

ADDRESSING SOCIAL DETERMINANTS OF HEALTH THROUGH TARGETED OUTREACH

Medicare Advantage & Dual Beneficiaries
Experience

09/15/2017

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Dual Eligibles, Population Figures

- △ The current literature references about **9.97 million** dual eligibles; **~7.4 million** with full Medicaid, and **~2.5 million** with partial Medicaid
- △ These figures are based on Medicare beneficiaries who were also **enrolled** in full or partial Medicaid in 2011
- △ When one updates these figures using current Medicare enrollment and factors in **Potential Duals** i.e., those who are not dual enrolled but would qualify for dual enrollment if they applied, there are about **16.5 million** or **29%** of the 2016 total Medicare Population of 56.8 million

Dual Eligibles, A Few Facts

- △ Low Income, generally \leq 135% of FPL along with limited assets
- △ 40% of duals are under 65 and disabled
- △ 61% are female
- △ Duals account for close to 1/3rd of Medicare spending (and 21% of enrollment)
- △ 44% require assistance with 1+ ADLs
- △ 50% rate themselves in “fair” or “poor” health
- △ 55% have 3 or more chronic conditions
- △ 58% are cognitively or mentally impaired

Duals & Potential Duals are the Face of the Social Determinants of Health



Traditional Low Income Outreach

△ Assistance with Dual Enrollment

- Rebate of beneficiaries Part B premium - ~\$109_{month}
- Potentially improved copayments & deductibles
- Health plan receives a higher payment to cover their additional costs of care

△ Assistance with Enrollment in Part D Extra Help

- Lower prescription costs
 - Maximum cost of \$3.30 Generic, \$8.25 Brand Name
- No “donut” hole coverage gap

Targeting Social Determinants: Non-Traditional Outreach – Community Link

△ Community Link programs address a wide variety of possible barriers to care. Examples:

Health and wellness	Financial assistance	Everyday life	Professional and public services
Food/nutrition	Telephone payment	Transportation	Legal aid
Health management	Utility bill reduction	Internet service providers	Tax & accounting services
Co-pay assistance	Housing assistance	Workshops & learning sessions	Financial advice & counseling
Chronic disease management	Emergency assistance	Home goods	Education & employment

Targeting Social Determinants – Community Link 2017 Utilization

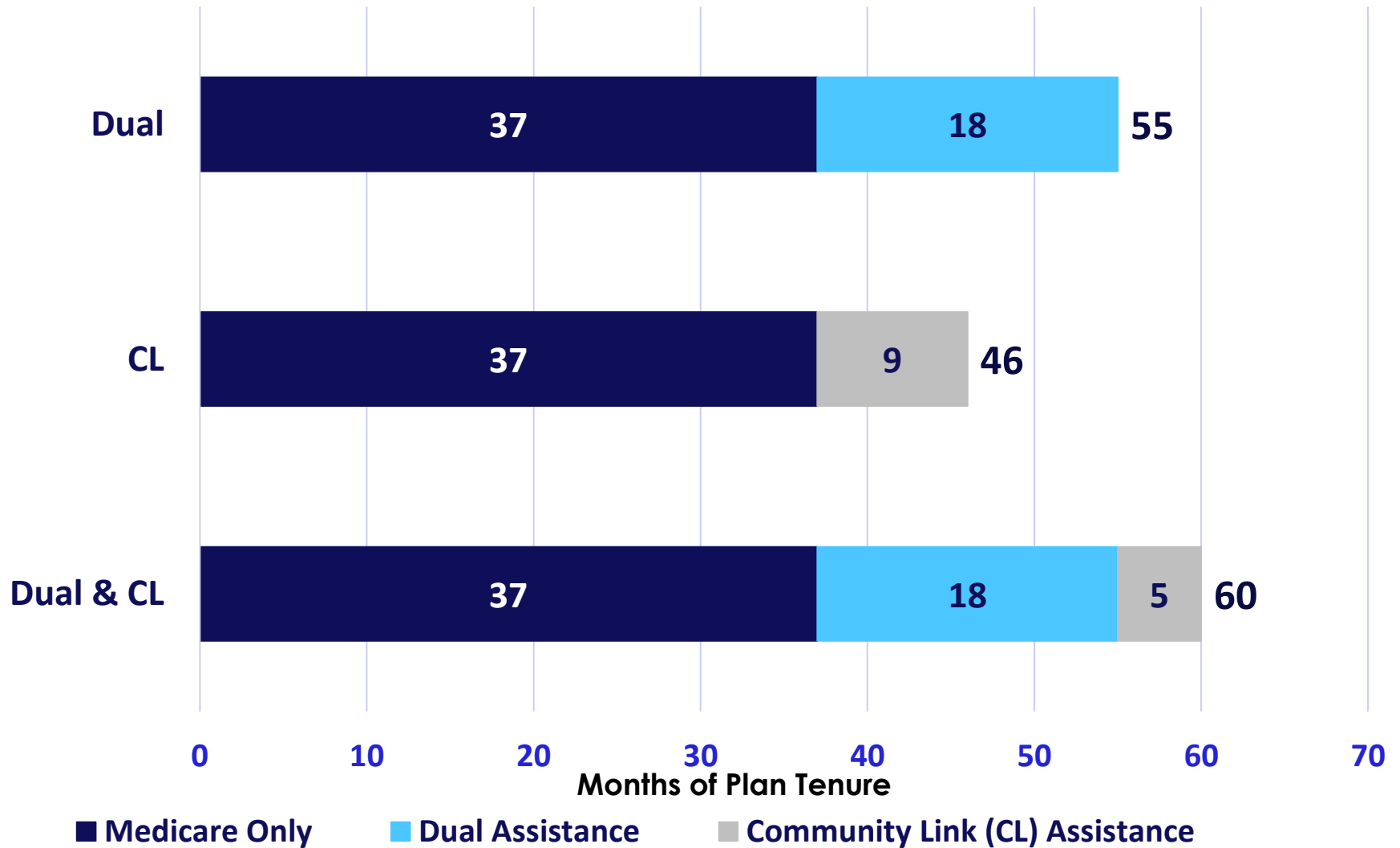
- △ Screened 176K MA beneficiaries so far in 2017, assisted 95% with enrollment in 1 or more programs
- △ Top 5 Programs by assisted count in 2017:

