



A Platform-Based Approach to In-Home, Nonmedical Supplemental Benefits

CLINICAL SCALE, ADMINISTRATIVE EFFICIENCY, AND MEDICARE ADVANTAGE STAR RATINGS

A Strategic Case for Medicare Advantage Health Plans



May 2026



Medicare Advantage plans face a growing challenge:

\$2,660 per enrollee in projected 2026 supplemental benefit rebates – approximately 15% of total MA payments – an expanding portfolio of nonmedical services, and – as documented by the Medicare Payment Advisory Commission¹ – insufficient data infrastructure to demonstrate what those services produce.

This paper addresses that challenge directly. It documents what a platform-based approach to in-home, nonmedical supplemental benefit administration looks like at clinical scale – and makes the case that **the ROI framework described in the companion methodology paper (Paper 2) is realizable** through a partnership with The Helper Bees (THB).

¹ MedPAC, 2026

Through the The Helper Bees partner network,

THB delivered 3,332,918 nonmedical support task instances across 394,260 member visits and maintained 170,574 health plan touchpoints

across Medicare Advantage health plan partners in the 12 months from April 2025 through March 2026. Across five nonmedical support bundles – In-Home Support, Environmental Modifications, Food as Medicine, Home-Based Supports, and Transportation – THB delivers and coordinates the services that the evidence shows move the eight highest-weighted 2026 Star measures.

This paper makes the clinical and operational case for a platform-based approach to in-home nonmedical supplemental benefit administration and documents what that approach looks like at scale in The Helper Bees homeAlign[®] network. It is written for Medicare Advantage plan executives, quality leaders, benefits strategists, and population health officers evaluating nonmedical support as both a quality improvement investment and an administrative efficiency strategy. The evidence base is in the companion papers.

The operational proof – and the ROI framework – are here.



Keywords: The Helper Bees, homeAlign[®], nonmedical supplemental benefits, Medicare Advantage, Star Ratings, platform-based administration, clinical scale, quality improvement, care coordination, supplemental benefit ROI

INTRODUCTION

The Home Is Where Quality Lives

Medicare Advantage (MA) supplemental benefits represent a substantial and growing investment. In 2026, The Centers for Medicare & Medicaid Services (CMS) is projected to pay MA plans an average of \$2,660 per enrollee in rebates – roughly 15% of total Medicare payments to MA plans – to provide supplemental benefits.² Plans project allocating approximately 38% of those rebate funds to non-Medicare services – supplemental benefits such as in-home personal care, nutrition support, transportation, and environmental modifications that address the social and functional needs traditional Medicare does not cover.

Despite this scale, the MedPAC Commission has documented a fundamental lack of transparency about how often enrollees use these benefits and what outcomes they produce, concluding that encounter

data for most supplemental benefits are insufficient for characterizing enrollees' use.³

This is precisely the gap that a platform-based approach to nonmedical supplemental benefit administration addresses. When nonmedical support is delivered through a coordinated platform with task-level documentation, health plan communication infrastructure, and data linkage capability, the opacity that MedPAC identifies becomes solvable. **Service delivery becomes measurable. Outcomes become trackable. ROI becomes demonstrable.**

\$2,660

per enrollee paid to MA plans via rebates by CMS to provide supplemental benefits

² MedPAC
³ Ibid

The clinical evidence establishes why this is true. Home-based nonmedical support reduces 30-day readmission risk by 60%.⁴ Structured in-home medication reminders improve adherence by 8.9 percentage points.⁵ Social isolation – addressable through consistent caregiver relationships – carries health risks comparable to smoking 15 cigarettes a day and is associated with a fivefold higher risk of elevated HbA1c in older adults.⁶

That evidence is synthesized in full in the companion white paper (Paper 1). The methodological framework for applying it to real-world data is described in the companion methodology paper (Paper 2).

This paper documents what THB has delivered – and makes the case for what a partnership with THB means for an MA plan’s Star Ratings strategy, member health outcomes, and financial performance.

