Today's presenters

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Agenda

1. Regulatory overview

2. Changing your strategy

3. Implementing your strategy with different solutions

4. Next steps

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Digital-first engagement closing care and data gaps

Digital advantage

Healthmine digital-first approach drives **$35 pmpy savings** for engaged members.

Care gap closure

Members in our programs average **46% clinical gap closure improvement** and **46% improvement in provider visit completions**.

Quality and risk return

Why not both? Healthmine's platform impacts **83% of Star quality measures**, while also delivering **$248 pmpy** in incremental risk adjustment revenue.

Improved member satisfaction

Our client see an **10% improvement in member retention** resulting in **$128 pmpy savings** in acquisition costs.

Regulatory overview

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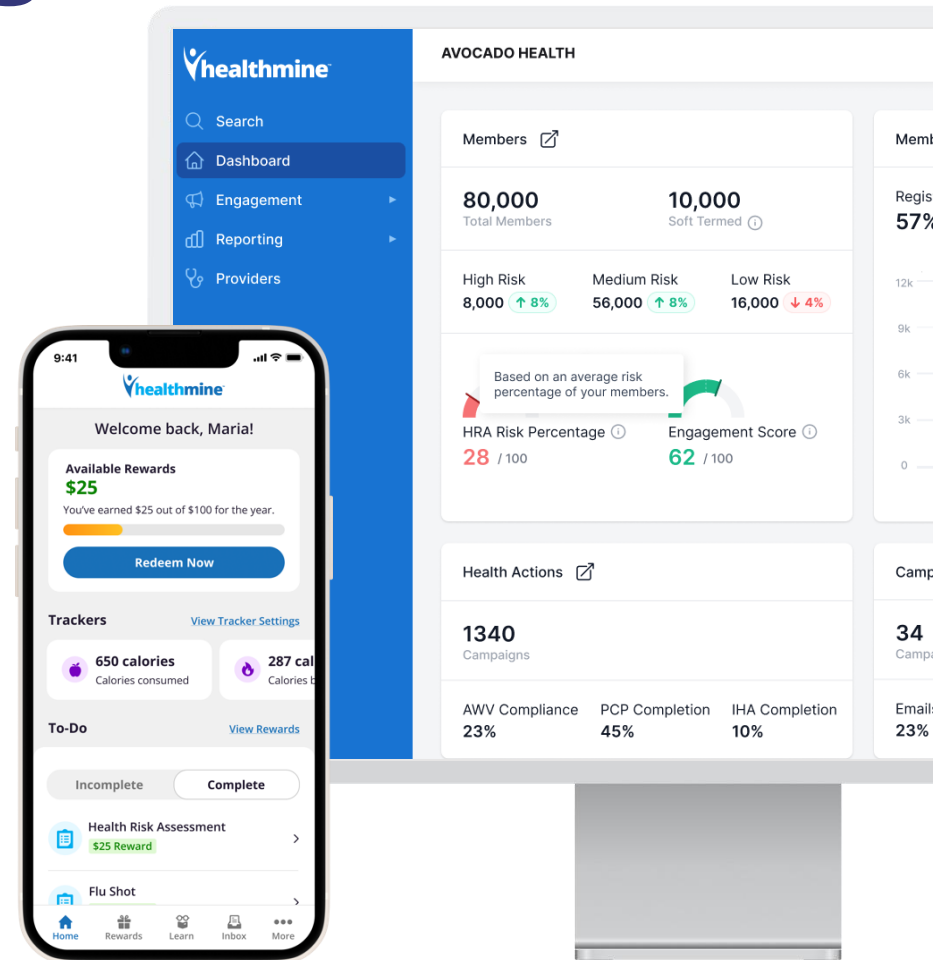
2026 Final Rule and Rate Notice updates

Ongoing policy and regulation reviews

- Requirements for MA plans to provide culturally and linguistically appropriate services

