Moving Beyond “The Drive for 5:” Jumpstarting Continuous Innovation

June 2023

Deliver High-Quality, Equitable Care to All Members

Omnichannel Engagement

Engage members through preferred channels, including email, text messages, in-app notifications, mailers and outbound calls

Real-time Performance Reporting

Monitor care gaps and quality measure performance in real-time from a single platform

Data-driven Targeting

Generate smart lists to create targeted outreach campaigns for diverse and vulnerable populations

Expert Advisory Services

Leverage our team of industry experts to fulfill strategic planning needs and accelerate quality improvement initiatives

Today’s Presenters

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CMS is significantly changing Medicare Advantage and Star Ratings in 2024

There are no instant answers.

There are no magic tricks for success.

MA plans must escalate and accelerate the ***deep thinking*** and ***problem-solving*** which is often lost during periods of rapid innovation and transformation.

> **The quality of a leader can not be judged by the answers they give, but by the questions they ask.**
>
> – Simon Sinek

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)

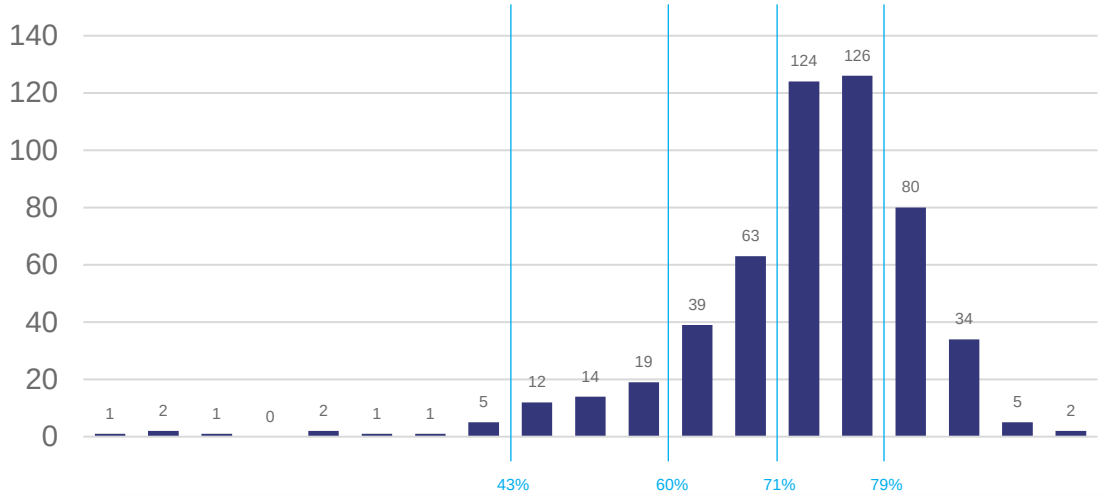
- State-level permission to require separate H-contract for state's D-SNP members
- Screening for low digital health literacy and digital health education to access telehealth
- Expanded requirements for standing material translation for languages >5% of pbp service area or accessible format
- Part D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

Tukey Outlier Deletion Will Suppress Star Ratings

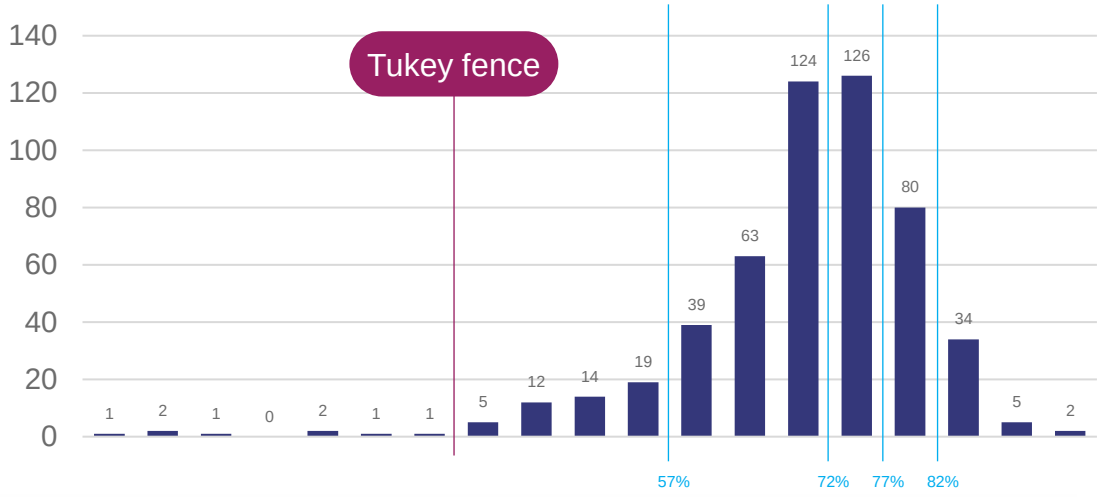
CMS will use the Tukey outlier deletion methodology to eliminate the impact of outliers on cut points for MY2022/SY2024.

