

Beyond V28:

A Dementia Playbook for RAF

Accuracy, Avoidable Cost Reduction

and Stars Lift



Meet today's speakers



Dirk Soenksen

CHIEF EXECUTIVE OFFICER

✉ dirk.soenksen@ceresti.com



Dr. John Mach

CHIEF MEDICAL OFFICER

✉ john.mach@ceresti.com



POLLING QUESTIONS

**Who do we have
attending today's session?**

Select your answer using the poll on screen.



Additional background and perspective



Chief Medical Officer, Ceresti

Prior CEO/CMO at UHC (Evercare) and Chief Medical Officer of United's MA Plan

Prior Executive Medical Director, Interdisciplinary Dementia Clinic at the Minneapolis VA

Prior Chief Medical Officer, Medica & Evolent

Current Chair of the John A. Hartford Foundation



"No one ever brought dementia forward as a top strategic opportunity"

KEY INSIGHTS



Collaborate with Care Management teams and the member's PCP



Caregiver engagement and activation



Don't replace longitudinal clinical relationships

Dementia breaks the chronic disease model

because the patient often can't self-manage.

The cost shows up everywhere except the diagnosis line.

01

Dementia is hidden in claims data.

The fall, fracture, UTI, delirium, or admission gets coded. The dementia that made the event more likely often disappears.

02

The patient often cannot self-manage.

Dementia changes how patients take medications, recognize symptoms, follow care plans, report changes, and seek help. Small issues at home can escalate quickly into avoidable ED visits and admissions.

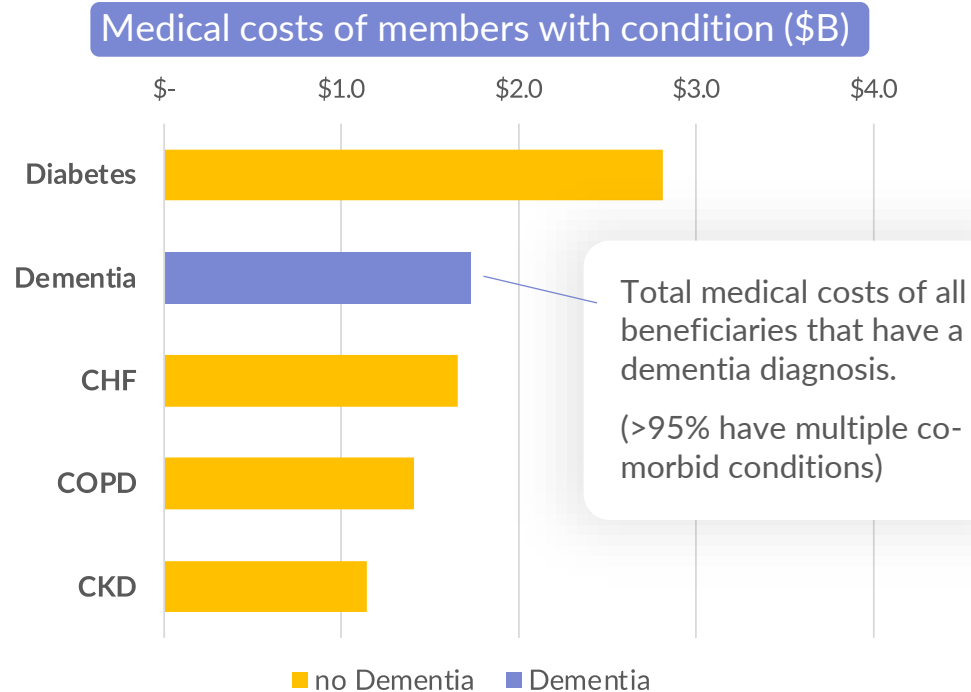
03

Primary care sees the burden but lacks the infrastructure.

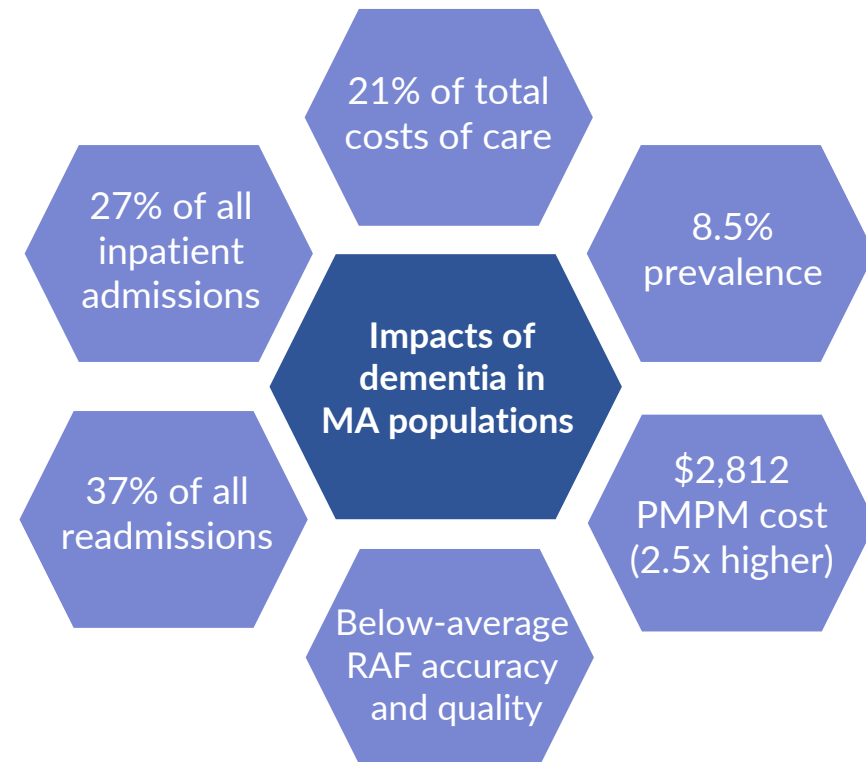
PCPs are asked to manage a progressive, home-based disease inside a visit model that was not built for caregiver education, early signal detection, and ongoing support between visits.

