healthmine™

Medicare Advantage 2024 Star Ratings Landscape

November 2023

Today’s Presenters

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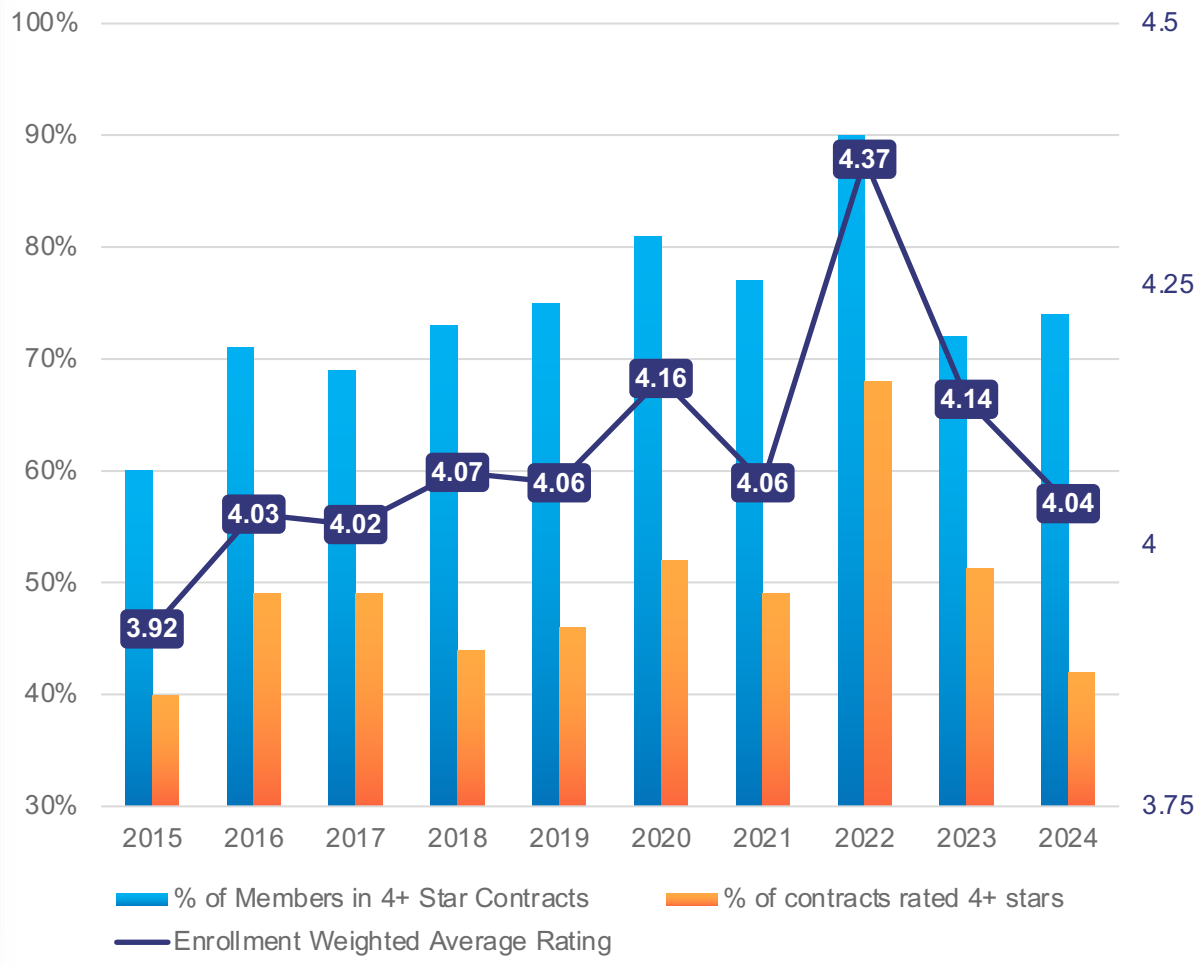
The 2024 MA-PD Star Ratings

- **42%** of MA-PD contracts earned **4+ stars** ↓9%
- **31** MA-PD contracts earned **5 stars** ↓45%
- **74%** of MA-PD enrollees currently in contracts with 4+ star 2024 ratings ↑2%
- Member Experience measures remain **4x weight**
- Outliers deleted using Tukey statistical methodology prior to computing cutpoint clusters
- **40 unique measures** rated in 2024:
  - *Plan All-Cause Readmissions* returned with temporary 1x weight
  - *Diabetes Care-Kidney Disease Monitoring* retired
  - *Transitions of Care* and *Follow-Up after ED Visit for People with Multiple High-Risk Chronic Conditions* added each with 1x weight
  - *Controlling Blood Pressure* weight increased to 3x

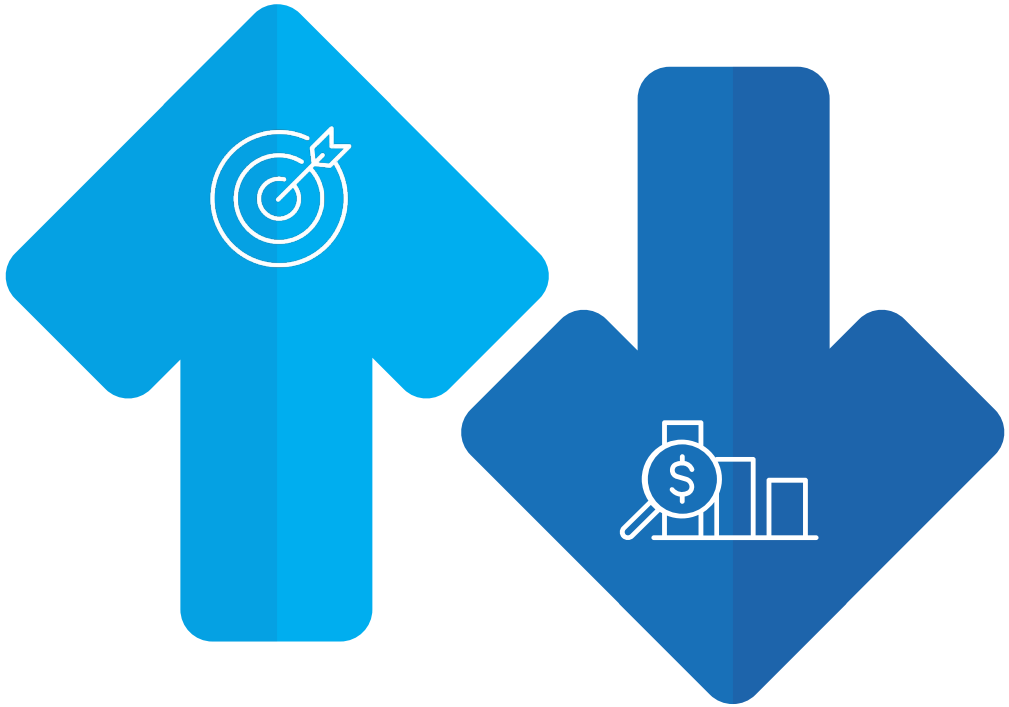


2024 MA-PD Market Movement

97
plan rating increases

34
plans gained 4th star
(~$1.4 billion QBP impact)