- Outliers will be 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.

Actual SY2023 COL Cutpoints



Tukey-Adjusted SY2023 COL Cutpoints



For Year 1 (MY2022/SY2024), CMS will rerun the prior year's thresholds, using mean resampling and Tukey outer fence deletion so that the guardrails will be applied such that there is consistency between the years

NOTE: Tukey implementation remains uncodified as of December 3, 2022. CMS remediation of codification error remains pending.

Cutpoint Rebasing: Tukey Impact At-A-Glance

2023 Star Measure ID	Measure	Tukey Cutpoint Impact: 2 stars	3 stars	4 stars	5 stars
C01	Breast Cancer Screening	5	0	0	-2
C02	Colorectal Cancer Screening	17	8	3	3
C04	Monitoring Physical Activity	-2	-2	-1	0
C05	Special Needs Plan Care Management	-1	-3	-2	2
C06	Care for Older Adults – Medication Review	35	13	11	5
C07	Care for Older Adults – Pain Assessment	28	17	6	3
C08	Osteoporosis Management in Women who had a Fracture	-5	-5	-5	-5
C09	Diabetes Care – Eye Exam	6	1	0	0
C10	Diabetes Care – Kidney Disease Monitoring	7	-3	1	2
C11	Diabetes Care – Blood Sugar Controlled	25	8	2	1
C12	Controlling Blood Pressure	NA	NA	NA	NA
C13	Reducing the Risk of Falling	2	2	4	3
C14	Improving Bladder Control	3	2	1	0
C15	Medication Reconciliation Post-Discharge	-4	-1	0	0
C16	Statin Therapy for Patients with Cardiovascular Disease	5	3	0	0
C23	Complaints about the Health Plan	-1	-1	-0	-0
C24	Members Choosing to Leave the Plan	3	5	1	2
C26	Plan Makes Timely Decisions about Appeals	35	23	17	3
C27	Reviewing Appeals Decisions	13	8	4	0
C28	Call Center – Foreign Language Interpreter and TTY Availability	35	18	1	1
D01	Call Center – Foreign Language Interpreter and TTY Availability	33	12	15	9
D02	Complaints about the Drug Plan	-1	-1	-0	-0
D03	Members Choosing to Leave the Plan	3	5	1	2
D07	MPF Price Accuracy	16	2	0	1
D08	Medication Adherence for Diabetes Medications	3	0	-1	-1
D09	Medication Adherence for Hypertension	0	-4	-2	-1
D10	Medication Adherence for Cholesterol	-3	-2	-1	-1
D11	MTM Program Completion Rate for CMR	26	16	2	2
D12	Statin Use in Persons with Diabetes	-4	-4	-2	-2

	Simulated Cutpoint Increases	Simulated Cutpoint Decreases	No Change in Simulated Cutpoints
1-to-2 stars	19	8	1
2-to-3 stars	16	10	2
3-to-4 stars	14	7	7
4-to-5 stars	14	6	8

What is the Health Equity Index?

Designed to reward MA plans and PDP contracts for excellent performance among enrollees with specified social risk factors (SRFs).

The HEI reward will be implemented beginning with the 2027 Star Ratings based on plan performance during measurement years 2024 and 2025.

Evaluates performance among LIS/DE and disabled enrollees across multiple Star Ratings measures blended into a single score.

