



How Quality Leaders Must Action CMS 2027 Requirements

April 2026

Housekeeping



All participants will receive the slides and a recording of today's session



Please use the chat and Q&A to communicate with today's organizers and speakers



Please complete the exit survey at the end of the session to help us develop future content

Today's presenters



Brett Rudisill

SVP, Marketing



Mallory Mueller

SVP, Population Health &
Compliance



David Lynch

SVP, Growth & Business
Development

Closed-loop engagement

The only platform that connects your HEDIS gap analytics to member action.

Gap analytics connectivity

Ingest data from your analytics vendor to instantly build prioritized target lists.

Hands-off appointment scheduling

AI-supported appointment scheduling removes friction for members in scheduling and completing provider visits.

Digital-first outreach & rewards

Omnichannel campaigns notify members of open care gaps via measurable channels. Activate members in minutes, not weeks.

Campaign reporting & insights

Real-time dashboards connect outreach activity to gap closure. Know exactly which campaigns moved the needle on clinical measures.

Unite member outreach, rewards, appointment scheduling and engagement lifecycle reporting for quality and risk teams.

54%

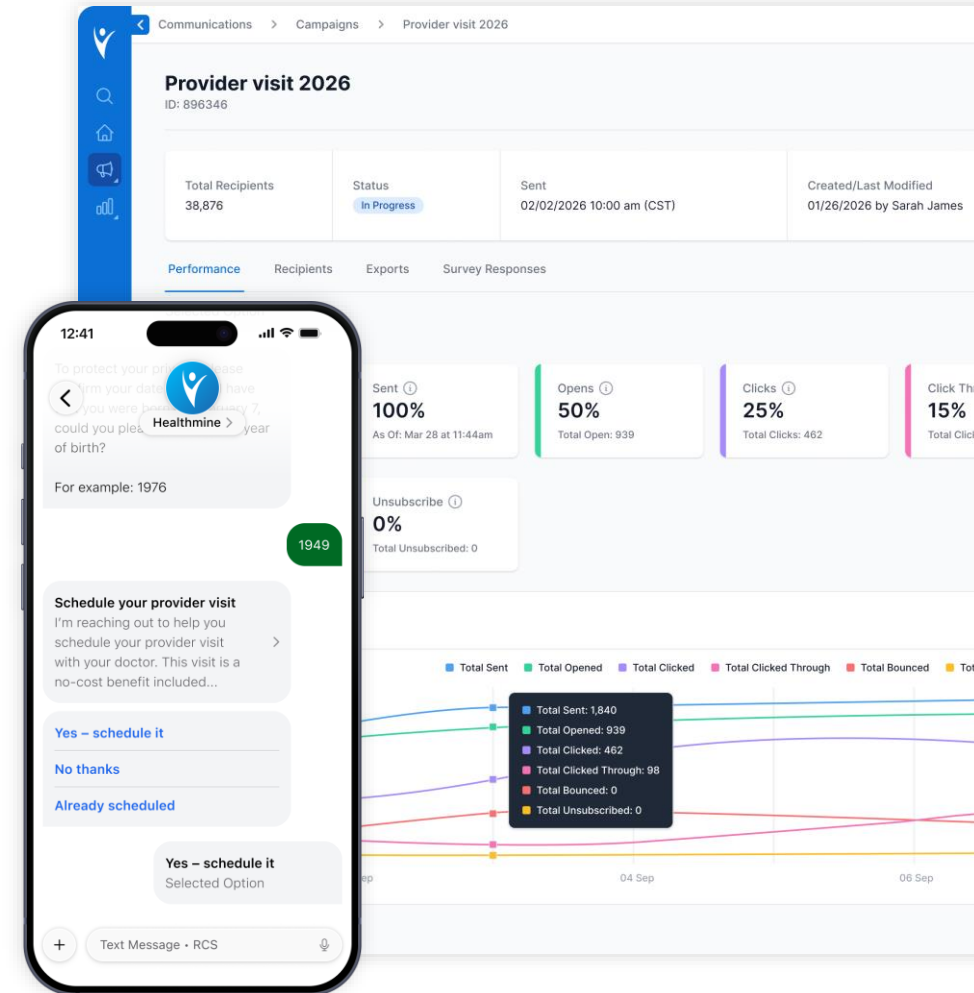
Increase in gap closure

>15 minutes

To create and send member outreach

+28%

PCP visit completion



CMS Regulatory Updates

MA market context

The market pressure

Better than feared. But not enough.

