



Medicare Star Ratings Call to Action

The Centers for Medicare and Medicaid Services' (CMS) Star ratings for PY2019 are now public. These ratings reflect 46 measures that determine the performance of all Medicare Advantage plans through a Five-Star Quality Rating Scorecard.

The overall score reflects performance in Parts C and D. The highest score is 5 and the lowest is 1. To increase Star performance, our Quality must improve. We will continue to focus on the following areas:

- **HEDIS® (Healthcare Effectiveness Data and Information Set)** measures if our physicians and our process are effectively getting members care.
- **PHARMACY** measures if members are getting and taking their medications as prescribed.
- **CAHPS® (Consumer Assessment of Healthcare Providers and Systems)** measures if members are happy with their physician experience and access to healthcare.
- **HOS (Health Outcomes Survey)** measures if members think they are feeling better.
- **Admin/Ops (Administrative Operations)** measures how well we are providing hassle-free care and services for our members and providers.

What actions should you take?



Access to Care - Schedule timely appointments with patients

- Routine care within 30 days
- Urgent care within 48 hours
- Care within 15 minutes of appointment time
- Follow-up care after hospitalization within seven days of discharge
- Provide patients with office hour information, including what to do if/when care is needed after office hours
- Refer to immediate care centers when appropriate instead of Emergency Departments

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Quality care is a team effort.
Thank you for playing a starring role!



	<p>Getting the right care/treatment</p> <ul style="list-style-type: none"> • Help patients make appointments with specialist providers when needed • Create a short list of specialists to refer patients • Know what services need prior authorization. Become familiar with medical coverage guidelines available in the provider portal. Make sure patients understand their conditions and how it impacts their general health • Make sure patients understand their treatment plan and that they play an active role in developing their treatment plan • Encourage your patients to speak. Ask if they have any barriers to following their care plan • Follow up with patients on adhering to their treatment plans and if any barriers have come up • Use WellCare’s CM/DM as a resource to help you in caring for hard-to-manage members • Offer the Community Advocacy program to members who need extra help
	<p>Coordination of care with other providers</p> <ul style="list-style-type: none"> • Ask your patients if they are seeing other providers. Make sure you are receiving consult notes and follow-ups from those providers • Have your patients medical records when you see them • Use the enhanced provider portal to see claims information from the patient’s other providers • Reconcile the patient’s medications so you are aware of potential interactions • If you order tests for your patients, schedule follow-up visits to discuss the results • Prescribe from Drug formulary – 90 day supply
	<p>Proactive outreach to patients</p> <ul style="list-style-type: none"> • Get them in for preventive visits. Schedule yearly wellness visit and check-up • Stress the importance of getting preventive screenings
	<p>Ongoing monitoring and follow-up for members with chronic conditions</p> <ul style="list-style-type: none"> • Bring them back in to make sure any chronic condition is under control and medication management. • Ask about medications they are taking, if they are experiencing any problems or experiencing side effects

Quality must be a top priority for all of us because it affects our members’ health, our providers’ experience, and has broad reputational and financial impacts on our business.

If you need help, reach out to your Provider Representative or call Customer Service. We value your partnership and work to ensure that every WellCare member receives quality healthcare.