The score is translated into a reward added to the overall and summary Star Ratings for qualifying contracts.

CMS structured the HEI to incentivize high-quality care by including criteria that:

1. Requires a minimum percentage of enrollees with SRFs
2. Includes a minimum score that must be achieved on index to receive a reward

To avoid rewarding contracts that serve very few enrollees with SRFs, CMS included thresholds for the minimum percentage of enrollees with LIS, or who are DE or disabled.

Based on the number of enrollees with a specified SRF, contracts are eligible for either a ½ or full reward.

Calculating the HIE Score and the HIE Reward

Calculating the HEI Score

Measure	Performance by SRF (-1, 0, 1)	Measure Weight	Performance by SRF X Weight
A	1	3	3
B	0	2	0
C	0	1	0
D	1	2	2
E	1	1	1
F	1	1	1
G	1	3	3
H	1	3	3
I	-1	1	-1
J	1	1	1
TOTAL		**18**	**13**

Index Score is 13/18 = 0.722

Calculating the HEI Reward

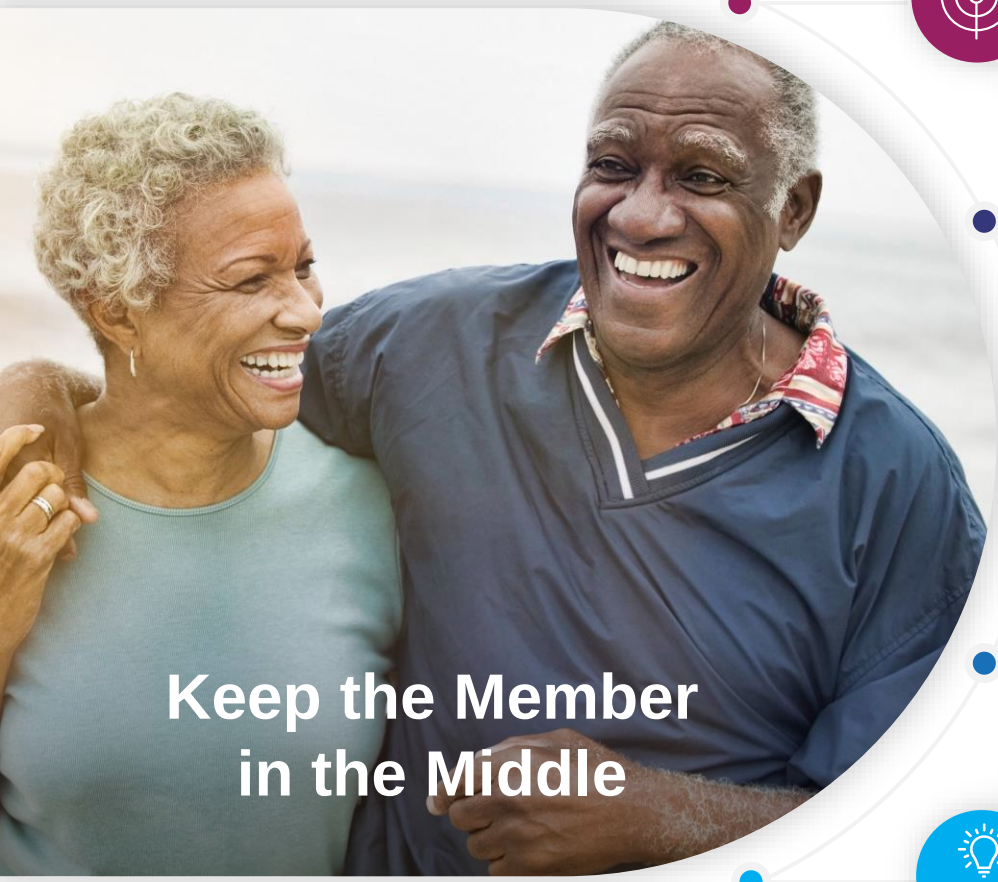
- Amount of reward varies on a linear scale with a contract being eligible for the highest reward if all measures are in the top third of performance.
- Contracts must meet the minimum performance threshold of greater than zero and meet one of the percentage LIS/DE/disabled enrollment thresholds to qualify for a reward.
  - Reward ranges from 0 to 0.4 for contracts with at least the contract-level median LIS/DE/disabled enrollment.
  - Reward ranges from 0 to 0.2 for contracts with at least one-half the contract-level median enrollment up to the median LIS/DE/disabled enrollment.
- Reward is added to overall and summary Star Ratings before rounding.