Category	Program
Counseling/Intervention & Treatment	Arthritis Tools
Chronic Disease Management	Discount Diabetes Supplies
Prescription Assistance	NPSN Rx Discount Card
Patient Assistance Program	Xubex Patient Assistance Program
DIY/Workshops/Learning	Online Computer Classes

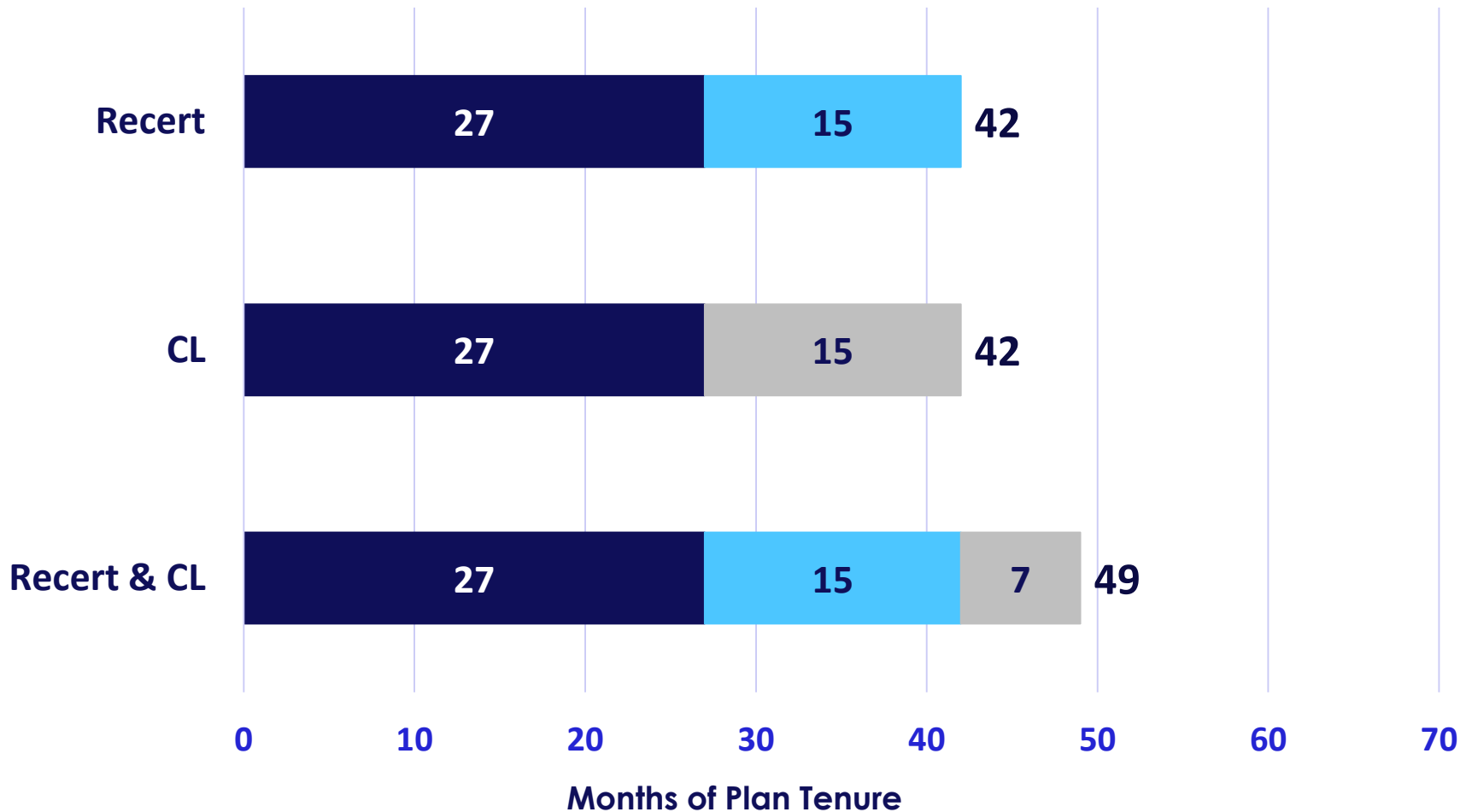
Assisting MA Beneficiaries with Community Program Enrollment Directly Targets Their Barriers to Accessing Care



Externality: Member Tenure with Health Plan



Externality: Member Tenure with Health Plan



■ Already Dual Enrolled ■ Recertification Assistance ■ Community Link (CL) Assistance

Next Phase of Analysis: PAM

△ Patient **A**ctivation **M**easure (PAM)*

- △ Survey that assesses an individual's knowledge, skill, and confidence for managing their health and healthcare.
- △ Score aggregated into 4 categories. Higher categories have been shown to indicate better control of chronic conditions with better health levels and lower cost of care.
- △ Change Healthcare will be conducting a longitudinal study using PAM across most major outreach programs.

*Hibbard, Judith H., et al. "Development of the Patient Activation Measure (PAM): Conceptualizing and measuring activation in patients and consumers." *Health services research* 39.4p1 (2004): 1005-1026.

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