

[REDACTED]
November 3rd, 2014

Re: Request for Information about the Impact of Dual Eligibles on Plan Performance

To Whom It May Concern,

Enclosed are [REDACTED] comments and supporting data regarding CMS' request for information about the impact of Dual Eligibles on plan performance.

The data clearly demonstrates the negative impact enrolling a disproportionate share of low-income and disabled beneficiaries has on plan Star ratings. Specifically the data show:

- Plan Star ratings across 17 HEDIS and PDE metrics were negatively impacted by .5 stars in aggregate.
- Utilization for all service categories is disproportionately higher in the Dual Eligible population, yet Star ratings outcomes are significantly lower.
- Dual Eligible screening rates are on par with non-Dual Eligibles, however there is a sharp disparity in triple-weighted outcome measure results.

The causality is attributed to several factors including:

- Increased disease and pain burden in the Dual Eligible population leads to higher rates of extreme polypharmacy and therefore, the potential for lower medication adherence.
- Lower health literacy, a well-known indicator of lower health outcomes, is more prevalent in the Dual Eligible population.
- Lower income impairs [REDACTED] ability to have meaningful educational outreaches with our Dual Eligible membership.

We appreciate the opportunity to respond to the request for information and hope that due consideration will be given to adjusting the Star metrics. We recommend an adjustment so that plans that serve the Dual Eligible population are not unfairly disadvantaged.

Please contact me with any questions regarding this submission or if you would like to discuss our comments any further.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

¹ <http://healthaffairs.org/blog/2014/09/22/medicare-advantage-stars-systems-disproportionate-impact-on-ma-plans-focusing-on-low-income-populations/>

Analysis 2: HEDIS Administrative Data (see Figure 2)

Analysis period: CY 2013 (HEDIS 2014) = Data used for 2015 star ratings.

Populations used: Population 1= All non-SNP members in HEDIS sample data, Population 2= All DSNP members in HEDIS sample data.

Statistical significance tested using Z-Test at 95% CI

Stars impact assessed using 2015 Star Ratings cut-points.

Analysis: Again, the DSNP population performed on-par in their screening compliance rate for breast cancer. The DSNP underperformed in two metrics that speak more to disease management (longitudinal compliance), Osteoporosis and Rheumatoid Arthritis management. The final administrative HEDIS metric, plan all-cause readmissions, best illustrates the differences in the two populations as this metric is risk adjusted for readmission likelihood.

Although all but one metric was not statistically significant, the DSNP consistently underperformed their non-DSNP counterparts. This underperformance has cumulative and material negative impact to [REDACTED] overall Star Rating.

Analysis 3: Part D Acumen Data (see Figure 3)

Analysis period: CY 2013 = Data used for 2015 star ratings.

Populations used: Population 1= non-LIS members, Population 2= LIS members.

Statistical significance tested using Z-Test at 95% CI

Stars impact assessed using 2015 Star Ratings cut-points.

Analysis: Due to time constraints, Acumen data segmented by LIS status was used as an approximation for DSNP enrollment. [REDACTED] finds that across all five triple weighted Part D outcome measures, the LIS (a proxy for the DSNP) population underperforms their non-LIS counterparts. Three of the five compliance rates are statistically significant, yet all differences are at least 1 percentage point and a potential for a negative Star Ratings impact.

Impact to Star Ratings

Cumulative impact on our Star Ratings, using 2015 cut-points and weighting are as follows:

| | |
|--|-----------------|
| Star Rating (weighted) for Non-DSNP and Non-LIS | 3.228571 |
| Star Rating (weighted) for DSNP and LIS | 2.771429 |
| Difference | 0.457143 |

[REDACTED] assessment of the impact of the Dual-Eligible SNP population is that there is a cumulative and material negative impact of nearly .5 Stars across the 17 clinical metrics that [REDACTED] analyzed.

