AMERICA'S PHYSICIAN GROUPS

Medicare Advantage Innovations: New Tools to Better Address Chronic Illness and Social Determinants of Health

Valinda Rutledge
Chris Wing
Sanjay Doddamani, MD

Agenda

- 10 minutes - Valinda Rutledge will introduce the panel and speakers. She will review VBID and the changes in MA supplemental benefits.
- 10 minutes - Chris Wing will discuss his organization and the models they are using to address SDOH
- 10 minutes – Sanjay Doddamani, MD will discuss his organization and the models they are using to implement advanced home visits
- 15 min- Audience Q&A

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2020 Medicare Advantage Changes

MA plans can provide supplemental benefits to a chronically ill beneficiary and is **not** limited to health related benefits. It allows the wavering of uniformity standard which required that MA plans offer the same benefit package to all of their Medicare enrollees.

Extend CMMI VBID (Value Based Insurance Design) model to all 50 states

Chronic Care Act of 2018- Part of Bipartisan Budget Act of 2018

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2019 CMS Medicare Advantage Call Letter

CMS permitted MA plans in 2019 to

- Offer specific tailored benefits (medical and non medical) to targeted populations, not as broad as the Chronic Care Act

270 Plans in 2019 will be offering the supplemental benefits

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VBID (Value Based Insurance Design) Model

Conditions*

2017:
- Congestive Heart Failure
- COPD
- Coronary Artery Disease
- Diabetes
- Hypertension
- Mood Disorder
- Past Stroke

2018:
- Dementia
- Rheumatoid Arthritis

Possible 2019:
- Lower back pain,
- Chronic kidney disease,
- Obesity/pre-diabetes,
- Asthma
- Tobacco use

In 2017, CMS' Innovation Center (CMMI) launched a pilot program to test the below approaches:

- Reduced Cost Sharing for High-Value Services, Supplies, and **Part D drugs**
- Reduced Cost Sharing for High-Value Providers
- Reduced Cost Sharing for Enrollees in Disease Management
- Coverage of Additional Supplemental Benefits

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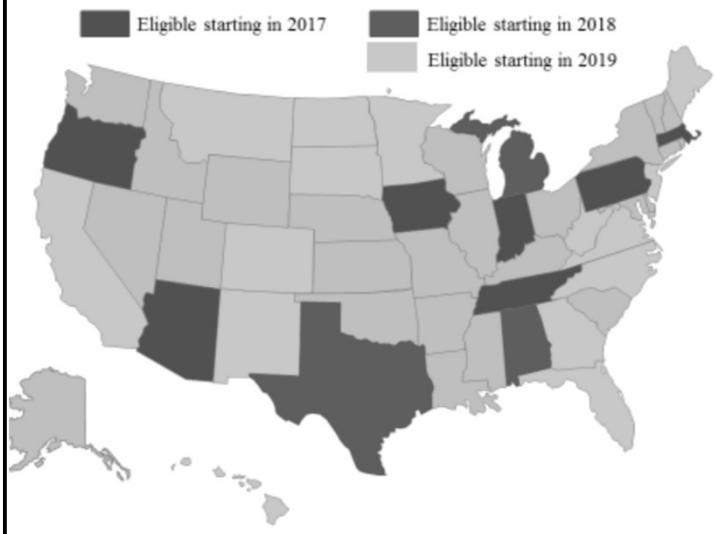
Geographic Footprint



- 2017 – started in 7 states: Arizona, Indiana, Iowa, Massachusetts, Oregon, Pennsylvania, and Tennessee
- 2018 - added 3 states: Alabama, Michigan, and Texas
- 2019 - adding 15 states: California, Colorado, Florida, Georgia, Hawaii, Maine, Minnesota, Montana, New Jersey, New Mexico, North Carolina, North Dakota, South Dakota, Virginia, and West Virginia.
- 2020 - *all states per* the Bipartisan Budget Act of 2018

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Presentation Title

Chris Wing, CEO

scan HEALTH PLAN

Background on Senior Care Action Network (SCAN)

Mission
Keeping Seniors Healthy and Independent

Vision
SCAN Health Plan is the best choice for seniors

1977
Founded by seniors for seniors

1979
State MSSP Contract

1985
National Social HMO Contract

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Plan Products

Medicare Advantage Prescription Drug (MAPD) Plans

Special Needs Plans (SNPs)

- Dual-eligible SNP
- Chronic Condition SNPs
- Institutional SNPs

Community Benefit

Independence at Home (IAH) connects seniors and their caregivers to the services they need to remain safely at home.