- Quality improvement efforts and HRAs focusing on equity and SDOH

- **Provisions CMS does not intend to finalize at this time:**
  - Annual Health Equity Analysis of Utilization Management Policies
  - Part D Coverage of Anti-Obesity Medications (AOMs) and their application to Medicaid
  - AI "Guardrails" for ensuring equitable access in Medicare Advantage

Future consideration: CMS acknowledges widespread interest in AI regulation and may explore future rulemaking in this area:

- Proposed changes including removing operational measures and including more outcomes-based measures

Breast Cancer Screening

The measure will be updated with the new expanded age group 40-74 in MY2027 and will use the legacy measure in the Stars program until then.

Social Needs Screening

CMS confirmed that the measure will be removed from display.

Special Needs Plan updates

D-SNPs that are appliable integrated plans:

- Must issue a single, integrated ID card that functions for both Medicare and Medicaid

- Integrated HRA that covers both Medicaid and Medicare
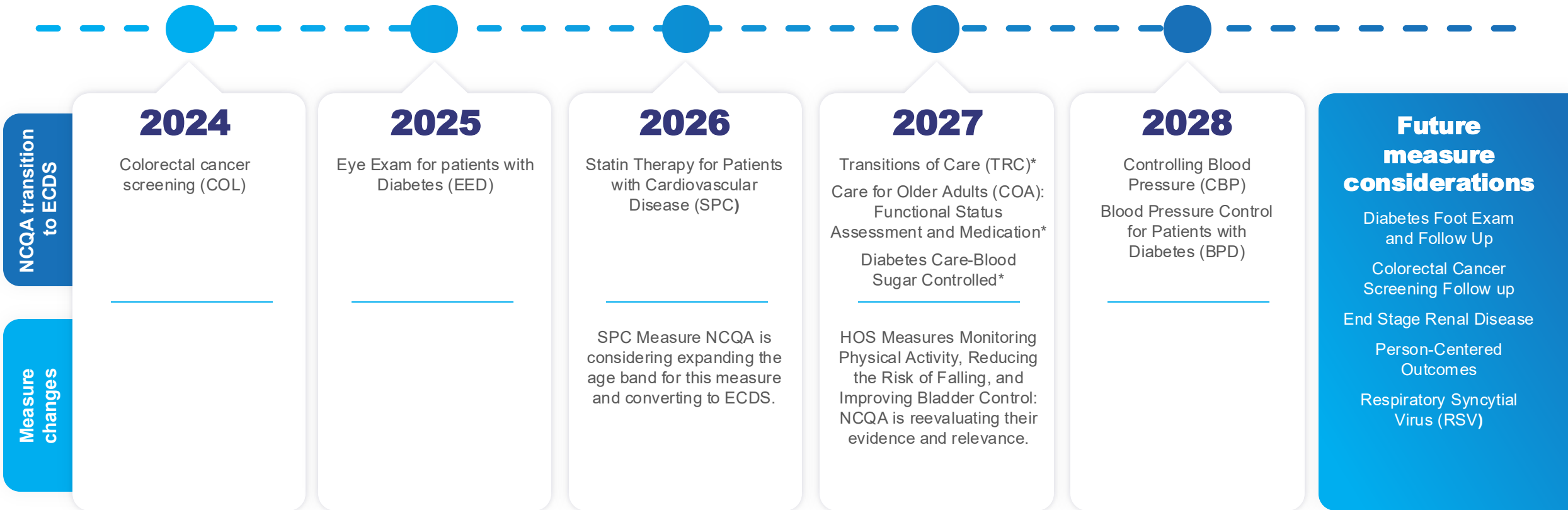
M3P

Plans should consider members automatically enrolled for the next year unless they opt-out.