| HEDIS Hybrid Star metrics | (nonSNP) count of compliant | (nonSNP) count of noncompliant | Total | Compliance | Star Rating | (DSNP) count of compliant | (DSNP) count of noncompliant | Total | Compliance | Star Rating | Significant at 95% CI | Stars Weight | Material difference (impacts Star rating) |
|--|-----------------------------|--------------------------------|-------|------------|-------------|---------------------------|------------------------------|-------|------------|-------------|-----------------------|--------------|---|
| C01 Colorectal Cancer Screening | 195 | 90 | 285 | 68.4% | 5 | 446 | 175 | 621 | 71.8% | 5 | N | 1 | 0.00 |
| C03 Cholesterol Screening for Patients with Diabetes | 198 | 29 | 227 | 87.2% | 4 | 191 | 35 | 226 | 84.5% | 4 | N | 1 | 0.00 |
| C08 Checking to See if Members are at a Healthy Weight | 253 | 13 | 266 | 95.1% | 5 | 175 | 12 | 187 | 93.6% | 5 | N | 1 | 0.00 |
| C14 Eye Exam to Check for Damage from Diabetes | 139 | 88 | 227 | 61.2% | 3 | 157 | 69 | 226 | 69.5% | 4 | N | 1 | 1.00 |
| C15 Kidney Function Testing for Members with Diabetes | 154 | 25 | 179 | 86.0% | 4 | 193 | 33 | 226 | 85.4% | 4 | N | 1 | 0.00 |
| C16 Members with Diabetes whose Blood Sugar is Under Control | 162 | 65 | 227 | 71.4% | 3 | 139 | 87 | 226 | 61.5% | 2 | Y | 3 | -3.00 |
| C17 Members with Diabetes whose Cholesterol is under Control | 124 | 103 | 227 | 54.6% | 4 | 109 | 117 | 226 | 48.2% | 2 | N | 3 | -6.00 |
| C18 Controlling Blood Pressure | 182 | 81 | 263 | 69.2% | 4 | 419 | 224 | 643 | 65.2% | 4 | N | 3 | 0.00 |

(Figure 1, HEDIS data collected via medical record review)

| HEDIS Administrative metrics | (nonSNP) count of compliant | (nonSNP) count of noncompliant | Total | Compliance | Star Rating | (DSNP) count of compliant | (DSNP) count of noncompliant | Total | Compliance | Star Rating | Significant at 95% CI | Stars Weight | Material difference (impacts star rating) |
|--|-----------------------------|--------------------------------|-------|------------|-------------|---------------------------|------------------------------|-------|------------|-------------|-----------------------|--------------|---|
| C00 Breast Cancer Screening | 3499 | 1312 | 4811 | 73% | 0 | 2917 | 1082 | 3999 | 73% | 0 | N | 1 | 0.00 |
| C13 Osteoporosis Management | 109 | 147 | 256 | 43% | 3 | 53 | 100 | 153 | 35% | 3 | N | 1 | 0.00 |
| C19 Rheumatoid Arthritis Management | 206 | 46 | 252 | 82% | 4 | 208 | 71 | 279 | 75% | 3 | Y | 1 | -1.00 |
| C22 Readmission to Hospital within 30 days of Being Discharged | 2498 | 387 | 2885 | 11% | 3 | 1454 | 292 | 1746 | 13% | 2 | N | 3 | -3.00 |

National
 Average Actual
 Readmission
 Rate 0.128458
 O/E Ratio
 nonSNP 0.873
 O/E Ratio
 DSNP 0.974

(Figure 2, HEDIS data collected from claims)

| Part D Metrics | Non-LIS Beneficiaries count of compliant member years | Non-LIS Beneficiaries count of non-compliant member years | Total | Compliance | Star Rating | LIS Beneficiaries count of compliant member years | LIS Beneficiaries count of non-compliant member years | Total | Compliance | Star Rating | Significant at 95% CI | Stars Weight | Material difference (impacts star rating) |
|---|---|---|--------|------------|-------------|---|---|--------|------------|-------------|-----------------------|--------------|---|
| D09 High Risk Medication | 13394.5 | 1457.4 | 14852 | 9.8% | 3 | 9614 | 1430.3 | 11044 | 13.0% | 3 | Y | 3 | 0.00 |
| D10 Using Blood Pressure Medications Recommended for People with Diabetes | 2716.3 | 462.5 | 3178.8 | 85.5% | 3 | 4832.7 | 838.1 | 5670.8 | 85.2% | 3 | N | 3 | 0.00 |
| D11 Taking Diabetes Medication as Directed | 1713.8 | 656.5 | 2370.3 | 72.3% | 2 | 2351.4 | 949 | 3300.4 | 71.2% | 2 | N | 3 | 0.00 |
| D12 Taking Blood Pressure Medication as Directed | 5931.5 | 1874.8 | 7806.3 | 76.0% | 3 | 7412.1 | 2896.4 | 10309 | 71.9% | 2 | Y | 3 | -3.00 |
| D13 Taking Cholesterol Medication as Directed | 5264.6 | 2248.5 | 7513.1 | 70.1% | 3 | 6362.1 | 3019.7 | 9381.8 | 67.8% | 3 | Y | 3 | 0.00 |