60%

reduction in 30-day readmission risk with home-based nonmedical support



8.9

percentage point improvement in medication adherence with structured in-home medication reminders



5x

higher risk of elevated HbA1c for socially isolated older adults – addressable through consistent caregiver relationships



4 Ultimate Care NY, 2025

5 Papadopoulos et al., 2022

6 Holt-Lunstad et al., 2015; Kobos et al., 2021

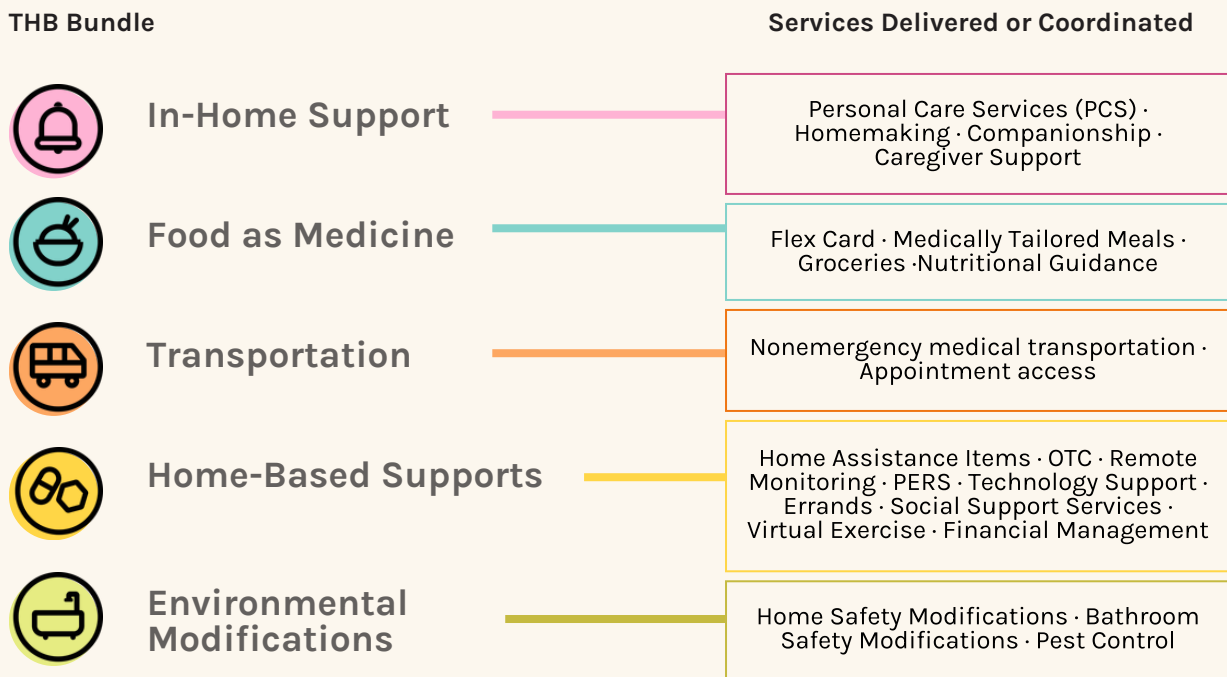
Five Nonmedical Support Bundles Mapped to 2026 Star Measures

The scale of nonmedical support delivery documented in Section 3 – **3,332,918 task instances across 394,260 member visits** – is delivered and coordinated across five service bundles, each mapped directly to the 2026 Star measures that determine Medicare Advantage quality bonus eligibility. The evidence connecting each bundle to specific Star measure performance is synthesized in the companion white paper.

Figure 1 maps THB’s five nonmedical support bundles to the eight priority 2026 Star measures. Under the CMS 2027 Final Rule, 11 administrative measures were removed from the Star Ratings program, meaning the clinical and member experience measures mapped below carry proportionally greater weight than ever before. The data connecting each service category to these measures is documented in the companion papers.

Note: THB delivers Bundle 1 (In-Home Support) directly through its caregiver network. All other bundles are coordinated or referred through THB’s homeAlign[®] partner network. Adherence measures are temporarily single-weighted (1x) for the 2026 measurement year, returning to 3x weighting in 2029 (CMS Final Rule, 2026).

Figure 1.
The Helper Bees Five Nonmedical Support Bundles Mapped to 2026 Medicare Advantage Star Measures



Cross-Bundle Impact

A member with co-occurring diabetes and hypertension who receives:

In-Home Support (medication reminders)

Food as Medicine (medically tailored meals and groceries)