Dementia is a top target for Medicare Cost Savings

Dementia is the 2nd most costly condition



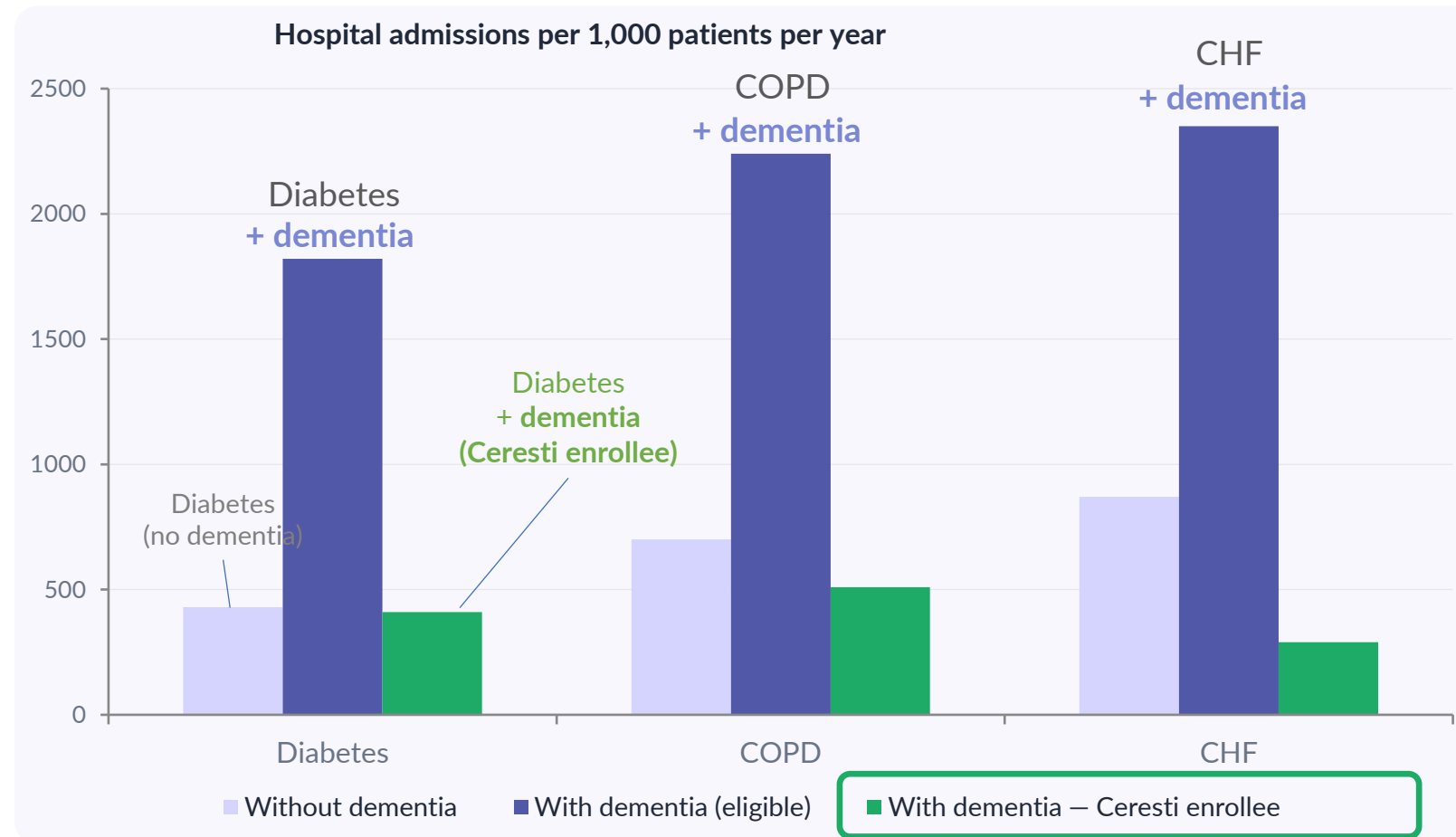
CMS 5% data sample (FFS: Parts A & B)
[Salber et al, AJMC](#)



Source: [Milliman white paper](#)
(higher prevalence in Duals population)

Dementia hides — then multiplies

Add dementia to any chronic condition and avoidable hospitalizations roughly triple.



EXPLANATION

Light blue bar: Same chronic condition, no dementia. The baseline.

Purple bar: Dementia patients in standard care. Their utilization multiplies when they can't self-manage their other conditions.