(Figure 3, PDE Data from Acumen 2013 final data)

Analysis of population characteristics

To better quantify the differences in the non-DSNP and DSNP populations, we analyzed member data from July 1st, 2011 through June 30th of 2014 using [REDACTED] engine. Our cohort analysis compared the entire DSNP population [REDACTED] to our largest non-DSNP plan [REDACTED]. Combined, these two plans represent nearly 90 percent of our population, span our entire geographic footprint, and utilize the same network of healthcare providers. Only members current as of June 30th, 2014 and continuously enrolled on the plan for greater than 12 months were included in the cohort.

Business Level Selection

| Cohort Name | PBP NUMBER | PROVIDER ORGANIZATION | INDICATOR | COVERAGE TYPE | PCP | COUNTY |
|-------------|------------|-----------------------|-----------|---------------|-----|--------|
| [REDACTED] | [REDACTED] | All | All | All | All | All |
| [REDACTED] | [REDACTED] | All | All | All | All | All |

Population Comparison

| Cohort Name | Average Age | % Male | % Female | No. of Members |
|-------------|-------------|--------|----------|----------------|
| [REDACTED] | 63.24 | 33% | 67% | 15,105 |
| [REDACTED] | 71.39 | 46.1% | 53.9% | 17,026 |

Risk Comparison

| Cohort Name | RI | ARI | CGI | RRS(2) | RRS(121) | RRS(125) | RRS(132) | Average # of Comorbidity |
|-------------|-------|-------|------|--------|----------|----------|----------|--------------------------|
| [REDACTED] | 30.22 | 35.8 | 5.58 | 1.01 | 1.26 | 1.30 | 1.00 | 4.3 |
| [REDACTED] | 23.28 | 28.13 | 4.86 | 0.70 | 0.93 | 0.95 | 0.70 | 3.58 |

- The Risk Index (RI) is a numerical representation of the frequency of occurrence of certain risk-predictive "events" within a member's Individual Claim Detail. Each red flag diagnosis, procedure, or drug contributes to the total score. The model considers disease specific criteria, co-morbidities, and treatment patterns.
- The Relative Risk Score (RRS) is a measure of resource use - in total cost or count of outcomes events -relative to an average person. A relative risk score of 1.00 means that the person's risk burden (and predicted cost) is equal to the mean (average) in the development sample.
- The Care Gap Index, or CGI, is designed for point-in-time stratification of care compliance in a population.
- Plan average relative risk model scores are as follows:

| | | | |
|--------------------------|-----|--|------|
| April 2013 to March 2014 | 2 | Medicare All Medical Predicting Concurrent Medical Risk | 0.99 |
| April 2014 to March 2015 | 121 | Medicare All Medical Predicting Prospective Medical Risk | 1.10 |
| April 2014 to March 2015 | 125 | Medicare All Medical with Util Predicting Prospective Medical Risk | 1.12 |
| April 2013 to March 2014 | 132 | Medicare All Medical Predicting 400K Concurrent Medical Risk | 0.98 |

Utilization Comparison

| Cohort Name | Admission | | Office Visit | | ER Visit | | Average Length of Stay |
|-------------|-----------|--------|--------------|----------|----------|----------|------------------------|
| | Count | /1000 | Count | /1000 | Count | /1000 | |
| [REDACTED] | 14,401 | 357.06 | 394,729 | 9,786.81 | 47,698 | 1,182.61 | 5.3 |
| [REDACTED] | 10,127 | 216.91 | 322,711 | 6,912.19 | 24,758 | 530.3 | 5.5 |

Our analysis indicates that the Dual Eligible population utilizes services in every care setting, and especially in the acute-care setting, at a higher rate than the non-Dual Eligible population. We also note that the health risk scores are higher due to the higher utilization rates. One assessment of particular interest is that the average number of comorbidities per member is significantly higher in the Dual-Eligible [REDACTED] population.

