

# Beyond Completions:

2027 Requires Meaningful Outcomes

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## **HRAs Have Never Been Just About the Completions: The 2027 Proposed Rule Continues the Expected Shift from Administrative Checkboxes to Meaningful Outcomes**

Among the most notable recommendations in CMS's 2027 Proposed Rule is the removal of the "Special Needs Plan (SNP) Care Management" measure—a change that should come as no surprise given CMS's persistent emphasis on clinical care, patient experience, and measurable impact.



### **HRAs Completions Alone Are Insufficient**

*While the SNP Care Management measure has historically served as a proxy for engagement through health risk assessments (HRAs), CMS's direction now aligns with the recommendations Icario has been making for years: completions alone are insufficient. This shift challenges health plans to rethink strategies, moving beyond compliance toward interventions that demonstrably improve outcomes.*

*Integrating HRA, Social Determinants of Health (SDoH), Activities of Daily Living (ADL) and care gap data enables outreach teams to act on strategic moments of influence, move past "checking the box" and truly deliver on their promises to members.*

## The 2027 Proposed Rule

On November 25, 2025, the Centers for Medicare & Medicaid Services (CMS) issued a Proposed Rule for calendar year (CY) 2027 covering Star Ratings, special needs plans (SNPs), eliminating unnecessary administrative burdens, among other areas. The overarching goals are to:

- simplify the measure set
- reduce the number of purely process measures, and
- refocus on clinical care, outcomes, and patient experience

CMS notes that many measures they recommend for removal are “topped out,” meaning that they exhibit high performance and low variability, making them poor indicators of plan quality.

## The Impact of Removing Star Ratings Measures

This Proposed Rule recommends twelve measures for removal in the coming two calendar years (which would directly affect Star Ratings in 2028 and 2029). The removal of these measures would have implications for how strongly plans need to perform on the remaining Star measures that are more focused on harder-to-move clinical, pharmacy, and member experience outcomes.

In combination with CMS's proposal to retain the historical Reward Factor scoring boost for plans (instead of moving to the health equity-focused Excellent Health Outcomes for All (EHO4All) methodology), proposed changes will have a significant impact on plans' Star Ratings and revenues. Removing the proposed measures will put downward pressure on health plan Star Ratings performance and their ability to earn Quality Bonus Payments. Conversely, retaining the Reward Factor continues to benefit Star Ratings for plans that already perform well, helping them remain above the 4-Star threshold required for Quality Bonus Payments.

## Why The Special Needs Plan (SNP) Care Management Measure Matters

One of the measures that CMS believes meets both the “purely administrative” and “topped out” definitions is “Special Needs Plan (SNP) Care Management.” This measure quantifies the percentage of members in a SNP that complete their health risk assessment (HRA) survey. However:

*“CMS is ultimately interested in whether enrollees receive needed care as indicated by this assessment and not only whether the assessment is completed. . . .the current measure does not provide any information about whether enrollees received care as indicated by their assessments.”<sup>1</sup>*

Icario, alongside many leading health plans and industry experts, agrees that CMS has offered an incomplete recommendation by:

- suggesting that the SNP Care Management measure be eliminated, removing a significant requirement from health plans to seek the very data from members they would use to improve outcomes, while
- failing to offer a replacement measure that meets the stated goal of improving member outcomes and experience

“Ironically, eliminating a completion-based Star measure without proposing a follow-through measure can make HRAs more ‘check-the-box,’ not less. Plans still must administer HRAs under the SNP Model of Care, but the business case to modernize, personalize, and operationalize the data weakens. The best approach is to pair this change with an outcomes-oriented measure that pushes plans to act on HRA information.”



Nate Lucena, President & Managing Director, Rex Wallace Consulting



## The Evolution of HRA Value

That said, CMS's proposal is consistent with the HRA approach Icario has advised health plans to take for quite some time. Namely the:

- Need to acknowledge that HRAs are much more than a “check the box” activity.
- Value of the HRA to identifying underlying “constellations of rising risk” that are otherwise invisible to health plans solely relying on medical and pharmacy claims data.
- Opportunity HRAs present to plans to use the HRA – particularly when administered digitally – to help members close gaps in care and connect them in the moment that they complete the survey with personalized care management, resources to address Social Determinants of Health (SDoH), to support Activities of Daily Living (ADL) and other resources meant to address their barriers to care and improve health.