Green bar: Same population, with an activated family caregiver.

The multiplier isn't the disease.

It's the absence of someone activated to manage it.



POLLING QUESTIONS

When you look at dementia in your Medicare population today, what do you primarily see?

Select your answer using the poll on screen.



Dementia in Medicare Advantage — the challenges

Three compounding pressures on RAF accuracy, plan costs, and Stars performance

1

RAF Accuracy

*Low recapture, many undiagnosed,
HCC = 0.341*

- Less reimbursement
- Early detection & improved recapture create opportunities for additional revenue

2

High & Unmanaged Cost

*Drives significant avoidable
utilization*

- Increasing population
- Rising costs
- Cycle of deterioration

3

Stars Performance Drag

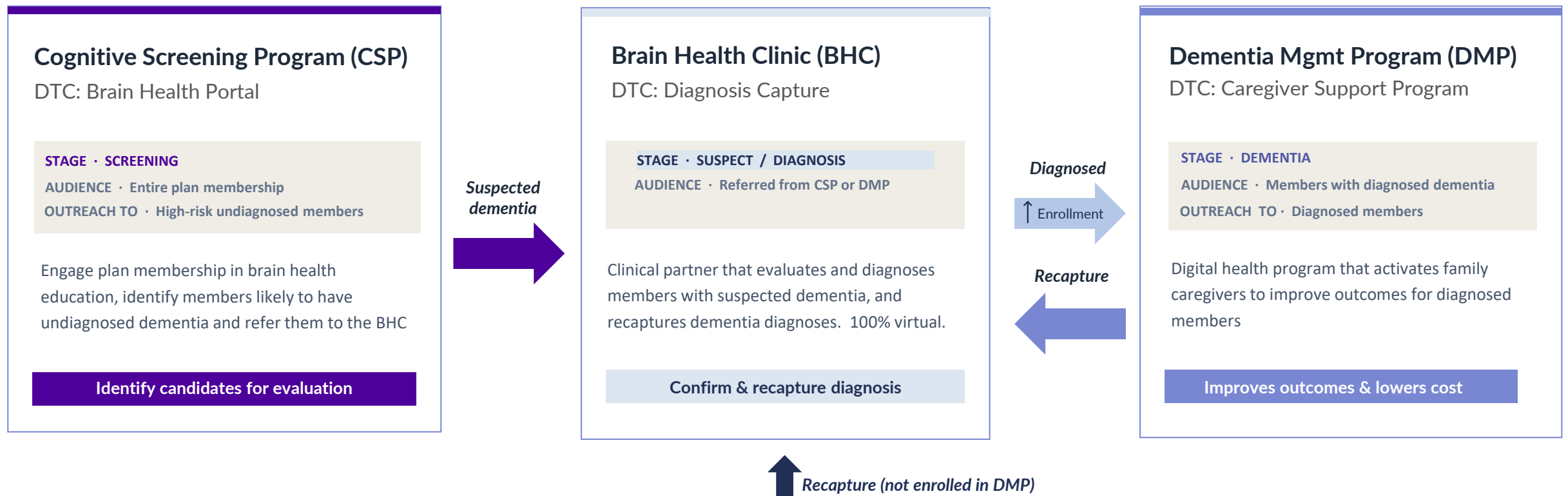
*Dementia significantly impacts
Stars scores*

- Part D measures impacted
- Members unable to respond to surveys

MA plans need a dedicated dementia strategy — traditional care management does not reach this cohort.

PROGRAM AND COMPONENTS

One program, three integrated components serving Medicare members across the full condition continuum



Engagement with the CSP and encounters with the BHC improve care and increase RAF accuracy, even if members don't enroll in the DMP

Why cognitive screening is hard

The system misses it. The member declines it.



THE SYSTEM MISSES IT



PROVIDER WORKFLOW

- No cure — why diagnose?
- Specialist wait times
- Liability, uncertainty



PATIENT & FAMILY

- Denial is a symptom
- Spouse compensates for years
- Fear of real losses



RECAPTURE

- Re-document yearly or lose it
- Coded elsewhere, never updated
- Skipped in a 15-minute visit



PAYER SYSTEM

- Screening is required, lightly enforced
- PCPs cannot code it

THE MEMBER WEIGHS IT

REASONS FOR WANTING TO KNOW

Capacity to decide

Reversible causes ruled out

Therapy works only early

Time to plan

Runway for prevention

Family can prepare

REASONS FOR RATHER NOT

No cure

Penalties follow the code

Diagnosis is uncertain

ARIA treatment risk

Few non-Alzheimer's options

Stigma, lost autonomy

Leading with screening / dementia is not a winning strategy for early detection.

