Closing Care Gaps: **A Year-Round Imperative**

You can’t turn around a year’s worth of gaps in Q4.

perx health

The Year-End Quality Trap

Too many health plans treat quality measures as a Q4 crisis. Teams scramble to close gaps, rush members into appointments, and push last-minute outreach. But by then, it’s often too late.

You can’t reach 80% adherence in November if your members were at 50% all year.

Some metrics (especially Stars) measure year-long consistency. And CMS is making it harder to “game” the system with changes like Tukey outlier deletion and tougher weightings for outcome measures.

There’s a Better Way: Regular Behavior-Driven Engagement

At Perx Health, we don’t wait until December to act. We motivate our members to **engage daily**, building the behaviors that drive adherence, appointment attendance, and survey completion **all year long**.

- Daily rewards
- Behavioral Nudges
- Timely Reminders
- 96% PDC Adherence
- 4-5 Actions per day
- 44x longer engagement

The **3 Ways** Perx Closes Gaps

There are 42 Star and 92 HEDIS measures. Through a combination of **direct adherence, health improvements** and **driving utilization of health services,** Perx can impact ~35% of Star and ~25% of HEDIS gaps.

Direct Adherence

Perx directly closes gaps in medication and visit adherence with **daily motivation to complete all care tasks:** Perx users average 96% PDC*. Improved adherence impacts key measures such as:

STAR

- Medication Adherence for Diabetes, Hypertension, Cholesterol (3x)
- Statin Use in Persons with Diabetes
- Controlling High Blood Pressure (3x)
- Hemoglobin Control (3x)

HEDIS

- Asthma Medication Ratio
- Statin Therapy for CVD
- Follow-Up After ED Visits
- SUD Treatment Engagement
- Beta-Blocker Persistence

Clinical Improvements

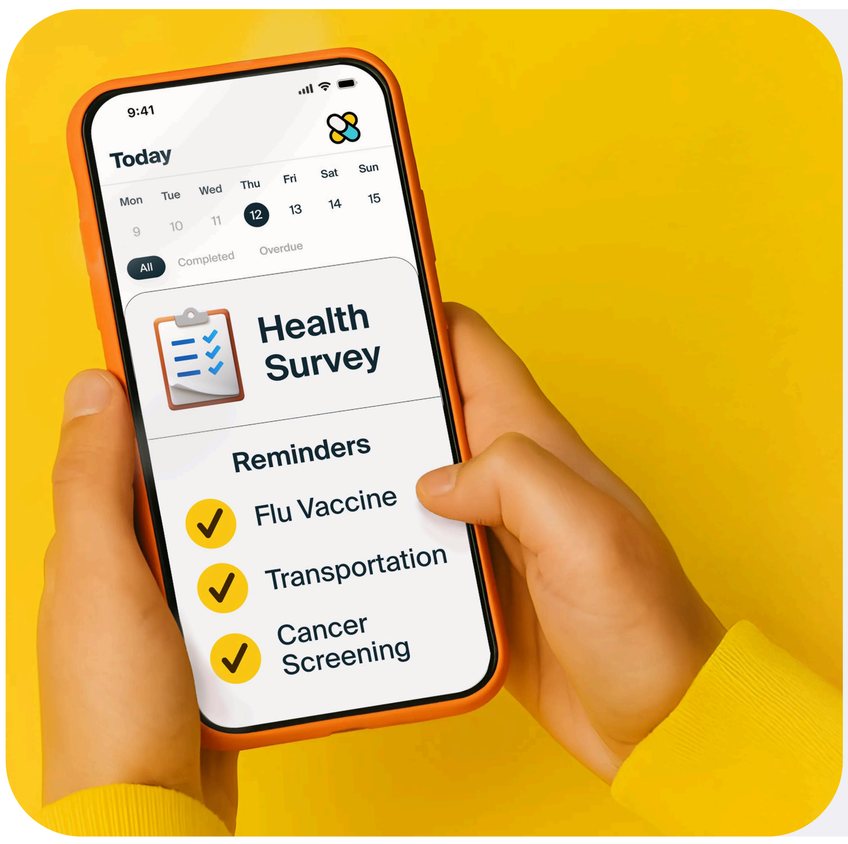
Better adherence drives better health, like a 0.7 drop in HbA1c and 30% improvement in cholesterol*. That means fewer readmissions, improved biomarkers, and stronger performance on:

STAR

- Blood Pressure & Blood Sugar Control (3x)
- Plan All-Cause Readmissions (3x)

HEDIS

- HbA1c and Blood Pressure Control
- Kidney and Eye Exams
- Hospital Readmissions
- HIV Viral Load Suppression
- Depression Screening & Follow-Up



