

EXL

# MVP Health Plan, Inc.

## STARS Rating Research

March 2023



EXL

# STARs Rating

## Medicare Advantage Coverage

### Overview



MVP is a health insurance provider offering Medicare Advantage plans to residents of New York and Vermont. The company serves more than 700,000 customers. MVP, a not-for-profit organization, offers many different Medicare Advantage plan options. These plans include extra coverage for services like telehealth, fitness benefits, and prescription drug coverage, among others. MVP Health Care was founded in 1983 as Mohawk Valley Physicians' Health Plan.

### Medicare plans offered



In total the Medicare Advantage offering includes 4 Medicare plans:

1. MVP Health Care, Inc. - H3305
2. MVP Health Care, Inc. - H9615
3. MVP Health Care, Inc. - H5613\*
4. MVP Healthcare, Inc. - S0586\*\*

# MVP Medicare Advantage and PDP Enrollment Trends

Contracts	Mar-20	Mar-21	Mar-22	Mar-23
H3305	33,997	31,198	29,195	26,601
H5613	204	190	160	-
H9615	31,488	34,257	36,651	34,379
PDP	957	912	588	503
<b>Total</b>	<b>66,646</b>	<b>66,557</b>	<b>66,594</b>	<b>61,483</b>
<b>Change</b>		<b>-0.1%</b>	<b>0.1%</b>	<b>-7.7%</b>

Source: CMS data

Monthly Report by Plan for each time period

Report excludes data if less than 10 members for each contract/plan

## Enrollment Changes



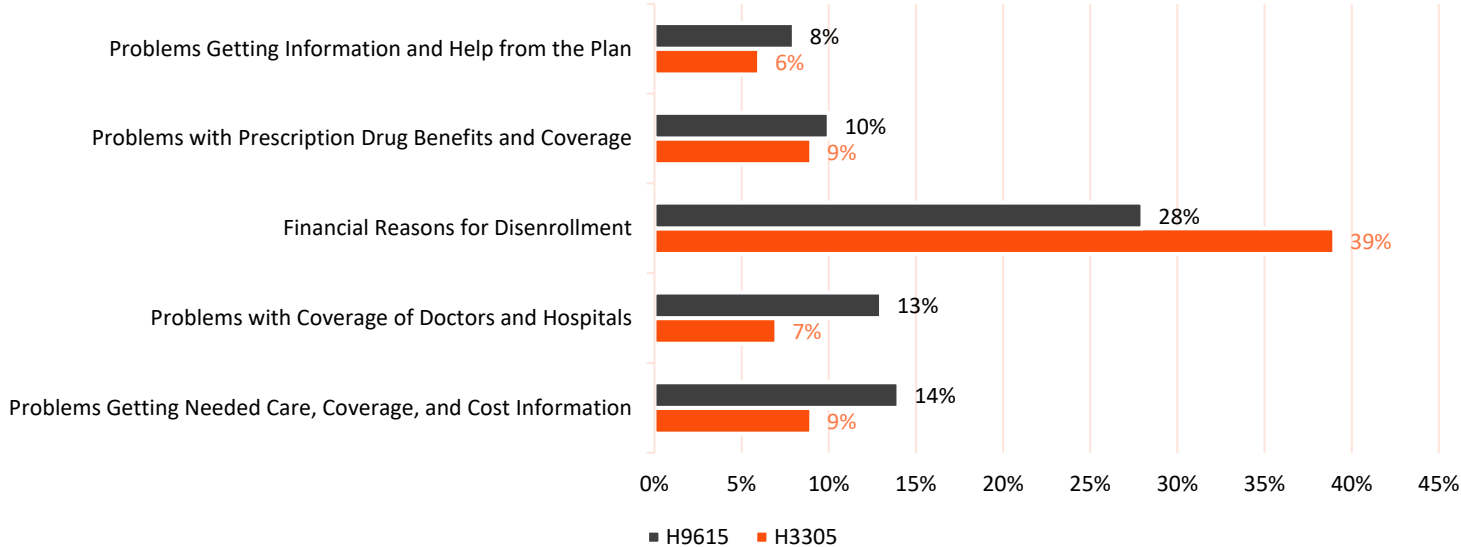
Comparing enrollment counts for March 2023 to March 2022:

- UVM Health Advantage plans increased enrollment by 87.4% to 6,093 members
  - UVM Health Advantage Select (PPO) – up 106%
  - UVM Health Advantage Secure (PPO) – up 41%
  - UVM Health Advantage Preferred (PPO) – up 7%
- Other plans with increase in 2023:
  - MVP DualAccess (HMO D-SNP) – up 372% to 769 members
  - MVP Medicare Preferred Gold without Part D (HMO-POS) – up 42%
  - MVP Medicare Secure with Part D (HMO-POS) – up 4%
- On average, the remaining MVP plans' enrollment decreased by 14% from the previous year



# 2023 Disenrollment Reasons

## Disenrollment Reasons



### Disenrollment Details



- C24: Members Choosing to Leave the Plan is well below the 2023 national average of 17%
- MVP achieved 5 STARs for C24 for both contracts in 2023

### Possible Next Steps:

- Review Social Determinants of Health Barriers (specifically Economic barriers) that may be impacting MVP population and causing disenrollment

# MVP / EXL STARS Review

Overall Ratings			
	2023		
	Part C	Part D	Overall
H3305	5	5	5
H9615	4	4	4
S0586	N/A	Not enough data	N/A

## Opportunity for Improvement

Focus on HD2: Managing Chronic (Long Term) Conditions Measures

Domain	H3305	H9615	S0586
<b>HD1:</b> Staying Healthy: Screenings, Tests and Vaccines	5	5	
<b>HD2:</b> Managing Chronic (Long Term) Conditions	3	3	
<b>HD3:</b> Member Experience with Health Plan	5	4	
<b>HD4:</b> Member Complaints and Changes in the Health Plan's Performance	5	4	
<b>HD5:</b> Health Plan Customer Service	4	4	
<b>DD1:</b> Drug Plan Customer Service	4	4	Not Enough Data Available
<b>DD2:</b> Member Complaints and Changes in the Drug Plan's Performance	5	4	Not Enough Data Available
<b>DD3:</b> Member Experience with the Drug Plan	5	4	Plan too small to be measured
<b>DD4:</b> Drug Safety and Accuracy of Drug Pricing	4	4	4

Source: CMS data

## STARS: Key Changes



- Plan All-Cause Readmissions (PCR) returning with initial weight of 1x
- Controlling Blood Pressure (CBP) weight back to 3x
- Member Experience measures moving from weight of 2x to weight of 4x
- Threshold performance required to earn high Stars ratings on member experience measures could increase
- Potential Measure Additions Transitions of Care, ED Visits for Patients with Multiple Chronic Conditions, NPS in CAHPS etc.

[CMS Stars Update: Significant Changes in Measurement Year 2021 \(carenethealthcare.com\)](https://www.carenethealthcare.com)

[2023 Medicare Advantage and Part D Star Ratings | CMS](#)

# Contract performance in key STAR rating domains

## 2022

Contracts	Legal Entity State	Enrollment as of Mar'22	2022 STARS Rating	STARS domains			Improvement areas
				CAHPS	HOS	HEDIS stars	
H3305	NY	29,195	4.5	4.3	3.0	3.7	HOS, HEDIS
H9615	NY	36,651	4.5	4.1	4.0	3.9	HEDIS
H5613	NY	160	-	-	-	-	-

## 2023

Contracts	Legal Entity State	Enrollment as of Mar'23	2023 STARS Rating	STARS domains			Improvement areas
				CAHPS	HOS	HEDIS stars	
H3305	NY	26,601	5	4.9	3.3	3.4	HOS, HEDIS
H9615	NY	34,379	4	4.2	4.0	3.3	HEDIS

- The tables above provide Star Ratings for each Contract across CAHPS, HOS and HEDIS domains.
- Domain scores are calculated by weighted average of all the measures in the domain (see measure mapping in appendix)
- Improvement areas are the domains with a lower weighted average score

## STARS Opportunities



### Implement plan to address open HEDIS Care Gaps and raise STARS ratings

- While both plans have achieved an overall STAR rating higher than 4, both plans are below 4.0 in the HEDIS domain (weighted average), and one plan is below 3.5 for the HOS domain.
- Overall, HEDIS Measure Stars have decreased from 2022.

