HealthLiteracyCopilot™

Business case kit for health plans: take clear member communication to senior management

For the VP of Stars or Quality taking a case to the CFO and COO: the questions they ask first, the top problems sized with your numbers, a one-page template, the hurdle check and a 10-slide deck outline. All of it is on this page.

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A planning aid, not financial advice. Every number is a source with its year, your own input or a labeled synthetic example.

What senior management asks first

The CFO and COO will ask these seven questions, in about this order. The case below answers each one. Your champion is usually the VP of Stars or Quality, and the budget line is member communications, Stars and quality improvement, or appeals and grievances operations.

- What problem, and how big is it in our money? The top problem for your segment, sized with your own inputs.
- Why now? A dated external pressure: a rule, a rating release or a deadline, with its source.
- What does it cost us, all in? The program cost from your quote, plus the reviewer time the pilot takes.

- What return do we need, and is that plausible? Your hurdle times the program cost, and the share of each cost pool that would have to change.
- How will we know it worked, and when? A baseline, then revised against current, with the measure and the decision rule chosen before it starts.
- What could go wrong, and what don't you promise? Security, PHI handling and human review, and a plain list of what is not promised.
- What exactly are you asking us to approve? One sentence: the documents, the 90 days, and the rule that decides at day 90.

The top problems for health plans, and how to size them

Each problem has a sourced fact and a formula to size it with your own numbers. Rating and penalty money is context for the case: it depends on a rating, so it is never counted as a saving.

Problem	What we know	Source	Size it with your numbers
Confusing notices turn into calls	A live service contact cost $8.01 on average across industries in a 2019 Gartner poll. It is a reference value: use your own cost per call if you have one.	Gartner, cross-industry, per live contact, 2019	Members ÷ 1,000 × notice-related calls per 1,000 members a year × your cost per call. The calculator at /roi/member-notices does this for you.
Star Ratings money depends on 4 stars	In the 2027 Star Ratings, 37% of Medicare Advantage drug-plan contracts earned 4 stars or more, and those contracts hold about 71% of members. Quality bonuses are worth	CMS fact sheet: 2027 Medicare Advantage and Part D Star Ratings (2026-10-08), 2026; KFF, Medicare Will Spend More Than $13 Billion on the Medicare Advantage Quality Bonus Program in 2026 (updated 2026-08-	Members × monthly benchmark × 12 × your quality-bonus percentage (5%, or 10% in double-bonus counties) × your rebate share (65% at 4 stars, 70% at 4.5 or more). Benchmark caps can lower it. This is money that

Problem	What we know	Source	Size it with your numbers
	at least $13.4 billion in 2026. Patient-experience and complaints measures, CAHPS included, count 2x.	12), 2026; CMS, 2027 Star Ratings measures and weights, 2026	depends on a rating, not a saving. The calculator at /roi/stars-value does this for you.
Review cycles on member materials and denial letters	CMS-0057-F requires Medicare Advantage, Medicaid, CHIP and federally-facilitated exchange plans to send the provider a specific reason for each denied prior-authorization request, since January 1, 2026. Drugs are excluded.	CMS Interoperability and Prior Authorization final rule (CMS-0057-F), 2024	Templates × review cycles a year × reviewer hours per cycle × loaded hourly rate. The calculator at /roi/review-workload does this for you.

Why now

Lead with a dated pressure. Pick the one closest to your budget line.

- CMS released the 2027 Star Ratings on October 8, 2026, and five-star contracts fell to 15. (CMS fact sheet: 2027 Medicare Advantage and Part D Star Ratings (2026-10-08), 2026)
- The CY2027 final rule removes 11 measures from the Star Ratings, starting with the 2028 and 2029 ratings. (CY2027 Medicare Advantage and Part D final rule (Federal Register), 2026)
- Medicaid work requirements and 6-month renewals for expansion adults start January 1, 2027, unless HHS gives a state more time for work requirements. (Public Law 119-21, sections 71107 (6-month renewals) and 71119 (work

requirements), 2025; CMS, community engagement interim final rule fact sheet (2026-06-01), 2026)

- 57% of Medicare enrollees and 60% of Medicaid enrollees had Basic or Below Basic health literacy in 2003. (NAAL 2003, reported in Kutner et al. (2006), 2003)

The business case on one page

Nine fields, each labeled with the kind of evidence it carries. "Modelled" means your inputs through a stated formula; "Measured at day 90" means the pilot produces it.

