

BLOOM 5 FOR '25

Maximize Your Engagement Strategy

Check out our top 5 takeaways from this week's Health Activations webinar.

The Big Question

In its 2025 Final Rule, CMS outlined several key changes that will affect how, and why, we interact with members in the coming years. As you might expect, these changes will require continued refinement of our engagement strategies as we move into this 2026 AEP and beyond. How can health plans adjust their outreach plans accordingly?

Take 1: Health Equity is Still a Priority

Invest in, and refine, your strategy for gathering data on hard-to-reach members – especially those who are dually eligible or qualify for extra help. Emphasize benefits education with this population – especially those benefits related to clinical care and medication adherence.

Why?

CMS may have changed the name of its cornerstone Health Equity initiative. But it remains steadfast in its commitment to equitable accessibility of MA benefits for all.

We predict CMS will apply even more scrutiny to member data collected by health plans, requiring more demographic and granular SDOH information and prioritizing “weights and measures” that reward access to essential doctor’s visits, tests, and prescription medications.

Take 2: CMS is Emphasizing Rural Access to Care

Ensure you are identifying and reaching your rural members with communication tailored to their needs. Discuss alternative ways to access care (e.g. telehealth appointments or in-home visits) and emphasize ancillary benefits covered in their plans, like transportation and wearable communication devices in case of emergency.

Why?

Rural members face unique challenges when it comes to using their benefits.

Gaining access to broadband internet and cell service, traveling longer distances to reach medical facilities and specialists, difficulty reaching an in-person in-network pharmacy, and even mail-order pharmacy deliveries can all prove to be difficult, if not prohibitive. CMS will look to health plans to do their part to decrease these care gaps.

Take 3: Strategic Multichannel Communication is Imperative

Health plans will need to refine their outreach strategies to avoid member oversaturation and unnecessary spending. Coordinate with other departments within your organization to ensure your in-house teams and vendors are avoiding communication overlap – and reaching members using their preferred method at their preferred time.

Why?

Effective multichannel outreach drives connection, trust, and better health outcomes.

When you communicate in ways that deliver additional value and respect members' time, they will respond in kind with the information you need to deliver great plans, foster loyalty and retention, affect Stars ratings, and remain competitive.

Take 4: The Health Risk Assessment is More Important than Ever

By administering the HRA, health plans can capture a maximum amount of applicable data that can indirectly and directly affect risk adjustment and Stars measures.

Why?

April's Final Rule alluded to "Risk Adjustment Data Updates," but little was further clarified. However, ahead of additional information, **Health plans can use the HRA as a pre-emptive data collection tool to capture many of the data points CMS is likely to emphasize in the near future.**

Take 5: Develop Your Outreach Plan for Part D Expansion Now

Health plans will experience an increase in the scope of member engagement as it relates to prescription medication access and adherence. Plans will need to provide support, resources, and clear information on medication access to a greater number of beneficiaries in the coming years.

Why?

By 2027, the eligible Part D population is predicted to double, from 7% to almost 13%.

The need to serve a higher volume of beneficiaries will result in a greater need for outreach, both to optimize member part D utilization to control cost and operational efficiency, and to gather data that will affect Part D Stars measures.

Generate meaningful member outreach programs that move the needle.

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