[2023 Medicare Advantage and Part D Star Ratings | CMS](#)

[CMS Stars Update: Significant Changes in Measurement Year 2021 \(carenethealthcare.com\)](#)

# Identify and Target HEDIS Measures under 4 Stars

Contracts	Enrollment as of Feb' 23	2023 STARS Rating	STARS Domains (Weighted Average)			HEDIS Measures under 4 STARS
			CAHPS	HOS	HEDIS STARS	
H3305	27,013	5	4.9	3.3	3.4	C06: Care for Older Adults – Medication Review (No Data Submitted) C07: Care of Older Adults – Pain Assessment (No Data submitted) C08: Osteoporosis Management in Women who had a Fracture (2 STARS) C10: Diabetes Care – Kidney Disease Monitoring (3 STARS) C11: Diabetes Care – Blood Sugar Controlled (3 STARS) C12: Controlling Blood Pressure (3 STARS) C13: Reducing the Risk of Falling (3 STARS) * C14: Improving Bladder Control (3 STARS)* C15: Medication Reconciliation Post-Discharge (3 STARS)
H9615	34,141	4	4.2	4.0	3.3	C08: Osteoporosis Management in Women who had a Fracture (1 STAR) C10: Diabetes Care – Kidney Disease Monitoring (3 STARS) C11: Diabetes Care – Blood Sugar Controlled (3 STARS) C12: Controlling Blood Pressure (3 STARS) C13: Reducing the Risk of Falling (3 STARS) * C15: Medication Reconciliation Post-Discharge (2 STARS) C16: Statin Therapy for Patients with Cardiovascular Disease (3 STARS)

\*Also measured for HOS



# Prioritize Efforts to reach the next STAR rating

The following measures are within a few percentage points of achieving a higher STAR rating.

Measures	Domain	H3305	H9615	Threshold to Achieve Higher STARs	
				★ ★ ★ ★	★ ★ ★ ★ ★
C10: Diabetes Care – Kidney Disease Monitoring (HEDIS)	HD2: Managing Chronic (Long Term) Conditions	94%	93%	95%	97%
C11: Diabetes Care – Blood Sugar Controlled (HEDIS)	HD2: Managing Chronic (Long Term) Conditions	74%		75%	83%
C13: Reducing the Risk of Falling (HEDIS/HOS)	HD2: Managing Chronic (Long Term) Conditions		57%	60%	69%
C14: Improving Bladder Control (HEDIS/HOS)	HD2: Managing Chronic (Long Term) Conditions	46%		48%	53%
C16: Statin Therapy for Patients with Cardiovascular Disease (HEDIS)	HD2: Managing Chronic (Long Term) Conditions	87%	84%	85%	89%
C17: Getting Needed Care (CAHPS)	HD3: Member Experience with Health Plan		83%	82%	84%
C19: Customer Service (CAHPS)	HD3: Member Experience with Health Plan		91%	91%	92%
C20: Rating of Health Care Quality (CAHPS)	HD3: Member Experience with Health Plan		87%	87%	88%
C21: Rating of Health Plan	HD3: Member Experience with Health Plan		88%	88%	89%
C27: Reviewing Appeals Decisions	HD5: Health Plan Customer Service		90%	91%	97%
D09: Medication Adherence for Hypertension (RAS antagonists)	DD4: Drug Safety and Accuracy of Drug Pricing		90%	89%	91%