Example

- **Index score is 0.722.**
- If contract proportion LIS/DE/disabled enrollees is at least contract-level median, contract qualifies for reward of 0.289.
  - 0.4×(0.722-0)/(1-0) = 0.289
  - If the unrounded final Star Rating was 3.623, the final Star Rating would be 4 (3.623 + 0.289 = 3.912).
- If contract proportion LIS/DE/disabled enrollees is at least one-half contract-level median but less than contract-level median, contract qualifies for reward of 0.144.
  - 0.2×(0.722-0)/(1-0) = 0.144
  - If the unrounded final Star Rating was 3.623, the final Star Rating would be 4 (3.623 + 0.144 = 3.767).

Source: CMS Health Equity Conference April 7-8, 2023

While We Await More Clarity from CMS



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

Analyze Current Performance

Compute measures rates for each SRF
Determine whether you meet HEI earning criteria

Identify Barriers to Care

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

Remove Barriers to Care

- Align with community-based services
- Connect members to resources
- Educate staff to identify/support needs
- Expand and adapt benefits

Prepare for Accountability

- Anticipate the next wave of social risk factors.
- Communicate impact of lost Reward Factor and HEI implementation to leaders

The Transition to Digital

Let’s Start with the Punchline.
This is a Game-Changer.

- Identify the number of measures you will have to convert
- Quantify the impact (i.e., MRR sample size of 411 versus every member in the denominator)
- Establish short-term strategy to bridge the gap while interoperability is established
- Create and commit to mid-term interoperability strategy aligned with MA, ACA, Medicaid ECDS conversion schedule

For many plans, 2023 and 2024 will require immediate-term tactics to sustain 5-Star ratings! Collect self-attestations. Mine charts and collect records. Encourage providers to document self-reported screenings in medical records.

Acronyms Abound! What's the Difference?

ECDS

Electronic Clinical Data Systems:
A new measurement reporting methodology that replaces administrative and hybrid measure methods.

HEDIS® measures will now be written to leverage access to electronic clinical data.

dQM

Digital Quality Measures:
Quality measures expressed in a digital format using standardized language and data definitions that enable sharing of the specified measure electronically between systems.

eCQM

Electronic Clinical Quality Measures:
Originally developed for the CMS EHR Incentive Program (i.e. Meaningful Use), ECQM are designed for eligible providers or hospitals and primarily use EHR data for calculating results.

Electronic Clinical Data Systems (ECDS)

ECDS

ECDS is a network of data containing a plan member's personal health information and records of their experiences within the health-care system. Data in these systems are structured such that automated quality measurement queries can be consistently and reliably executed.

The data within these systems come in a variety of formats. The format type determines how the source is audited.

NCQA is adapting HEDIS® to take advantage of the expansive information available in electronic clinical datasets used for patient care and quality improvement.

NCQA has developed a roadmap to provide nearly all HEDIS® measure specifications in a digital format over the next 5 years.

HEDIS® ECDS

HEDIS® ECDS is a reporting standard for health plans collecting and submitting quality measures to NCQA. This reporting standard defines the data sources and types of structured data acceptable for use for a measure.

ECDS reporting is part of NCQA's larger strategy to enable a Digital Quality System and is aligned with the industry's move to digital.

The HEDIS® ECDS Reporting Standard:

- Encourages health information exchange, which is the secure sharing of patient medical information electronically
- Provides health plans a method to collect and report structured electronic clinical data for HEDIS® quality measurement and quality improvement

HEDIS® quality measures reported using ECDS inspire innovative use of electronic clinical data to document high-quality patient care.

