CMS-4214-P2 / PROPOSED POLICY

The 2030 Stars reset

CMS proposes removing **19 additional measures** (leaving 15 across Part C/D) and changing bonus methodology. This is a **2028 operating-plan decision** with potential **2031 payment exposure**.

58%	~20%	2031
of MA-PD contracts have lower overall ratings in CMS simulation	of MA contracts lose QBP eligibility in CMS simulation	first potential payment year for 2030 Star Ratings changes

Interpretation: CMS national simulations are directional - not a forecast of any company's financial exposure. Final rules, cut points and contract performance remain uncertain.

RECOMMENDED BOARD DIRECTION

Require an enterprise-level exposure and execution plan.

Direct the CEO to name one accountable executive. Require a **60-day** contract-level exposure range, costed response and care safeguards; then a **90-day** execution update to the Finance and Quality Committees.

THREE QUESTIONS MANAGEMENT MUST ANSWER

01	EARNINGS AT RISK	Which contracts could cross the 4.0-star QBP threshold? Show current-law vs. proposed 2031 QBP/rebate ranges, enrollment, and key assumptions.
02	QUALITY GUARDRAILS	Which screening, safety, access and care-coordination programs must be preserved? Identify proposed resource shifts and member-impact guardrails.
03	EXECUTION CAPACITY	Which 2028 interventions need funding, owners and validated data? Assess BPC-E readiness and ADVaNCE exposure separately, subject to final policy.

REQUIRED MANAGEMENT EVIDENCE

30 / 60 / 90 DAYS

30 DAYS

Contract-level risk register: $ at risk, 4.0-star exposure, confidence ranges and model assumptions.

60 DAYS

Costed intervention roadmap: owners, care protections, timing, decision gates and milestones.

90 DAYS

Operational proof: pilots launched, leading indicators, care exceptions and updated forecast.

BOARD GUARDRAIL Do not cut essential care programs or rebase budgets solely on a proposal.

Timing: MY2028 -> 2030 Star Ratings -> 2031 payment effects. The proposed ADVaNCE MA model is separate; participating states are unknown. CMS may finalize all, some or none of the removals.

Scope/source: MA QBP analysis does not apply to PDP-only plans; commercial/Medicaid impacts are indirect. CMS-4214-P2 (Nov. 20, 2026), pp. 225, 227-240, 710 and section VIII. Not a contract-specific forecast.

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