# EXL Solution Slides



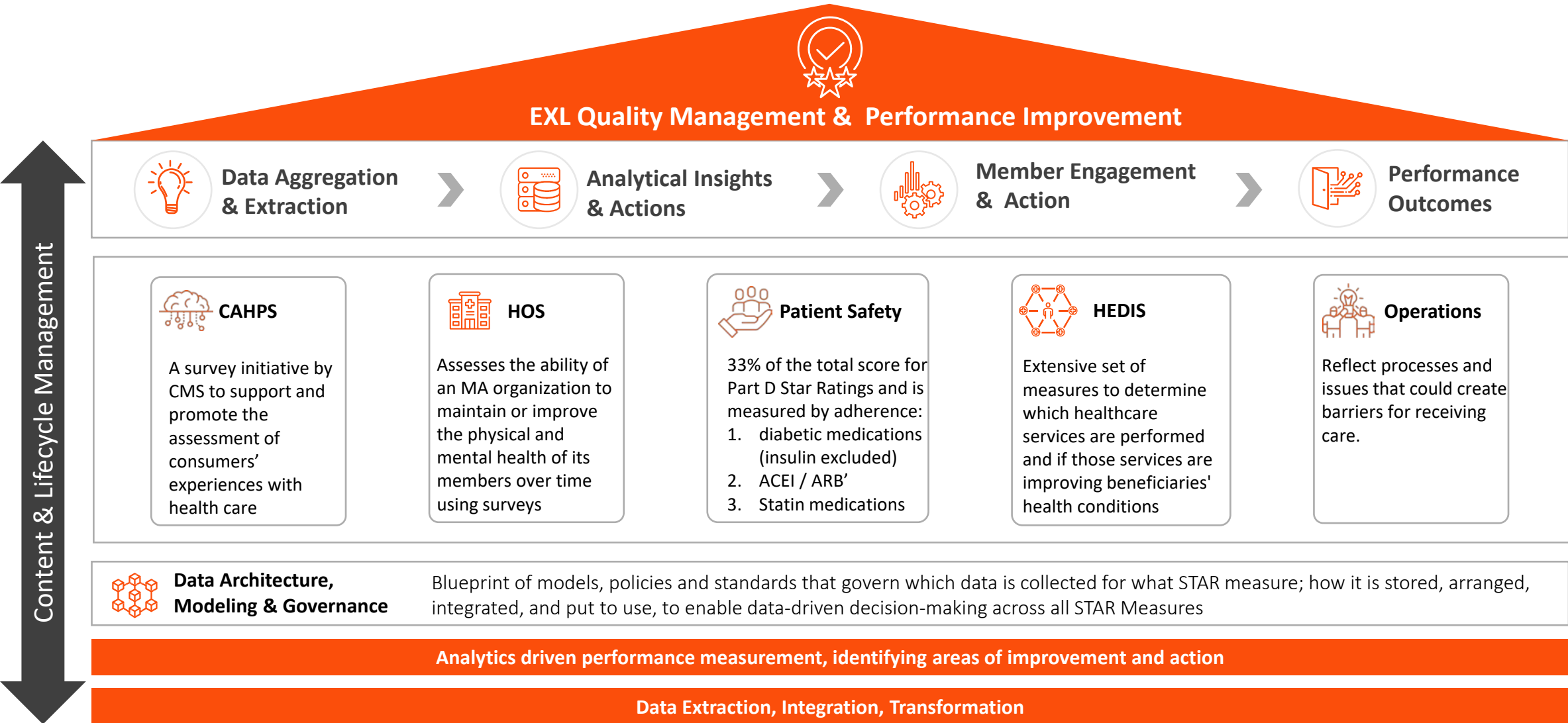
## Where can EXL accelerate MVP's STARs Efforts?

Approach / Methodology	Domain				
	HEDIS	Patient Safety	OPS	CAHPS / HOS	QI
1. Simulation and analytics to predict cut-points	✓	✓	✓	✓	✓
2. Market basket analysis for care gap targeting	✓				
3. NLP Extraction and Services	✓				✓
4. Analyze patterns in call center data			✓	✓	
5. Text mining member complaints data			✓	✓	
6. Lookalike models to predict member survey responses				✓	
7. Likelihood of compliance models	✓	✓	✓	✓	✓
8. Integrated provider and member strategy	✓	✓	✓	✓	✓
9. Quality scorecards for providers	✓	✓	✓	✓	✓
10. Identify and Monitor patterns in voluntary disenrollment			✓		
11. Targeted enrollment in high Stars counties	✓	✓	✓	✓	✓
12. Drive digital patient engagement through Conversational AI	✓	✓	✓	✓	
13. Leverage AI for automated audit across member interactions		✓	✓		✓