IAH is also a recognized source for behavioral health counseling, resource navigation, and community education.

independence at home
A SCAN COMMUNITY SERVICE℠

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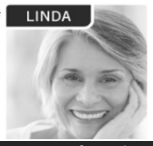
Overview of SCAN Membership*

Up to **50%** of Membership — LINDA



Up to **30%** of Membership — TEDDY

Up to **20%** of Membership — SANDY

Chronic Conditions: Depression, Diabetes, Heart Conditions, COPD, Hypertension	Living Life to the Fullest 0-1	The Traditionalist 2-3	Slowing Down 4 +
Average Age	74	76	79
Average STAR Score	4.1	4.3	4.1
Part C Average Risk Adjustment Factor Score (RAF)	0.72	1.4	2.52
Rx Prescriptions PMPM	1.6	2.8	4.1
PCP Visits Per Member Per Year	2.6	3.8	4.7
Hospital Admits Per K Per Year	50	152	529
Average Medication Adherence Rate	77.3%	78.2%	76.4%
Long Term Care (LTC) > 90 Days	0.14%	0.31%	0.79%
Hospitalizations for Potentially Preventable Complications per K *(Observed out of Expected)*	3 out of 9	16 out of 30	92 out of 120

* Analysis performed using Jan 2015 H5425 membership, of which 80% can be attributed to a persona. There is a representation of Hispanic and other ethnicities within each profile.

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Independence at Home MSSP Persona

	MSSP (serves seniors 65+, certified nursing home level of care)
Average Age	80
Gender	Female
Income Level	100% Medi-Cal eligible
Preferred Language	English
Average Educational Level	Some high school
ADLs/IADLs	ADLs: 4.1 (out of 6) IADLs: 9.2 (out of 11)
Number of Chronic Conditions	5.0
Level of Cognitive Impairment	Mild cognitive disorder (SLUMS: 21-26)
Level of Depression	0-4 (GDS: No depression)
Lives Alone	51.5%
Average Length of Participation in Program	5.9 years

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Social Determinants of Health — Focusing on Efforts

Medical Bills	Care Affordability
Transportation	Non-Emergent Transportation
Safety	In-Home Safety (Monitoring & Alerts)
Literacy	Health Literacy/Patient Activation/Digital Literacy
Language	Language Support
Hunger & Access to Healthy Options	Nutrition & Healthy Food Access
Social Integration	Reducing Social Isolation
Support Systems	Support for Family/Friend/Guardian Caregivers
Community Engagement	Community Resource Navigation
Provider Availability, Cultural Competency & Quality	Provider Availability & Access, Including Virtual Care

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Key Interventions to Address SDOH

Basic Benefits and Programs:

- Data Collection/Needs Assessment
- Care Management and Care Navigation Transportation
- Translation services
- Community Resource Facilitation
- Telemedicine/Tele-Behavioral Health

Programs for High Need Individuals:

- **Connecting Provider to Home**
- **Insights**
- Food as Medicine

Other Activities:

- Advocacy
- Health Equity

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Mr. E: A Connecting Provider to Home Story

To date the pilot targeting chronically-ill at-risk seniors has included nearly 500 patients and six provider groups

- Situation:
  - Lived in mini RV with no running water, cooking facilities or electricity
  - Multiple ER and hospital admissions due to COPD, HTN, cancer, depression, chronic pain and more
- Intervention:
  - Connected to resources to provide housing, behavioral health services, food pantry, personal care, meal prep and transportation
- Results:
  - No ER visits or hospital admits since enrollment in the program
  - Engaged in care and following through with treatment plan

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Sue: An Insights Story

SCAN developed the Insights Program to address seniors' and caregivers' barriers to accessing mental healthcare

- Situation:
  - 71-year-old monolingual Korean speaker; primary caregiver for her younger sister with Alzheimer's
  - Experiencing stress due to caregiving and depression from the loss of her adult son
- Intervention:
  - Regular in-home cognitive behavioral therapy
  - Coping mechanisms: routines, problem-solving and journaling
- Results:
  - "I have more confidence and I am brave. If something happens, I'm equipped to handle it. My relationship with my sister has improved a lot."