Effective screening is essential to increase RAF accuracy

Undiagnosed members won't engage in cognitive screening without a compelling reason



KEY INSIGHTS

Effective cognitive screening is complicated

1

Engaging undiagnosed members in screening and subsequent diagnosis is challenging

2

There needs to be a reason why someone would be motivated to engage in cognitive screening

OUR APPROACH

Lead with brain health, not with a diagnosis

Develop a screening program built around brain health education and prevention

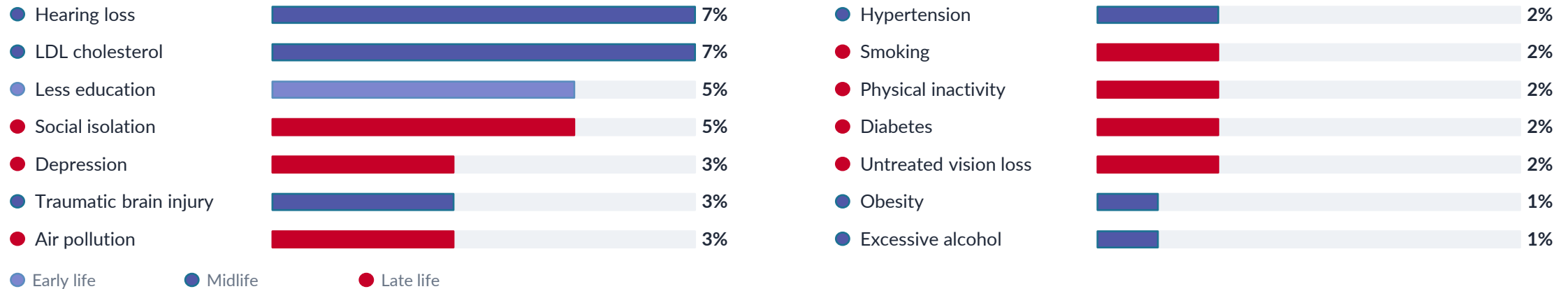
Screening rates rise when members see brain health — not a dementia label — as the reason to engage.

45% preventable – in theory, at population scale

The Lancet Commission ceiling vs. what individual trials actually show – synthesized by Nature 2026

LANCET 2024 – 14 MODIFIABLE FACTORS BY POPULATION-ATTRIBUTABLE RISK (PAR)

Total PAR ≈ 45% · a theoretical, population-level ceiling – not an individual's guaranteed risk reduction



