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NCQA WEBINAR

Rising cut points demand smarter home - based gap closure

How one health plan matched every open gap to the right modality: at - home kits, in - home visits and virtual care.



TODAY'S SPEAKERS

Two home - based care partners, one program



Kyle Waters

Co - Founder and CPO, Ash

Co - founded Ash in 2019 and leads product across its at - home testing platform. Ash brings the plan's brand into the member's home.



Justin Larkin, MD

Chief Product Officer, Sprinter Health

Leads product at Sprinter, which brings in - home and virtual preventive care to members to close quality gaps.



MODERATOR

Emily Hubbard

Senior Research Associate, NCQA

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2027 STAR RATINGS

Fewer contracts reached 4 stars, even as quality improved

37%

of MA-PD contracts earned 4+ stars (188 of 508), down from 44% (229 of 516) in 2026

15

contracts earned 5 stars, down from 22. Only 6 repeated from 2026

3.99

enrollment -weighted average rating, down from 4.01

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CUT POINTS

The line moved faster than the field

Cut points reset every year against the market. When most plans improve, a plan that holds steady loses ground.

HEDIS took the brunt for 2027. KED moved more than 5 points with no guardrail, because it was only in its second year.

The same pressure shows up in commercial and Medicaid ratings, where plans are scored against each other.

~50% of draft 2027 cut points got harder, mostly in HEDIS

8 of 12 HEDIS 4 star cut points got harder

+1.6–1.8 points: average HEDIS gain in every product line, MY2025

7–10 pts increase in KED cut points, by star level

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OUR SHARED FOCUS MEASURES

Supporting multiple measures for gap closure

Measure	Medicare Star Ratings	NCQA Health Plan Ratings	Marketplace QRS
GSD (Glycemic Status)	Weight 3 · avg star 3.6 → 3.7	Weight 3 · all three lines	Included
KED (Kidney Health)	Weight 1 · avg star 3.5 → 3.2	Weight 1 · all three lines	Included
CCS (Cervical Cancer Screening)	Not a Star measure	Weight 1 · commercial, Medicaid	Included (CCS-E)

KED

MA rates rose 7.3 pts in MY2025, yet the average star fell. 4-star line: 72%. Median contract: 68%.

GSD

Weighted 3 in both Star Ratings and NCQA ratings. Nearly half of sub-4-star MA contracts sit within 3 pts of the line.

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THE LEGACY APPROACH

Why broad outreach stalls



Limited data

Claims data doesn't show the full clinical picture of each member's open gaps



Generic engagement

The same message to every member, regardless of the gap or the member's readiness



One approach for everyone

Self- collection fits many gaps, but not a member who needs a clinician or an exam

The cost of a mismatch: outreach to a member with a gap that's already closed, or a modality the member was never going to use.

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LAYERING CLINICAL DATA WITH CLAIMS

More data is only valuable when it drives better decisions

Claims data tells us where a gap exists. **Clinical intelligence reveals why it exists and what to do next.**

Effective gap closure is a member by member question. Precision isn't just about closing more gaps. It's about knowing which interventions will keep members healthier year over year.

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n=20	MBR-0040
n=23	MBR-0003
n=8	MBR-0005
n=5	MBR-0012
n=8	MBR-0006
n=12	MBR-0036
n=6	MBR-0007
n=25	MBR-0049
n=5	MBR-0051
n=19	MBR-0065
n=7	MBR-0044
n=6	MBR-0037
n=24	MBR-0047
n=14	MBR-0041
n=16	MBR-0052
n=8	MBR-0029
n=34	MBR-0013
n=10	MBR-0022
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n=6	MBR-0039
n=10	MBR-0010
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n=22	MBR-0008
n=15	MBR-0032
n=12	MBR-0043
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n=13	MBR-0026
n=24	MBR-0034
n=8	MBR-0050
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n=14	MBR-0054
n=7	MBR-0023
n=18	MBR-0060
n=29	MBR-0035
n=14	MBR-0062
n=7	MBR-0019
n=6	MBR-0057
n=10	MBR-0059
n=7	MBR-0042

MORE LEVERS TO IMPROVE ENGAGEMENT

Effective outreach goes beyond deploying more messages

Leveraging the brand they trust

White - Labeled Collection Kits allows for health plan branded mailed kits and messaging.

Branded Caller IDs for outbound calls to members have **+30% increase** in appointments booked.

Omni - Channel Outreach increases engagement by **2.4x** when you utilize a trusted brand to connect with the member

Customized messaging and booking

Automated reactivation campaigns for members who cancelled (**300%** more likely to rebook) or "soft declined (**20%** more likely to book).

Fuzzy name matching resulted in **- 50%** authentication errors reducing self - booking friction.

Timely follow up messages after a missed outbound phone call has led to **+15%** increase (SMS) and **+8%** increase in appointments booked.

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THE FRAMEWORK

Validate. Match. Measure.

01

Validate the gap

Confirm the gap is truly open, using clinical data accessible through provider partners.

02

Match the modality

Route each member to the option most likely to close their gap(s).

03

Measure per closed gap

Compare ROI across care modalities, not just outreach channels.

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STEP 1 · VALIDATE

Check your member's gaps before you spend on it



Already closed

Supplement claims data with more recent data sources, (labs, HIE, pharmacy) to find clinical evidence of closed gaps.



Excluded

Remove members who meet exclusions: hospice, palliative care, hysterectomy with no residual cervix (CCS), ESRD (KED).