Upcoming Stars changes

	Stars 2026 MY2024	Stars 2027 MY2025	Stars 2028 and beyond MY2026 and beyond
Scoring methodology	**Patient Experience (CAHPS) & Complaints & Access Measures:** Weighting reduced from 4x to 2x	**Excellent Health Outcomes for All: EHO4All** replaces R-Factor (MY2024 & MY2025)	**Proposed MY2026:** Remove guardrails
HEDIS	**Colorectal Cancer Screening:** Converts to ECDS (no hybrid option)	**Colorectal Cancer Screening:** Expand the age band to include 45-49	**Proposed New MY 2027:** Initiation and Engagement of Substance Use Disorder Treatment (IET)
	Diabetes Care – Blood Sugar Controlled: Significant denominator criteria changes	**Medication Reconciliation Post-Discharge:** Removed as stand-alone measure	**Codified Updated MY2027:** Breast Cancer Screening using expanded age range 40-74
	Kidney Health Evaluation for Patients With Diabetes: New measure added at 1x weight	**Care for Older Adults – Functional Status Assessment:** Returned measure 1x weight	**Proposed Updated MY2027:** Plan Makes Timely Decision about Appeals
		Care for Older Adults – Pain Assessment: Retired measure	**Proposed Updated MY2027:** Reviewing Appeals Decisions
		Eye Exam for Patients with Diabetes: Removed the hybrid data collection method	
CAHPS	**CAHPS All Measures:** Measure weights shift to 2x		
HOS	**Improving or Maintaining Health Measures:** Two returning (Fall 2024) at 1x weight	**Improving or Maintaining Health Measures:** Weight increases from 1x to 3x	
Part D	**SUPD-Medication Adherence:** Change to denominator methodology – CE	**Concurrent Use of Opioids and Benzodiazepines:** New measure 1x weight	Proposed new MY2026: Initial Opioid Prescribing for Long Duration (IOP-LD)
		Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults: New measure 1x weight	Medication adherence measures moving to 1-weight (MY2026) due to major methodological change
		MTM Program Completion Rate for CMR: Moved to display	MTM Program Completion Rate for CMR (MY2027) Return to Stars

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What's new: Key changes

The goal of digital measure delivery is to reduce the administrative burden of quality measurement. Historically, HEDIS measures have relied on administrative data, claims and retrospective data collection methods—including manual medical record review. Leveraging electronic health data can provide a timelier, more accurate portrait of quality.

	NCQA transition to ECDS	Measure changes
2024	Colorectal cancer screening (COL)	
2025	Eye Exam for patients with Diabetes (EED)	
2026	Statin Therapy for Patients with Cardiovascular Disease (SPC)	SPC Measure NCQA is considering expanding the age band for this measure and converting to ECDS.
2027	Transitions of Care (TRC)* / Care for Older Adults (COA): Functional Status Assessment and Medication* / Diabetes Care-Blood Sugar Controlled*	HOS Measures Monitoring Physical Activity, Reducing the Risk of Falling, and Improving Bladder Control: NCQA is reevaluating their evidence and relevance.
2028	Controlling Blood Pressure (CBP) / Blood Pressure Control for Patients with Diabetes (BPD)	

Future measure considerations

- Diabetes Foot Exam and Follow Up
- Colorectal Cancer Screening Follow up
- End Stage Renal Disease
- Person-Centered Outcomes
- Respiratory Syncytial Virus (RSV)

*NCQA plans to maintain the hybrid measure in HEDIS, in parallel with the ECDS measure, during a two-year transition period, until the hybrid measure is replaced with the new ECDS measure in measurement year 2029.

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Supplemental benefit changes

CY2025 requirement:

A bibliography of evidence that an item or service offered as SSBCI has a reasonable expectation of improving or maintaining the health or overall function of a chronically ill enrollee.

Bibliography requirements:

- Comprehensive list of relevant acceptable evidence published within the last 10 years.

- Demonstrable efforts to be thorough and inclusive of evidence related to SSBCI

Starting in 2026, MA organizations are required to send a mid-year notification each year between June 30 and July 31 of the plan year.

- Must include all supplemental benefits that the enrollee has not accessed by June 30.

