PointClickCare

Are Your Star Operations Built to Perform?

A quick self-check to help Medicare Advantage plans strengthen quality operations, improve care coordination, and deliver more connected, scalable member outreach.

Care transitions are one of the highest-leverage points in your Star strategy because a single coordinated capability touches TRC, MRP, FMC, PCR, and CAHPS at once. The narrow post-discharge window can have an outsized effect on Star performance. Stronger plans treat each transition as a quality outcome, not an administrative event, and build their operations to match. That means making discharges visible the same day, not after claims lag, so teams can act with context before improvement opportunities lose momentum.

Use this 5-point self-diagnostic to identify where delayed data, manual workflows, or disconnected outreach may be putting Star performance at risk. If any of these warning signs sound familiar, it may be time to strengthen the operational foundation behind your quality strategy.

Why this matters:

Moving from 3.5 to 4.0 Stars can mean about $23M in additional annual revenue for a 50,000-member Medicare Advantage plan.[1]

Self-Diagnostic: 5 Warning Signs Your Star Operations May Not Be Ready

1

Transition risk isn't visible early enough

- ☐ Can your teams see hospital and ED discharges the same day, or are they waiting for claims lag to reveal risk?
- ☐ Are worklists prioritized by urgency, or are high-risk gaps competing with lower-priority outreach?
- ☐ Can teams see open care gaps in one view, or does each outreach effort require searching across disconnected systems?
- ☐ Do care managers, quality teams, and outreach teams share the same tracking, or are members at risk of falling through the cracks?

2 Teams can't act before the window closes

- [ ] Can care managers begin follow-up with timely clinical information, or are they working from guesswork and incomplete records?
- [ ] Is outreach routed to the team or provider with the strongest member relationship, or does responsibility stay unclear?
- [ ] Can medication reconciliation and care gap follow-up happen in one workflow, or do teams manage them as disconnected steps?
- [ ] Is documentation captured as work happens, or does performance tracking, reporting, and audit readiness depend on after-the-fact cleanup?

3 Visibility drops after discharge

- [ ] Can teams see key post-acute updates without chasing faxes, delayed records, or siloed systems?
- [ ] Does readmission risk become visible early enough to support timely intervention, or only after opportunities have narrowed?
- [ ] Can discharge planning begin with follow-up appointments, medication needs, and support needs already in view?
- [ ] Are caseloads risk-based, or are teams spending time and resources without a clear view of where intervention is most likely to matter?

4 Your network isn't fully aligned

- [ ] Do primary care providers receive timely admission and discharge updates, or does follow-up depend on manual handoffs?
- [ ] Can health plan outreach and provider follow-up happen in parallel, or are teams duplicating effort and leaving gaps?
- [ ] Can network collaboration scale consistently, or does it still rely on fragmented communication and one-off workarounds?

5

Workflows don't scale across transitions

- Does data move across settings and teams, or does visibility break down at each handoff?
- Can teams track early performance indicators before final Star measures reflect the impact?
- Do workflows stay consistent as members move across hospitals, post-acute providers, and community-based care?

If several of these gaps feel familiar, your Star strategy may be relying on teams to overcome operational friction that better-connected workflows could help solve. See what stronger Star operations can look like, and what even a half-star improvement could be worth.

[1] Illustrative model for a hypothetical 50,000-member plan; actual results vary. Assumes ~$1,200 PMPM benchmark, a 5% Quality Bonus applied to the benchmark, and 65% rebate retention. Real-world value depends on county benchmark variation, the benchmark cap, bid-to-benchmark gap, double-bonus county status, risk scores, and contract-level enrollment mix. Confirm against the current CMS Rate Announcement.

PointClickCare helps health plans build a more connected approach to quality, care coordination, and member engagement across the continuum of care.

Build Star Operations That Are Ready for What's Ahead

Explore how PointClickCare can help you improve visibility, coordinate outreach, and support stronger Star performance.

See What a Half-Star is Worth