17
plans increased ≥1 full star



278
plan rating decreases

74
plans lost 4th star
(~$1.4 billion QBP impact)

37
plans decreased ≥1 full star
(3 decreased 1.5 stars)

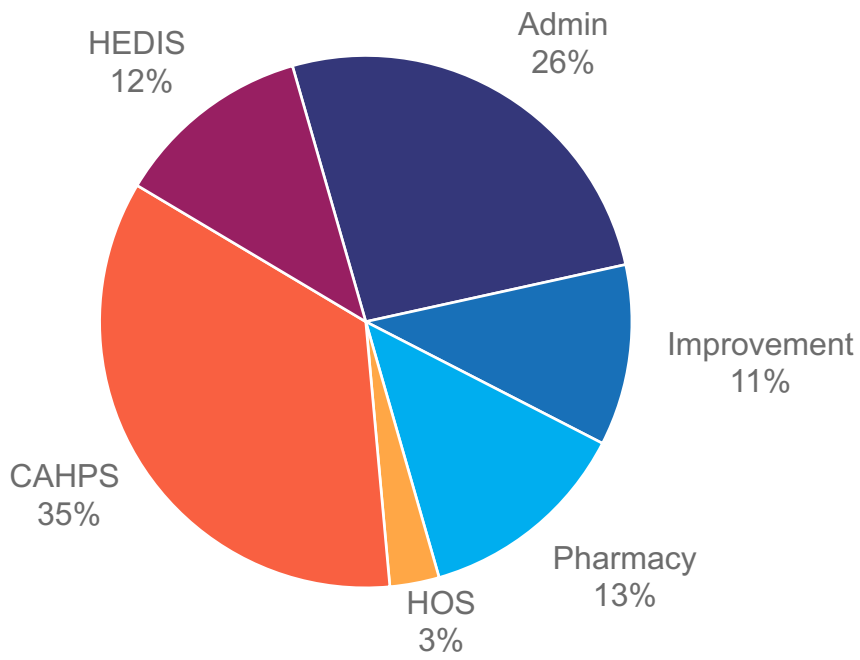
- 545 MA-PD Plans received an Overall Rating
- 222 contracts were too new or too small to be rated

- 71 contracts failed Past Performance for 2025 applications
- 74 contracts failed Year 1 of Past Performance for 2026 applications

- 6 contracts received the Low Performing Icon
- 2 CMS contracts terminated in 2023 due to LPI

