**Medicare Stars:**

**Introduction:**

Medicare is a health plan offered by government for aged (above 65) and differently abled people. Medicare health plans are similar to the health plan that we receive with a few added/different policies or benefits. Here the question is who can sell these Medicare health plans. Government itself can do this by running an insurance company, but have to follow a certain rules and policies which are not practically possible for the government. So the insurance companies sell these Medicare plans and government pays premium for it. In order to stream line/manage this process we have CMS (Center for Medicare and Medicaid services). The main objective of CMS is to ensure cost cutting and quality service.

To compare the health plans between different insurance companies a standard number is provided for every Medicare plans. So that same plan is offered by different insurance companies but the benefits of the plan can be defined by every individual insurance company. At the end of every year, Quality of service is measured based on different parameters (not only cost or service). In order to measure the quality of service, sampling is performed for set of members for every health plan in the insurance company, then the sampling result will be analyzed and result will be published. Based on sampling analysis and result, star rating will be provided for insurance company and the same will be published for the public also. If star rating is higher there will be direct and indirect benefits. So if rating is higher the member population will increase, obviously it’s a profit for the insurance company. CMS also provides incentive/bonus for the insurance company for the number of members in higher rating health plans.

So obviously insurance companies will work both to get higher rating and incentive. In order to get higher rating and incentive, strategy teams in companies will perform calculations/analysis on the specifications on which basis the star rating is performed. These specifications will be known to/by all. So the analytical on the specifications will help the insurance company to know/decide what measure/action to be taken to get the higher rating and incentive for the specification. So here the Medicare stars tool is to perform one of the exercises in this analysis.

**Objective:**

Medicare claims are for aged people, the insurance company knows that claims will increase. So the main objective of insurance company is to reduce the number of Medicare claims. Here comes **Medicare Stars.**

**Description:**

The main objective of Medicare Stars is to reduce the number of Medicare claims. In order to reduce the Medicare claims, we have to ensure the Medicare member’s wellness. To ensure Medicare Member’s wellness, we identify the common illnesses like Med Adherence, Hypertension, Osteoporosis and Social Worker). These are knows as focus or program.

**Focus and Clinical Information:**

We get the medical history information for the members from different sources with priority or high risk flag.

This section has the Member’s medical history (focus information, medical claims, pharmacy claims and MTM details).

So from the medical history, Nurse/Pharmacist will know that the member has more diseases and the member is regular/irregular to medicines.

**Assessment:**

After knowing the member’s medical history, A Nurse/Pharmacist calls the member and conducts an assessment to track the member’s activity. The assessment has two section, one is Intro Assessment which has some general questions common to all focuses/programs, second one is Program Assessment which has some focus/program specific questions.

**Call Tracking:**

Nurse/Pharmacist has to log the call history after completing the assessment.

The call tracking will have the information who was contacted, call status whether reached or not and the outcome whether to close or to follow up again.

**Activity:**

After completing the assessment, an activity will be triggered in order to send the recommendation, suggestions and etc., to the patient.

Then the activity and focus can be closed.

**Users:**

* Admin
* Director
* Manager
* Supervisor
* Reviewer

These user roles will have two users’ types like (Nurse, Pharmacist). The pharmacists will handle the focuses which are related to medicines (i.e. Med Adherence)