Trust is the gap

How Florida plans turn skeptical members into engaged ones

ash

Florida seniors have heard it all

The mailers. The robocalls. Outreach that looks like a scam. Florida seniors are among the most targeted by Medicare fraud in the country — and that history has made them some of the hardest members to activate, even for plans that are trying to help.

ash

$709.8M

Reported in fraud loses by Florida seniors in 2025, up 83% from 2024

AARP, "Older Adults Hit Hard by Fraud in 2025," aarp.org.

But payers need to compete in a crowded market

The average Florida Medicare beneficiary can choose from 36 competing Medicare Advantage plans — meaning more outreach volume hitting the same mailbox than almost anywhere else, layered on the country's most active fraud environment for seniors.

5.29M Medicare beneficiaries in Florida

57% Enrolled in Medicare Advantage

33% Of FL MA members are in SNP plans - 10% above the national average

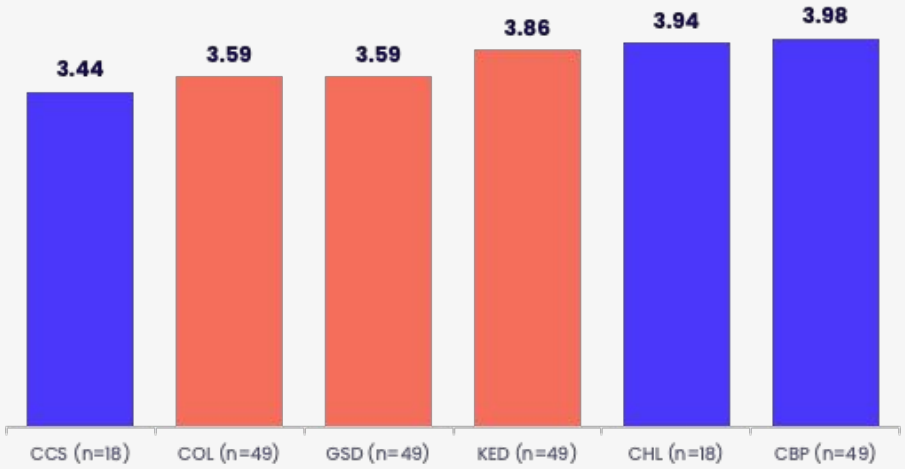
ash

AARP, "Older Adults Hit Hard by Fraud in 2025," aarp.org.

The measures most at-risk for Florida plans

These measures are disproportionately hard to close in a state with a large dual-eligible SNP population, higher transportation burden in rural and retiree-dense counties, and the fraud environment.

Average 2025 HEDIS rating per preventive care measure for Florida plans



ash

The assumption many people make

Low compliance rates are often diagnosed as an access problem - so the fix is more letters, calls, and transportation support. The diagnosis explains some of the gap, but more outreach doesn't help close the trust gap.

THE FIX

Whose brand is in the room?

A vendor in the room

Generic outreach that reads as one more unfamiliar sender — easy to mistake for the fraud members have already learned to ignore.

Your brand in the room

Fully white-labeled outreach and kits — the plan's brand only — so completing a screening reinforces why the member chose that plan.

ash

A gap closure model built for skeptical members

1

Branded Outreach

Bilingual email, SMS, and IVR in the plan's own voice.

2

At-Home Kit

A white-labeled kit members recognize as coming from their plan.

3

Clinical Review

A licensed clinician orders and reviews every result.

4

Results & Follow-Up

Members get results directly; PCPs are looped in to close the loop.