Trusted thought leaders in the industry widely endorse this approach.

## Icario completes more than 3 million DSNP HRAs annually.

*And just as capturing member-generated data has never been more important, it's also never been easier. Our technological advances have supported this evolution. Digital channels like text and email—combined with traditional channels like direct mail, IVR and live-agent phone calls—have made collecting HRA data from members much more accessible. The advent of tools like agentic AI will make doing so even more efficient and cost effective as health plans gain confidence in its use. These advancements will provide tailored, in-the-moment support that streamlines members' assessment experience, makes data accessible and actionable in real time, and improves trust and connection between the member and the plan.*

“Last year, CMS codified HRA alignment for AIP DSNPs, reinforcing the HRA’s central role in understanding member needs and coordinating care. Against that backdrop, removing the SNP Care Management measure from Star Ratings is counterintuitive. While CMS continues to rely on HRA data in other regulatory and operational contexts, eliminating its presence in Star Ratings risks signaling to plans that this foundational activity is no longer a quality priority.”



Jessica Muratore, Founder and Principal Consultant, Muratore Advisory Services

## More Than Just “Check the Box”

HRAs offer health plans the tools to deliver on the requirements CMS is driving. While many health plans handed responsibility for HRA completions to operations teams that had little or no accountability for quality outcomes, leaders in the space married the operational with the clinical because they recognized the value HRAs deliver. Minnesota-based Medica has driven industry-leading levels of HRA completion in its Medicare and Medicaid populations:

“Our health plan is fortunate to have an engaged membership and a dedicated internal approach focused on utilizing the actionable insights derived from HRAs. By leveraging HRA data to support our members, we truly embody our mission: ‘To better your life with care in the moments that matter.’ This commitment drives us to continually enhance our approach and deliver meaningful support when it is needed most.”

 Medica.



## Constellations of Rising Risk

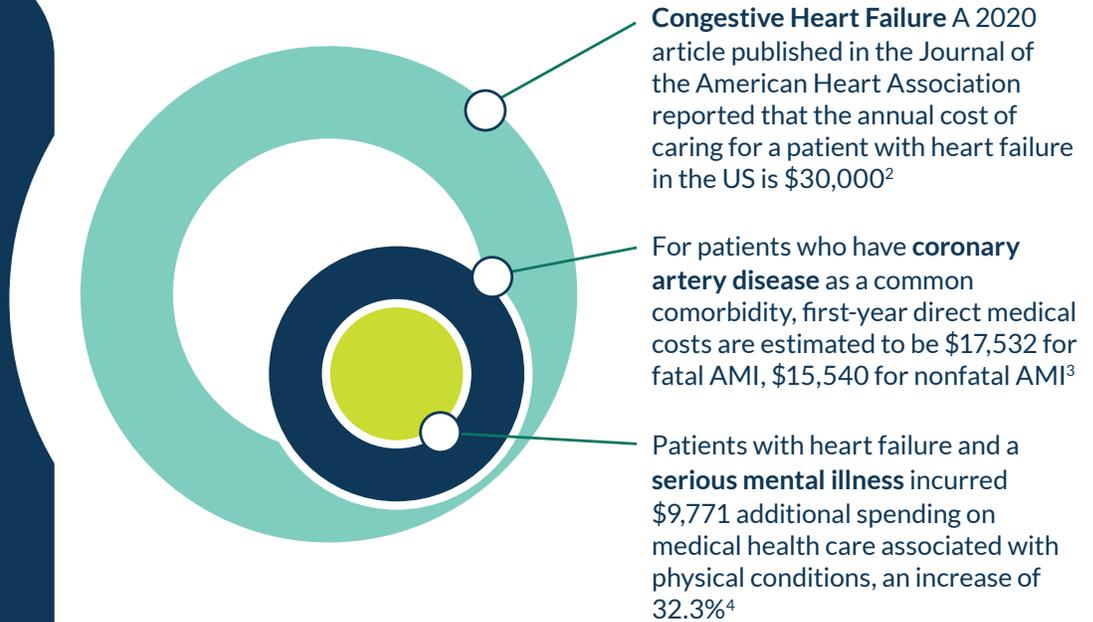
*Health plans have historically used HRAs to surface suspect diagnoses that may indicate hierarchical condition codes (HCCs) missing from a member’s medical record, and that require confirmation by the member’s primary care provider. Beyond identifying diagnostic gaps, best-in-class health plans are now leveraging combinations of survey responses to proactively detect emerging risk within their populations that aren’t surfaced using claims data alone. By using HRA data more broadly, plans have a more complete picture of issues that require more care coordination or additional plan, provider, and community support to mitigate high costs and negative outcomes.*



## TARGETING CONSTELLATIONS OF RISK

Your Health Risk Assessment can predict which of your members are at greatest risk of increasing cost

**For example,** identifying primary cost drivers like congestive heart failure along with common complicating factors like undiagnosed mental illnesses, transportation and food insecurity can predict which of a health plan's members are at greatest risk of increasing costs.