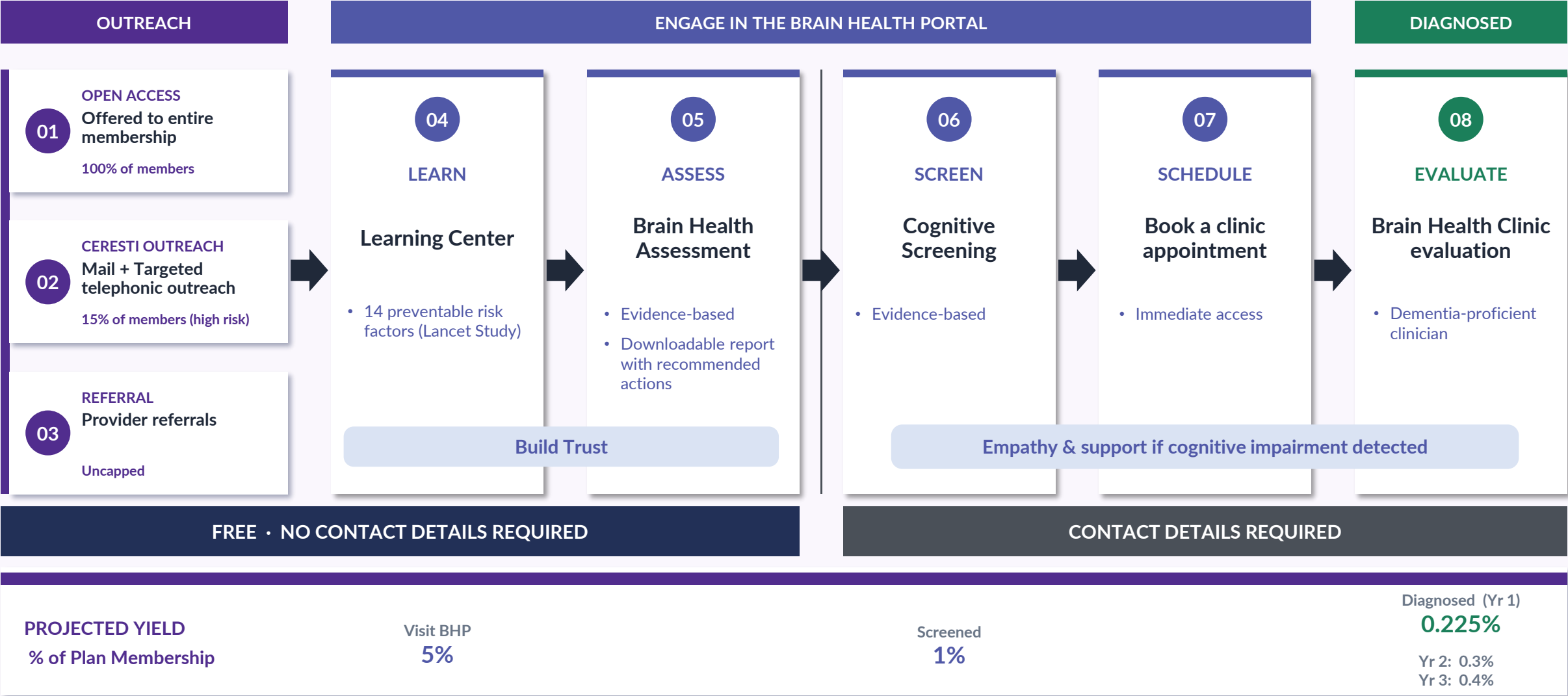
HEADLINE RCT EFFECT SIZES

Trial	Population	Intervention	Primary outcome	Effect size	Year
FINGER	1,260 healthy at-risk, 60–77y	Multidomain × 2y (diet+ex+cog)	Cognitive composite (NTB)	+25% vs control; exec fn +83%	2015
US-POINTER	2,111 at-risk older adults	Structured vs self-guided lifestyle	Global cognition composite	Both arms improved; structured > self-guided	2025
ACHIEVE	977 older adults, 70–84y	Hearing aids × 3y	3-year cognitive decline	–48% in high-risk; null in healthy cohort	2023
SPRINT-MIND	9,361 hypertensive, ≥50y	Intensive BP <120 vs <140	MCI incidence	HR 0.81 (0.69–0.95); NNT ~89 / 3y	2019
CLARITY-AD	1,795 early Alzheimer's	Lecanemab × 18mo	CDR-SB (clinical decline)	–27% slowing; ARIA-E 12.6% (1.7% pbo)	2023
TRAILBLAZER-ALZ 2	1,736 early AD, low-med tau	Donanemab × 18mo	iADRS (integrated)	–35% slowing; ARIA-E 24% (2.1% pbo)	2023

The 45% is population-attributable – not personal (Pearson, Nature 2026). Trials show only small cognitive effects; none has reduced dementia incidence. Real-world: dementia incidence has dropped ~13% / decade in N. America and Europe via smoking, education, and hypertension gains – population-level policy is the lever.

Brain Health Portal — member funnel to the Brain Health Clinic

Lead with prevention and education → offer value and build trust → support screening and diagnosis with empathy



Brain Health Portal Demonstration

CERESTI'S BRAIN HEALTH PROGRAM

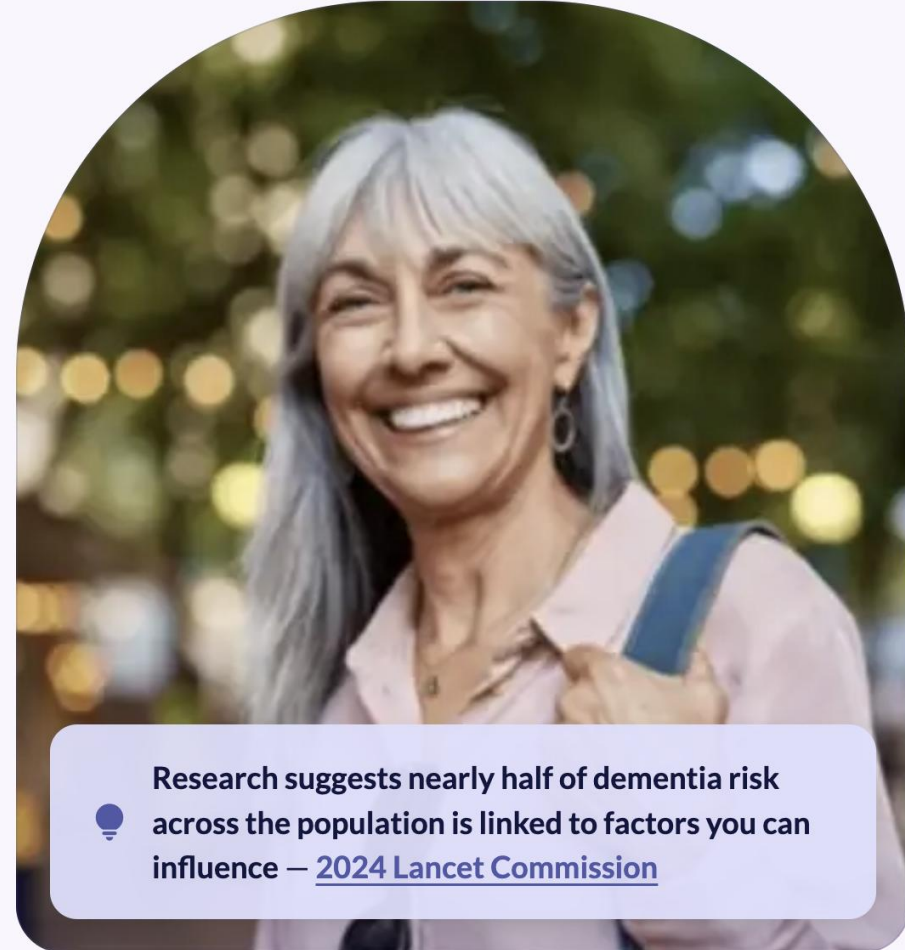
Free to use — no account needed

You have more control over your brain's future than you think

Learn what helps, see where you stand, and get real support — all in one place, included with your health plan.

[Explore the Learning Center →](#)

[Complete your free Brain Health Assessment](#)



Research suggests nearly half of dementia risk across the population is linked to factors you can influence — [2024 Lancet Commission](#)

myBrainHealth Learning Center

Trusted, easy-to-understand education to help you understand your brain, reduce your risk, and take confident action.

[The Lancet 14](#)[The Library](#)[Medical Conditions](#)[Types of Dementia](#)[Seven Steps](#)[Research News](#)[Newsletter](#)

FEATURED · NEURO-WELLNESS SERIES

Live group sessions on brain-healthy living

Weekly sessions, and good company.