[REDACTED] also compared the disease burden of both [REDACTED] (nonSNP) and [REDACTED] (DSNP) members using the following [REDACTED] criteria:

| [REDACTED] Disease Registry | |
|-----------------------------|--------------------|
| Application Name: | [REDACTED] |
| Cycle Period: | Jul 11 thru Jun 14 |
| [REDACTED] | [REDACTED] |
| PROVIDER ORGANIZATION | All |
| [REDACTED] | All |
| COVERAGE TYPE | All |
| [REDACTED] | All |
| COUNTY | All |
| Analysis Period | Contract Year |
| Disease Type | All Diseases |

The results as illustrated in Figure 4 demonstrate that the disease burden is higher in the Dual-Eligible population in nearly every major acute, episodic, and chronic category. Furthermore, the Dual-Eligible population utilizes services related to these disease states at a higher rate in all but one instance. The Dual-Eligible special needs plan is not afforded the opportunity to focus on one specific disease state when the only common denominator in the population is low income status.

| Diseases | Members | Members | Members per 1000 | Members per 1000 | Office Visits per 1000 | Office Visits per 1000 | ER Visits per 1000 | ER Visits per 1000 | Admission per 1000 | Admission per 1000 |
|---|---------|---------|------------------|------------------|------------------------|------------------------|--------------------|--------------------|--------------------|--------------------|
| | Current | Current | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual |
| *Hypertension | 10,956 | 11,024 | 576.1 | 636.2 | 7,887.9 | 10,751.2 | 721.4 | 1,408.9 | 332.1 | 504.3 |
| Uncomplicated Hypertension | 9,047 | 8,410 | 473.0 | 485.4 | 7,766.3 | 10,418.4 | 620.9 | 1,258.1 | 276.3 | 436.4 |
| Hyperlipidemia | 7,043 | 5,663 | 365.9 | 326.8 | 7,881.9 | 10,950.7 | 539.1 | 1,104.5 | 253.8 | 383.0 |
| *Diabetes | 5,669 | 6,748 | 300.2 | 389.4 | 8,517.6 | 11,562.3 | 798.5 | 1,529.2 | 371.9 | 536.6 |
| Coronary Artery Disease (incl. MI) | 3,291 | 2,815 | 175.3 | 162.5 | 9,173.4 | 12,554.2 | 1,037.9 | 1,944.4 | 575.6 | 871.0 |
| Osteoarthritis | 3,246 | 4,624 | 169.7 | 266.9 | 9,365.3 | 13,123.7 | 872.3 | 1,683.5 | 376.3 | 555.8 |
| Diabetes Type II w/o complications or unspecified | 3,108 | 3,098 | 163.3 | 178.8 | 7,832.3 | 10,634.2 | 639.3 | 1,233.8 | 290.6 | 407.4 |
| Complicated Hypertension | 1,909 | 2,614 | 103.1 | 150.9 | 8,457.0 | 11,834.7 | 1,191.6 | 1,899.7 | 593.2 | 725.5 |
| Back Pain | 1,866 | 3,332 | 95.3 | 192.3 | 11,485.3 | 15,120.9 | 1,129.1 | 2,109.3 | 395.7 | 531.6 |
| Cerebrovascular Disease | 1,857 | 1,896 | 102.1 | 109.4 | 8,779.9 | 11,691.8 | 1,378.7 | 2,249.5 | 754.8 | 1,048.3 |
| Chronic Obstructive Pulmonary Disease | 1,805 | 3,042 | 99.1 | 175.6 | 8,972.5 | 12,648.9 | 1,388.7 | 2,138.1 | 747.2 | 899.3 |
| Cancer | 1,562 | 1,156 | 81.8 | 66.7 | 11,055.7 | 14,919.1 | 695.0 | 1,731.6 | 441.9 | 838.7 |
| Atrial Fibrillation | 1,417 | 1,108 | 77.9 | 63.9 | 9,586.9 | 12,456.8 | 1,238.0 | 2,070.3 | 759.2 | 1,156.6 |
| Diabetes Type II w/ chronic complications | 1,334 | 1,717 | 70.6 | 99.1 | 9,288.4 | 12,034.2 | 780.4 | 1,384.9 | 383.6 | 497.5 |
| Congestive Heart Failure | 1,182 | 1,564 | 68.1 | 90.3 | 9,483.1 | 12,560.9 | 1,885.7 | 2,543.9 | 1,127.6 | 1,309.1 |
| Chronic Renal Failure | 1,049 | 1,282 | 57.8 | 74.0 | 10,078.4 | 13,125.9 | 1,292.8 | 1,997.8 | 726.6 | 975.1 |
| Diabetes Type I | 999 | 1,654 | 53.9 | 95.5 | 9,560.6 | 12,723.6 | 1,210.8 | 2,122.5 | 576.9 | 750.3 |
| Osteoporosis | 696 | 587 | 35.9 | 33.9 | 8,406.8 | 11,433.6 | 590.3 | 1,178.3 | 322.2 | 482.5 |
| Asthma | 569 | 1,155 | 29.9 | 66.7 | 9,943.3 | 14,312.1 | 1,282.0 | 2,229.0 | 583.7 | 676.1 |
| Neck Pain | 390 | 807 | 19.9 | 46.6 | 12,357.6 | 16,639.0 | 1,277.1 | 2,475.7 | 454.7 | 614.5 |
| Chronic Liver and Biliary Disease | 317 | 585 | 18.4 | 33.8 | 10,170.8 | 13,624.1 | 1,650.4 | 2,753.5 | 929.5 | 1,079.2 |
| Rheumatoid Arthritis | 268 | 450 | 14.1 | 26.0 | 10,987.0 | 13,016.5 | 797.0 | 1,605.2 | 446.9 | 524.3 |
| Diabetes Type II w/ non-chronic complications | 200 | 230 | 10.8 | 13.3 | 8,498.8 | 12,009.3 | 1,222.5 | 2,191.1 | 479.2 | 923.1 |
| Congenital Anomalies | 188 | 439 | 10.0 | 25.3 | 9,280.3 | 12,857.1 | 861.6 | 1,916.5 | 508.7 | 601.9 |
| Skin Ulcer (excl. decubitus) | 184 | 261 | 9.6 | 15.1 | 13,404.8 | 16,119.8 | 1,983.9 | 3,361.3 | 1,426.3 | 1,652.7 |
| Major Depression | 164 | 393 | 8.4 | 22.7 | 15,191.9 | 18,310.6 | 2,071.1 | 3,272.7 | 1,254.8 | 1,289.3 |
| Major Trauma | 163 | 225 | 9.3 | 13.0 | 10,173.7 | 14,245.9 | 2,950.2 | 4,520.0 | 1,884.9 | 1,945.2 |
| Bipolar Disorder | 159 | 451 | 8.8 | 26.0 | 11,340.8 | 14,388.9 | 2,819.9 | 2,996.5 | 1,159.7 | 1,141.1 |
| Schizophrenia | 127 | 357 | 7.0 | 20.6 | 8,742.4 | 11,497.5 | 1,803.0 | 2,754.7 | 878.8 | 1,075.9 |
| Diseases | Members | Members | Members per | Members per | Office Visits per 1000 | Office Visits per 1000 | ER Visits per | ER Visits per | Admission per | Admission per |

