Boosting Health Plan Quality Ratings

Data-Driven Strategies for Medicaid, Medicare, and SNP Success

Presented By:

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BlueCross BlueShield
of Illinois

vhedahealth.
Everyone deserves access to care.

Live Poll Question

How confident are you in your health plan's approach to improving quality ratings and outcomes for rural and hard-to-reach populations across Medicaid, Medicare, and SNPs?

A. Very confident

B. Somewhat confident, but could improve

C. Just starting to address this

D. Not addressing it yet

High-Level Importance of Quality Scores - Member-Centered

Data-driven improvement delivers better outcomes at scale.

- **Member-Centered Access:** Scores determine care for vulnerable groups.
- **Financial:** STAR ratings drive bonuses and growth.
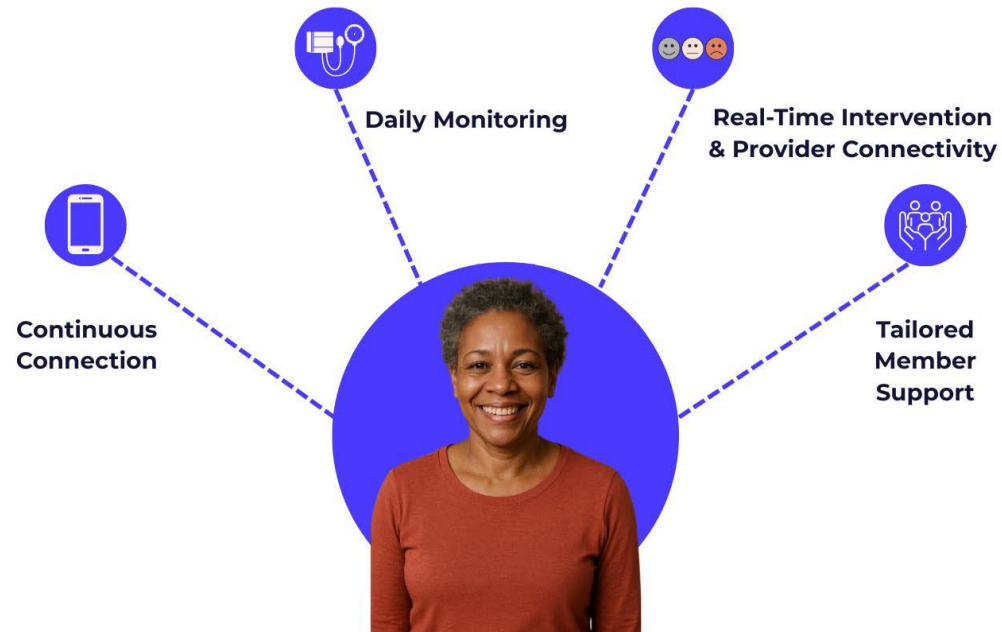- **Growth & Mission:** High scores boost enrollment and equity.

Quality Scores → STAR Bonuses → Plan Expansion → Improved Member Outcomes → Health Equity
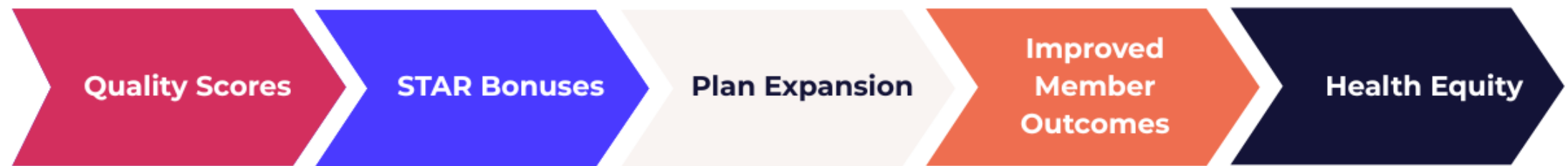
Medicare Advantage bonuses alone exceeded $12B this year

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Contract Pressure: Managed Care, P4P & Clawbacks

Increasing contract pressures from managed care, pay-for-performance, and clawbacks drive accountability and measurable outcomes for plans and providers.

State Contracts

Regulatory Impact

Technology Reporting

Financial Protection

Medical Loss Ratio (MLR)

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MEMBER CASE STUDY: CBP & HbA1c

Daily Monitoring

Real-Time Intervention & Provider Connectivity

Continuous Connection

Tailored Member Support

WITH the Vheda Solution

Members receive continuous monitoring, real-time interventions, and tailored support for better health outcomes.

Lack of Monitoring

Routine Only Visits

Disconnected

Lack of Member Support

WITHOUT the Vheda Solution

Members experience disconnected care, routine-only visits, and lack of personalized support, leading to gaps in health management.

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Biggest Gaps & Obstacles

Understanding these challenges drives better outcomes and efficient resource use.

Preventive Screening Gaps

Medication Adherence Challenges

Engagement Struggles

Low screening rates, especially in rural and high-need areas.

Barriers include logistics, health literacy, and access.

High-risk and underserved populations face social determinants of health (SDOH) barriers.

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The Vheda Blueprint

Our blueprint rests on four pillars:

1. **Personalized Engagement:** Tech and live, culturally, geographically, and linguistically trained navigators providing tailored support, with over 80% engagement.

2. **Predictive Analytics:** Target high-risk members with device data

3. **Actionable Reporting:** Real-time HEDIS/CAHPS updates

4. **Workflow Support:** EMR-integrated insights at point of care

Scalable model for quality gains, bonus eligibility, and health equity.

Key Takeaways

Quality Drives Growth: Embed in daily engagement

Prioritize Key Metrics: CBP & HbA1c for quick wins

Strategic Partnerships: Reach hard-to-reach groups

Leverage Analytics: Target interventions

Align Clinical & Business: Link contracts, ratings, results

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Live Poll Question

How has your understanding of how to address your health plan's ability to improve whole-person health outcomes through virtual care, especially for rural and hard-to-reach populations across Medicaid, Medicare, and SNPs changed after today's session?

A. Significantly improved

B. Somewhat improved

C. No change

D. Still need more information

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Questions?

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