Plan Performance by Domain

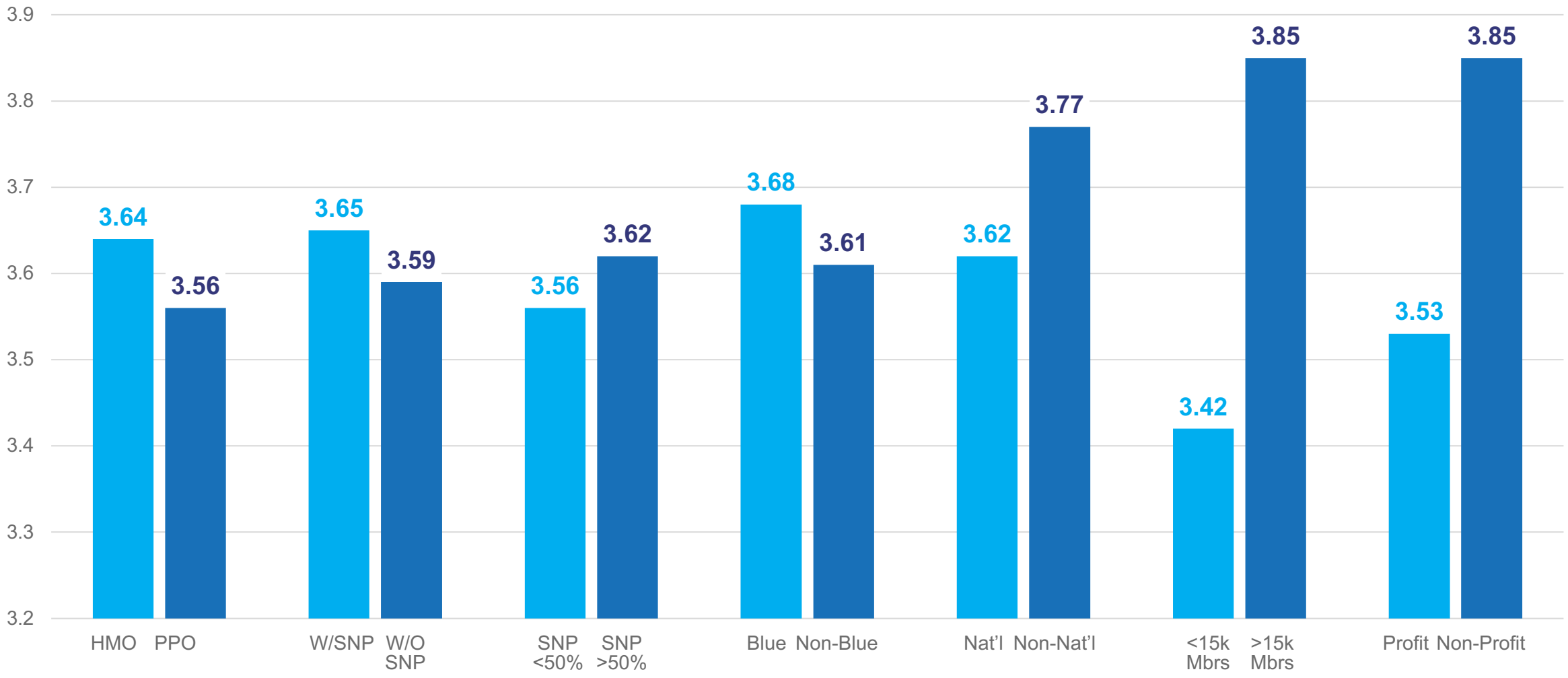
2024 Overall Rating Composition*



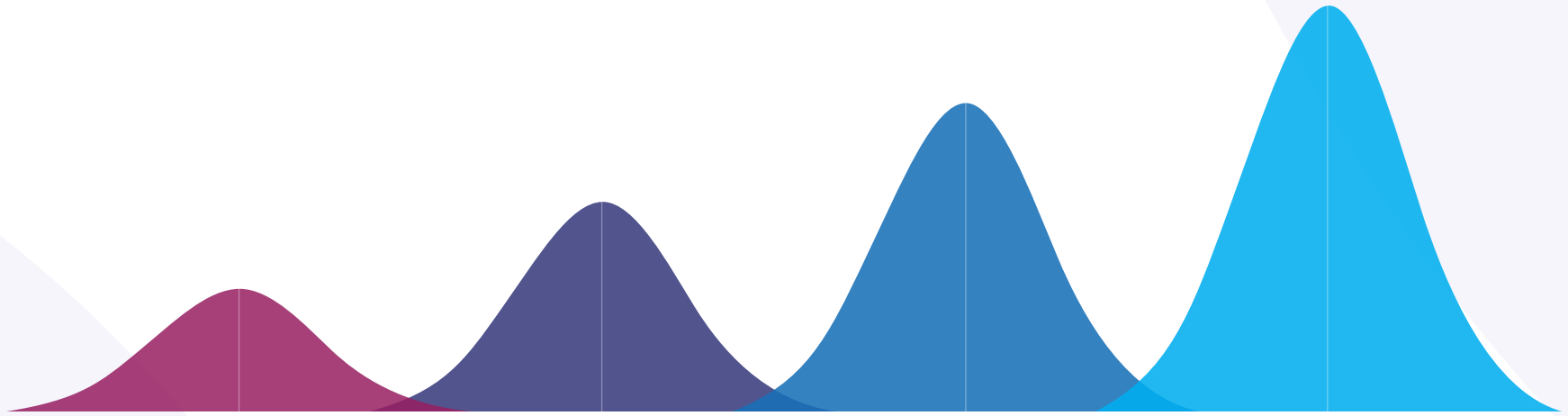
Average	Plans with 2024 Overall Rating ≥4 stars		Plans with 2024 Overall Rating <4 stars	
	2024 Star Ratings	2023 Star Ratings	2024 Star Ratings	2023 Star Ratings
HEDIS	3.8	4.1	2.9	3.4
CAHPS	4.1	3.9	2.8	2.9
Administrative	4.2	4.6	3.6	3.9
Pharmacy (exc. CAHPS)	3.6	3.7	3.1	3.3
HOS	3.1	3.2	3.0	3.2
Improvement	3.4	2.8	3.1	2.5
SNP	3.9	3.8	2.9	2.8

*Percentages computed based on SNP measure applicability; percentages differ slightly for non-SNPs

What Drives Star Ratings Success?



Maturity in MA Matters for Star Ratings



Overall Rating	Plans Receiving 1st Overall Rating	Plans in MA <5 Years*	Plans in MA 5-10 Years*	Plans in MA >10 years	All Plans
<3 stars	53	31	5	14	50
3 stars	26	50	31	47	128
3.5 stars	10	43	28	67	138
4 stars	5	24	27	72	123
4.5 stars	4	16	11	48	75
5 stars	4	6	3	22	31

*2024 distribution represents deterioration from 2023 ratings.

Tukey Implementation had Significant Impact

- National Average rates remained very consistent. The National Average rate changed by >2% for only **2 measures.** (Part C *FL/TTY* & Part D *FL/TTY*)
- The Average Rating increased >0.5 for **6 measures**
- **~25%** of cutpoints changed more than 5%
- Of the total 160 cutpoints:
  - **20** cutpoints increased by **>10%,** more than half of for measures weighted 3x or 4x
  - **17** changed between **5%** and **9%**