- Supplemental benefits in the form of cost-sharing reductions are excluded from the notice.

CMS has published a non-exhaustive list of benefits and services that may not be offered as an SSBCI. All benefits must be proposed in a plan's annual bid. Non-healthy food, was added to this list with the CMS 2026 Rate Notice.

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Budget impacts

Shift in the risk model

CMS is completing the phase-in for CY2026 by using 100% of the risk score calculated using the 2024 CMS-HCC risk adjustment model.

The impact on MA risk scores, relative to the blend in CY2025, is projected to be –3.01 percent, which represents a $12.88B net savings to the Medicare Trust funds in CY2026.

4/10/2025

2026 fiscal year <u>draft</u> budget leaked "passback"

- Major shuffling and restricting of health and human service agencies

- HHS 2024 discretionary budget was $121B but under the preliminary outline it would decrease to $80B in 2026

5.06% rate increase for MA plans offers some budget flexibility—but only if you invest wisely in member engagement and data strategies that deliver measurable ROI.

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Changing your strategy

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2026 Final Rule timeline

6/3/25

Vaccine cost sharing

PDE submission changes

Medicare transaction facilitator requirements

MA determinations in inpatient settings

Risk adjustment data updates

SSBCI non allowable items update

10/1/25

Medicare prescription payment plan updates

1/1/26

Insulin cost sharing changes
.

10/1/26

DSNP experience updates

1/1/27

Breast Cancer Screening updated specifications included in Stars

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Focus on expanded denominators

The breast cancer and colorectal cancer screening measures will be expanding the denominator age groups which will increase the number of members to outreach and pull data to meet numerator requirements.

Plans most impacted by this change are those with a high volume of DSNP members.

% digital

% supplemental
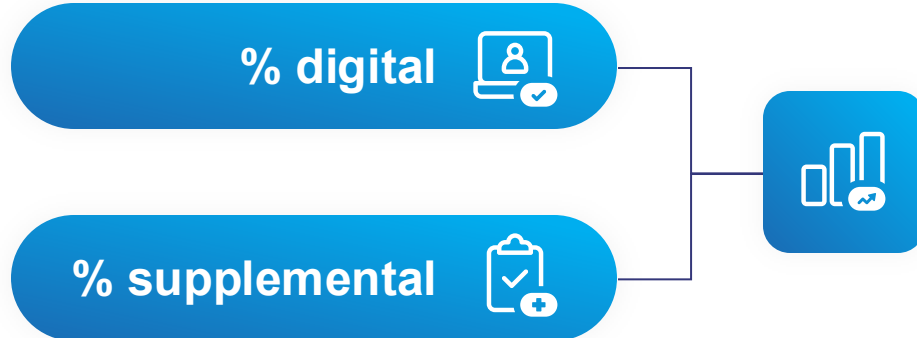
What to do

- Assess denominator expansion with new age groups and analyze resources and see if additional staff and/or financial resources are needed for HEDIS, outreach, and/or incentives

- Adjust provider reporting to include updated cohort

- Further determine gaps in digital data from providers and update roadmap to decrease manual burden throughout the year

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Communication strategy

Increase:

- Member awareness of autorenewal in M3P

- Member notification of supplemental benefits still available

- Integration of communications between Medicaid and Medicare for dual eligible members

What to do

- Confirm with pharmacy and/or PBM regarding the communication strategy for M3P program

- Work with marketing to confirm notifications are budgeted and ready to be distributed to members mid-year. Determine resource and financial impact.

- Assess and budget impact of integrating Medicaid and Medicare documents if not already established.

- Increase and maintain engagement with dual eligible members regarding potential changes in access to benefits due to federal changes.

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Excellent Health Outcomes for All (EHO4All)

What to do

Leverage data analytics and benchmarking to understand where the largest disparities are to focus resources on areas of greatest need to have the biggest impact.