[See upcoming sessions](#)

YOUR PLAN

Pick up where your score left off

Your Brain Health Score names the areas with the most room to grow. The library is sorted so those come first.

[See my results](#)

ALSO WORTH A LOOK



MEMORY

Why do names slip away just when you need them?



NUTRITION

Eating well without overthinking it



SOCIAL CONNECTION

Staying sharp through connection

FREE • ABOUT 5 MINUTES • NO ACCOUNT NEEDED

Take action with your Brain Health Score

A short questionnaire based on the [Lancet Commission's 14 modifiable dementia risk factors](#). Your honest answers help us create the most accurate picture of your brain health — and a plan you can act on.

[Start the assessment](#) →

 Your answers stay private — nothing is shared without your permission.



Answer simple questions

Six short sections about everyday life — sleep, movement, hearing, connection, and your health history.



Get your score out of 100

See what's working, your priority areas, and how each habit contributes — empowering, never diagnostic.



Start your action plan

A plain-language 90-day plan built from your answers — small steps you can begin this week.



45% of dementia cases are potentially preventable — the science says your everyday habits matter. 2024 Lancet Commission.

Get your free Brain Health Score

Brain Health Assessment

1 Background & Family History

2 Heart & Metabolic Health

3 Lifestyle

4 Mood & Social Connection

5 Hearing & Vision

6 Brain Injury & Environment

[Save & continue later](#)

SECTION 1 OF 6

Background & Family History



Educational background

What is the highest level of education you completed?

[? Why is this important?](#)

Less than high school

High school diploma or GED

Some college or associate degree

Bachelor's degree

Graduate or professional degree



Family history

Has anyone in your family been diagnosed with dementia or Alzheimer's disease?

Get your free Brain Health Score

Brain Health Assessment

✓ Background & Family History

2 Heart & Metabolic Health

3 Lifestyle

4 Mood & Social Connection

5 Hearing & Vision

6 Brain Injury & Environment

🔖 Save & continue later

SECTION 2 OF 6

Heart & Metabolic Health

📍 Blood pressure

Have you been diagnosed with high blood pressure (hypertension)?

🔍 Why is this important?

Yes

No

Unsure

💧 Diabetes

Do you have diabetes or pre-diabetes?

Yes — Type 1 diabetes

Yes — Type 2 diabetes



 Room to grow

You're doing a lot right.

This score reflects your everyday habits across the 14 modifiable risk factors — not a medical result. Every part of it can move in the right direction, and the Ceresti team is available to support you.

[See your score breakdown](#) →



Your next step

A deeper cognitive screening could be a helpful next step. About 3 to 5 minutes, from home, not a diagnosis. Entirely your choice.

[Continue to cognitive screening](#) →

[? What's the difference?](#)

Your personalized action plan — first 90 days

1

PRIORITY 1

Hearing

Call and book a hearing test. Before you call, check what hearing coverage your plan includes. The number is on your member card.

2

PRIORITY 2

Physical activity

Add one more walk to the days you already move: 15 minutes, same route, no new equipment.

3

PRIORITY 3

Blood sugar

At your next visit, ask what your most recent A1c was and what number you are aiming for.

Your Brain Health Report

Prepared for **Guest**

[Back to your results](#)

Room to grow

There is real room to improve, and the areas below are where to start.

A lower score does not mean something is wrong with your memory or your thinking. It means several of the factors this model tracks are currently unaddressed, and those are, by definition, the ones that can be addressed.

YOUR BRAIN HEALTH TAKEAWAY

You are already doing 9 of the 14 things this score looks at well. The area most worth your attention now is hearing, and your 90-day plan has a first step you can take this week.

What you're doing well

- **Social connection.** You have regular social contact and do not feel isolated.
- **Air quality.** You are not in a high air-pollution area.

Your priority areas

- **Hearing.** Step 1 in "Your first 90 days."
- **Physical activity.** Step 2 in "Your first 90 days."
- **Blood sugar.** Step 3 in "Your first 90 days."

Begin your cognitive checkup

This simple, timed exercise challenges different areas of the brain and helps your provider detect changes in cognition.



[Get started](#)

Prototype — represents a validated 3–5 minute digital cognitive assessment

myBrainHealth Report

[Download your report](#)


 Room to grow

You're doing a lot right.

This score reflects your everyday habits across the 14 modifiable risk factors — not a medical result. Every part of it can move in the right direction, and the Ceresti team is available to support you.

[See your score breakdown](#) →



Your next step

A Brain Health Clinic Evaluation could be a helpful next step — a deeper look with a brain health clinician. From home, not a diagnosis. Entirely your choice.

[Schedule my Evaluation](#) →

 [What's the difference?](#)

Your personalized action plan — first 90 days

1

PRIORITY 1

Hearing

Call and book a hearing test. Before you call, check what hearing coverage your plan includes. The number is on your member card.

2

PRIORITY 2

Physical activity

Add one more walk to the days you already move: 15 minutes, same route, no new equipment.

