Medicare Advantage

Reach for the Stars

Hyper-personalized Strategies to Maximize Clinical & Financial Outcomes

lirio Communication that Moves People

Executive Summary

Medicare Advantage success is more challenging for payers than ever before. Star ratings are declining, while the total cost of care ticks upward. Care managers often lack the resources they need to prioritize patients over paperwork. And most health plans continue to struggle with unexpected surges in utilization that affect their financial health.

However, the objectives — higher-quality care, member satisfaction, and better ratings that ultimately lead to organizational sustainability – support and maintain a better healthcare ecosystem. Today, that's an ecosystem hindered by siloes between payers and providers that lead to fragmented care and communication lapses.

So what's the answer? It turns out there isn't *one* – there's potentially billions. Uniting behavioral science and AI to generate hyper-personalized outreach customized for each member can ultimately save lives and dollars by prompting *all* members – not just high-risk patients, the traditional strata of focus – to take action, and sustain positive health behaviors.

It's critical to focus on three key areas first:

Overcome Declining Star Ratings

The average Star ratings for Medicare Advantage and Medicare Part D prescription drug plans decreased for the second consecutive year, to 4.04 and 3.11, respectively, according to data from the Centers for Medicare and Medicaid Services (CMS).

While all Medicare Advantage plans prioritize Star ratings, plans with more high-risk members have perhaps even more impetus to focus on reverting the downward trend. This starts with enhancing the ways payers support quality care and member experiences – two essential components of the Star rating system. The challenge is prioritizing these efforts amid key operational challenges that make it difficult to realize performance objectives.

Curb Increasing Total Costs of Care

According to the CDC, 90% of the $4.5 trillion in annual U.S. healthcare expenditures are for people with chronic or mental health conditions – or, both.

When high-risk patients fail to comply with care plans, these costs escalate due to factors such as avoidable hospital readmissions, emergency room utilization, and transitions of care.

Bridge Widening Efficiency Gaps

Payers employ care managers to maintain communication and oversight of member care journeys. However, these care managers often lack the necessary information to work at the top of their skill set and their reach is limited to the most costly and complex members.

They spend time on redundant intake questions that don't require clinical expertise, and lack access to clinical data needed for personalized interactions. This inefficiency negatively impacts both member experience and care quality — not only for the high-risk members who clearly need support but also for large swaths of members who need support and interventions to improve their health status. Technology can enhance processes that ultimately benefit both members and those who care for them.

The Opportunity: Hyper-personalized Outreach

Payers can better manage costs for high-risk populations, increase operational efficiency, and establish frameworks for higher Star ratings through data-rich provider coordination, and data-powered member communication.

But often provider organizations do not have direct access to the data that they need to identify when patient health risks increase. However, health plans do; payers can leverage claims data with predictive modeling to see when patients are at risk for avoidable inpatient admissions and negative outcomes.

Organizations have an opportunity to identify member activities such as medication adherence, well-visit utilization, and transitions of care while arming care managers with information that aligns with provider communication.

Improving Health Plan Member Sentiment

Poor digital experiences across all health plans were one of the top challenges mentioned by members in a recent J.D. Power U.S. Commercial Member Health Plan Study.

One of the other top challenges included access to care – perceived or otherwise. Using technology to enhance communications about what care is available when and where, and improving digital experiences, is imperative to increase member satisfaction.

Understanding unique behaviors tied to a scalable model delivers better outcomes.

Enter Precision Nudging™

Engaged members are at the center of thriving healthcare ecosystems. To drive impact, payers and providers need to understand each member's unique needs and motivations, supporting them as they work to improve behaviors for episodic and longitudinal impact.

It all starts with knowing the member

There are big problems with Big Data being collected, stored and analyzed in siloed ways. But there are also monumental opportunities.

Lirio brings together that data with a solution that's the nexus between AI and behavioral science – the study of cognitive, social, and environmental drivers and barriers that influence health-related behaviors.

The key is identifying meaningful patterns that help predict what support members need to change their behaviors for the better both short- and long-term.

Like many members' approaches to their own health, the tools used by those who care for them are typically reactive versus proactive.

Communications are generic and based on what patients and members like them may have done in the past – not taking into account how individuals change over time.

Real-life Results

753 women diagnosed with breast cancer while in a treatable stage when a large health system engages 84% of women past due for a mammogram.

A top 20 health system moves 87% of unengaged patients with diabetes toward visits with their primary care physician.

Rochester Regional Health engages 81.6% of patients reached with Precision Nudging text messages or emails, prompting them to follow up on mammogram, well-woman visits, a colonoscopy – or a combination of those services.

Smart now, smarter later

People change with experience – as does artificial intelligence. AI gets more precise and more accurate over time, allowing health plans and health systems to address multiple conditions for one member or patient in different ways. A health journey isn't a linear path, but for too long engagement has been generic and treated as such.

Optimizing population health, one member at a time

What's the key?

The accumulated knowledge about each patient who interacts with Lirio's intelligence capabilities informs the Large Behavior Model (LBM). This enables hyper-personalized orchestration of a patient's entire health journey. Lirio's Precision Nudging™ is designed for organizational goals like facilitating program enrollment, streamlining transitions of care – or multiple goals at once, depending on the patient.