1

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

2

Enhance contract, measure, member and provider reports
- Compute measure rates for each SRF
- Determine whether you meet EHO4All earning criteria
- Report measures by SRF in Stars dashboard and reports
- Account for D-SNP deconsolidation impacts

3

Identify barriers to care
- Lack of food or housing?
- Lack of transportation?
- Lack of provider access?
- Language/cultural barriers?

4

Help members break through barriers
- Connect members to resources
- Analyze SDOH data
- Identify measures with disparities
- Educate staff to better identify/support needs
- Expand and adapt benefits

5

Prepare
- Communicate risk and impact of lost Reward Factor
- Calculate if your health plan will qualify for EHO4All Reward
- Create strategy to impact measures with disparities

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EHO4All Strategy

Four focus areas

Implement data-driven population health initiatives: Regularly assess the impact of health strategies across the entire population and adjust approaches based on feedback and outcomes data.

Leadership support: Ensure leadership is dedicated to promoting population health strategies and actively supports initiatives aimed at addressing social determinants of health and improving health outcomes for all members.

Provider incentives: Offer financial rewards or incentives for providers who actively engage in population health initiatives, including addressing social determinants of health, and demonstrate improvements in overall member outcomes.

Community engagement: Build partnerships with community organizations and stakeholders to address social determinants of health, manage chronic conditions, and improve access to care for underserved populations.

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EHO4All

What if your health plan does not qualify?

The impact of non-medical drivers on performance

- Addressing non-medical drivers of health, such as housing, nutrition, and transportation, can significantly improve performance across core metrics, including:
  - Preventive care (breast cancer and colorectal cancer screenings)
  - Chronic disease management (diabetes and blood pressure control)
  - Medication adherence
- Reducing avoidable hospitalizations, emergency visits, and complications through equitable care lowers overall healthcare costs over time.
- Addressing disparities improves access, promotes early intervention, and enhances chronic condition management for the entire population.

Assess the implications of expanding the EHO4ALL population

- Perform detailed analysis on current population included in EHO4All and consider compliance
- Extrapolate this performance calculation if xx% increase in EHO4All population.
- Determine impact to overall Star Rating.

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EHO4All reward or not, results matter
Quality improvement for every plan

Stay focused

- Identify a few key opportunities to make efficient and effective progress

- Be strategic and prioritize efforts to avoid additional burden and stress

- Refine your data strategy to ensure you're on track for 4+ Star Rating success.

- Make quality improvement a shared responsibility— from leadership to frontline teams.

Effective collaboration requires open communication, mutual respect, and alignment of incentives and objectives among all stakeholders—including payers, providers, members, and community partners.

Where to start

- Align on priorities.

- Promote the adoption of quality improvement strategies that help providers enhance care delivery and patient outcomes within their existing workflows.

- Consider population health programs that encourage care coordination, quality outcomes and cost efficiency. These programs could include specific targets for quality improvement on members impacted by SDOH. Focus on reducing disparities in healthcare access, treatment, and outcomes.

- Use culturally competent messaging and multiple communication channels.

- Use analytics to identify care gaps, track trends, and predict risk across your member population.

- Assess how digital strategies align with quality and Star measure performance.

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Implementing a new strategy

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Cost savings with Healthmine

Higher gap closure with fewer outreach attempts via lower-cost channels

	Eligible population	Average improvement rate	Average cost savings per action	Average pmpy savings
Annual Flu Shot	100%	58%	$77	$14
Breast Cancer Screening	34%	58%	$473	$34
Cervical Cancer Screening	24%	47%	$119	$2
Colorectal Cancer Screening	77%	86%	$818	$76
Diabetic HbA1c Testing	17%	16%	$1,724	$26
Post Partum Care	4%	36%	$500	$2
Prenatal Care	7%	28%	$3,012	$15
Preventative Provider Visit	100%	46%	$700	$154
Well Child Visit	15%	40%	$669	$14
		46% Average		$336 Total

$336 pmpy medical cost savings
Incremental gap closure with measurable medical cost savings.