2.48% average rate increase for contract year 2027, well above the proposed 0.09%

“The rate proposal was profoundly negative. Meaningful benefit reductions and reduced choice may be necessary.”

— **UnitedHealthcare Executives, Q1 2026**

“If funding doesn't keep up with medical costs, we may be forced to exit geographies.”

— **Elevance Health CEO, Q1 2026**

“We may shrink our footprint to protect margins in 2027.”

— **CVS Health (Aetna), Q1 2026**

Financial stability is taking precedence over growth. Plans are cutting benefits, exiting markets, and looking hard at every revenue lever.

The Stars opportunity

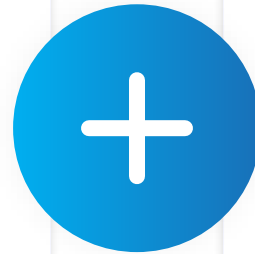
- **Stars = Quality bonus payments worth millions:** ~\$372 per member per year
- **Increased risk adjustment scrutiny:** Diagnoses must be linked to a clinical encounter. More audits and oversight.
- **Removal of administrative measures:** Higher weight for clinical and survey measures, continued removal of hybrid with transition to digital requires population health approach.

The opportunity: Invest wisely in member engagement and digital outreach to protect QBP's and the financial foundation that makes competitive benefits possible.

Final Rule: The big picture

\$18.56B

Estimated CMS-projected
reduction in MA plan payments,
2027–2036



11 measures

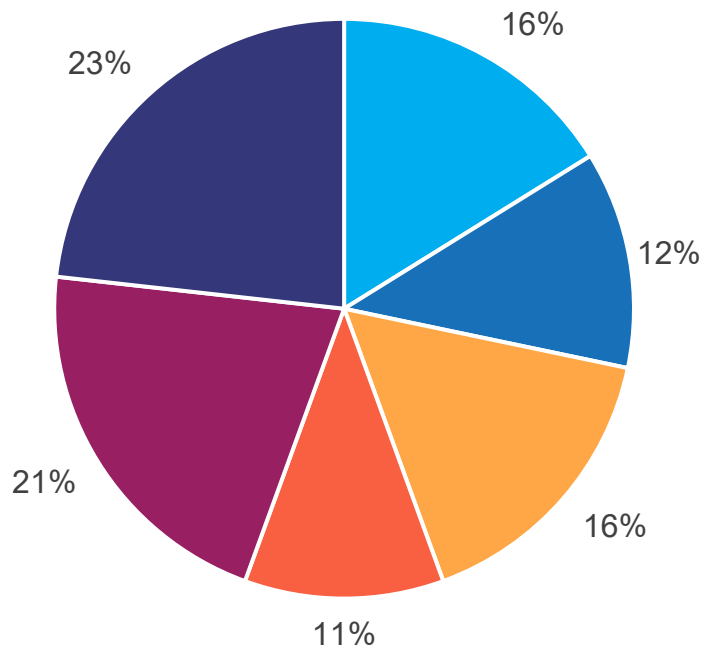
Admin and process measures
being retired as outcomes
measures added to the score