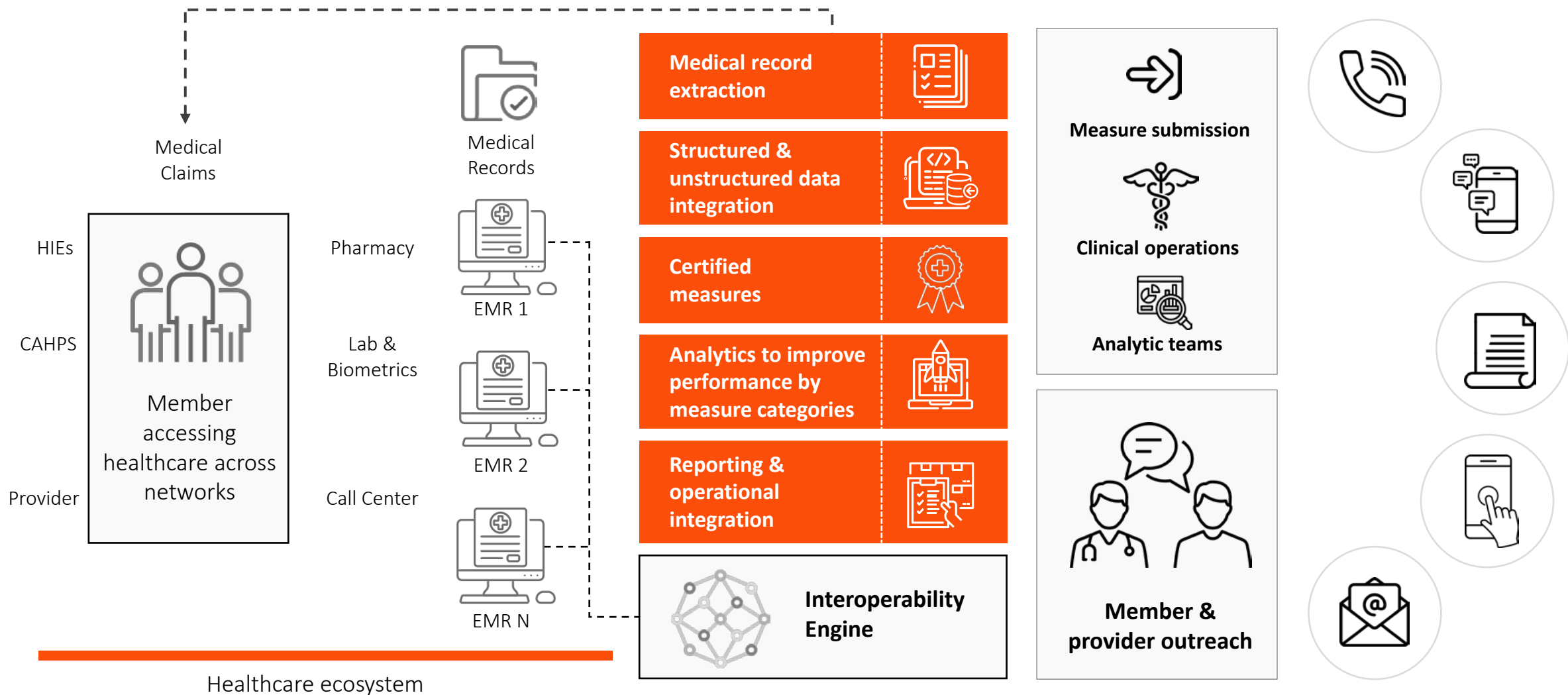
- **HEDIS:** Screenings and wellness measures
- **Patient Safety:** Drug Safety measures
- **Ops:** Member Complaints and customer service measures
- **CAHPS:** Patient Experience measures
- **QI:** Managing chronic conditions, Medication Adherence

EXL also provides comprehensive data visualization to manage and monitor interventions

# EXL's Comprehensive approach for Medicare STARS improvement



# EXL's Quality management ecosystem



# Some Interventions to improve STARS ratings



## CAHPS & HOS



- Medication benefits are significant to the member onboarding experience, Helping members understand their benefits and identifying barriers will create a positive experience
- Create targeted outreach programs around key drivers of the member experience like medication adherence and preventive screening

## HEDIS



- Improve outreach/reminders to members for screenings
- Reduce hospitals readmissions by proactively acting on SDoH risk and ensure better outcomes
- Contact members and Increase participation in member experience measures. Encourage member participation in CAHPS surveys.

## Operations



- Increase more first call resolution by training and investing in your consumer care team
- Incentivize clinicians to identify and act upon SDoH. Focus on medication-related measures, which account for a large part of the overall MA Star Rating
- Be proactive with member feedback

Source:

<https://risk.lexisnexis.com/insights-resources/white-paper/improve-hedis-scores-and-star-ratings-by-improving-patient-care>

<https://adherehealth.com/how-to-improve-medicare-advantage-star-ratings/>

# Chart Review & Extraction Benefits



## Leveraging OCR and NLP for Text Extraction

Problems

- Data elements required for HEDIS reporting were extracted & reviewed from the EMRs sent by different vendors which used to take up high amount of man hours. This step is extremely crucial for HEDIS rates reporting and directly impacts the STARs rating.