$35 pmpy digital outreach cost savings
Assumes plan will spend less on communications to digitally engaged members (six fewer mailings and four fewer phone calls per year).
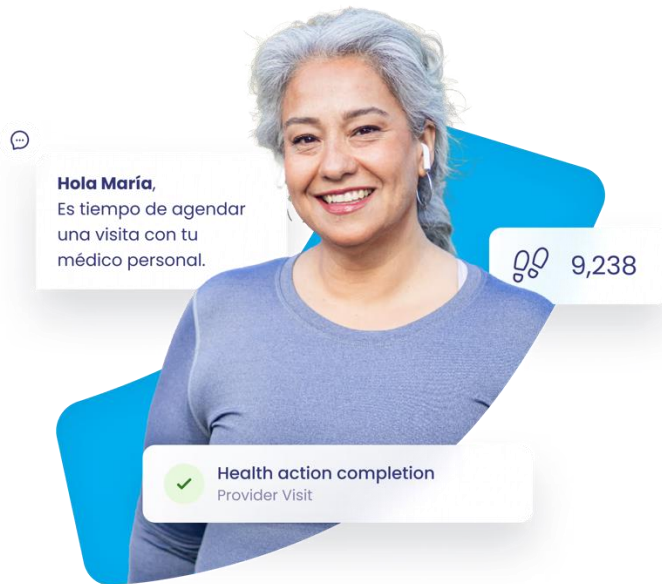
$128 pmpy acquisition cost savings
Registered members are 10% more likely to stay with the plan. Assumes a baseline retention rate of 85% and savings of $1,500 in acquisition costs for each incrementally retained member.

96-98% of the cost of Healthmine's platform can be attributed to a plan's MLR.

*Represents averages across all Healthmine programs in 2024. Medical cost savings are estimated per action.

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Engage smarter with QRM®

Aligning every tailored member interaction with the performance needs of your plan

Hola María,
Es tiempo de agendar una visita con tu médico personal.

9,238

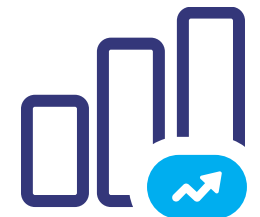✓ Health action completion
Provider Visit

Omnichannel outreach prioritizing the channels that work best for your members and your budget

Proven, behavioral science-driven content personalized to each member's health needs

The most robust health action library in the industry, impacting 83% of Star measures and the top-35 risk HCCs

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A personalized and seamless experience

Close care gaps, increase engagement and reinforce healthy behaviors

Maria

- 60 years old
- Prefers texts
- Type 2 diabetes

1

Maria's health action and reward are populated

Initiating the campaign cadence to drive Maria to see her provider.

Hello Maria, it's time for your provider visit. You can earn $100 by completing your visit.

2

Provider matching and scheduling support is provided

Guiding Maria to find her preferred provider at her preferred time.

This is your personal doctor. Would you like to schedule an appointment?

Angela H. Miller, NP
Family Health Clinic
Address Name (10 Miles Away)
(###) ###-####
★ 4.5
FEMALE

○ Yes, make an appointment
○ No, I would like another doctor

Select your availability
Please choose more than one option below.

Mondays
☐ Morning (Open - 11AM)
☑ Midday (11 - 3PM)
☑ Afternoon (3 - Close)

3

Pre-visit reminders and resources provided

Maria receives a personalized checklist to inform her visit.

‹ Back Your Personalized Checklist

It can be hard to know which questions or topics to be asking your doctor at a yearly or regular checkup. Whether it's specific to symptoms you're experiencing or concerns you have, this checklist is here to help you address topics related to your health.