Field	What goes in it	Evidence label
The ask	One sentence: approve a 90-day measured pilot on your highest-volume documents, and decide at day 90 by a rule agreed first.	—
The problem, in our numbers	The top problem for your segment, sized with your own inputs.	Modelled
Why now	The dated external pressure: a rule, a rating release or a deadline.	Source and year
Cost today	Each cost pool from the matching calculator, kept separate. Never add them into one saving.	Modelled
What we will change	The documents in scope, the standards used, human review and the review record.	—
The hurdle	Program cost × your hurdle = value needed, and the share of each pool that would have to change.	Modelled
How we will prove it	A baseline, then revised against a holdout. Efficiency first, then understanding, then an outcome.	Measured at day 90
Risks and limits	The security sentence, PHI handling, human review and what is not promised.	—

Field	What goes in it	Evidence label
Decision	The owner, the date and the day-90 decision rule.	—

Fill in your one page

Write your own entry for each field, then download it as a CSV for your deck. For health plans, the documents in scope are usually your 25 highest-volume member notices, denial letters and gap-closure letters. Nothing you type leaves this page.

Field	Your entry	Evidence label or source
The ask		
The problem, in our numbers		
Why now		
Cost today		
What we will change		
The hurdle		
How we will prove it		
Risks and limits		
Decision		

The hurdle check

Finance will ask what return the program has to earn. Don't quote one: compute what would have to change. Value needed = annual program cost × your hurdle (the return your finance team asks for, such as 3 to 1 or 4 to 1). Share of a pool = value needed ÷ that cost pool. Over 100% means that pool alone can't clear the hurdle. Of the pools the pilot can measure, the one that needs the smallest share to change is where to measure first. Say whether each pool is cash or staff time. Finance counts staff time only if spending falls, such as overtime, temp or vendor cost. If finance gives a payback period instead, a 12-month payback is a hurdle of 1 to 1. Synthetic health-plan example: not a customer's numbers and not a quote. Program cost $60,000 a year at a hurdle of 4 to 1: $240,000 of value needed.

Cost pool (synthetic)	Pool a year	Share that would have to change
Member-notice call pool (200,000 members ÷ 1,000 × 400 calls per 1,000 × $8.01)	$640,800	37% of it would have to change.
Template review pool (300 templates × 3 cycles × 4 hours × $95)	$342,000	70% of it would have to change.

The sample deck, slide by slide

Ten slides, one question each. Blanks are yours to fill from the calculator and your quote. Every money or share line carries its evidence label. In this synthetic example, the call pool needs a 37% change to clear the hurdle and the review pool 70%. So the pilot measures calls about the revised notice against a holdout, and reports reviewer hours alongside.

Slide	What it says	Evidence label
1. The ask	Approve a 90-day measured pilot of HealthLiteracyCopilot on your 25 highest-volume member notices, denial letters and gap-closure letters. Decide on expansion at day 90 by a rule we agree before it starts.	—

Slide	What it says	Evidence label
	Approver: CFO and COO. Champion: VP of Stars or Quality. Budget line: Member communications, Stars and quality improvement, or appeals and grievances operations.	
2. The problem in our numbers	Confusing notices turn into calls. A live service contact cost $8.01 on average across industries in a 2019 Gartner poll. It is a reference value: use your own cost per call if you have one. Size it: Members ÷ 1,000 × notice-related calls per 1,000 members a year × your cost per call. Our number: _____ a year	Gartner, cross-industry, per live contact, 2019; Modelled
3. Why now	CMS released the 2027 Star Ratings on October 8, 2026, and five-star contracts fell to 15. The CY2027 final rule removes 11 measures from the Star Ratings, starting with the 2028 and 2029 ratings. Medicaid work requirements and 6-month renewals for expansion adults start January 1, 2027, unless HHS gives a state more time for work requirements. 57% of Medicare enrollees and 60% of Medicaid enrollees had Basic or Below Basic health literacy in 2003.	CMS fact sheet: 2027 Medicare Advantage and Part D Star Ratings (2026-10-08), 2026; CY2027 Medicare Advantage and Part D final rule (Federal Register), 2026; Public Law 119-21, sections 71107 (6-month renewals) and 71119 (work requirements), 2025; CMS, community engagement interim final rule fact sheet (2026-06-01), 2026; NAAL 2003, reported in Kutner et al. (2006), 2003
4. Cost today	Confusing notices turn into calls: Members ÷ 1,000 × notice-related calls per 1,000 members a year × your cost per call = _____ Review cycles on member materials and denial letters: Templates × review cycles a year × reviewer hours per cycle × loaded hourly rate = _____ Keep each pool separate. Never add them into one saving.	Modelled