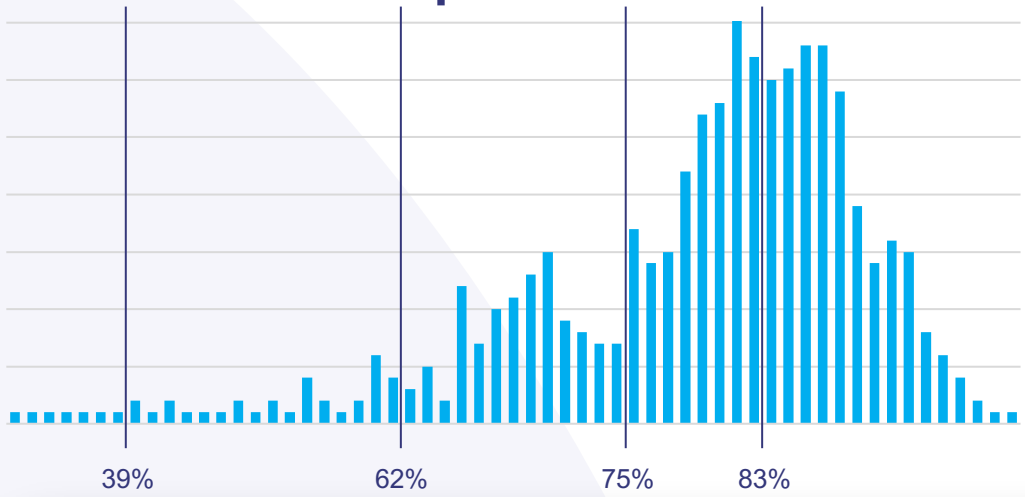
		Change in National Average	Change in Average Star Rating	Change in 2 star cutpoint	Change in 3 star cutpoint	Change in 4 star cutpoint	Change in 5 star cutpoint
C01	Breast Cancer Screening	2%	-	9%	1%	1%	2%
C02	Colorectal Cancer Screening	-1%	(0.1)	7%	1%	0%	11%
C03	Annual Flu Vaccine	-1%	(0.1)	-1%	-2%	-1%	-1%
C04	Monitoring Physical Activity	-1%	(0.2)	-2%	-1%	0%	1%
C05	Special Needs Plan Care Management	-1%	0.1	-4%	-5%	-1%	0%
C06	Care of the Older Adults – Medication Review	0%	(0.6)	29%	14%	11%	5%
C07	Care of the Older Adults – Pain Assessment	1%	(0.4)	24%	12%	6%	2%
C08	Osteoporosis Mgmt in Women who had a Fracture	-1%	-	-3%	-3%	0%	-2%
C09	Diabetes Care – Eye Exam	0%	(0.2)	-5%	4%	2%	2%
C10	Diabetes Care – Blood Sugar Controlled	1%	(0.5)	19%	10%	5%	4%
C11	Controlling Blood Pressure	2%	(0.1)	10%	5%	1%	2%
C12	Reducing the Risk of Falling	0%	-	1%	0%	0%	1%
C13	Improving Bladder Control	-1%	(0.1)	-1%	-1%	-1%	-2%
C14	Medication Reconciliation Post-Discharge	-2%	-	-5%	-5%	-1%	0%
C16	Statin Therapy for Patients w/Cardiovascular Disease	1%	(0.2)	4%	3%	1%	1%
C19	Getting Needed Care	-1%	-	-2%	-2%	-1%	-1%
C20	Getting Appointments and Care Quickly	0%	-	1%	0%	0%	0%
C21	Customer Service	0%	0.2	0%	0%	-1%	0%
C22	Rating of Health Care Quality	0%	(0.1)	0%	0%	0%	0%
C23	Rating of Health Plan	0%	(0.1)	0%	0%	1%	1%
C24	Care Coordination	0%	0.1	0%	-1%	0%	0%
C25/D02	Complaints about the Health Plan		(0.4)				
C26/D03	Members Choosing to Leave the Plan	2%	0.1	2%	5%	3%	3%
C28	Plan Makes Timely Decisions about Appeals	-1%	(0.5)	25%	13%	9%	1%
C29	Reviewing Appeals Decisions	0%	(0.8)	19%	9%	5%	3%
C30	Call Canter – FL/TTY Availability	3%	-	36%	24%	9%	3%
D01	Call Canter – FL/TTY Availability	4%	(0.7)	43%	22%	16%	8%
D05	Rating of Drug Plan	1%	-	1%	0%	0%	1%
D06	Getting Needed Prescription Drugs	0%	0.1	-1%	0%	-1%	-1%
D07	MPF Price Accuracy	2%	(0.6)	22%	10%	5%	2%
D08	Medication Adherence for Diabetes Medications	0%	0.3	1%	-1%	0%	-2%
D09	Medication Adherence for Hypertension	1%	-	4%	0%	0%	0%
D10	Medication Adherence for Cholesterol	1%	0.1	1%	1%	0%	-1%
D11	MTM Program Completion Rate for CMR	1%	(0.4)	20%	10%	3%	3%
D12	Statin Use in Persons with Diabetes	0%	(0.4)	1%	2%	2%	2%

Understanding the Tukey Outlier Deletion Impact

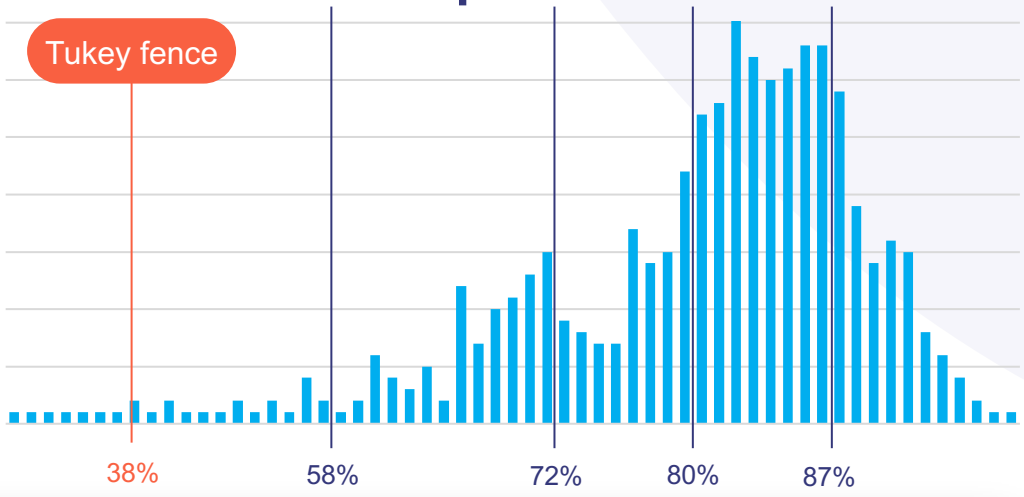
CMS implemented the Tukey outlier deletion methodology to eliminate the impact of outliers on cut points.

- Outliers were identified and removed prior to clustering contract scores to determine measure cut points.
- This will stabilize cut points and prevent large year-to-year fluctuations caused by outlier scores of a few contracts.

