

PointClickCare®

Quality IQ

For Health Plans

Real-Time HEDIS and CMS Star Performance for the Measures That Drive Quality-Linked Revenue

Patient	Gap Identified	Remaining Time	Follow-up	Status	Assignment	Closest Deadline	Care Gap	Line of Business
Geola, Thomas DOB: 01/28/1947 ID MA-5624-897	05/21/2026	1 day left	7 Days	Not Started Update Status	Maria Rodriguez Reassign	05/28/2026	EMC: Follow Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions	Medicare Advantage
Park, Sarah DOB: 01/28/1935 ID A294561	05/21/2026	1 day left	7 Days	In Progress Update Status	Maria Rodriguez Reassign	05/28/2026	EMC: Follow Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions	Medicare Advantage
Scott, Matthew DOB: 01/26/1994 ID MC-2746-9385	05/21/2026	1 day left	7 Days	Not Started Update Status	Jennifer Lee Reassign	06/20/2026	FUA: Follow Up After Emergency Department Visit for Mental Illness	Medicaid
Penis, Rebecca DOB: 01/29/1960 ID MC-2974-8885	05/21/2026	1 day left	7 Days	In Progress Update Status	Jennifer Lee Reassign	06/20/2026	FUA: Follow Up After Emergency Department Visit for Substance Use	Medicaid
Lewis, Kimberly DOB: 01/20/1954 ID MA-4166-7258	05/22/2026	2 days left	7 Days	Not Started Update Status	David Patel Reassign	06/21/2026	FUA: Follow Up After Emergency Department Visit for Mental Illness	Medicare Advantage
Taylor, Nancy DOB: 01/22/1955 ID MA-4339-7582	05/24/2026	4 days left	7 Days	Not Started Update Status	James Kim Reassign	06/23/2026	FUA: Follow Up After Emergency Department Visit for Substance Use	Medicare Advantage
Thompson, Paul DOB: 09/09/1950	05/24/2026	6 days left	7 Days	In Progress Update Status	Maria Rodriguez Reassign	06/23/2026	FUA: Follow Up After Emergency Department Visit for Substance Use	Medicare Advantage

Many of the quality measures that drive plan revenue are triggered at discharge and require follow-up within days, not weeks. Plans relying on claims to identify these gaps are already behind. CMS is shifting weight toward clinical outcomes that demand real-time action.



A 1-star drop can cut Medicare Advantage operating income by up to 40%.

*CVS Health, Q2 2024 earnings. Quality bonus payments and benchmark rate impact for Medicare Advantage.

Quality IQ turns the post-discharge window from a blind spot into the highest-leverage moment for quality performance by detecting time-sensitive HEDIS and CMS Star care gaps as they open and prioritizing every gap by urgency to drive closure.

Why Health Plan Quality Teams Choose Quality IQ



Protect Quality Revenue

Identify HEDIS and CMS Star gaps instantly. Prioritize by urgency. Drive closure.



Extend Your Team's Reach

See every member entering a denominator.



Close Multiple Measures

In the immediate post-discharge window, one outreach can move multiple measures.

Real outcomes from a national Medicaid plan in Virginia

\$3.4M

\$3.4M projected HEDIS revenue

\$2.3M

\$2.3M utilization savings

90%

90% reduction in CM prep time

Key Features



If we had continued to practice the way we were, we wouldn't have captured any of the withhold revenue. Quality IQ gave us real-time visibility into care gaps we were missing entirely and the tools to act before the window closed.

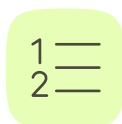
Chief Medical Officer,

National Health Plan | Virginia Medicaid



Care gaps detected and surfaced the moment they open.

- ADT monitoring across 2,800+ hospitals and 3,600+ clinics flags the moment a member enters a time-sensitive HEDIS or CMS Star denominator.
- Real-time identification gives quality teams the full measurement window to act — not what's left after claims data arrives.
- Quality IQ covers time-sensitive measures that require action in the post-discharge window, driving plan revenue and quality performance.



Every gap ranked by urgency. Shortest window first.

- Every open gap is ranked by days remaining, with deadline date and date opened.
- Care managers work the cases closest to closing first — no guessing which member to call, no effort spread evenly across a static report.
- Filter by line of business so Medicare Advantage, Medicaid, and Commercial worklists align to each team.



Every gap, every contact, every status — in one view.

- All open gaps for a member are consolidated alongside contact details, care team info, and attributed PCP.
- Care managers mark each case in progress or complete, and the whole team sees the status — no duplicate outreach, no wasted capacity.
- Members without a care manager assignment are surfaced separately, so gaps don't slip through unworked.

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to help every provider **deliver exceptional care.**

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