EXL Approach

- EXL with its deep technical expertise in **OCR , NLP and AI/ML** automated this manual process.
- The EXL team created a generic OCR tool capable of extracting key data elements from standard and nonstandard documents resulting in accurate HEDIS reporting and reducing in manual work

Results

- **Efficiency gained by 99%.**
- **Manually effort– 1354 Man Hours, Post Automation effort – 7.5 hours**
- Using ML Models, we were able to tag the EMRs to indicate the presence of important HEDIS data elements like colonoscopy etc.



## Fax Parser and Annotations

- Manual review of provider faxes containing patient medical notes & history. Manual data elements abstraction & review by the chart reviewers to extract the measures dates and data values useful in closing the gaps in care. The process took up high amount of man hours and was error prone.

- EXL with its deep technical expertise in OCR automated this manual process.
- The EXL team customized the output from the generic OCR tool and used member information to create PDF per member from the Tiff Images(document). The PDFs were then annotated & tagged with the page number info for various measures data values relevant for chart reviewing speeding up the process of review.

- **Efficiency gained by 90%.**
- Significant gains by eliminating manual review of large documents



## Medical Chart Search Tool

- Manual Chart Review by Nurses for HEDIS information

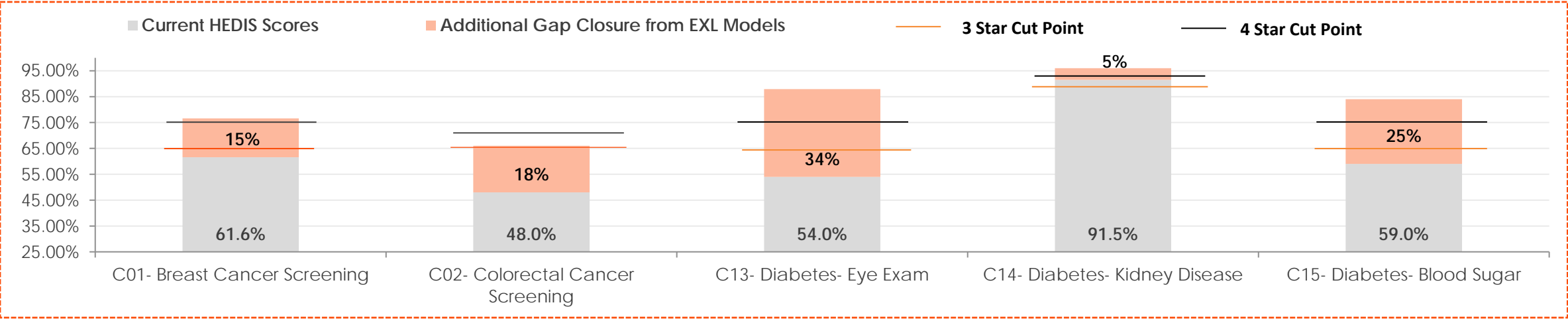
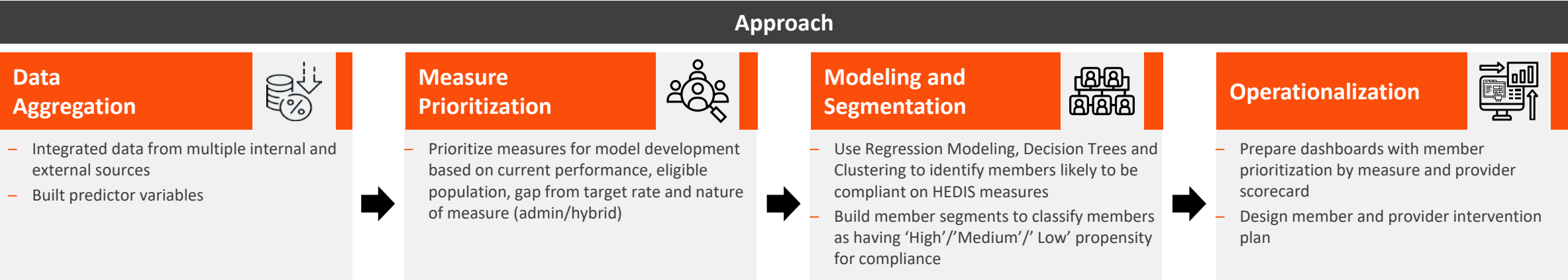
- EXL with its deep technical expertise in **OCR , NLP and AI/ML automated searching** the keywords in the structured and unstructured documents.
- Keywords were searched on documents and provide occurrence details of the keyword like where the keyword can be found in the document, total no. of occurrences with an inbuilt view of document where the keyword is seen highlighted.