SY2023 *CDC-Blood Sugar Controlled* Cutpoints



SY2024 *CDC-Blood Sugar Controlled* Cutpoints

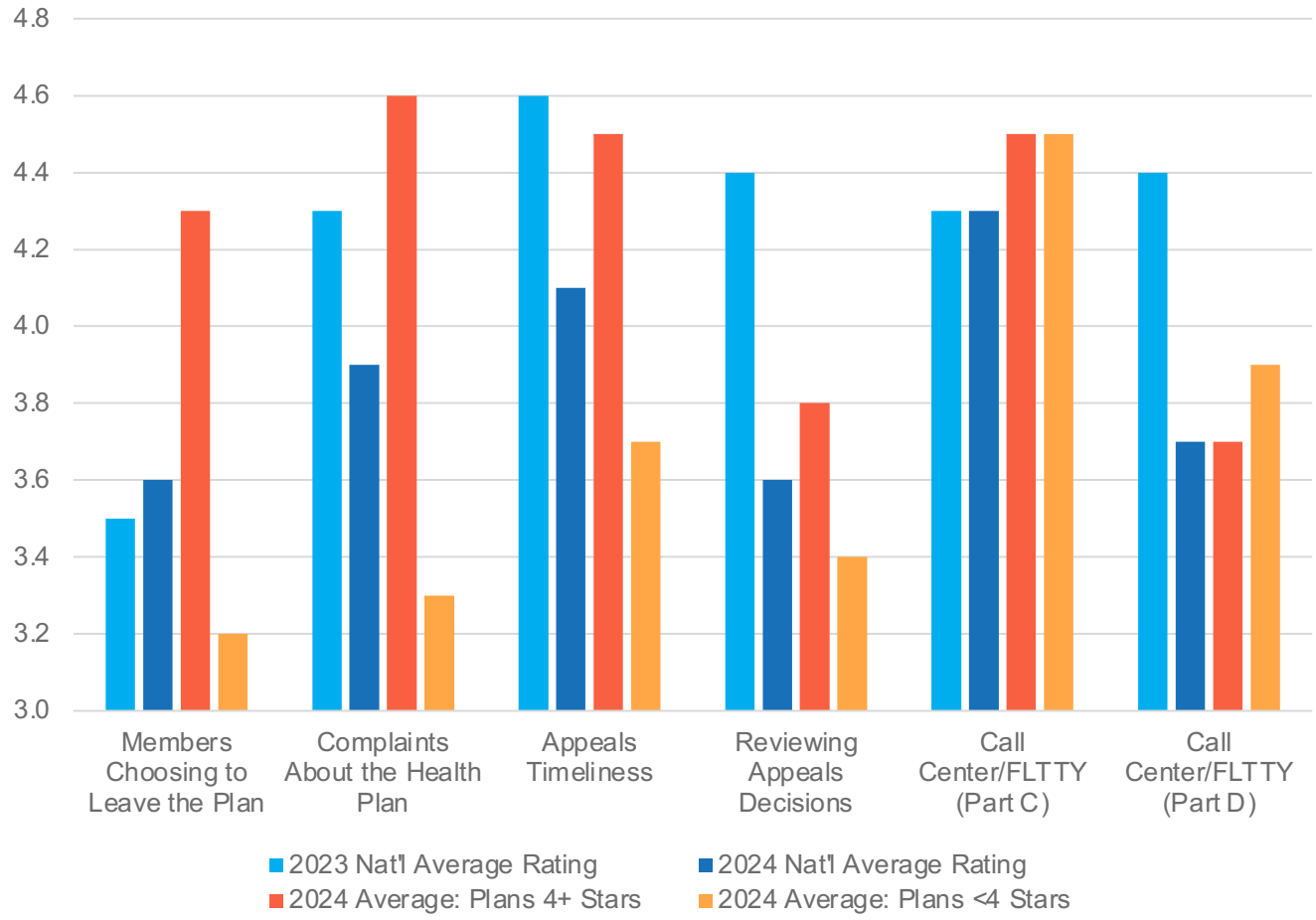


For the first year implementation (MY2022/SY2024), CMS recomputed prior year cut points, using mean resampling and Tukey outer fence deletion, so that the guardrails could be applied with consistency between the years.

Administrative Measures

The Most Impacted by Tukey (*And Most Easily Controlled!*)

- Measures are 4x weights and MUCH easier to assure 5-star ratings than CAHPS (or the looming HOS measures)
- Very small numbers make a big difference
- **Many plans could have increased their overall rating solely by improving Administrative measures**
- CMS, HHS and politicians are significantly increasing scrutiny in many areas impacting Administrative measures
- MedPAC suggests accountability for these activities occur outside of Stars



What's Next?

CMS is significantly changing Medicare Advantage Risk Adjustment and Star Ratings in 2024

There are no instant answers.

There are no magic tricks for success.

The quality of a leader can not be judged by the answers they give, but by the questions they ask.

– Simon Sinek

You will see CMS in the future be a much tougher payer and much tougher regulator to ensure that, for every beneficiary and taxpayer who pay more for it, the value is there, the service is there and beneficiaries have full information for the choices that they're making.

– CMS Deputy Administrator
Jon Blum

Key MY2024 Star Ratings Changes

- Reduce medical costs
- Improve health and health outcomes
- Avoid admissions and prevent readmissions
- Promote health and wellness
- Improve patient safety

- Minimize provider burden and accelerate feedback
- Accelerate digital and outcomes measures
- Unleash voice of patient via PROMs
- Use measures that advance innovative payment models

New Measures

- Improving/Maintaining Physical Health
- Improving/Maintaining Mental Health
- Kidney Health for Patients w/Diabetes

Measure Changes

- Reduce CAHPS and Admin weights to 2x
- Change COL to ECDS; remove hybrid
- PDE measures use Cont. Enrollment
- Remove 15-min wait time from CAHPS (2024 survey; 2025 rating)

Program Changes

- Use MY2024/2025 results in SY2027 Health Equity Index
- Add web surveys to CAHPS (2024 survey; 2025 rating)

- State-level permission to require separate H-contract for state's D-SNP members
- Screening for low digital health literacy and digital health education to access telehealth
- Expanded requirements for standing material translation for languages >5% of pbp service area or accessible format
- Part D Price Concessions applied at point of sale
- Significant changes to the Medicare Physicians Fee Schedule

As of October 15, 2023

Health Equity Index Takes Effect in January 2024

In 2024, CMS begins replacing Reward Factor with Health Equity Index

- *Takes effect in 2027 Ratings using MY2024 and MY2025 performance on subset of measures*
- *Calculated for Duals, LIS-eligible, and disabled members*
  - *Top third of contracts receive 1 point*
  - *Middle third receive 0 points*
  - *Bottom third receive -1 point*
- *Will be calculated using measure weights*
- *Will range from 0 to 0.4*
  - *Contracts at/above national contract-level median LIS/DE/disabled enrollment are eligible to earn up to 0.4*
  - *Contracts with at least 50% of national contract-level median LIS/DE/disabled enrollment are eligible to earn up to 0.2*
- *Contracts must have >500 eligible members*

Identify Dual-eligible, LIS-eligible and Disabled Members

- CMS Monthly Membership Report (MMR) provides Medicaid Dual Status code and original reason for entitlement (OREC)
- LIS History File provides 36 months of LIS history

Enhance Contract, Measure, Member & Provider Reports

- Compute measure rates for each SRF
- Determine whether you meet HEI earning criteria
- Report measures by SRF in Stars dashboard and reports
- Account for D-SNP Deconsolidation impacts

Identify Barriers to Care

- Lack of food or housing?
- Lack of transportation?
- Lack of Provider access?
- Language/cultural barriers?

Help Members Break Through Barriers

- Connect members to resources
- Spread tactics across HEI needs
- Educate staff to better identify/support needs
- Expand and adapt benefits

Prepare

- Communicate risk and impact of lost Reward Factor/HEI implementation
- Focus investments and effort on effectively serving poor and disabled members
- Ensure alignment of 2024 provider contracts, reports and incentive programs

New Measures Generally Enter Stars ≤3 stars:
Are You Ready?