Engagement in Services

Perx users engage 4–5 times a day. We use that high-frequency engagement to complete high-priority care activities such as immunizations, screenings, assessments, and surveys:

STAR

- CAHPS Survey Domains
- Follow-Up After Hospitalization
- Flu Vaccine and BMI Assessment
- Pneumococcal Vaccination Status
- Medication Reconciliation

HEDIS

- Health Risk Assessment Completion
- SDOH Assessment and Referral
- Care Management and Coaching
- Transitions of Care
- Preventive Screenings

perx health

Case Study: Boosting HEDIS Performance Across **7 States**

A top-10 national health plan chose Perx Health to improve HEDIS with high-risk Medicaid members

Program Goals

The national program is aiming to 1) boost pharmacy-driven HEDIS scores, and 2) uncover care barriers and drive service utilization.

Targeted HEDIS Measures

- Adherence: AMR, SAA, SPC, SPD, AMM
- Management Measures: PCE, BPD, POD
- Chronic Outcomes: HBD, CBP, GSD

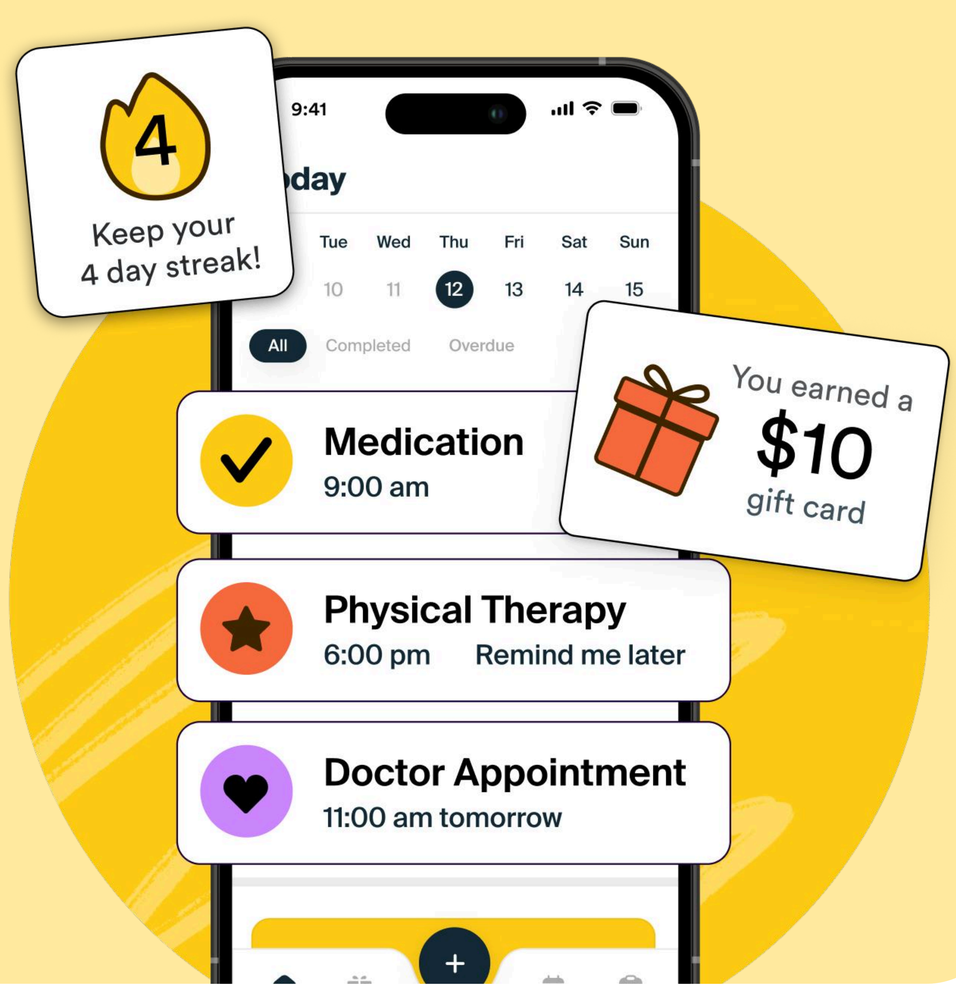
Targeted Services and Care Gaps

- Social needs (transport, housing, addiction)
- Complete HRAs & SDOH screeners
- Surface unmet needs in real time

How Perx Works

Perx Health turns care plans into daily habits.

Members receive behavioral nudges, fun challenges, and instant rewards for completing tasks like taking medications, attending appointments, and answering health surveys.



Let’s Talk.

Seeing gaps in adherence or quality performance? Perx can help - at scale, with no extra staff.

Email Kelsey at **kelsey@perxhealth.com** or visit www.perxhealth.com to get in touch.