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Closing Remarks

- Since SCAN's founding as a social service organization and Social HMO, our programs have addressed the non-clinical social aspects of care.
- Focus on Social Determinants of Health requires identification of need at a population level and a combination of population health management and person-centered programs for high-need individuals.
- A new framework is required for seniors with respect to the impact of Social Determinants, not just on their health, but on their ability to live independently.

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Geisinger at Home

Caring at Your Door

Sanjay Doddamani, MD, MBA
Chief Medical Officer
Geisinger at Home

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About Geisinger

Moody's Aa2/Negative
Standard & Poor's AA/Stable

Integrated Health System: $6.5B

Healthcare Facilities
$3,268M

- 12 Hospitals
- Marworth Alcohol & Chemical Dependency Treatment Center
- 8 outpatient surgery centers
- 2 Nursing Homes
- Home health and hospice services covering 20 counties in PA and 3 counties in NJ
- >144K admissions/OBS & SORUs
- 2,720 licensed inpatient beds

Treat, Teach and Innovate
$1,384M

- Multispecialty group
- ~1,500 physician FTEs
- ~970 advanced practitioners
- 504 Medical School GCSOM students
- ~216 primary & specialty clinic sites
- ~3.8 million outpatient visits
- ~495 resident & fellow FTEs

Quality & Affordable Coverage
$2,592M

- ~581,000 members (including ~89,000 Medicare Advantage members and ~194,000 Medicaid members)
- **MSSP Track1 ACO: KACO**
- ~68,000 contracted providers/facilities
- 45 PA counties
- Offered on public & private exchanges
- Members in 4 states

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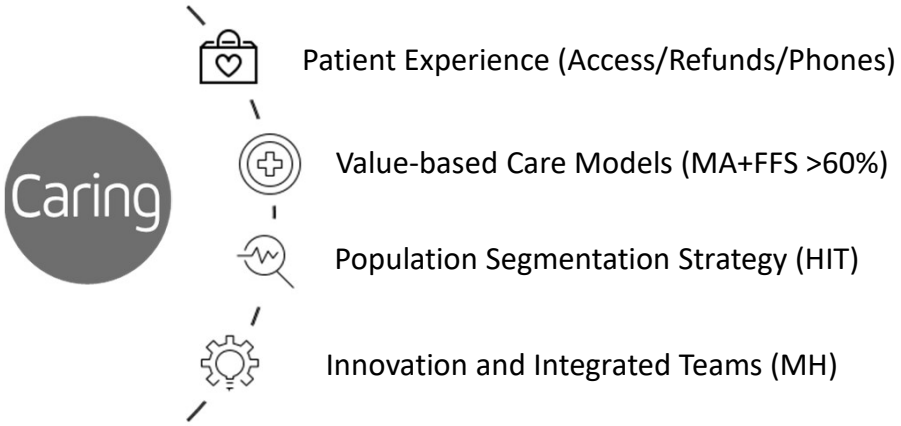
The Recipe for Achieving Success



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The challenges

Significant efforts have been implemented at Geisinger:

- **Patient-centered primary care**
- **Hospital TOC**
- **Post-acute Network**

Primary care redesign

- Access
- Visit approach
- Quality
- Patient experience
- Staff experience

Care management expansion

- Primary Care
- Emergency Department

Specialty integration

- Hospital transitions
- Heart Failure
- Chronic pulmonary disease
- Biologics

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But we still have significant opportunity

CY 2017 Medicare Utilization	Medicare Advantage (MA) Population	Geisinger at Home (GaH) Population*	Medicare Advantage MA minus GaH
Admissions	264/1000	926/1000	187/1000
ED Visits	466/1000	1184/1000	370/1000
Readmission Rate	15.4%	16.3%	14%

