



Turning quality into revenue:

How CarePlus helps provider organizations capture incentives without increasing workload

EXECUTIVE SUMMARY

Across primary care, quality metrics are now tied directly to reimbursement. Health plans, IPAs, CINs, and ACOs are being measured on outcomes, not just services delivered. The problem is that most small practices and provider groups lack the staff time, systems, and reporting infrastructure to keep up with these demands. Even when patients receive excellent care, it often goes unrecorded in the formats that count toward HEDIS and Star Ratings.

CarePlus helps close that gap. The platform enables providers to complete high-value preventive screenings within their own offices, without new administrative burden. The first module we've introduced with CarePlus focuses on diabetic retinopathy screening, tied one of the most critical and heavily weighted diabetes control measures in quality programs. Additional screens on measures, such as HbA1c control and blood pressure monitoring, are planned next.

By automating screening, specialist interpretation, and digital documentation, CarePlus allows providers to meet quality benchmarks that trigger incentive payments from payers. Health plans also benefit from improved HEDIS and Star Ratings performance, which translates to higher CMS bonus payments. CarePlus aligns these interests, creating a shared win for providers, risk-bearing entities, and patients.

The New Quality-Driven Reality

The shift to value-based care has changed how provider organizations are paid. Payers reward practices that document preventive services and chronic disease management consistently. Yet, many patients with diabetes still do not receive their recommended annual eye exams. This puts them at risk for diabetic retinopathy, a preventable cause of blindness that develops silently and progresses without early symptoms. Detecting it early can prevent nearly all diabetes-related vision loss.

The primary care office is the best setting to catch this problem early. Patients already visit their PCP and even their Endocrinologist several times a year for diabetes care, medication adjustments, and lab testing. Integrating a quick, non-dilated retinal screening into that existing visit is the most practical way to ensure patients are screened regularly. It also allows providers to capture the quality incentives attached to better diabetes care.

Metrics like the diabetes eye exam (EED) are central to quality programs because they measure both prevention and care coordination. Cut points for these measures have continued to rise each year, and as of RY 2026,

reporting is moving to an electronic-only standard known as ECDS. Manual chart reviews will no longer count.

Until recently, this was not possible in most primary care or endocrinology offices because eye exams required specialized fundus imaging equipment. With CarePlus, we have integrated smart, easy-to-use fundus cameras that can be operated by certified medical assistants after a short training module provided by our team. Using these cameras and the CarePlus platform, retinal images can now be captured during the patient visit at the PCP or endocrinology office. The images are securely transmitted to licensed eye doctors for remote interpretation. This workflow enables provider organizations to close a critical care gap and elevate patient care. As a result, most groups can now exceed their quality performance thresholds, even as the quality bar continues to rise.

The newest updates from CMS for Rating Year 2026 show that the EED, or diabetic retinopathy exam, must now be documented in ECDS format. Chart notes alone are no longer enough. This is where a workflow like CarePlus stands out. It not only simplifies testing at the PCP or endocrinology office but also captures all

documentation automatically and exports it in ECDS-ready format for sharing with health plans. With the national shift toward digital-only measurement, the

most forward-looking practices are adopting CarePlus to stay ahead, improve reporting accuracy, and strengthen patient care at the same time.

The Administrative Bottleneck

There are incentives in place for conducting preventive diabetic retinopathy screenings, but patients often do not follow through with annual eye doctor visits. The PCP or endocrinologist can step in here to raise the bar, deliver on that quality metric, and capture the incentives that have remained on the table in past years.

Patients receive better care, providers elevate quality and capture incentives, and payers can confirm compliance and improved performance. All of this can happen by leveraging technology that simplifies the process instead of adding administrative layers.

Most primary care offices are run by small teams. The goal is to put minimal overhead on them by implementing smart, streamlined workflows and devices that deliver more care per patient interaction.

The other side of the problem is fragmentation and data collection. ACOs and IPAs manage dozens or hundreds

of small practices, each with its own record system. Collecting consistent data across that network is time-consuming and expensive. Without digital automation, these organizations struggle to meet quality targets that determine shared-savings payouts.

CarePlus was designed to fix these operational barriers. It is a turnkey solution that runs in the cloud, plugs into existing environments, comes with integrated smart devices and cameras, and requires little to no new data entry for clinicians. Specialists review diagnostics remotely, and results flow directly back to the PCP's office. All data captured can be connected to the patient's EMR or health information record. CarePlus also produces reports in ECDS format so that records of care delivery can be shared directly with payers in the structured formats required for HEDIS and Star reporting.