| | | | 1000 | 1000 | | | 1000 | 1000 | 1000 | 1000 |
|--|---------|---------|--------|--------|----------|----------|---------|---------|---------|---------|
| | Current | Current | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual |
| Acute/Episodic Liver and Biliary Disease | 111 | 219 | 6.4 | 12.6 | 11,716.3 | 14,907.4 | 2,937.4 | 3,258.9 | 1,869.3 | 1,453.7 |
| Cirrhosis | 88 | 140 | 5.3 | 8.1 | 9,689.8 | 11,878.8 | 1,582.9 | 2,666.7 | 1,112.3 | 1,090.9 |
| Immune Disorders | 71 | 137 | 4.1 | 7.9 | 12,027.0 | 17,946.8 | 1,186.5 | 2,205.3 | 728.1 | 1,110.3 |
| Inflammatory Bowel Diseases | 70 | 91 | 3.6 | 5.3 | 8,978.6 | 12,251.9 | 1,767.2 | 2,564.9 | 769.6 | 1,007.6 |
| HIV/Aids | 65 | 222 | 3.5 | 12.8 | 7,169.6 | 9,650.0 | 729.1 | 1,748.7 | 364.6 | 416.3 |
| Major Organ Transplant | 58 | 63 | 3.0 | 3.6 | 9,840.0 | 12,958.7 | 1,200.0 | 1,983.5 | 651.4 | 1,157.0 |
| Ventilator Dependence | 54 | 113 | 3.3 | 6.5 | 9,116.0 | 12,375.6 | 3,281.8 | 5,416.8 | 2,585.6 | 3,736.4 |
| Home Infusion | 49 | 117 | 2.7 | 6.8 | 16,642.6 | 16,093.7 | 2,714.8 | 4,128.8 | 2,045.9 | 2,547.6 |
| Spinal Cord Injuries | 48 | 71 | 2.4 | 4.1 | 12,583.3 | 14,053.0 | 1,291.7 | 2,255.4 | 666.7 | 1,098.8 |
| Demyelinating Diseases | 43 | 101 | 2.3 | 5.8 | 8,061.8 | 10,871.8 | 463.3 | 1,579.5 | 324.3 | 512.8 |
| Osteomyelitis | 39 | 71 | 2.0 | 4.1 | 14,575.1 | 17,040.6 | 3,553.6 | 4,754.2 | 3,296.1 | 2,663.5 |
| Secondary Diabetes | 28 | 49 | 1.7 | 2.8 | 10,022.0 | 12,295.8 | 1,384.6 | 2,154.9 | 659.3 | 1,056.3 |
| Ulcerative Colitis | 28 | 41 | 1.5 | 2.4 | 9,159.8 | 12,935.1 | 923.1 | 3,168.8 | 781.1 | 1,194.8 |
| Chronic Pancreatitis | 21 | 54 | 1.1 | 3.1 | 9,937.5 | 12,769.2 | 1,781.3 | 3,500.0 | 1,218.8 | 1,153.8 |
| Sickle Cell Anemia | 14 | 34 | 0.8 | 2.0 | 9,000.0 | 11,679.1 | 3,750.0 | 4,235.3 | 1,200.0 | 1,219.3 |
| High Risk Pregnancy | 4 | 6 | 0.2 | 0.3 | 16,000.0 | 10,500.0 | 1,000.0 | 0.0 | 2,000.0 | 1,875.0 |
| Eating Disorders | 3 | 3 | 0.2 | 0.2 | 7,578.9 | 2,571.4 | 4,421.1 | 1,714.3 | 3,789.5 | 3,428.6 |
| Hemophilia | 2 | 5 | 0.2 | 0.3 | 4,500.0 | 10,800.0 | 750.0 | 2,400.0 | 750.0 | 0.0 |
| Significant Burns | 2 | 3 | 0.1 | 0.2 | 16,000.0 | 15,692.3 | 3,000.0 | 2,769.2 | 1,000.0 | 1,846.2 |
| | | | | | | | | | | |
| | | | | | | | | | | |