Where projected RAF revenue comes from

3 program years · \$4,500 per documented member

Segment	Ceresti Impact*	% of Total
Newly diagnosed (increase prevalence by ~0.8%)	5% of membership visits the Brain Health Portal	37.6%
Diagnosed & enrolled in DMP	70% of dementia members → 90%	20.8%
Diagnosed & not enrolled in DMP	70% of dementia members → 77%	41.5%
Total RAF revenue		100%

* Assumes collaboration with the plan’s RAF team to secure provider referrals

Dementia in Medicare Advantage — the challenges

Three compounding pressures on RAF accuracy, plan costs, and Stars performance

1

RAF Accuracy

*Low recapture, many undiagnosed,
HCC = 0.341*

- Less reimbursement
- Early detection & improved recapture create opportunities for additional revenue

2

High & Unmanaged Cost

*Drives significant avoidable
utilization*

- Increasing population
- Rising costs
- Cycle of deterioration

3

Stars Performance Drag

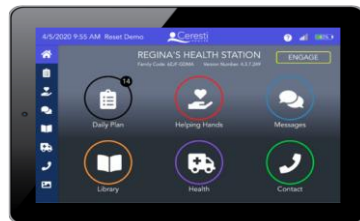
*Dementia significantly impacts
Stars scores*

- Part D measures impacted
- Members unable to respond to surveys

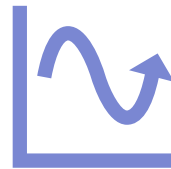
MA plans need a dedicated dementia strategy — traditional care management does not reach this cohort.

Ceresti's technology platform

Activate the caregiver ↔ Monitor the patient



Personalized education, tools and access to resources



Continuous
monitoring
via remote daily
assessment



Proactive coaching



Caregiver enablement and patient monitoring (caregiver EHR)



Empower & unburden primary care and care management

- More effective encounters
- Close care gaps
- Actionable alerts
- Encounter summaries (neurology, pharmacy)

CONTENT

1500+ modules
Education content

- Videos and tutorials
- Structured personalized workflows
- Ad-hoc instant delivery to tablet

Predictive analytics & risk mgt

Enrollment management

Clinical data management (patient EHR)

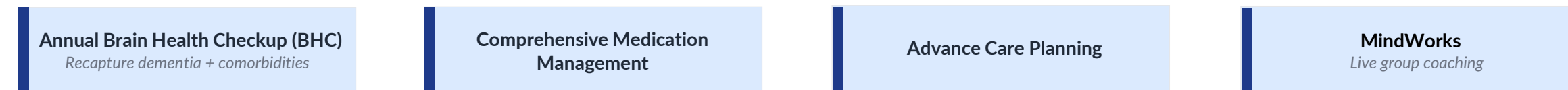
A Turnkey Caregiver-Enabled Program

Human-first, tech-enabled digital health program with proven, peer-reviewed outcomes

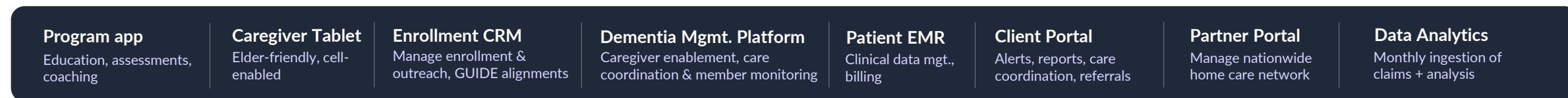
PROGRAM LIFECYCLE



ANNUAL BRAIN HEALTH CHECKUP & OTHER SERVICES



TECHNOLOGY PLATFORM



English + Spanish | SOC-2 | HIPAA + TCPA compliant | Bilingual coaching | Available Nationwide

Activation isn't a metaphor. It's measured.

Caregiver outcomes within 180 days of program enrollment.

ENGAGEMENT

High & continuous

>40 min

weekly engagement per caregiver

>90%

of caregivers engaged each month

96%

month-to-month continue rate

WELLNESS

The caregiver gets healthier

+44%

feel more supported in caregiver role

NPS 75+

Net Promoter Score (program satisfaction)

-3.1 days

fewer mentally unhealthy days (out of 30)

ACTIVATION

From burdened to capable

+30%

Confidence level addressing loved one's health issues

Source: Ceresti program outcomes — first 180 days of enrollment

Unmatched outcomes in dementia management

Three Medicare Advantage plans • N=625 • propensity-matched, difference-in-differences ($p < 0.05$)

COST & UTILIZATION

> 50%

Reduction in
Hospital
Admissions

> 30%

Reduction in
Medical Costs

\$6,435

PMPY Savings
per Enrolled
Member

AVOIDABLE HOSPITALIZATIONS

Top causes • relative change • p-value

Cause	Relative Δ	p-value
Falls	-58%	0.274
Sepsis	-128%	0.130
Heart failure	-112%	0.049
Diabetes	-74%	0.160
Pneumonia	-134%	0.090
UTI	-112%	0.039
COPD	-154%	0.023
Hypertension	-72%	0.019