Kidney Health Evaluation for Persons with Diabetes (KED)

The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

This new measure aligns with recommendations from the American Diabetes Association and provides critical information for screening and monitoring of kidney health for patients with diabetes.

This measure replaces the prior related measure: Diabetes Care Kidney Disease Monitoring.

Improving or Maintaining Physical Health (HOS)

1. In general, would you say your health is excellent, very good, good, fair or poor?
2. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? Is so how much?
   a. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
   b. Climbing several flights of stairs?
3. During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health?
   a. Accomplished less than you would like as a result of your physical health?
   b. Were limited in the kind of work or other activities as a result of your physical health?
5. During the past 4 weeks, how much did pain interfere with your normal work (including both working outside the home and housework?)
8. Compared to one year ago, how would you rate your physical health in general now?

Improving or Maintaining Mental Health (HOS)

1. How much time during the past 4 weeks :
   a. Have you felt calm or peaceful?
   b. Did you have a lot of energy?
   c. Have you felt downhearted and blue?
2. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
3. Compared to one year ago, how you would rate your emotional problems (such as feeling anxious, depressed, irritable) in general low?

The Health Outcomes Survey measures added in 2024 will be:

1x weight in MY2024

3x weight in MY2025

Questions measure respondent's comparative perception of health over a 2-year period

Most plan staff do not understand the specificity of the questions

Excludes members under age 65 (younger disabled members, members eligible due to ESRD or ALS)

The Hidden Secret ROI of HOS Measures

Reducing The Risk Of Falls

~35% of Medicare beneficiaries are hospitalized each year. Falls account for **~15% of all readmissions** within 30 days.

Falls were reduced by 61% for patients who had comprehensive risk assessment after a fall.

Implementation of a fall-risk screening instrument without associated policy and procedure changes has only a limited effect on falls.

Screening to identify individuals at high risk of falls is an important component of a successful fall prevention program.

Bladder Control

Patients with UI had significantly worse HOS scores on HOS IPH/IMH measures than those not experiencing UI.

The economic cost of UI **continues to rise as up to 20%** of seniors have enough UI To limit some aspect of their lives.

UI can limit confidence/social activity, cause/increase depression, cause member not to take important medications, and increase cost for incontinence products.

In most cases, UI can be treated in whole or in part with improvements in hygiene, health, and confidence.

Remember Adult BMI?

BMI <20 is associated with increased chronic diseases and mortality in seniors.

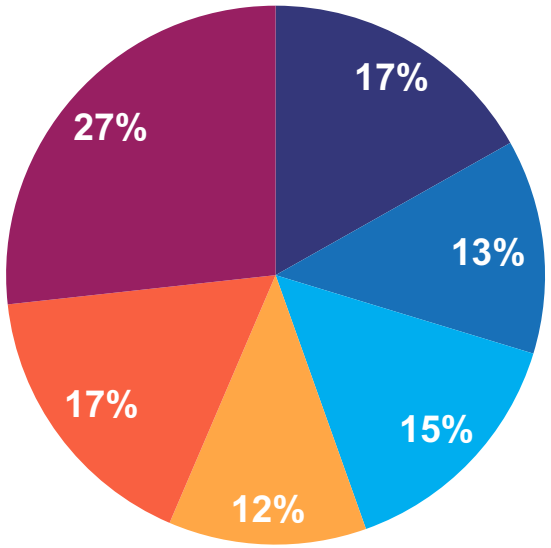
Weight loss in seniors can decrease function and quality of life and increase risk of in-hospital complications.

Obese seniors experience and self-report worse health status and experience higher utilization than other enrollees – even overweight beneficiaries.

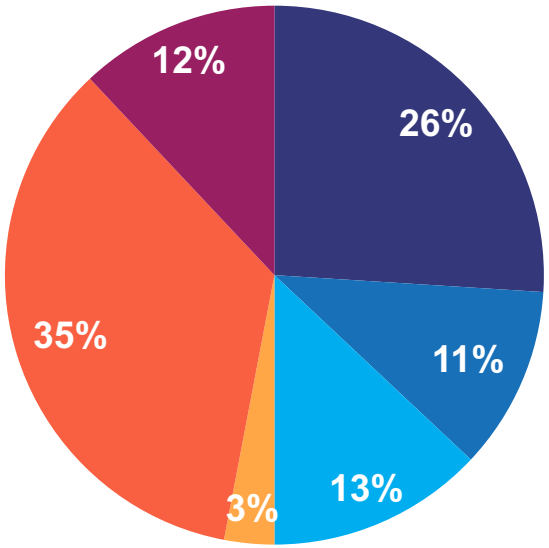
BMI >30 increases risk for hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, osteoarthritis, sleep apnea, and some cancers.

Investments Must Be Flexible and Adaptable

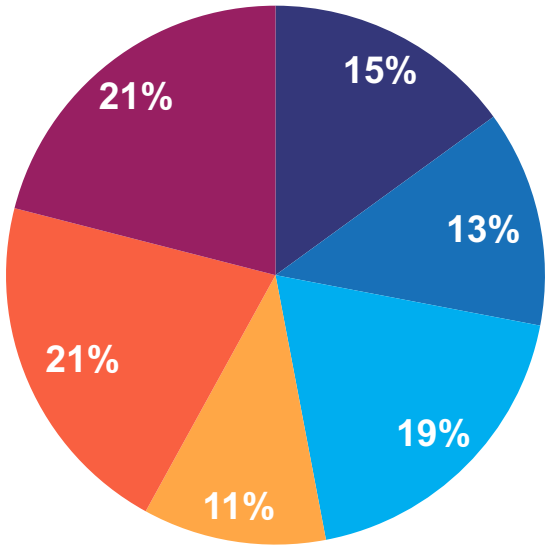
2019 Star Rating Composition*



2024 Star Rating Composition*



Potential 2027 Star Rating Composition**



Admin Improvement Pharmacy HOS CAHPS HEDIS

*Percentages apply to non-SNPs only; percentages differ slightly for SNPs.
**Includes 3x-weight change for HOS measures (codified) and impact of Proposed New Pharmacy measures (not codified)

2025 MA Proposed Rule & Final 2024 Medicare PFS Updates

2025 Medicare Advantage Proposed Rule

Star Ratings Proposals

- Initiation and Engagement of Substance Use Disorder Treatment (IET) submitted to Measures Application Partnership prior to proposing future addition to Stars
- Adult Immunization Status, Depression Screening & Follow-up, Social Needs Screening to be submitted to MAP
- Retire MTM CMR Completion measure to Display for MY2025 and MY2026 if previous proposals are codified
- Require sponsor review requests on Patient Safety rates to be submitted no later than deadline established by CMS (expected to be ~mid-May)
- Revises process for identifying data completeness issues and calculating scaled reductions for Appeals measures
- Codifies calculations of CAI and HEI resulting from contract consolidations
- Provides Administrator the opportunity to modify QBP appeals decision

