2027 STRATEGY

Removing the Blindspot

MAKING HOS and CAHPS THE ADVANTAGE

The 2027 CMS Final Rule fundamentally changed how plans will be measured. Star Ratings will now be driven by outcomes plans cannot easily observe, on a sample they cannot predict, measured by members they do not pre-select. With Health Outcomes Survey (HOS) results triple-weighted and CAHPS carrying significant weight on member experience measures, plans face a unique opportunity to tackle member engagement as a strategic imperative rather than a measure-by-measure exercise.

What the new rules actually do

HOS single-weighted measures have been a multi-year endeavor that plans haven't traditionally focused on. CAHPS has seen many plans look to complaints, reaching out to members only to fix issues. With additional mock surveys to drive understanding of member sentiment. The 2027 changes reward an entirely different muscle, one focused on coordinated experience and continuous care. It requires a shift from fixing complaints to ensuring all members understand the benefits available to them and attempting to get those traditionally unengaged to engage.

Consistency now drives success

The Health Equity reward factor has been replaced with a methodology that rewards consistency across measures. As a high-leverage multiplier, a plan with five measures at 4 Stars will out-earn a plan with three measures at 5 Stars and two measures at 3 Stars. *Focusing on lifting your 2-Star measures to 3-Star measures now produces a greater lift than trying to lift one measure from 4 to 5 Stars*.

Managing depression

The new depression screening measure adds weight to the behavioral health component of Stars. Combined with the triple-weighting of HOS, which also captures managing depression and monitoring physical activity, the message is clear: *depression screening belongs at the top of the 2027 priority list*. Now is the time to focus on the member, not as a measure, but as a whole person.

Measurement is an all-year-long strategy

As CMS migrates toward digital quality measures and claims-based assessment, chart-chasing and end-of-year gap-closure pushes will be a losing strategy. *Capturing data early, as it is incurred throughout the year, provides insights into how the member is doing in real time*. This reduces abrasion, as plans create interventions based on members that are truly not in control versus outreach based on a lack of data.

Strategic math: difficult members matter more

With the new reward factor punishing variance, the highest-leverage investment is no longer optimizing what plans already do well. It's identifying members whose dis-engagement is dragging the lowest-performing measures further down and re-engaging them. *Members most likely to report improvement in HOS measures typically have lower digital fluency, lower trust in the plan, and higher behavioral and social complexity*. They are not the members who routinely complete preventive screenings.

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So how do plans engage the hardest members, on measures that take years to move, with reward weights large enough to swing a rating?

Because plans cannot predict which member will receive a HOS or CAHPS survey, or which measure or moment will define the rating, the only viable path is to *engage every member, on every measure, every time*. The difficult member is not a segment to be scheduled, it's potentially any member you are working with. Messages that are coordinated, based on the next best action for the member, not only reduce abrasion, but create trust as plans drive interactions that are meaningful to the member. Meaningful interactions can work to get the most unegaged members to re-engage.

Moving the member

Most member engagement models today, whether anchored in predictive analytics, behavioral science, or both, stratify a population by personas and begin outreach accordingly. Members stay in their persona and sequence until the gap has closed. This macro-approach is a good first step, but success in 2027 means shifting from a campaign model, where members are stratified into risk bands and measure gaps, to one where the member is treated as the dynamically changing individual they are.

This new model accommodates the clinical signals (measure gaps) and creates governance around them, while overlaying the situational factors of each member (newly diagnosed; multiple diagnoses; transportation issues) and how that member may feel about their health (uninformed; overwhelmed; frustrated). The combination creates an outreach strategy that begins to tackle the "why" for each individual member - and one that changes as the member moves through the calendar year.

The bottom line

Stars programs for 2027 and beyond are being restructured around clinical outcomes and plan consistency. Plans that respond simply by intensifying campaigns will spend more to get the same or worse results. Plans that respond by treating the member relationship as the real work, across measures and across the year, will be the ones lifted above their peers. And, for those with the resilience to stick with members who are the hardest to move, the rewards will be great. That is the work of the next era of Star Ratings.

Your New Strategic Imperatives

- **HOS and CAHPS Measures are best tackled through building trust, starting with your ANOC**. Ensuring that members fully understand their benefit design and changes starts the year off right.
- **Managing depression is actually an annual wellness visit story**, as is care coordination, getting needed care, fall prevention and HEDIS screening measures. If you focus on nothing else, focus on annual wellness visits.
- **HEDIS gaps are about coordination** as the days of plans operating in siloes comes to an end. Having a system of governance for how you communicate to members, with the most impactful next thing that they can do, in a way that resonates with them, is really the only path forward.

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