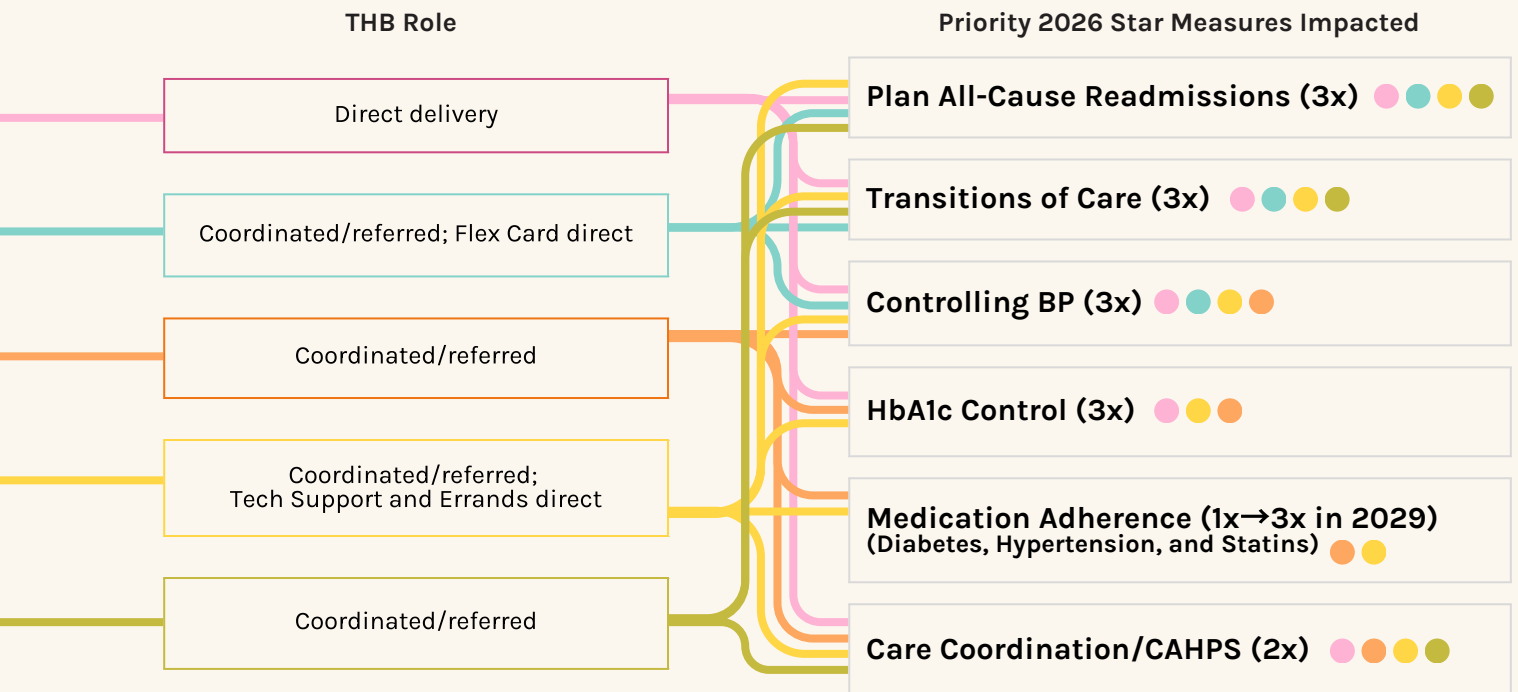
Transportation (follow-up appointments)

Home-Based Supports (OTC medication, technology assistance)

Environmental Modifications (bathroom safety)



is simultaneously supported across all eight priority Star measures – through a single partnership with The Helper Bees. This cross-bundle impact is the defining characteristic of THB’s value proposition. No single clinical program achieves comparable breadth of Star measure influence from a single partnership. The financial and quality implications of this cross-measure reach are documented in Section 4.



SECTION 2

The Helper Bees Nonmedical Provider Network

THB is a nonmedical support organization whose **homeAlign[®] platform** connects MA health plans with a coordinated ecosystem of in-home caregivers, community-based service providers, and technology-enabled support services – generating the kind of administratively rich, longitudinal delivery data that transforms nonmedical support from a supplemental benefit line item into a documented quality improvement strategy. THB’s caregivers are trained to the specific functional and chronic disease management needs of the members they serve: people managing multiple conditions simultaneously, often with limited social and logistical support.

THB operates through homeAlign[®]: a care coordination infrastructure that connects MA health plans with THB’s ecosystem of direct-delivery caregivers, community-based service providers, and technology-enabled support services. This is the platform through which member interactions, service delivery records, caregiver observations, and health plan communications are documented, coordinated, and translated into actionable data that supports Stars performance, member experience, and care management objectives.

That training, and the accountability structures that surround it, are what make THB’s service delivery clinically relevant rather than merely operational.