VALIDATED IN

Three MA plans

Harvard Pilgrim Health Care

Blue Cross Blue Shield of
Kansas City

PacificSource

N=625

Propensity-matched, difference-in-differences

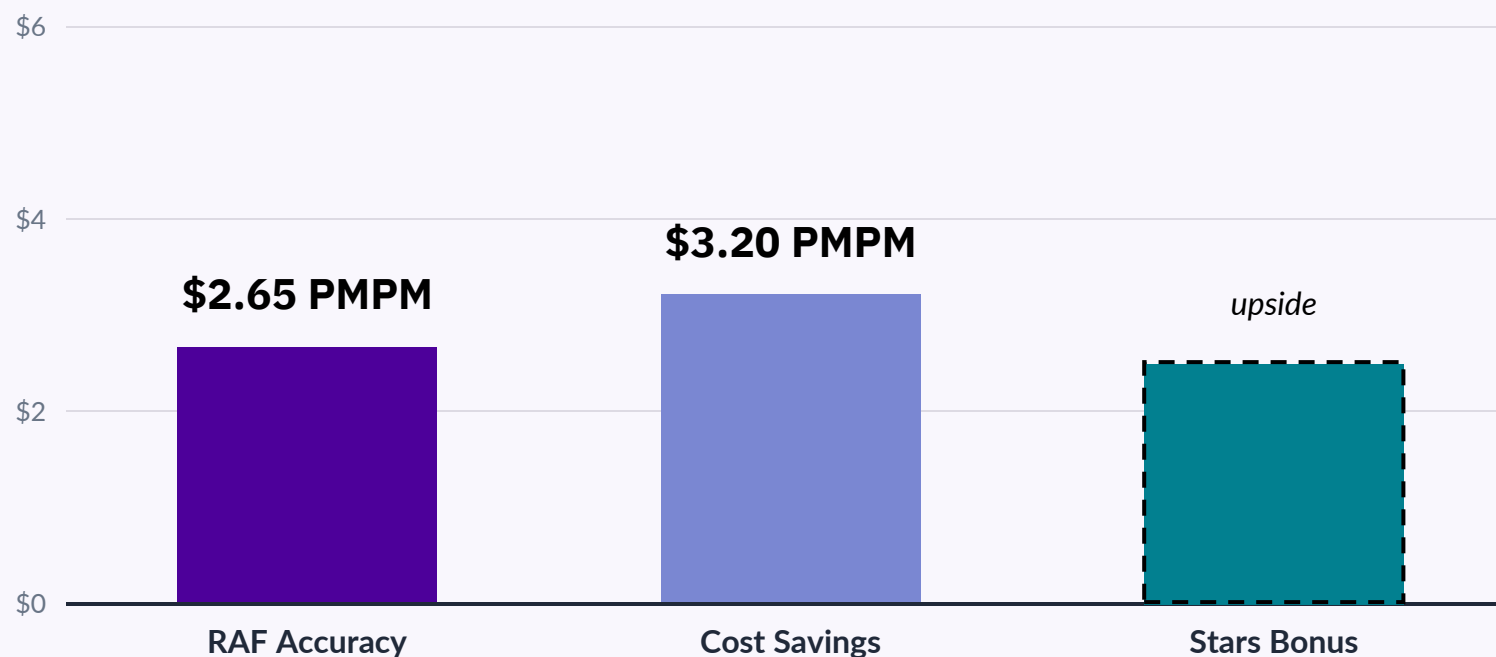
Results are measured against a matched comparison group. Built around the activated family caregiver.

Methodology: Ceresti claims analyses, 12-month study comparing program enrollees vs. matched control.

Financial impact of comprehensive brain health program

Projection from cohort-based screening, diagnosis and engagement model

Projected Net PMPM value in a 3-year deployment



Total: ~\$5.85 PMPM (Net) all-member value + Stars upside 2-3 yrs out

READ THE MATH

RAF Accuracy

Cognitive screening plus provider referrals recover missed diagnoses. ~50% new dx, ~50% recapture. Realized in the next calendar year.

Cost Savings

Family-caregiver activation cuts preventable utilization for members who can't self-manage. Immediate impact, ~12 months to demonstrate.

Stars Bonus

Caregiver-completed CMR pulls through triple-weighted Part D adherence measures. Bonus payments realized 2-3 years out.

Modeled at 7% dementia prevalence, 70% baseline recapture.



POLLING QUESTIONS

If you could materially improve ONE of these in your Medicare population, where would you start?

Select your answer using the poll on screen.



Dementia isn't a liability – it's a strategic asset

1

Dementia hides, then multiplies.

~50% of MA members with dementia are undiagnosed; those diagnosed drive 3–5× utilization and 2–3× cost.

2

Traditional care management can't reach this cohort.

The family caregiver is the de facto member — and CMS explicitly includes them in GUIDE and permits them to complete the Comprehensive Medication Review.

3

For cognitive screening, lead with brain health, not with a diagnosis.

Members won't engage in cognitive screening for its own sake — but they'll opt in for brain-health education and prevention. Screening becomes a natural next step, and the undiagnosed cohort surfaces itself.

4

Existing dementia management programs reduce avoidable hospitalizations / costs.

Evidence base: reductions in ER visits, hospitalizations, and total cost of care — even in members who can't self-manage.

5

Projected impact: ~\$5.85 PMPM (Net) all-member value in three years.

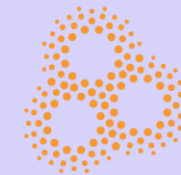
~\$2.65 RAF accuracy + ~\$3.20 medical savings

Q & A



Stop by our VBCExhibitHall.com Virtual Booth

VBCExhibitHall.com



[Visit the Ceresti exhibit booth](#)

Thank You.

Better Dementia Care Starts With Activating Family Caregivers



info@ceresti.com



ceresti.com