Slide	What it says	Evidence label
5. What we will change	Revise your 25 highest-volume member notices, denial letters and gap-closure letters to IHA's N-PLAT, AHRQ's PEMAT and a reading grade you set. Your reviewers approve every change, and each version keeps a review record: the criteria, the reviewer and the date. The documents need no PHI: we work from templates and samples.	—
6. The hurdle	Value needed = annual program cost × your hurdle (the return your finance team asks for, such as 3 to 1 or 4 to 1). Share of a pool = value needed ÷ that cost pool. Over 100% means that pool alone can't clear the hurdle. Of the pools the pilot can measure, the one that needs the smallest share to change is where to measure first. Say whether each pool is cash or staff time. Finance counts staff time only if spending falls, such as overtime, temp or vendor cost. If finance gives a payback period instead, a 12-month payback is a hurdle of 1 to 1. Program cost _____ × hurdle _____ = value needed _____	Method; Modelled
7. How we will prove it	Baseline first, then the revised documents against a holdout. We pick the measure and the decision rule before the pilot starts. Efficiency: Reviewer hours and review cycles per template. Understanding: Grade, PEMAT and N-PLAT scores on the revised notices, and calls about the notice. Outcome: Gap closure at 90 days on a split mailing, and appeals overturned.	Measured at day 90
8. Risks and limits	HealthcareGPS is SOC 2 Type II audited and HIPAA compliant. No PHI goes into prompts. We work from templates and samples. AI drafts; your reviewers decide. Nothing is sent without their approval.	—

Slide	What it says	Evidence label
9. What we don't promise	We know of no published study that ties plain-language member letters to Star Ratings, CAHPS or HEDIS gains, and we don't promise one. We test the measure you pick on your own members.	—
10. Decision and next steps	Owner: _____ Decision date: _____ Day-90 rule, for example: expand if the measured cut in the chosen pool is at least the share the hurdle needs, and the 95% interval excludes zero. Size the groups so the test can detect that cut. Next step: agree the documents in scope and the measure.	Your rule, set before the pilot

The 90-day pilot that proves it

Measure in this order, on a baseline and then revised against current. Choose the measure and the decision rule before the pilot starts. We know of no published study that ties plain-language member letters to Star Ratings, CAHPS or HEDIS gains, and we don't promise one. We test the measure you pick on your own members.

- Efficiency: Reviewer hours and review cycles per template
- Understanding: Grade, PEMAT and N-PLAT scores on the revised notices, and calls about the notice
- Outcome: Gap closure at 90 days on a split mailing, and appeals overturned

Sources

CMS fact sheet: 2027 Medicare Advantage and Part D Star Ratings (2026-10-08), 2026

KFF, Medicare Will Spend More Than $13 Billion on the Medicare Advantage Quality Bonus Program in 2026 (updated 2026-08-12), 2026

CMS, 2027 Star Ratings measures and weights, 2026

CMS Interoperability and Prior Authorization final rule (CMS-0057-F), 2024

CY2027 Medicare Advantage and Part D final rule (Federal Register), 2026

Public Law 119-21, sections 71107 (6-month renewals) and 71119 (work requirements), 2025

CMS, community engagement interim final rule fact sheet (2026-06-01), 2026

NAAL 2003, reported in Kutner et al. (2006), 2003

Questions

Can't our team just use ChatGPT?

General AI can change a dose, a date or a disclaimer. HealthLiteracyCopilot keeps protected terms word for word, checks clinical anchors, never grades its own revisions, and keeps a review record for every version.

We tried plain language before and nothing changed. Why is this different?

This is a measured pilot: a baseline, a holdout, and a measure and decision rule you choose before it starts. If the revised documents don't move your measure, the case says so.

Is it safe with member or patient data?

HealthcareGPS is SOC 2 Type II audited and HIPAA compliant. The documents themselves need no PHI: we work from templates and samples.

Will this raise our Star Rating, HCAHPS or adherence?

No one can promise that, and we don't. We test the measure you pick on your own members or patients, and report what changed.

What does it cost, all in?

The program cost on your quote, plus your reviewers' time during the pilot. Add that time to the program cost before you apply the hurdle.

HealthLiteracyCopilot™

Next: Get a free assessment of one document

www.healthliteracycopilot.ai/assess

Send a blank template, not a copy with a patient's or member's details.

HealthcareGPS is SOC 2 Type II audited and HIPAA compliant.

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