Star measure removal

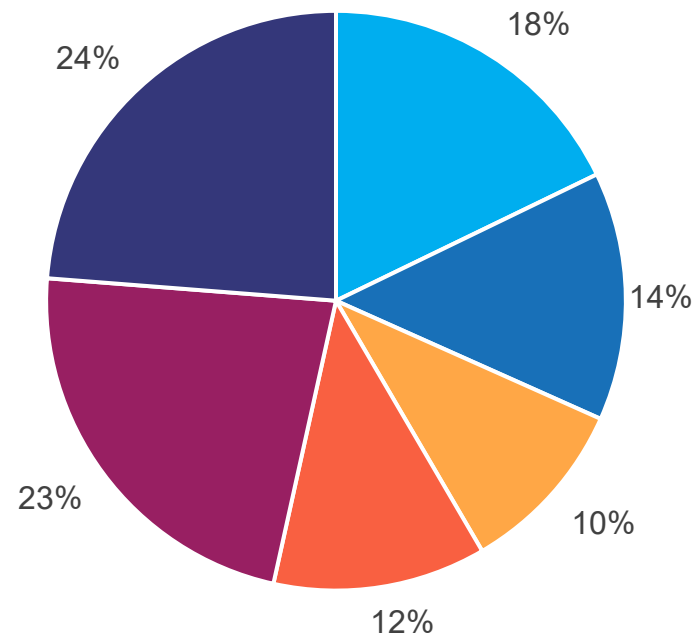
Part C or D	Measure to be removed	Star year removed	Measure year removed
C	Plan Makes Timely Decisions about Appeals	2029	2027
C	Reviewing Appeals Decisions	2029	2027
C	Special Needs Plan (SNP) Care Management	2029	2027
C & D	Call Center – Foreign Language Interpreter and TTY Availability (Part C and D)	2028	2026
C & D	Complaints about the Health/Drug Plan	2029	2027
D	Medicare Plan Finder (MPF) Price Accuracy	2029	2027
C	Statin Therapy for Patients with Cardiovascular Disease	2028	2026
C & D	Members Choosing to Leave the Plan	2029	2027
C	Customer Service (CAHPS)	2029	2027
C	Rating of Health Care Quality (CAHPS)	2029	2027

