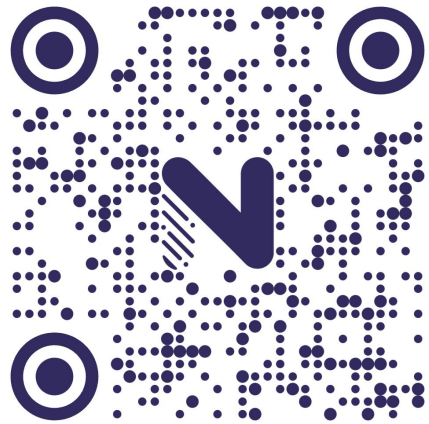
Issues with data integration



**Which quality measures does your organization find the most difficult to improve?**



## Download Navina's new white paper on using AI to improve quality metrics



WHITE PAPER

# Innovative approaches to Medicare Stars success: integrating AI for superior performance

Michael S. Barr, MD, MBA, MACP, FRCP



### Executive summary

- ✓ High Medicare Stars ratings lead to significant financial and operational benefits for Medicare Advantage plans.
- ✓ Common challenges include complex look-back periods and documentation issues, making it difficult to improve quality measures.
- ✓ Effective strategies to improve Star ratings involve systematic data approaches and workflow processes to close care gaps in chronic conditions, post-event follow-up, and preventative screenings.
- ✓ Innovative AI technology can enhance clinical workflows, improve documentation accuracy, and help identify and address care gaps.

Whether you work for a health plan, an integrated delivery system, an accountable care organization, or any entity taking risk under value-based contracts, it's highly likely that you are focused on optimizing your quality performance. The potential financial implications for sub-par performance on Medicare Stars for Medicare Advantage (MA) plans are particularly significant. High-quality performance is also crucial for ensuring superior patient care and preventive care, which are foundational to value-based healthcare.

### Why are these scores so important?

Existing Medicare Advantage plans need to maintain, at a minimum, a 4-Star Rating to receive a 5% Quality Bonus Payment (QBP) and sustain additional benefits, including higher rebate percentages (44.5 Stars) and additional marketing and enrollment privileges (5.0 Stars). The 2024 Star Ratings produced a downward trend on the overall national average, with 244 contracts losing at least 0.5 Stars. Dropping below 4 Stars, therefore, could lead to multiple adverse financial effects, as well as potential compromises in patient care quality.

New MA contracts have three years from the year they start coverage before Star ratings are calculated, assuming enough members. During that time, plans receive a 3.5% QBP. If a plan fails to achieve a 4-Star rating in the year it qualifies for reporting, the 3.5% bonus payment disappears, and the plan misses out on the 5% bonus payment it would have received if it achieved 4+ Stars. An article from Wakely refers to this unfortunate possibility as a "cliff."

### Why is it difficult to improve some measures?

While each measure has unique challenges, some are more difficult to improve because of complex look-back periods (i.e., colorectal cancer screening), time-dependent requirements (i.e., transitions of care, post-emergency department follow-up), and common documentation problems (e.g., missing or miscategorized consultant notes, incorrect data entry, unstructured/narrative information versus structured data point entries). The specification of these measures is also very complex.

Defining the eligible population for a measure is often not straightforward. Below is a simplified flow diagram illustrating how one measure (Statin Use in Persons with Diabetes) defines the Eligible Population 1. Once this population is defined, Rate 1 of the measure uses Eligible Population 1 as the denominator to assess what percentage was prescribed a statin. Rate 2 assesses the medication adherence component based on the percentage of days covered by a prescription for those members in Rate 1.



