



Advancing digital quality & Preventive Care: How CarePlus helps risk-bearing entities and health plans improve Star Ratings and HEDIS scores

EXECUTIVE SUMMARY

CMS's new requirements for ECDS-only quality reporting are reshaping how health plans and risk-bearing organizations measure success. Plans can no longer rely on manual chart reviews or delayed data reconciliation. Every screening and clinical result must now be documented electronically and transmitted in structured, standardized formats. The diabetes eye exam (EED) is among the measures most affected by this shift.

CarePlus provides a practical solution. The platform connects providers and health plans through a simple digital workflow that captures preventive screenings, produces ECDS-compliant records, and transmits them securely for quality reporting. By closing data gaps, CarePlus helps plans meet rising Star Rating thresholds, avoid revenue loss, and demonstrate measurable quality improvement.

For provider networks, CarePlus reduces administrative burden by embedding easy-to-use screening tools and workflows into routine visits. For health plans, it provides verified, real-time data that supports compliance, transparency, and improved patient outcomes. Together, these capabilities strengthen performance under value-based contracts and create a direct link between better care delivery and financial success.

CMS tightening cut points and ECDS-only mandates

CMS continues to tighten performance cut points and require that measures be documented electronically through the Electronic Clinical Data Systems (ECDS) standard. Beginning with Rating Year 2026, measures such as the diabetes eye exam must be submitted in digital formats rather than through manual chart reviews. Plans that cannot produce these electronic records risk losing valuable quality bonus payments.

At the same time, health plans and risk-bearing organizations must manage data from hundreds of provider offices using different EMRs, reporting tools, and documentation habits. Without a unified system for capturing and validating quality data, it becomes difficult to prove that care gaps are being closed, even when providers deliver the right service

Fragmented information across large provider groups

Provider data remains fragmented. Inconsistent reporting and nonstandard file formats make it nearly impossible for plans to get a clear picture of their network's quality performance. Critical diabetes measures such as the eye exam (EED), HbA1c control, and blood pressure management often go uncounted. The result is lost quality points and uncertainty about where to focus improvement efforts.

For plans operating in shared-risk or delegated-risk arrangements, this fragmentation is even more costly. Missed EED or HbA1c results lead directly to lower Star Ratings, reduced quality incentive revenue, and a higher medical loss ratio. Even when the underlying care is delivered, poor data quality can mask true performance

At Risk - Star Bonuses, MLR efficiency, more

The cost of incomplete or unverified data is substantial. A one-star drop across a plan's Medicare Advantage population can mean millions in lost CMS bonus dollars and reduced enrollment in the following year. Lower HEDIS scores also affect plan rankings and negotiating leverage with employers and state Medicaid programs. Every missed screening or unrecorded result increases financial pressure while undermining the plan's credibility with regulators and members.

CMS's move toward ECDS-only reporting raises the stakes. Plans that cannot capture electronic data from their networks will be at a structural disadvantage. The issue is not only compliance but also efficiency. Manual chart abstraction and data reconciliation require significant staff time and delay quality reporting by months, erasing the real-time feedback loops that drive improvement

CarePlus - A digital-quality bridge between providers and health plans

CarePlus acts as a digital-quality bridge between providers and health plans. It streamlines the process of capturing preventive screenings and automatically produces the data in ECDS-compliant formats. The platform integrates with practice workflows and devices, collects structured information, and transmits it securely to the health plan. Plans receive verified, standardized data that can be submitted directly for HEDIS and Star Ratings reporting.

For diabetic retinopathy screening, CarePlus equips provider offices with fundus cameras and an easy-to-use interface. Certified medical assistants capture retinal images during regular patient visits. The images are read remotely by licensed eye specialists, and results are returned within 24 to 48 hours. Each record includes the appropriate CPT, ICD-10, LOINC, and SNOMED codes, ensuring that screenings qualify for quality scoring.

Data flow

The CarePlus data pipeline is simple and secure:

Patient → screening performed at **provider office**
→ results uploaded to **CarePlus** → formatted and validated in **ECDS-compliant structure** → transmitted to **health plan** via HL7 or FHIR.

This closed loop gives health plans complete visibility into network performance and ensures that every eligible service is captured and credited. It also reduces the administrative burden on providers and eliminates redundant chart reviews.

Case impact

In one regional network, adoption of CarePlus increased diabetic eye exam completion from 60 percent to 86 percent in less than six months. The improvement lifted the plan's overall diabetes measure composite by two percentage points, which contributed to a half-star increase in its overall Star Rating. The plan retained nearly \$3 million in CMS quality bonus payments that would otherwise have been at risk.

Financial modeling

Each Star Rating gain translates directly into financial performance. For many Medicare Advantage plans, moving from 3.5 to 4 stars can increase per-member monthly payments by 5 percent or more. Across a 20,000-member population, that bonus can exceed \$10 million annually. By providing verified, ECDS-ready data, CarePlus can help health plans secure these revenues while improving patient outcomes



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Call to Action

Health plans and risk-bearing organizations that want to succeed in the digital quality era need more than analytics—they need reliable, real-time data from their provider networks. CarePlus offers a practical way to achieve that. It closes documentation gaps, standardizes reporting, and ensures compliance with ECDS requirements. Integrate CarePlus into your network to build a scalable, accurate, and compliant digital quality pipeline that supports higher Star Ratings, better patient care, and stronger financial performance

About CarePlus by HealthOcta

CarePlus by HealthOcta is a preventative-care engine that helps primary care practices and health systems move from reactive to proactive medicine. By integrating digital intake, in-office screenings, and asynchronous specialist review, CarePlus turns every visit into a data-driven opportunity to detect risks early, close care gaps, and lift quality measures like HEDIS and Star ratings, without adding workflow burden.

Learn more at <https://careplus.healthocta.com>