*Identified population = 9800 Medicare Advantage lives

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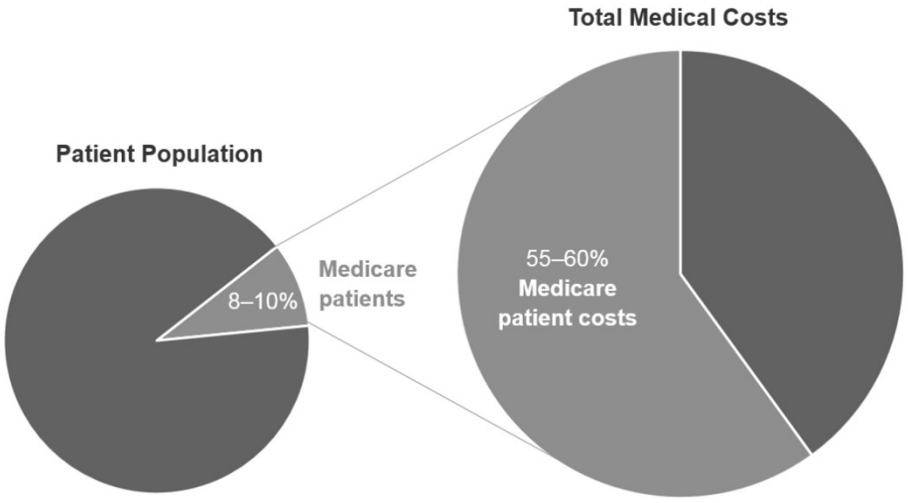
Small portion driving majority of medical costs



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Geisinger at Home
How it works

Home-based medical care
- Comprehensive assessment of disease burden
- Condition optimization & ongoing management
- Early acute care – leveraging mobile paramedics, CM and Home Health

Community-based palliative care
- Plan of care
- Symptom management
- Advanced illness management & hospice

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Which individuals are we focused on?

Who are we focused on?	How are we identifying them?
Multiple chronic conditions and high utilization	Proactive identification from claims analysis
Palliative care or advancing illness	Provider or family referral, claims
High risk hospital or emergency department utilization	Transitions of care

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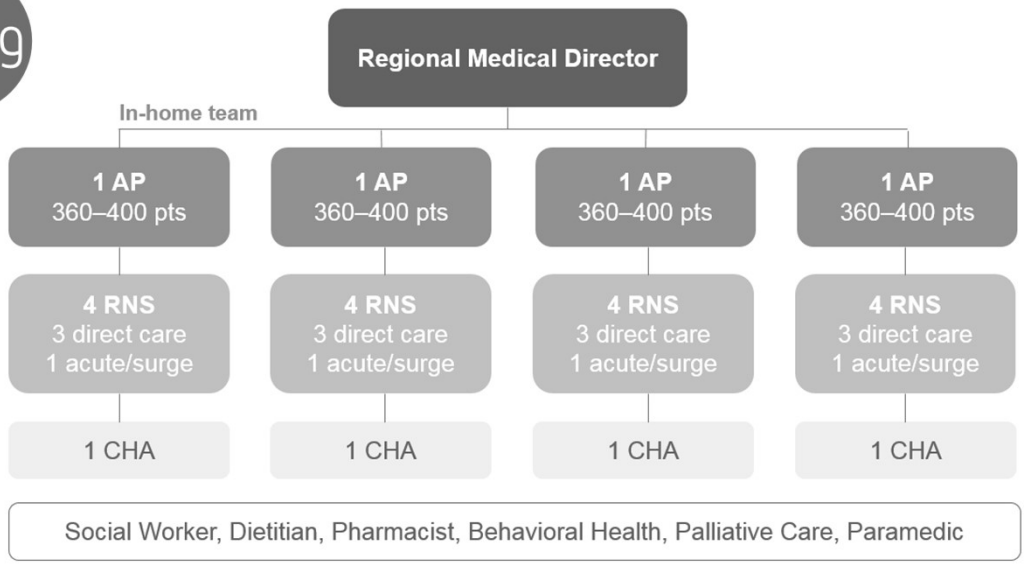

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Geisinger Stories
How we are caring for patients

71 year old member with advanced Chronic Obstructive Pulmonary Disease

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Geisinger Stories
Supporting members who need us most