Digital Quality Measures (dQMs)

- dQMs provide HEDIS® measures in a digital format for reporting
- Existing HEDIS® measures require health plans to transform human-readable, narrative descriptions of HEDIS® measures into a format IT systems can interpret
- dQMs are published as a self-contained downloadable package that includes the technical specifications provided in both human-readable documentation and computable specifications (i.e., computer-readable code)
- Specifications are expressed using the Clinical Quality Language (CQL) standard for representing a clinical quality measure as an electronic document and Fast Healthcare Interoperability Resources (FHIR)

dQMs are Machine Readable (written as computer code)

Less interpretation, recoding and human error

Can be implemented quickly: Easier to transfer measures into IT systems

NCQA dQMs are closely aligned with interoperability and data exchange standards

NCQA Is Beginning To Sunset Hybrid Measurement

Administrative

Rates are produced using Administrative data (Claims & Encounters) collected as part of a health plan's operations.

HYBRID

Rates are produced using Administrative data (Claims & Encounters), then a small sample is used to supplement rates with medical record data.

ECDS

Rates are produced with but not limited to claims, encounters, registries, HIEs, case management systems and electronic health records.

Measures assume access exists to members' Electronic Health Record Data.

Electronic Health Record (EHR)

Personal Health Record (PHR)

Real-time records that make information available instantly and securely to authorized users. Includes NCQA eMeasure certification program and systems meeting Base EHR definition.

Health Information Exchange (HIE)

Clinical Registry

Includes state HIEs, immunization information systems (IIS), public health agency systems, regional HIEs (RHIO), Patient-Centered Data Homes.

Case Management System

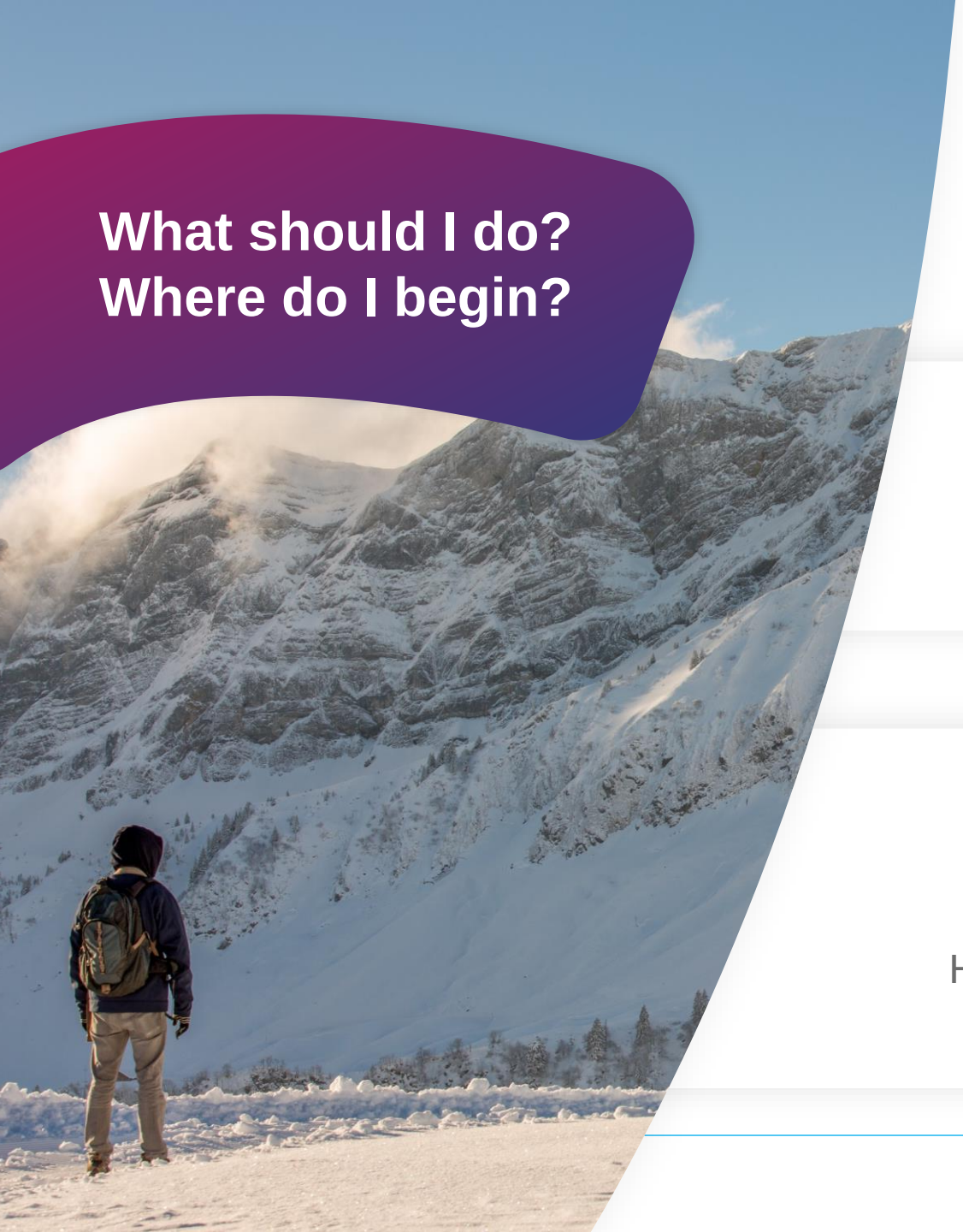
Shared database of member information collected through collaborative process of member assessment, care planning, care coordination or monitoring of a member's functional status and care experience. Includes any system developed to support the organization's case/disease management activities, including activities performed by delegates.