Partially open

KED needs eGFR and uACR, and many members have one. CCS members 21 –29 need cytology, not an HPV kit.

Average False Positive Gaps Identified by Sprinter

CBP 18% | GSD 18% | COL 8% | CCS: 5%

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STEP 2 · MATCH

The modality menu



Member Intelligence

Validate the gaps through additional data sources. No member action needed.

SPRINTER



Mailed At - home kit

Self- collection for single - specimen gaps, with multi - channel reminders.

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In - person clinician visit

A hands on clinician that can address multiple care gaps in a single home visit.

SPRINTER



Virtual NP visit

For care that requires an NP consult such as medication review and care planning.

SPRINTER

Plus PCP routing: results and encounter summaries go back to the member's primary care provider.

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STEP 2 · MATCH

Gap by gap, member by member

Member and gap signal	Example	At - Home Kit	In - Person + Virtual Visit
Values borderline compliant	Member has KED + GSD with values close to compliance	✓	✓
Out of service geographic region	Member located in area not covered by in - person Sprinter clinicians	✓	
Care not available via in - person	CCS HPV (30–64)	✓	
Care not available via mailed kits	GSD + KED + EED + CBP + AWV		✓
Clinical red flag – values far from compliant	Member needs higher touch intervention; Needs med review and care plan with NP		✓
Unresponsive	Attempt different in - home modality for those unengaged to in - person visit or mailed kit	✓	✓

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STEP 3 · MEASURE

Measure cost per closed gap, not per touch

Cost per closed gap = total modality cost ÷ gaps closed

Then weight it by where a closed gap moves the rating:

Measure weight

GSD weighted three. KED and CCS count once.

Distance to the cut point

Prioritize measures where a few points cross a star.

Value beyond the gap

Clinical findings, PCP reconnection and member experience.

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CASE STUDY · BACKGROUND

One plan, one data set, three modalities

In 2024, a national health plan brought Sprinter Health in to develop a comprehensive in - home gap closure program for their priority contracts. Recent ratings have shown meaningful improvements:

- Moved Alc control: 4★ → 5★
- Contributed to BP control: 3★ → 4★

In 2026, Ash and Sprinter partnered to specifically tackle their GSD and KED gaps, working from one shared member file, and each gap was routed to the modality most likely to close it.

450k MA Members

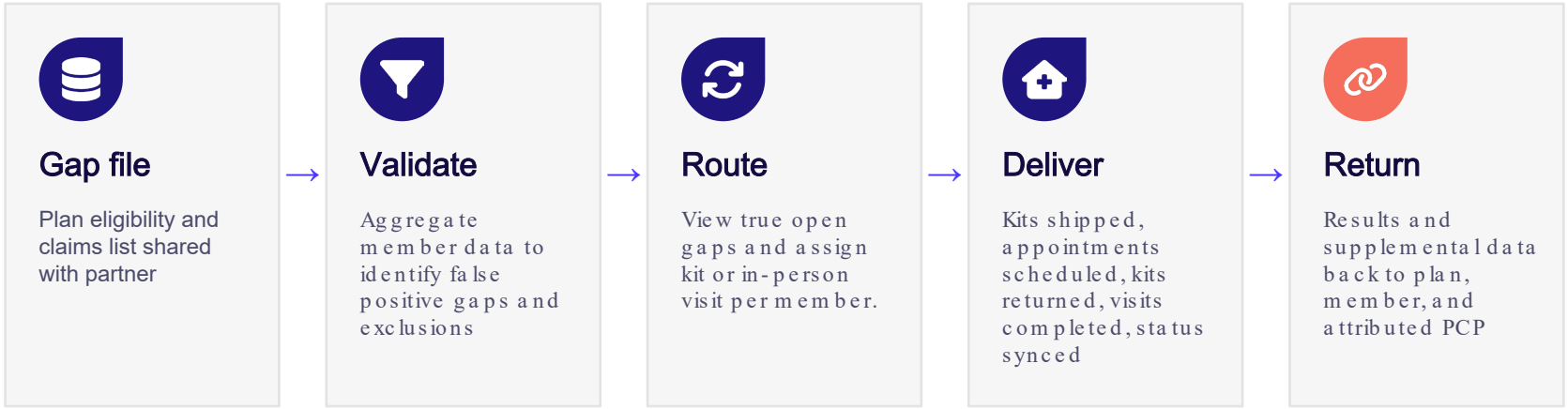
22 States

7 Total HEDIS Quality Measures
GSD, KED, CBP, EED, COA, BCS, COL

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CASE STUDY · HOW IT WORKED

A shared data layer keeps outreach from colliding



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CASE STUDY · 2026 PROJECTED RESULTS

Results by modality

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At-home kits

Gaps closed	1,624
Kit return rate	16.31%
Average time to receive kit	3 Days
Engagement Campaign	Up to 40% Open Rate

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In-person and virtual visits

Average Gaps Per Member	2
False Positive Gaps Closed	42,000
In-Home Visit Gaps Closed	175,000
NPS Score	90

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THE PLAYBOOK

Five moves for MY2027

1. **Validate every gap**
   Leverage clinical data to identify true gaps before outreach.
2. **Match modality to the gap**
   And to the member, not to the vendor contract.
3. **Share one data layer**
   Across every partner, so outreach never collides.
4. **Escalate, don’t repeat**
   Non-responders move to a new modality.
5. **Start in Q1**
   Early outreach builds runway before the year closes.



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