Unlike standard patient outreach platforms that depend on list pulls and batch-sends of generic emails or text messages, Lirio's technology optimizes the messaging and imagery, modality, and timing of interventions for each member.

Lirio is the only solution of its kind using AI and behavioral science to elevate personalized patient communications that improve healthcare outcomes – and ultimately, sustain healthy behaviors.

A 3-Part Strategy to Boost Star Ratings

To achieve measurable results that meet – or exceed – CMS standards you need the right people, processes, and technology in place to focus on enhancing care quality and the member experience.

Care Coordination

Care coordination is one of the Part C measures for Star ratings, and other measures influence this overall goal, including transitions of care.

Lirio provides impactful, proven, and actionable approaches and interventions for payers to deploy.

Effective communication is essential in care coordination, involving multiple parties working together on the patient journey.

Precision Nudging™ pulls hyper-personalized data to help your organization identify what members are most likely to take action on and equip health plans to communicate this tailored information in the moment. This can look like sending timely nudges to providers to take specific actions with individual patients during clinical visits.

Spotlight on Transitions of Care

Payers can use Precision Nudging™ interventions to achieve the quality metric of reduced hospital readmissions post surgical discharge. It works through personalized nudges that guide members to the right pre- and post-surgery behaviors based on their behavioral determinants.

This approach also allows your organization to effectively take the reins on transitions of care activity – ensuring a smooth experience for all parties involved.

Help patients and their caregivers coordinate with each provider on their care continuum—hospitals, rehab centers, physical therapy, and more —with hyper-personalized messages designed to move patients to the next right step at just the right time in their care journey.

Care Management

Many Star measures support care management, including medication adherence, cancer screenings, and blood pressure control – all intended to assess how health plans reduce unnecessary and duplicate care and help patients manage health conditions.

Precision Nudging™ helps optimize the clinical effectiveness of your care management programs by delivering hyper-personalized outreach that elevates the generic messaging and strategy typically employed by provider groups and health plans. This helps overcome barriers to action and moves the member to take the best action.

Medication Adherence

Providers know when a medication is prescribed, and payers know when it is filled.
With Precision Nudging™, payers can help drive a comprehensive adherence plan by leveraging claims data to communicate with both the member and provider in a hyper-personalized way that moves the member toward compliance.

With Lirio, target behaviors such as:

- Enrollment in adherence programs
- Automatic refills
- Transition to mail-order refills and 90-day refills
- Scheduling and attending medication reviews with pharmacists and other providers
- Just-in-time reminders to take medication

Member Engagement

Higher member engagement starts with providing positive member experiences, which leads to improved care quality—two pillars of the Star metrics. Measures include customer service, getting appointments quickly, receiving needed care, and more.

Traditional outreach channels such as newsletters, emails, text messages, and portal notifications become exponentially more effective when powered by Lirio's intelligence capabilities. The resulting communications deliver personalized behavior change techniques targeted to the right mix of behaviors to help each member achieve optimal health outcomes, and to help health plans maximize quality ratings.

Spotlight on Program Enrollment

By leveraging clinical and behavioral data about member populations and deploying tailored communications, payers can amplify provider campaigns to move people to enroll. Precision Nudging helps care management teams achieve their clinical goals while motivating members to higher levels of engagement that allow payers and providers to deliver coordinated care.

Demonstrated value:

- Regional health plan partners with Lirio to elevate standard marketing and outreach methods for
- 9X increased member enrollment in tobacco cessation programs

Precision Nudging™ Leads to Better Outcomes

By applying Precision Nudging™ to your member engagement, care coordination, and care management strategies, your organization can use data inputs to create next best action plans and orchestrate higher quality care and experiences alongside providers as partners. This allows you to optimize network contracts and improve operational performance overall – leading to real results in several business areas, including:

Increased Productivity

When care managers don't have to handle hyper-personalized outreach because it's automated, they can focus on activities less easily supported through technology. This reduces time spent on redundant intake and irrelevant communications.

Administrative Excellence

Increased Job Satisfaction

Precision Nudging™ helps care managers work at the top of their skillset, leveraging their clinical expertise to support member outcomes. This approach uses AI to offload administrative tasks so care managers can focus on member care — leading to higher job satisfaction, retention, and operational efficiency.

Administrative Excellence

Lower Total Cost of Care

Better care coordination, care management, and member engagement support better outcomes and help reduce the total cost of care. This includes higher medication adherence, timely completion of recommended provider visits and cancer screenings, and lower hospital readmission rates,, all of which lower costs for all parties in the healthcare ecosystem.

Higher Star Ratings

Higher Star Ratings

Precision Nudging™ helps health plans address key business challenges such as total cost of care and operational efficiency, paving the way for higher Star ratings. By focusing on interventions that support care coordination, care management, and member engagement, health plans can directly address key CMS measures and maximize reimbursement across the Medicare Advantage offering.

Higher Star Ratings

lirio®
Communication that Moves People

With Lirio, the proof is in each point of contact

To learn more about how Lirio's Precision Nudging™ can transform your approach to member engagement, care coordination, and care management, reach out to us today.