72 year old member with pulmonary hypertension

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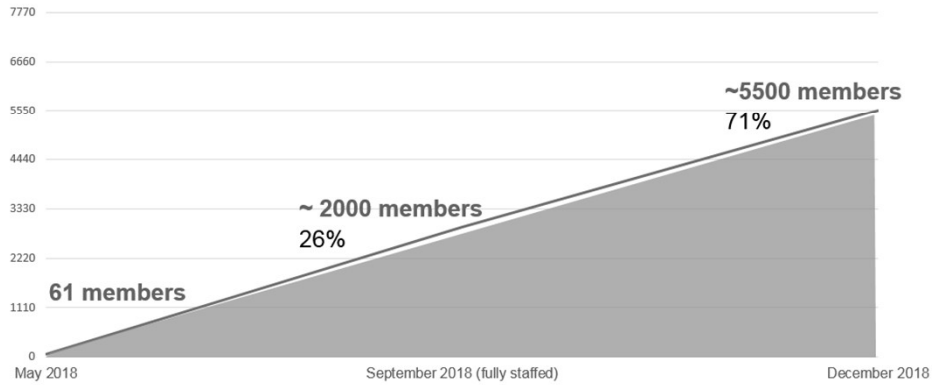
Geisinger at Home timeline

Identified population: 11,000 GHP Members (91% MA + 9% Medicaid)
Expected enrollment: 7,700 (70% of identified)

Member penetration: ~1,100 new members/month



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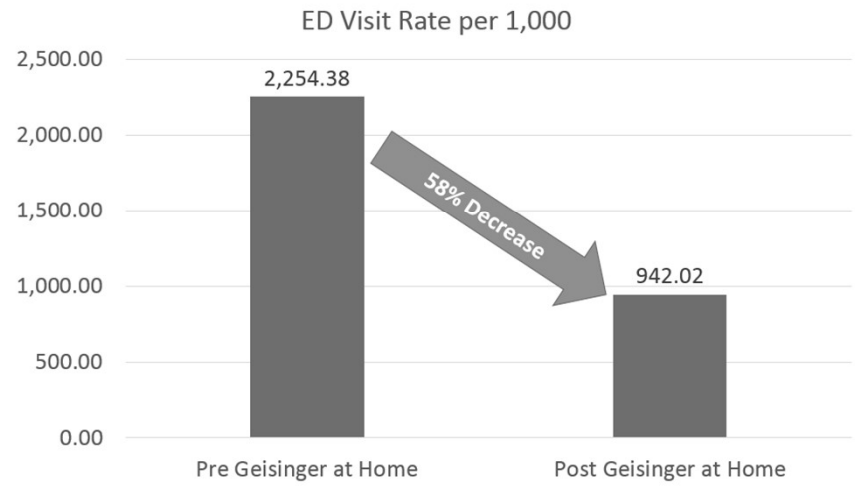
Impact on Emergency Room Visits*



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* First 425 patients in the program

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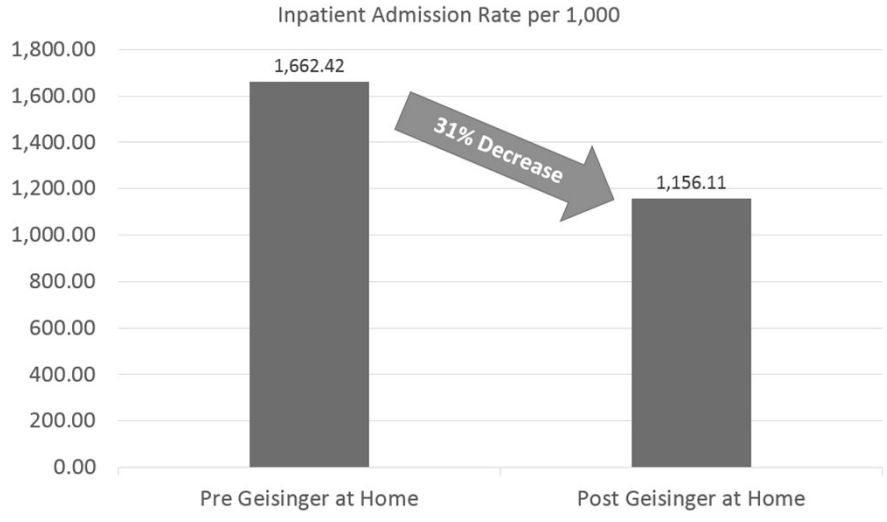
Impact on Hospital Admissions*



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* First 425 patients in the program

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Lessons Learned:

1. Patients have extremely complex health conditions
2. Existing health care system infrastructure and resources are not well designed for this current complexity

Risks:

1. Ability to find qualified staff
2. Time to onboard and "ramp up" and scale
3. Ability to rapidly evolve the model based on outcomes

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