Trust first outreach changes behavior

2.4x

More likely to complete testing with Ash's multi-channel outreach vs. single-channel methods

Hundreds

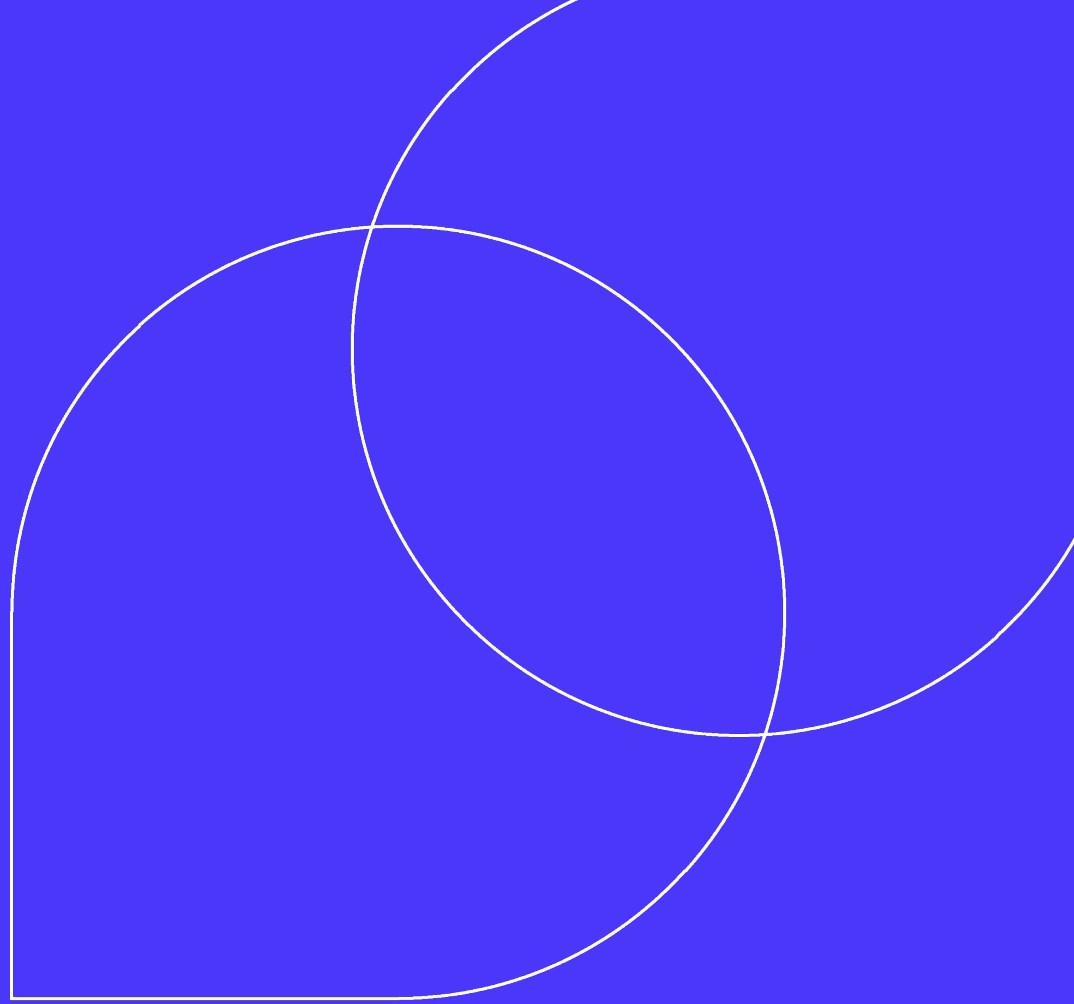
Of healthcare organizations served

85%

Member satisfaction

ash

About Ash



ash

We're on a mission to make healthcare more inclusive and accessible for all

---

Trusted By

AHF · Accolade · Gold Coast Health Plan (A Public Entity) · LifeMD · NOOM · Qcare+ · Choctaw Nation Department of Public Health · Fulton County Board of Health · SESAME