Dr. Robert Mirsky, Icario's Chief Medical Officer, championed our efforts to move HRAs from a compliance task to an essential tool that drives value for patients and health plans. He said in a recent strategy session, "When combined with historical health plan data, DSNP HRAs can create combinations of clinical and behavioral health conditions, social barriers and compromised ADLs that more fully identify cohorts and individual members with the goal to deploy targeted interventions that will improve overall outcomes."



Dr. Robert Mirsky, CMO, Icario

## Plans Need to Reassess Their Quality Strategies – With HRAs at the Center



*Plans wanting to capitalize on CMS's proposed changes to Stars should act now. Shifting resources from administrative compliance to clinical and experiential measures alone won't meet the mark. Genuine, long-term success will come from focusing on "Moments of Influence." Those moments turn each member engagement with health plan content and messaging into additional personalized interactions that close care gaps, build trust, and improve health and wellbeing over time.*

*With the "HRA+" capabilities that the Aivella platform brings to the market, Icario is actively co-creating the future of HRAs alongside leading health plans. Using the member self-reported data that plans are receiving continuously is the most efficient and cost-effective way to meet CMS's increasing demand for proof of plan interventions that drive better outcomes, improve member engagement and ensure financial results across lines of business.*

## The Looming Engagement Reckoning for Health Plans

As CMS removes administrative measures tied to direct financial incentives (including the potential elimination of the SNP Care Management measure), health plans face a critical inflection point. Historically, many plans justified extensive and costly telephonic outreach efforts, sometimes contacting members dozens of times, to drive HRA completion largely because of the Star Ratings impact.

That economic justification is now changing.

Without the same direct financial incentive tied solely to HRA completion, health plans must get smarter and more strategic about when, how, and why they engage members. The future will not be built on brute-force calling strategies or volume-driven outreach models. It will be built on precision, personalization, and the ability to demonstrate to members what is in it for them to complete an HRA, not just what benefits the plan.

**This shift demands a digital-first, AI-enabled engagement strategy that:**

- Identifies the right members at the right time,
- Delivers the right message through the right channel, and
- Converts engagement into meaningful action, not just a completed survey.



### Looking Ahead

*Health plans that continue relying on high-cost, low-yield outreach models will find their economics unsustainable, and their member experience misaligned with CMS's vision. Those that evolve will unlock both improved outcomes and significantly lower cost of engagement and ultimately gain competitive advantage through more trusting and resilient relationships with their beneficiaries.*

1. [www.federalregister.gov/documents/2025/11/28/2025-21456/medicare-program-contract-year-2027-policy-and-technical-changes-to-the-medicare-advantage-program](https://www.federalregister.gov/documents/2025/11/28/2025-21456/medicare-program-contract-year-2027-policy-and-technical-changes-to-the-medicare-advantage-program)
2. [pmc.ncbi.nlm.nih.gov/articles/PMC9031347/#R3](https://pmc.ncbi.nlm.nih.gov/articles/PMC9031347/#R3)
3. [pubmed.ncbi.nlm.nih.gov/9605051/#:~:text=First-year%20direct%20medical%20costs,estimated%20to%20be%20\\$1%2C051%20annually.](https://pubmed.ncbi.nlm.nih.gov/9605051/#:~:text=First-year%20direct%20medical%20costs,estimated%20to%20be%20$1%2C051%20annually.)
4. [jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Relative%20to%20those%20with%20no,%2C%20an%20increase%20of%2032.3%25.](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Relative%20to%20those%20with%20no,%2C%20an%20increase%20of%2032.3%25.)



Powering over 100 million connections with people, Icario is the leading health action platform that unites whole person data, behavioral science, and digital-first omnichannel pathways to personally connect everyone to health.

Our mission is to move people to do things that are good for them.

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