Administrative

Claim processing system data for services incurred (i.e., paid, suspended, pending and denied).

HEDIS® MY2023 Digital Measurement Options

Cervical Cancer Screening (CCS-E)	ECDS	Traditional HEDIS	Hybrid Option
Childhood Immunization Status (CIS-E)	ECDS	Traditional HEDIS	Hybrid Option
Immunizations for Adolescents (IMA-E)	ECDS	Traditional HEDIS	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)	ECDS	Traditional HEDIS	
Appropriate Testing for Pharyngitis (CWP)		Traditional HEDIS	
Appropriate Treatment for Upper Respiratory Infection (URI)		Traditional HEDIS	
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)		Traditional HEDIS	
Follow-Up After Emergency Department Visit for Mental Illness (FUM)		Traditional HEDIS	
Non-Recommended PSA-Based Screening in Older Men (PSA)		Traditional HEDIS	
Risk of Continued Opioid Use (COU)		Traditional HEDIS	
Use of Opioids from Multiple Providers (UOP)		Traditional HEDIS	
★ Colorectal Cancer Screening (COL-E)	ECDS		Hybrid Option
Adult Immunization Status (AIS-E)	ECDS		CAHPS Option
★ Breast Cancer Screening (BCS-E)	ECDS		
Depression Remission or Response for Adolescents and Adults (DRR-E)	ECDS		
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	ECDS		
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)	ECDS		
Postpartum Depression Screening and Follow-Up (PDS-E)	ECDS		
Prenatal Depression Screening and Follow-Up (PND-E)	ECDS		
Prenatal Immunization Status (PRS-E)	ECDS		
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)	ECDS		
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	ECDS		
Social Need Screening and Intervention (SNS-E)	ECDS		



Don’t Miss the Moment Striving for the Perfect Plan

Common Current Workplanning

What do I do? Who will pay for it?

How do I know it will work?

What is the ROI?

Workplanning During Significant Change

What problem(s) must I solve right now? In what order?

How do I get this done quickly?

How do I identify the right problems to impact Star Ratings and let others focus on those with no Stars impact?

Making Decisions During Change is Complicated

Medicare Advantage

- Risk Adjustment model changes
- RADV Final Rule
- CMS' increased compliance emphasis
- Disability, dual-eligibility and LIS-eligibility used to measure Health Equity
- D-SNP De-Consolidation
- Medicare/Medicaid Alignment
- Impact of Medicaid Redeterminations
- Lack of MedPAC support for Stars/QBP
- Inflation Recovery Act & Part D Redesign

Medicaid

- Redetermination Processes
- State staffing shortages
- Impact of Redeterminations
- Health Equity Accreditation requirements
- Quality withhold program complications due to redeterminations
- Significant Proposed Rules pending impacting Operations, standardized Quality Ratings System, Member Experience, Access to Care