- **Faster Search results**
- **Inbuilt document viewer to see highlighted keywords.**
- Advanced Search Techniques implemented to check for multiple keywords in one time and case matching

# Predicting member behavior - HEDIS Gaps in care reduction (Case example)

**Client: Leading blue plan**

EXL partnered with client to build propensity for compliance models and design intervention program for quality team to reduce HEDIS gaps in care



**Key findings and impact**

EXL's Member Propensity models consistently provide additional gap closure opportunity of ~15% which helped elevate four HEDIS measures to 4Star Rating and one to 3 Star Rating





# Measures mapping

CAHPS
Annual flu vaccine (C03)
Getting needed care (C17)
Getting appointments and care quickly (C18)
Customer service (C19)
Rating of health care quality (C20)
Rating of health plan (C21)
Care coordination (C22)
Rating of drug plan (MA-PD and PDP) (D05)
Getting needed prescription drugs (MA-PD and PDP) - (D06)
HOS
Monitoring physical activity (C04)
Improving bladder control (C14)
Reducing the risk of falling (C13)
Improving or maintaining physical health (retiring 2022)
Improving or maintaining mental health (retiring 2022)

HEDIS
C01: breast cancer screening
C02: colorectal cancer screening
C04: monitoring physical activity
C06: care for older adults – medication review
C07: care for older adults – pain assessment
C08: osteoporosis management in women who had a fracture
C09: diabetes care – eye exam
C10: diabetes care – kidney disease monitoring
C11: diabetes care – blood sugar controlled
C12: rheumatoid arthritis management
C13: reducing the risk of falling
C14: improving bladder control
C15: medication reconciliation post-discharge
C16: statin therapy for patients with cardiovascular disease

CAHPS: <https://ma-pdpcahps.org/>

HOS: [Star Ratings \(hosonline.org\)](https://www.hosonline.org/)

HEDIS: [Medicare 2022 Part C & D Star Ratings Technical Notes \(cms.gov\)](https://www.cms.gov/medicare/medicare-claims-manual2022/partc-and-partd-star-ratings/medicare-2022-part-c-and-d-star-ratings-technical-notes)

# Quality Bonus by STARS Ratings:

Plan Rating	Bonus Payment	Quality Bonus Adjusted Benchmark	Rebate Percentage
5	5%	105% of Benchmark	70%
4.5	5%	105% of Benchmark	70%
4	5%	105% of Benchmark	65%
3.5	0	100% of Benchmark	65%
3	0	100% of Benchmark	50%
New plans	3.5%	103.5% of Benchmark	65%

## STARs Savings Potential



- According to KFF, the 2022 average Medicare Advantage bonus was \$352 per person.
- Potential savings if plan moves from 3.5 to 4.5 stars is \$40 pmpm.
- A 1-Star rating increase can result in 8-12% higher enrollment and boost bonus payments by 13-17%.

[Spending on Medicare Advantage Quality Bonus Program Payment Reached \\$10 Billion in 2022 | KFF](#)

[Customer experience in Medicare Advantage | McKinsey](#)  
[medicare-advantage-analysis.pdf \(guidehouse.com\)](#)

Thank you



Saurabh Gaur

**Senior AVP / MVP Client Executive**

Saurabh.Gaur@exlservice.com

M: +1(413) 512-1918

exlservice.com

**Global headquarters**

320 Park Ave, 29th floor

New York, NY 10022

T: +1(212) 277-7100

F: +1(212) 277-7111

United States | United Kingdom | Australia

Bulgaria | Colombia | Czech Republic | India

Ireland | Mexico | Philippines | Romania | South Africa