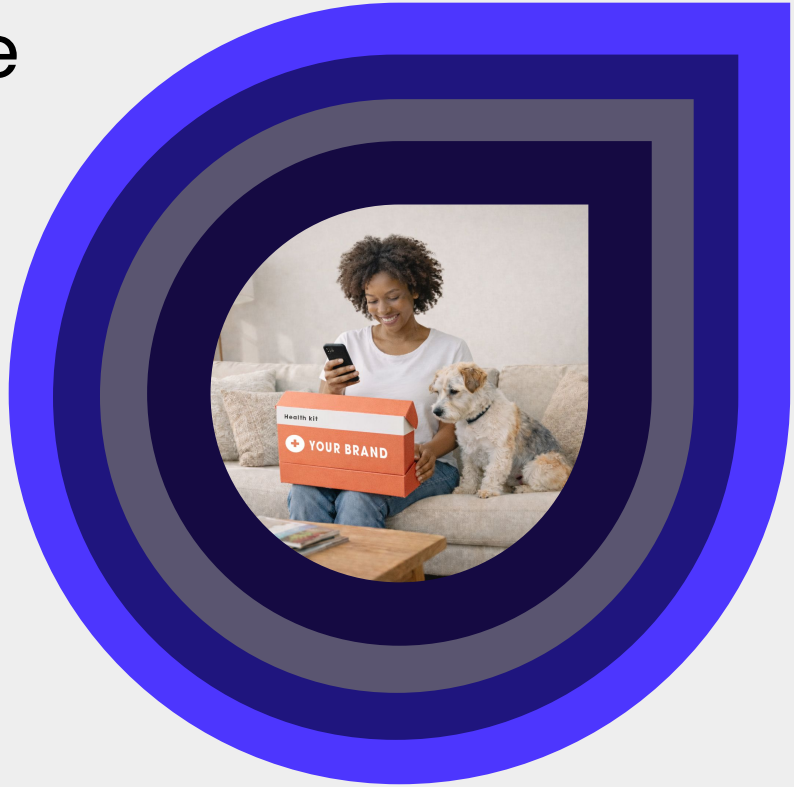
Providing the infrastructure Payers use to bring diagnostics home

Operation — Partner-led lab & logistics network

Execution — White-labeled member experience

Engagement — Omni-channel engagement & clinician oversight

Insight — Compliance & reporting at scale



50+ Collection methods & RPM devices available

2x Faster lab results and fulfillment

4M+ Biomarkers processed across the US

ash

Solutions to close high-priority preventive screening gaps at scale

Test kits are sent into the home and when returned, they close the care gap

Colorectal Cancer Screening

The fecal immunochemical test IDs human blood in the stool and satisfies the **COL** HEDIS measure.

HPV (Cervical Cancer) Screening

Test for common strains of HPV to ID risk for cervical cancer and satisfy the **CCS** HEDIS measure.

HbA1c Screening

Identify diabetic members who have HbA1c under control and satisfy the **GSD** HEDIS measure.

Common STI Panel

Discreet chlamydia and gonorrhea screening for women to satisfy the **CHL** HEDIS measure.

Kidney Health Evaluation

Test key biomarkers that indicate risk for CKD and satisfy the **KED** HEDIS measure.

Control Blood Pressure

Help members monitor blood pressure and satisfy the **CBP and BPD** HEDIS measure.

ash

Payor case study: Activating the unreachable

Impact at a glance

Challenge: A national health plan struggled to get “non-engagers”, primarily veterans, to return colorectal screening samples, stalling HEDIS performance and care gap closure.

Solution: Partnering with Ash, they launched a branded, tech-enabled outreach campaign that combined custom kits, live calls, and real-time tracking to re-engage 6,000 hard-to-reach members.

Result: FIT return rates jumped exponentially. The program also uncovered hidden screenings, improved data accuracy, and delivered a scalable model for reaching the unreachable.

Quick Hits

22%

Increase in kit returns compared to previous testing partner

85%

Member satisfaction

9%

Of members asked for help in finding a primary care provider

ash

KEY TAKEAWAYS

Where to go from here

1. **Trust is solvable**

   It just requires a different model — brand-first, not vendor-first.

2. **Try the Ash product for yourself**

   Reach out to our team and let us know you want a demo test kit

3. **Receive a ROI projection for an Ash program**

   Our team will send a projected ROI analysis to support internal conversations

YOUR CONTACT

Mary Kelley

VP Partnerships, Ash

mary@poweredbyash.com

ash

ash

Trust is the gap. We're built to close it.

Learn more at poweredbyash.com