ACA/Marketplace

- Affordability of benefits and services
- Program maturation and evolution
- Health Equity Accreditation requirements
- Financial incentives attached to quality program in CA; other states exploring
- Impact of Medicaid Redeterminations

Health Equity & REL; Universal Foundation, dQM, Interoperability Proposed Rule

Provider consolidation & shortages, financial pressures, rural challenges

The Analytical Work

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. PBP-level reporting for contracts with known D-SNP de-consolidation date

Common Struggles We're Seeing in 2023

Innovation is the introduction of a new idea to solve a problem

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

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
- ✓ Adjust diabetes measure denominator inclusion criteria
- ✓ 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
- ✓ Expand required MTM eligibility criteria

** As of June 1, 2023 **

Jumpstarting Stars Innovation

3rd Quarter

- ✓ Clearly communicate Tukey impact to leaders
- ✓ Work Measure Math Path toward 4+ star rating
- ✓ Define and activate Math Path for Improvement measures and Reward Factor
- ✓ Ensure Part C/D Summary Rating is 3+ stars
- ✓ Message end of the “easy Math Path” to the organization
- ✓ Blend HEDIS, PDE, CAHPS & Risk Adj Interventions
- ✓ Educate staff and providers on 2024 changes
- ✓ Analyze impact of each 2024 change
- ✓ Identify problems preventing success on 2023 measures and program requirements; focus first on Appeals, CTMs, FMC, TRC, OMW
- ✓ Identify duals losing MCD eligibility; deploy CAHPS-centric intervention initiative
- ✓ Identify underperforming VBC and at-risk providers; deploy project to realign behavior with Star needs
- ✓ Model impact of D-SNP De-Consolidation on new and surviving contracts (if applicable)
- ✓ Perform community health needs analysis for key counties with large number of noncompliant or dual/disabled/LIS members
- ✓ Identify problems to be solved for each 2024 change
- ✓ Develop 2024 budget needs to support 2024 changes
- ✓ Replace unproductive meetings with Innovation Jumpstarts

4th Quarter

- ✓ Solve member-reported CAHPS gaps alongside HEDIS/PDE interventions
- ✓ Retrieve and digitize charts at scale for COL, CDC-A1c, CBP, TRC
- ✓ Audit FL/TTY call and appeals processes
- ✓ Identify 1/1/2024 IRA changes (premiums, copays); launch project to educate members with ne
- ✓ Identify and seek to remedy Med Adherence cash claims
- ✓ Identify source(s) and storage for SRF and REL data
- ✓ Confirm languages meeting 5% of each pbp service area; confirm all Stars-impactful vendors support compliantly or seek new 2024 Stars vendors
- ✓ Enhance Stars reporting with 2024 changes
- ✓ Prepare action plans for 2024 changes
- ✓ Model and escalate 2025 benefit needs to support new measures and changes
- ✓ Evaluate ROI of all current spending; pause or stop redundancies and waste
- ✓ Secure budget and tools to support 2024 needs
- ✓ Design and activate HIDE/FIDE aligned enrolment and De-SNP De-Consolidation workplan
- ✓ Design required 2024 phone call opt-outs to prevent their application to Stars-impactful activities
- ✓ Design required 2024 digital literacy screening and telehealth encouragement program with heavy Stars lens

1st Quarter

- ✓ Routinize and align CAHPS and HOS investments, measure management, monitoring & interventions
- ✓ Update member incentive programs to align with 2024 Star needs
- ✓ Update provider contracts and incentive programs to align with 2024 Star needs
- ✓ Deploy HRAs to all members; digitize and action SRFs & ADLs with noncompliant members and duals/disabled/ LIS-eligible members
- ✓ Align and prioritize Stars and Risk Adjustment activities and processes wherever possible
- ✓ Establish scalable digital engagement with members and providers across all measures (inc. CAHPS/HOS)
- ✓ Identify underperforming new/proposed 2025 measures and accelerate measure management, monitoring and interventions
- ✓ Prepare for 2025 measures and changes (budget, staffing, process changes)
- ✓ Expand measure-specific ECDS use case solutions to fulsome digital conversions across measures

Break down and define problems. Solutions will be fast follows.

Educate, engage and align people with the purpose.

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