(Figure 4, [REDACTED] disease registry)

Impact of Higher Disease burden on Star ratings

A higher disease and pain burden often leads to higher prescribing rates for medications. ██████████ analyzed ██████████ (nonSNP) and ██████████ (DSNP) data using ██████████ using the following criteria:

| | |
|-----------------------|------------------------|
| Application Name: | ██████████ |
| Cycle Period: | Jul 11 thru Jun 14 |
| ██████████ | ██████████ |
| PROVIDER ORGANIZATION | All |
| ██████████ | All |
| COVERAGE TYPE | All |
| ██████████ | All |
| COUNTY | All |
| Disease Category | All |
| Secondary Category | All |
| Individuals | Current |
| Favorite QRMs | Pharmacy only |
| Age(Filter by QRMs) | All |
| Filter: | Pharmacy only>>Current |

Data collected illustrates the volume and complexity of pharmaceutical regimens undertaken by our members. Complex drug regimens occur at a much higher rate in our DSNP plan and the complexity of their drug regimens will invariably lead to lower medication adherence.

| Description | Individual | | Actual |
|---|------------------|-----------|--------|
| | Total population | With Risk | |
| ██████████ (DSNP) Patients with prescriptions for more than 15 drug classes in the analysis period. | 17,757 | 8,540 | 48.09% |
| ██████████ (nonSNP) Patients with prescriptions for more than 15 drug classes in the analysis period. | 19,879 | 5,116 | 25.74% |

Low income as a cause of lower health outcomes

CMS asserts that a low income population with an enhanced model of care and Extra Help would have a health status on par, as measured by the Star Ratings, with Medicare Advantage members who do not qualify for low income status benefits. ██████████ has not had this experience with our low income population. We assert that the low-income population has a higher disease burden and a lower health status.