Operational Changes with Indirect Stars Impact

- Apply network adequacy standards to certain MH/BH specialties (marriage/family therapists, mental health counselors, opioid treatment providers, CMHCs)
- Adjust formulary change procedures to increase in-year uptake of biosimilars
- Change Multi-Language Insert from 15 most common languages nationally to 15 most common languages in State
- Make MA encounter data available to States to support quality reporting
- Require SSBCIs in bids be supported by bibliography of evidence, require plans to follow written policies to determine SSBCI eligibility, require documentation of SSBCI denials rather than approvals
- Require mid-year outreach to inform enrollees of unused supplemental benefits
- Eliminate payment to agents/brokers for administrative activities such as HRA completions, appointment scheduling, etc.

SNP Alignment & Integration

- Expand policies to increase enrollment in aligned/integrated Medicare & Medicaid plans
- Revise quarterly SEP for duals/LIS-eligibles to monthly SEP to enroll in a PDP and create a new SEP to allow duals to elect an integrated D-SNP on a monthly basis
- Lower D-SNP look-alike threshold to 70% for 2026 non-renewals; 60% in 2027
- Strengthens incentives for MA sponsors to also compete for Medicaid managed care contracts
- Reduces number of D-SNP options available in market
- Recognizes CMS is not obligated to accept any and every MA plan bid
- Restructures and limits the number of D-SNP's an MAO may offer in a service area
- By 2030, requires disenrollment of duals NOT enrolled in the affiliated MCO

2024 Final Rule

SNP Alignment & Integration

- Establishes payment for caregiver training performed by practitioners to train caregivers to support patients carrying out their treatment plan
- Adds addiction, drug and alcohol counselors, marriage and family therapists, mental health counselors as eligible Medicare providers
- Finalizes provider coding and payment for principal illness navigation services, community health integration services and SDOH risk assessments
- Finalizes coverage for certain dental services prior to and during certain cancer treatments
- Increases payment for crisis care, substance use disorder treatment and psychotherapy

Key Known and Proposed Star Ratings Changes

MY2022/SY2024

CONFIRMED AND CODIFIED CHANGES

- ✓ Increase Controlling Blood Pressure weight to 3x
- ✓ Return Plan All-Cause Readmissions
- ✓ Add Transitions of Care
- ✓ Retain Medication Reconciliation Post-Discharge as stand-alone measure
- ✓ Add Follow-Up After ED Visit for People with High-Risk Multiple Chronic Conditions
- ✓ Retire Diabetes Care-Nephropathy
- ✓ Cut points use Tukey Outlier Deletion
- ✓ Adjust Statin Use in Persons with Diabetes inclusion and exclusion criteria
- ✓ Raise MPF Price Accuracy criteria to $0.02

MY2023/SY2025

CONFIRMED AND CODIFIED CHANGES

- ✓ Increase Plan All-Cause Readmissions weight to 3x
- ✓ Transition Breast Cancer Screening to ECDS
- ✓ Change optional exclusions to required for CBP, COL, KED and member deaths
- ✓ Use >1 code for HEDIS frailty exclusions
- ✓ Deny New Contracts/Service Area Expansions for legal entities with 2 years of ≤2.5 Part C, Part D or Overall rating

MY2024/SY2026

CONFIRMED AND CODIFIED CHANGES

- ✓ Reduce CAHPS & Administrative weights to 2x
- ✓ Add web surveys to CAHPS (2024 survey; 2025 rating)
- ✓ Remove 15-minute wait time CAHPS question (2024 survey; 2025 ratings)
- ✓ Return Improving or Maintaining Physical Health at 1x weight
- ✓ Return Improving or Maintaining Mental Health at 1x weight
- ✓ Add Kidney Health for Patients w/Diabetes (KED)
- ✓ Remove hybrid reporting from Colorectal Cancer Screening & transition to ECDS
- ✓ Allow States to require separate H-contract with only that state's D-SNP members
- ✓ Use Continuous Enrollment for Med Adherence & SUPD denominator inclusion
- ✓ Use MY2024 results in Health Equity Index
- ✓ Notify members annually of ability to opt out of phone calls for certain plan business
- ✓ Screen members to identify low digital health literacy & offer digital health education to access telehealth
- ✓ Provide materials on standing basis in non-English for languages >5% of pbp service area or accessible format upon request or after learning of enrollee preference (incudes ICPs)
- ✓ HIDE/FIDE SNPs must translate materials into languages required by MCD contract
- ✓ Provide full LIS subsidy for members currently only qualifying for partial LIS subsidy
- ✓ Part D Price Concessions at point of sale
- ✓ Depression Screening, Adult Immunization Status added to Display

PROPOSED CHANGES

- ✓ Remove hybrid reporting from Diabetes Care-Eye Screening & transition to administrative reporting
- ✓ Add glucose mgmt indicator to Diabetes Care-A1c Control
- ✓ Expand Breast Cancer Screening criteria to include others at risk (transgender, gender diverse)

MY2025/SY2027 & Beyond

CONFIRMED AND CODIFIED CHANGES

- ✓ FIDE SNPs must have exclusively aligned enrollment (i.e., only enrollment of individuals in the affiliated Medicaid MCO contract; MY2025)
- ✓ HIDE SNP state contracts must apply to D-SNP's entire service area (MY2025)
- ✓ Implement Health Equity Index & use as replacement for Reward Factor (MY2024 & 2025/SY2027)
- ✓ Increase Improving or Maintaining Physical Health weight to 3x (MY2025)
- ✓ Increase Improving or Maintaining Mental Health weight to 3x (MY2025)
- ✓ Sunset Reward Factor (MY2025)
- ✓ Use Risk-adjusted Medication Adherence measures (MY2026; 1-time weight of 1x)
- ✓ Remove IP/SNF adjustments from Med Adherence measures (MY2026)

PROPOSED CHANGES

- ✓ Add COA-FSA, Concurrent Use of Opioids & Benzos, PolyRx Multi Anticholinergics, PolyRx Multi CNS Meds
- ✓ Retire COA-Pain Assessment
- ✓ Add ages 46-49 to Colorectal Cancer Screening
- ✓ Apply Improvement measure Hold Harmless solely to 5-star plans
- ✓ Remove cutpoint guardrails
- ✓ Retire Med Rec Post-Discharge measure & retire to Display
- ✓ Expand required MTM eligibility criteria

