Contact Centers:
The Foundation to Secure a CMS Five-Star Rating

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Each year, millions of Americans access their Medicare benefits through Medicare Advantage plans. With hundreds of plans in play, consumers need to be able to quickly and efficiently navigate their options in order to choose the best plan for themselves and their families. To make this easier, the Centers for Medicare and Medicaid Services (CMS) implemented a Five-Star Quality Rating System to help consumers compare the relative quality of private Managed Care plans that are offered to Medicare beneficiaries through the Medicare Advantage program.

Ratings are based on five assessment points in the following categories:

- Preventive Care
- Managing Chronic Conditions
- Perception of Quality
- Health Plan Member Complaints, Appeals, and Choosing to Leave the Health Plan
- Customer Service

It is clear that a plan's rating is critical to member enrollment, retention and satisfaction. However, what is underappreciated by Managed Care plans across the country is the role a contact center can play in increasing the rating. A contact center can help to bolster the rating – not just through the obvious Customer Service factor – but by identifying strategic approaches to utilizing the contact center within each category of evaluation.

For example, plans that proactively reach out to plan members to schedule chronic care and routine screenings, vaccines and tests will better encourage preventive and chronic disease management for members. A plan that utilizes their contact center to facilitate ongoing outbound surveys of beneficiaries as well as providers will encourage communication and can help identify potential complaints before they occur. Limiting member complaints by continually evaluating feedback and implementing consumer facing changes sets a health plan apart from the competition in its service area – and strengthens its rating.

At its core, this rating system evaluation process highlights that having happy, better serviced members results in having a higher Star Rating. In fact, according to data from the Medicare Rights Center, aside from coverage denials for medical services; provider access problems, misinformation and marketing conduct are the most prevalent reasons for a member to disenroll from a Medicare private health plan.* Moreover, acquiring new members is estimated at five-times the cost of keeping existing ones.

The bottom line is, those plans that understand how crucial the contact center function is will stay ahead of the curve in implementing a multi-angled approach to improving their Star Rating.

*Medicare Rights Center, "Why Consumers Disenroll from Private Health Plans" Summer, 2010