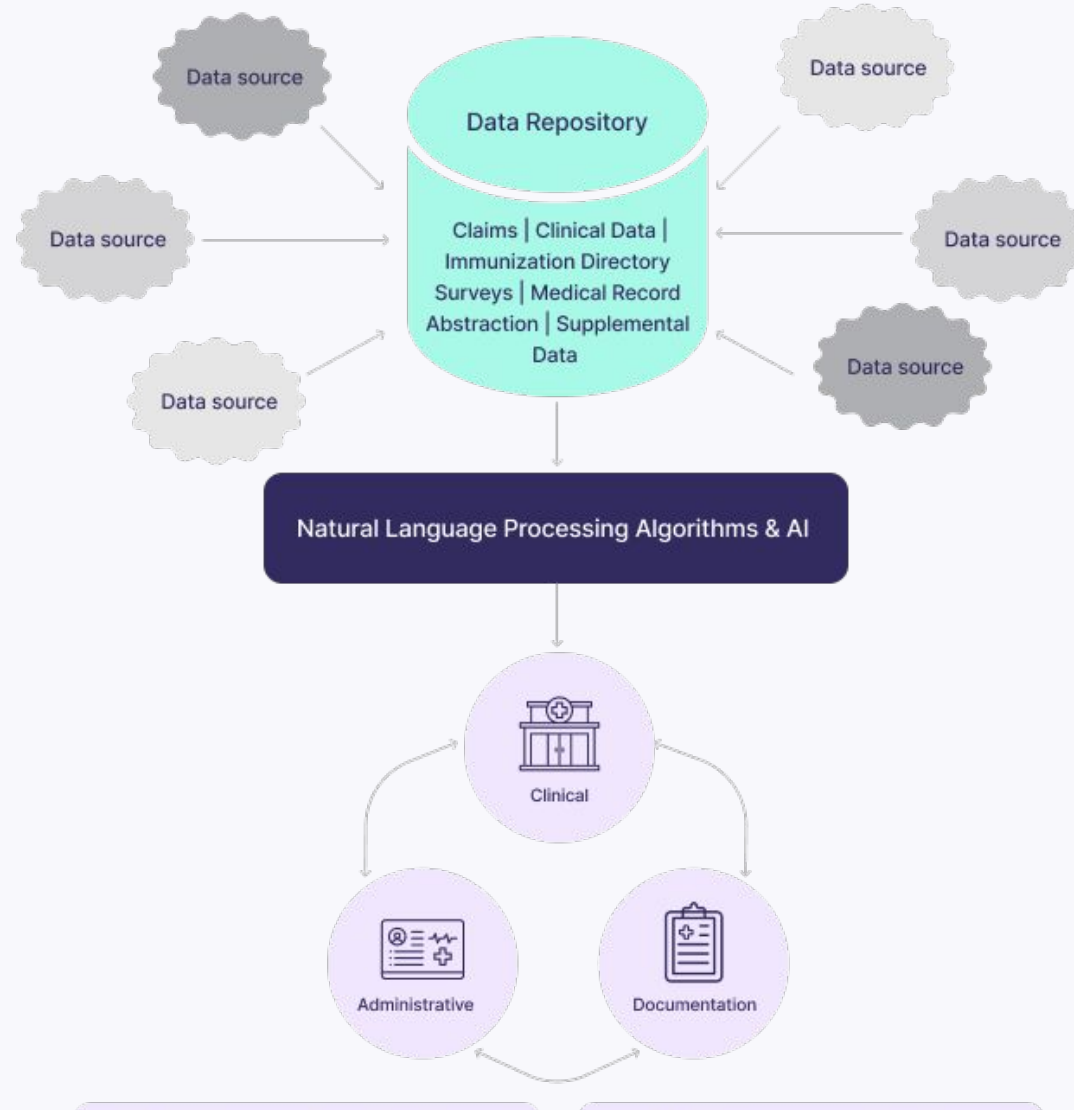
measures easier in the future-  
ed in PDF format-health  
that counts as meeting the

formance (out of 5 Stars)  
w-up interventions, and  
es are included because their  
that need to be closed)

Average Star Rating
3.53
3.64
2.72
2.64
3.28



# How AI can help



# How AI can help



Identify  
patients



Surface 'buried'  
information



Organize  
messy data



Stratify  
populations to  
close quality  
gaps



Identify missing  
diagnoses and  
improve coding  
accuracy



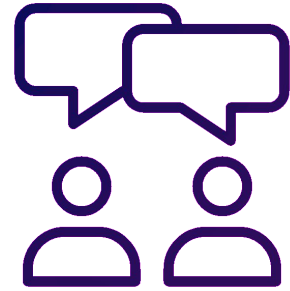
**Does your organization currently use  
AI or other advanced technologies to  
help close care gaps?**

# **AI-Powered Care Gap Management [Live Demo]**

# **Proactive strategies for improving quality metrics**



**Would you like to join our  
upcoming quality roundtable?**



# Q&A Session

**Thank You!**