Through homeAlign[®], THB aggregates a disparate and detailed volume of data points across geographically dispersed member populations – large national plans, regional affiliates, specialty care organizations, and dual-eligible special needs plans (D-SNPs) – generating the kind of administratively rich, longitudinal, multi-market dataset described in the companion methodology paper. As plans look to demonstrate value and ROI from an expanding supplemental benefit portfolio, this challenge of connecting service delivery to outcome data becomes more pronounced. The platform-based approach that homeAlign[®] represents is precisely what addresses this challenge – providing a single infrastructure for documenting service delivery, managing health plan relationships, and structuring outcome data for Star measure linkage. This data infrastructure is not just an operational tool – **it is the mechanism through which nonmedical support investments are made legible to plan quality and analytics teams.**

THB delivers some services – personal care, homemaking, companionship, and caregiver support – directly through its caregiver network. It coordinates or refers others through homeAlign[®], including environmental modifications, Food as Medicine programs, remote monitoring, personal emergency response systems (PERS), transportation, and technology-enabled home-based supports. In every case, the service delivery is documented, the health plan is kept informed, and the data is preserved for quality analysis.

SECTION 3

Nonmedical Support at Scale – April 2025 Through March 2026

The following data reflects actual service delivery through THB's homeAlign® partner network over 12 months.⁷ These are documented

interactions – each one representing a member who received the nonmedical support that the evidence links to Star measure performance.



3,332,918

total nonmedical support task instances



394,260

unique member visits with documented service tasks



1,755,346

total home care hours delivered



170,574

health plan touchpoints across MA plan partners

Activities of daily living (ADLs) are the fundamental self-care tasks – bathing, dressing, eating, transferring, and mobility – that determine whether a member can safely remain at home. Instrumental activities of daily living (IADLs) are the broader functional and household tasks – meal preparation, medication management, housekeeping, and transportation – that support independent living between clinical encounters.

⁷ THB Internal Data, 2026

ADL Task Delivery: What Members Could Not Do Alone

THB delivered **1,582,775** activities of daily living (ADL) task instances across six core daily living tasks during this period. Each one reflects a member who could not safely manage the most basic requirements of daily life without help – and who, with that help, had the opportunity to remain at home rather than in a hospital or skilled nursing facility.



Task Instances by ADL



Dressing and Grooming:
287,488



Transferring to Bed or Chair:
256,018



Bathing and Showering:
282,864



Toileting:
250,488



Eating and Drinking:
256,710



Walking and Mobility:
249,207

IADL Task Delivery: What Members Could Not Manage Alone

THB delivered **1,725,143** instrumental activities of daily living (IADL) task instances across more than 24 task types. The most frequently delivered services reflect what members truly need – and what ultimately moves Star measures.



Task Instances by IADL



Housekeeping:
317,778



Companionship:
136,258



Meal Preparation:
260,655



Safety and Supervision:
59,152



Laundry:
249,836



Transportation:
29,812



Errands and Shopping:
210,158



Medication Management:
27,541



Dishes:
206,189



Technology Support:
17,331



Behind every one of these numbers is a real moment in a real home: A caregiver helping a member with Parkinson's button their shirt. A member with congestive heart failure who ate a low-sodium dinner they could not have prepared by themselves. A 78-year-old woman reminded to take her blood pressure medication by someone who knew her name.

This is quality care at the point of delivery.

Health Plan Call Volumes: The Care Coordination Layer

From April 2025 through March 2026, THB handled **132,720 inbound calls and made 37,854 outbound calls across MA health plan partners – a total of 170,574 health plan touchpoints.**⁸ These calls facilitate appointment scheduling, post-discharge follow-up coordination, medication management support, and ongoing communication between THB’s caregiver network and plan care management teams.

These are not transactional vendor interactions. They are the evidence of an ongoing, high-touch care coordination partnership – the kind that enables a plan to say, with data to support it, that their nonmedical support investment is actively integrated into their quality management infrastructure.



⁸ THB Internal Data

SECTION 4

Strategic Implications for Medicare Advantage Quality

The Financial Case

Nationally, the Quality Bonus Payment (QBP) program paid at least **\$12.7 billion to MA plans in 2025, averaging approximately \$368 per enrollee for individual plans.**⁹ For a plan with 80,000 members, achieving four-star status triggers a 5% QBP bonus at an average benchmark rate of approximately **\$1,000 per member per month – roughly \$600 per member per year, or approximately \$48 million in annual bonus revenue.**¹⁰

The data presented in this paper suggests that nonmedical support delivered at the frequency and intensity described is associated with movement in the measures that determine whether a plan clears the four-star threshold. A partnership with THB that moves key Star measures by even one to two percentage points can determine whether a plan captures or forfeits this revenue.

The investment calculus is favorable. THB's network is already built, trained, and deployed across MA health plan partners.