The Cost of Standing Still

The financial consequences of inaction are real. Every missed or undocumented diabetic eye exam, HbA1c result, or blood pressure reading represents not only a clinical gap but also lost incentive revenue. When multiplied across a patient population, these missed opportunities can cost provider groups and health plans millions each year. Falling short of Star Rating thresholds can also reduce payer contracts, limit shared-savings payouts, and affect future patient growth.

CMS continues to raise the bar for quality. Plan Preview 2 data for Rating Year 2026 shows that cut points are increasing across almost every measure, including the diabetes eye exam. What earned four stars last year may

only earn three now. Practices that still rely on manual workflows and fragmented reporting will struggle to meet these new expectations. Each missed percentage point in diabetic eye exam compliance represents thousands of dollars in lost payer incentives.

The implications extend beyond finances. Patients who skip their annual eye exams face a higher risk of diabetic retinopathy and vision loss, which often occurs quietly until it becomes irreversible. Early detection can prevent up to 90 percent of diabetes-related blindness. Addressing this gap is not only good for compliance but a critical part of improving public health outcomes.

How CarePlus Helps Close the Care Gap and Reach for the Financial Incentives

CarePlus provides a simple, scalable path to closing quality gaps. It combines automated screening workflows, remote specialist interpretation, and electronic data capture into a single process that fits seamlessly into existing office routines.

Streamlined integration

CarePlus works alongside existing EMRs rather than replacing them. Reports can be generated from the EMR to determine which patients are eligible for DR screening. Staff can perform retinal imaging in minutes using supported non-dilated fundus cameras. Images captured are uploaded automatically to the CarePlus platform for review by board-certified eye specialists. Within 24 to 48 hours, results are returned directly to the provider's system. This information can be exported and pushed into the EMR. There is no added data entry or follow-up burden for clinical staff.

Compliance built in

Each completed exam is coded with the appropriate CPT, ICD-10, LOINC, and SNOMED standards. The results are stored in ECDS-compliant format and can be shared with payers via HL7 or FHIR interfaces. This ensures that every screening counts toward HEDIS and Star Ratings without manual chart abstraction.

Quality improvement made measurable

With every screening captured electronically, provider organizations gain a clear view of performance at both the clinic and population level. CarePlus dashboards can be generated to show completion rates, patient outreach status, and quality trends in real time. These insights help administrators identify gaps early and target interventions more effectively.

Financial benefit for providers

Each completed screening not only supports better care but also drives measurable financial return. Practices that use CarePlus can bill for the screening using existing CPT codes. In addition they can receive incentive payments from their payer partners for closing the eye exam gap. By documenting electronically, they secure credit for every service delivered, often improving incentive payouts within the first few months of use.

Minimal disruption

Implementation requires minimal setup and training. Most offices go live within two weeks. CarePlus provides onboarding, device configuration, and technical support, so clinicians can focus on patient care. Because the workflow fits naturally into existing visits, providers see immediate results without new visits or new workload burdens.

Case example

One primary care group in Texas began using CarePlus across four clinics. Within three months, their diabetic eye exam completion rate rose from 58 percent to 84 percent. The improvement qualified them for a higher quality tier with their largest payer, unlocking an additional \$90,000 in shared incentive payments. The group's staff reported that the system required almost no added time per visit and that patients appreciated being able to complete the screening during routine appointments.

CarePlus Implementation roadmap for Diabetic Retinopathy

1. **Data review:** identify the diabetic population and determine payer contracts tied to quality metrics.
2. **Onboarding:** set up devices, connect to the EMR, and train staff on workflow.

3. **Go live:** begin capturing screenings and transmitting results automatically.
4. **Quality monitoring:** track performance dashboards and share progress reports with payers.
5. **Expansion:** integrate additional CarePlus modules for HbA1c and blood pressure once available.

Conclusion

CarePlus bridges the gap between quality expectations and real-world capacity. It allows providers to participate fully in value-based contracts, capture incentive revenue, and deliver better preventive care, all without adding administrative burden. As health plans and regulators push for higher digital quality standards, solutions like CarePlus make it possible for smaller organizations to compete and succeed. The path to higher quality and stronger financial performance begins with a single, simple step: making every diabetic retinopathy screening count.

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>