As of November 7, 2023

Most Plans Have Common Needs

HEDIS

- Waste and redundancy
- Over-focus on screenings
- ECDS/digital
- Interoperability
- Member engagement
- Provider alignment
- Misaligned incentives
- Health equity

HOS

- Investment and ROI
- Voice of the Patient at scale
- Knowing next best action
- Nudging next best action
- Provider shortages
- HEDIS/PDE/CAHPS overlap
- Misaligned incentives
- Health equity
- Root cause analysis

CAHPS

- Investment and ROI
- Voice of the Patient at scale
- Sales/product alignment
- Engaging un/under-engaged
- Provider shortages
- Financial and SRF barriers
- HEDIS/PDE/HOS overlap
- Misaligned incentives
- Health equity

Pharmacy

- Inflation Recovery Act
- Proposed MY2025 measures
- Proposed MTM changes
- Change management
- Part D redesign
- Financial and SRF barriers
- HEDIS/CAHPS/HOS overlap
- Health equity

Improvement & Reward

- Math and analytics
- Investment and ROI
- Executive understanding
- Organizational alignment
- Reward and HEI in 2024/2025
- Misaligned incentives
- Health equity
- Root cause analysis

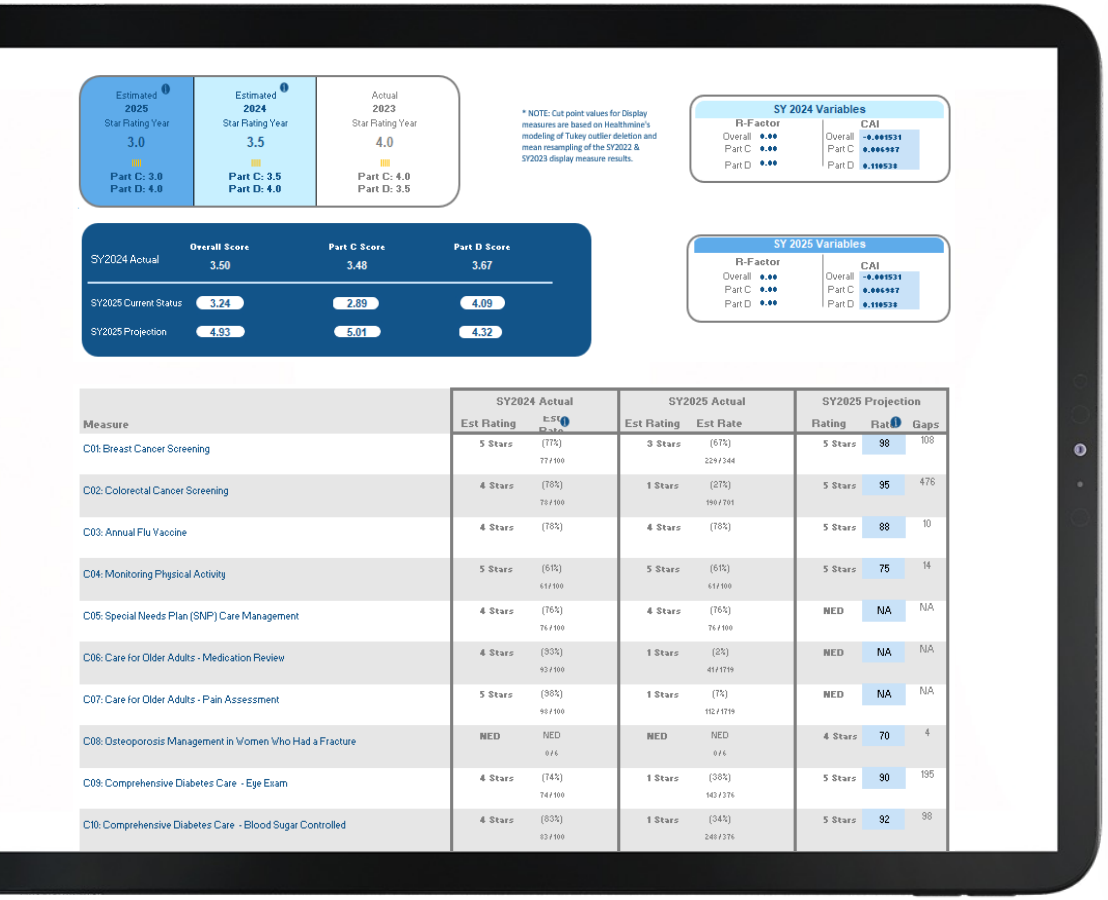
Strategy

- MCD/Dual redeterminations
- D-SNP de-consolidation
- Dual, LIS, disability strategies
- REL and translations
- Risk adjustment changes
- Technology debt
- Post-PHE WFH culture
- SNP MOC design
- MA QI Program

Operations

- Realignment and education
- Leadership involvement
- New leader development
- Over-expecting admin measure perfection
- MCD redeterminations
- D-SNP de-consolidation

Solutions Are Not Directional.
Your Data Will Establish Very Clear Priorities.



Strategies, Tactics, and Investments

1. Know and solve critical root causes of the most important problems
2. Improve performance of high-ROI doctors by identifying and solving their problems
3. Find and solve the problems of high-need, often struggling members

Table Stakes 2024 Stars Reporting

1. Dashboard with measure level goals for HEI elements, Improvement measures and Reward Factor calculations
2. Provider and member profiling with all measures and key SRFs
   - HEDIS and PDE gaps
   - Social risk factors and race, ethnicity and language
   - CAHPS and HOS gaps
3. Parallel dashboards for decoupled and surviving membership in contracts with known D-SNP de-consolidation date*

2024: CA, IN, MA, MI, SC, NY, OR
2025: AZ, FL, HI, MD, MN, NH, NJ, PA, TN, WA, WI**
**List is not all-inclusive.

Our Mission in 2024 is to Return High-Impact Continuous Quality Improvement to the DNA of Stars

We are fast-tracking the next wave of Medicare Advantage Star Ratings success.

We will jumpstart 2024 projects with a fast-path for urgent success while teaching a new generation of MA plan leaders how to sustain Stars success during periods of sustained change.

We will measure our success by our clients who become the industry's next set of Medicare Advantage plan executives.

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