A plan partnering with THB does not build a quality improvement program – it gains access to one that delivered over 3.3 million service task instances and 170,000 health plan touchpoints in the past year alone.

⁹ KFF, 2025

¹⁰ Healthscape Advisors, 2025

The Health Equity Case

The 2026 introduction of Sociodemographic Status (SDS) risk adjustment for adherence measures reflects CMS’s recognition that structural barriers – including transportation limitations, food insecurity, social isolation, and functional impairment – create differential barriers to medication adherence that are not addressable through clinical interventions alone.¹¹ **These are precisely the barriers that THB’s five nonmedical support bundles are designed to address.**

Plans that invest in reaching dual-eligible, low-income, and disabled members through THB’s network will not only improve their Star Ratings performance but also demonstrate the kind of equity-responsive care improvement that CMS’s regulatory priorities increasingly reward. As data integration between nonmedical support delivery records and Star measure performance data matures, plans with established THB partnerships will be positioned to demonstrate this equity impact with the specificity that CMS and plan boards increasingly require.



¹¹ AdhereHealth, 2025

The Integration Case

Effective integration of nonmedical support into a plan's quality improvement infrastructure requires more than service delivery – **it requires data.** THB's homeAlign[®] infrastructure is designed to support care coordination workflows, documentation, and communication with health plan partners. When caregivers share observations – medication adherence patterns, functional status changes, signs of early deterioration – with care managers and clinical teams, the home becomes a real-time data source for population health management.

The methodology paper in this series describes in detail how THB's administrative data can be structured and linked to Star measure performance variables to enable direct quality outcome analysis. For MA plans, this means a nonmedical support partner whose data can be integrated into quality analytics infrastructure, enabling the analysis of service delivery patterns and Star measure performance, is qualitatively more valuable than one that delivers services without data.



Integrating nonmedical support data into health plan quality workflows is the design intent of homeAlign[®] – already underway across THB's health plan partnerships.



CONCLUSION

An Invitation to Partner

There is a moment in every member's day that no care management platform can reach. It is the moment they wake up and need help getting out of bed. The moment they sit at a kitchen table and need someone to remind them to take their medication. The moment they feel afraid or alone and need a familiar face to tell them they are not.

THB is present for those moments – **394,260 times in the past 12 months, across 3,332,918 nonmedical support task instances and 170,574 health plan touchpoints**, maintained through a platform infrastructure designed to make that delivery visible, measurable, and linked to the quality outcomes that matter. That infrastructure – homeAlign® – is what transforms nonmedical support from a supplemental benefit line item into a documented quality improvement strategy.

The platform infrastructure described in this paper is operational and documented. THB has implemented homeAlign® across multiple MA health plan partners representing more than 7 million eligible beneficiaries.

Across those implementations, plans have documented measurable administrative improvements: decreased member grievances and escalations, reduced administrative costs associated with supplemental benefit management, and improved member retention rates.

These are outcomes that compound Star Ratings performance – members who experience fewer administrative failures are more likely to stay enrolled, engage with care, and report positive plan experiences in Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys.

For MA plans navigating the 2026 Star Ratings environment consisting of tighter cut points, higher outcome weighting, SDS risk adjustment, and the looming return of triple-weighted adherence measures in 2029, the question is not whether nonmedical support moves quality measures. The companion papers answer that question clearly. The companion methodology paper provides the framework for connecting THB's delivery data directly to plan-level Star measure performance — making the ROI of this partnership measurable, not assumed.

The question is which plans act on that evidence first.

Partnering with THB means gaining access to an operational network already delivering the services the evidence supports at the scale quality improvement requires. It means reaching the members who are hardest to reach through traditional clinical channels with the nonmedical support that moves their measures and reflects what quality health care is supposed to feel like. And it means being able to tell your members and CMS that **your plan does not just coordinate care but delivers it.**

The 2029 return of triple-weighted adherence measures is a defined regulatory deadline — close enough that plans building infrastructure today will enter that measurement environment with established delivery patterns and documented outcomes.

Plans that wait will not.



This paper draws from supporting research, including an academic manuscript currently under review for publication and a simulation analysis developed by The Helper Bees. Additional information may be available upon request.

Nonmedical Support and Medicare Advantage Star Ratings: An Evidence-Based Policy Analysis

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Real-World Nonmedical Support Data and Medicare Advantage Star Ratings

A METHODOLOGICAL FRAMEWORK AND ILLUSTRATIVE DATASET

Research and Analysis by Katabaro & Co, LLC

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