Autoimmune Health
Your gut and microbiome health, diet and nutrition, lifestyle, environment and genetics are all factors to be considered with your doctor when discussing any concerns related to your health history.
☐ I spoke with my doctor

Behavioral Health
Each person is different and has unique signs and symptoms of mental illness. Mental health encompasses emotional, psychological, and social well-being behavior. Talk to your doctor about the best care options for you.
☐ I spoke with my doctor

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A personalized and seamless experience

Close care gaps, increase engagement and reinforce healthy behaviors

Maria receives **continuous and relevant messages**, informing her of important health actions and ways to engage, helping her to find resources, schedule appointments and learn more about how to manage her health.

4 Provider visit completed

5 Reward redeemed for visit completion

Digital gift cards are fulfilled within 24 hours.

Redeem Rewards

Select the rewards you would lik some of your available balance

KOHL'S $100 Kohl's

$100 The Home Dep

Select your card type:

Digital Card (Email Delivery)

Awesome!

Your reward is on the way.

Please note: physical gift cards will be placed in the mail within the next 10 business days, digital cards will be sent via email in the next 24 hours.

6 Post-provider visit survey sent

Continuing to check-in with Maria and build trust.

What number would you use to rate your provider?

| 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 |

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Behavioral science application examples: Breast Cancer Screening

Screening barriers	Principles	Application	Benefit
Lack of knowledge	Authority and urgency	Combine the language of authority and create a sense of urgency for members. This will enhance their trust and urge them to act. **"Your Dr. Has recommended..."**	**10-15% lift**
Negative bias towards the exam	Priming	Communicate the positive benefits of completing the screening and highlight how the process is **easy and uncomplicated.**	**5% lift**
Fear of positive test results	Cognitive restructuring	Explain the positive outcomes of completing the exam such as **"Early detection helps with survival,** etc."	**5-10% lift**
Lack of motivation	Positive reinforcement	Use encouragement to enforce behavior. **"You're almost there! Don't forget to get your breast cancer screening. Your health matters."**	**10-20% lift**

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Align with member's unique needs

SDOH solutions

Barriers identified and the right intervention supported

- Identify and overcome member's unmet needs, including language barriers, mobility, food insecurity and transportation.

- Support gap closure and targeted solutions

Tailored content and design

Personalize to appeal to segmented audiences, including by:

- Geographic location
- Primary language
- Age
- Education
- Functional disabilities (hearing, vision, etc.)

Communication efficiencies

- Member communication preference.

- Correct contact information

- Reduce costs and resources with Smart Lists, targeting specific members with relevant messaging and calls to action.

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Next steps

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What to start evaluating

Resources

- Assess current resource utilization and impacts from rule changes and to impact the EHO4All reward
- Develop budget roadmap to meet increased communications needs
- Assess and address data gaps from providers to reduce manual resource burden

Communication

- Develop member communication journey
- Align communication efforts and consider consolidating to reduce risk of member abrasion
- Meet with impacted stakeholders regarding outreach changes

Monitor regulations

- Continue to prepare for upcoming changes to operational measures
- Provide a conservative timeline for leadership to understand actions are needed now to address potential new digital and outcome measures
- Track Medicaid changes that will impact dual eligible member

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Regulatory next steps
Data validation deadlines are coming up

Data validation may be your last chance to impact Star Rating 2026. Data concerns must be submitted before the preview periods which means that you need to stay on top of reviewing files sent by CMS throughout the year:

- May 30, 2025: Last day to request review of 2024 CTM data

- June 30, 2025: Last day to request review of 2024 appeals data

- May 18, 2026 (SY2027): Deadline for review of Part D Patient Safety data

Final reminder: Provide your comments to the general RFI by 5/11/25 to have your voice heard and influence change in Medicare regulations.

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How can we help

Programs tailored to your priorities

Engagement: Every campaign includes strategic communications planning and campaign deployment with performance tracking.

Rewards: Incentivize the right actions to improve gap closure and retention.

Achieve greater ROI

Year 1 **5.5x initial investment**

Year 2 **8.3x initial investment**

Year 3 **13.8x initial investment**

Improve the measures that matter most to your bottom line.
46% clinical gap closure improvement with Healthmine.

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