Domain breakdown changes SY2027-2029

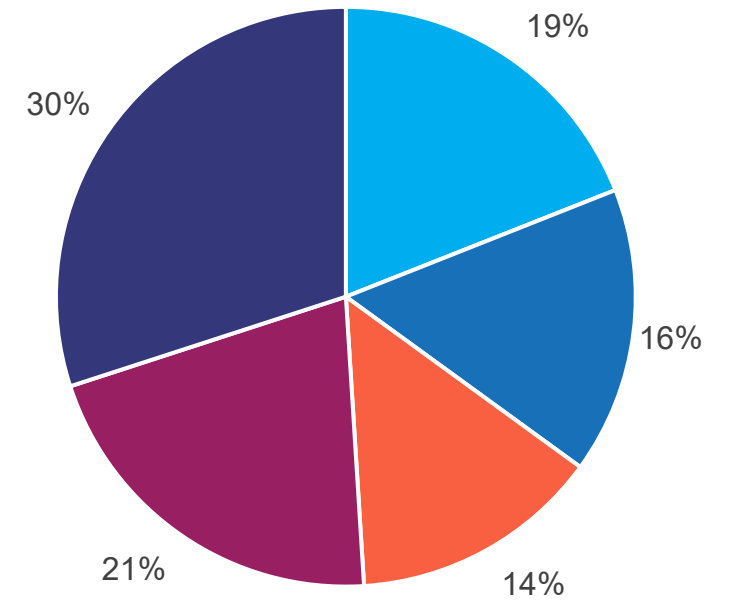
Stars 2027 domain breakdown



Stars 2028 domain breakdown



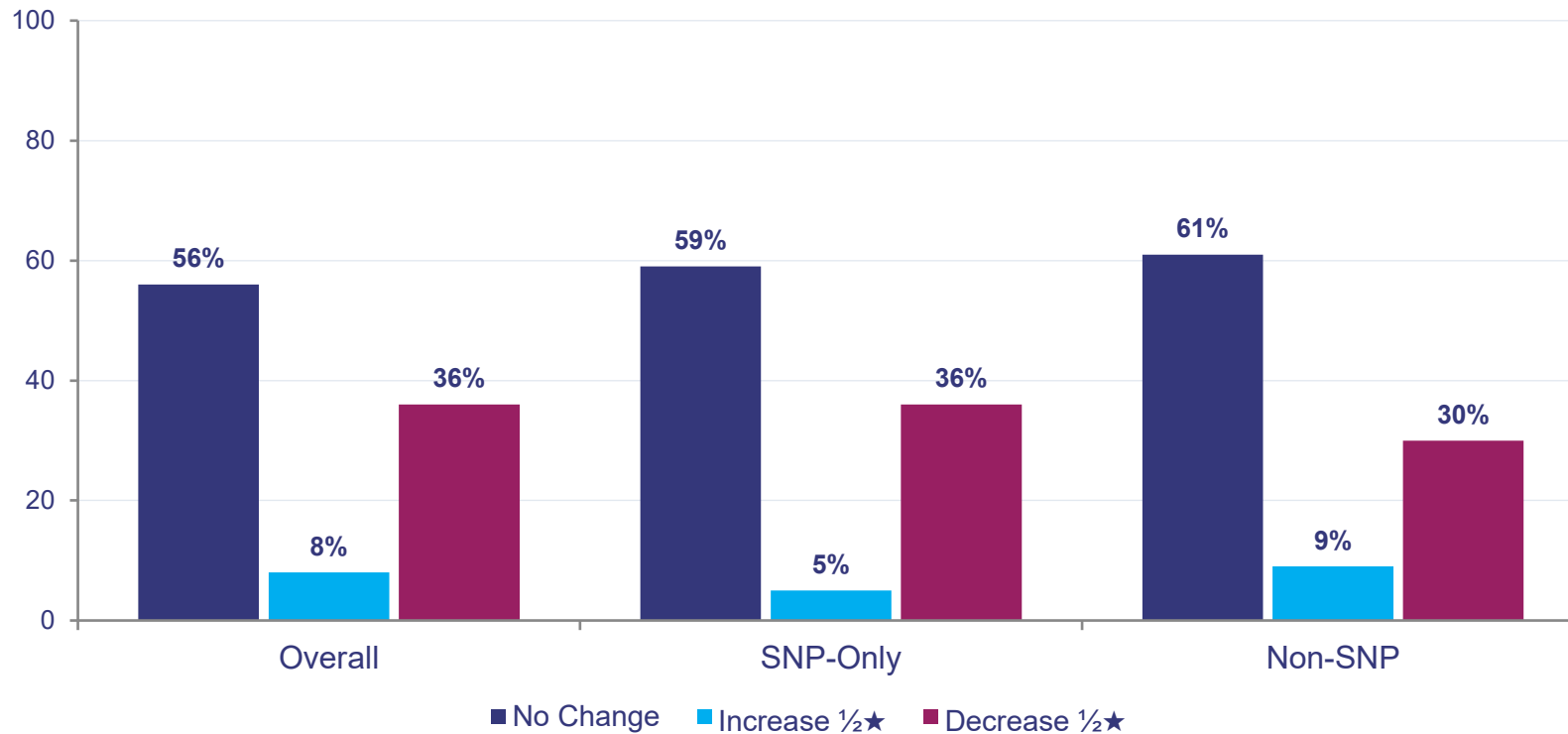
Stars 2029 domain breakdown (preliminary)



Pharmacy QI ADMIN HOS CAHPS HEDIS

Star Rating changes

Plan distribution by rating movement and QBP impact



QBP impact

7%
of plans GAIN QBPs

8%
of plans LOSE QBPs

New outcomes measure

Background

Depression screening and Follow Up (DSF)

- **What It Measures:** Two separate rates reported together: the percentage of members who were screened for depression using a standardized tool, and the percentage of members who screened positive and received follow-up care within 30 days.
- Timeline: Star Year 2029 (MY2027) — 1-weight measure, weight could increase in the future.
- Multi-step, time-sensitive: Members screening positive must be engaged quickly for follow-up.

Challenges

- Health plans may have data indicating a depression screening was completed.
- Fewer health plans have the clinical data infrastructure and resources to capture a positive result and then track and document that follow-up happened within 30 days.
- That is the gap the measure is specifically designed to expose. Plans must screen members and make sure they receive the follow-up care they may need.

Big picture

- Plans that do not build infrastructure now to track, close, and document outcomes gaps will find themselves at a structural disadvantage as the measure set continues to evolve in this direction.
- A completed screening alone will no longer be enough for outcomes measures.
- In the future, positive colorectal screening results that go unresolved can become a direct Star rating liability, making a deliberate and documented follow-up strategy a necessity, not a nice to have.

Overcoming member friction and building trust

Strengthening population health outreach and follow-up to prepare for outcomes measures



WHERE friction shows up

- Outreach that's generic or from unfamiliar senders
- Delayed care due to cost concerns, stigma, transportation, or prior negative experiences
- Follow-up reminders in short succession amplifies members who already feel overwhelmed



WHAT builds trust

- Personalization
- Trusted sender identity
- Plain language framed around the call to action
- Consistency across channels
- Channel preferences used
- Reliable follow through



PUTTING IT into practice

- Segment the population: Transportation barriers requires different outreach than stigma or cost concerns
- Scheduling support: Connect members to preferred providers

Demo

Q&A