Lower health literacy has been directly linked to lower health outcomes in numerous studies²³⁴⁵. Health literacy has been directly linked to lower diabetes management outcomes⁶. Lower health literacy has also been associated with lower physical and mental health⁷.

In order to assess our Dual-Eligible SNP plan members' financial and health literacy status, ██████ used Health Risk Assessment results collected using an IVR system. All new enrollees, including non-SNP members receive an HRA and DSNP members are assessed at enrollment and annually thereafter. Results are YTD and data available on October 28th, 2014.

| Health Risk Assessment questions relating to literacy and poverty | DSNP Response ██████ | | | | Non-SNP Responses | | | | Significant |
|---|----------------------|------|-------|-----|-------------------|------|-------|-----|-------------|
| | Yes | No | Total | % | Yes | No | total | % | |
| Do you currently have concerns regarding family support, finances, food, or clothing needs? | 1373 | 3478 | 4851 | 28% | 135 | 646 | 781 | 17% | Y |
| Would you say that the foods you eat are healthy? | 3686 | 1113 | 4799 | 77% | 1327 | 230 | 1557 | 85% | Y |
| Do you have any problems understanding or remembering new information? | 1497 | 3578 | 5075 | 29% | 316 | 1344 | 1660 | 19% | Y |

(Figure 5, IVR HRA Data)

██████ IVR campaigns

██████ conducts extensive IVR outreach campaigns in order to educate members and encourage healthy behaviors and preventive screenings. The outreach campaigns include post-hospital discharge outreaches, diabetes educations, member satisfaction and health outcomes assessments, heart healthiness, and medication adherence. We have found that low income directly impacts our ability to successfully outreach to our members. The lower income DSNP members have a statistically significant higher rate of phone disconnection rates as well as higher non-response rates to outreaches.

² Backlund E, Sorlie PD, Johnson NJ. A comparison of the relationships of education and income with mortality: the National Longitudinal Mortality Study. *Soc Sci Med*. 1999;49:1373–84

³ Sorlie PD, Backlund E, Keller JB. US mortality by economic, demographic, and social characteristics: the National Longitudinal Mortality Study. *Am J Public Health*. 1995;85:949–56

⁴ Winkleby MA, Jatulis DE, Frank E, Fortmann SP. Socioeconomic status and health: how education, income, and occupation contribute to risk factors for cardiovascular disease. *Am J Public Health*. 1992;82:816–20

⁵ Adler NE, Newman K. Socioeconomic disparities in health: pathways and policies. *Health Aff (Millwood)* 2002;21:60–76.

⁶ Dean Schillinger, MD; Kevin Grumbach, MD; John Piette, PhD; Frances Wang, MS; Dennis Osmond, PhD; Carolyn Daher, MPH; Jorge Palacios, MA; Gabriela Diaz Sullivan, MD; Andrew B. Bindman, MD. Association of Health Literacy With Diabetes Outcomes, *JAMA*. 2002;288(4):475-482. doi:10.1001/jama.288.4.475.

⁷ Michael S. Wolf, PhD, MPH; Julie A. Gazmararian, PhD, MPH; David W. Baker, MD, MPH. Health Literacy and Functional HealthStatus Among Older Adults. *Arch Intern Med*. 2005;165(17):1946-1952. doi:10.1001/archinte.165.17.1946

| Call Details | All Call Results DSNP | | | All Call Results Non-DSNP | | |
|-----------------------------|-----------------------|------------------|--------------|---------------------------|-----------------|--------------|
| Attempted | | 274,496 | | | 242,455 | |
| Wrong Number | 431 | | | 374 | | |
| Disconnected | 1,374 | | | 750 | | |
| Busy | 2,671 | | | 2,613 | | |
| No Answer | 114,613 | | | 72,472 | | |
| Unreachable Subtotal | | (119,089) | 43.4% | | (76,209) | 31.4% |
| Reachable | | 155,407 | 56.6% | | 166,246 | 68.6% |

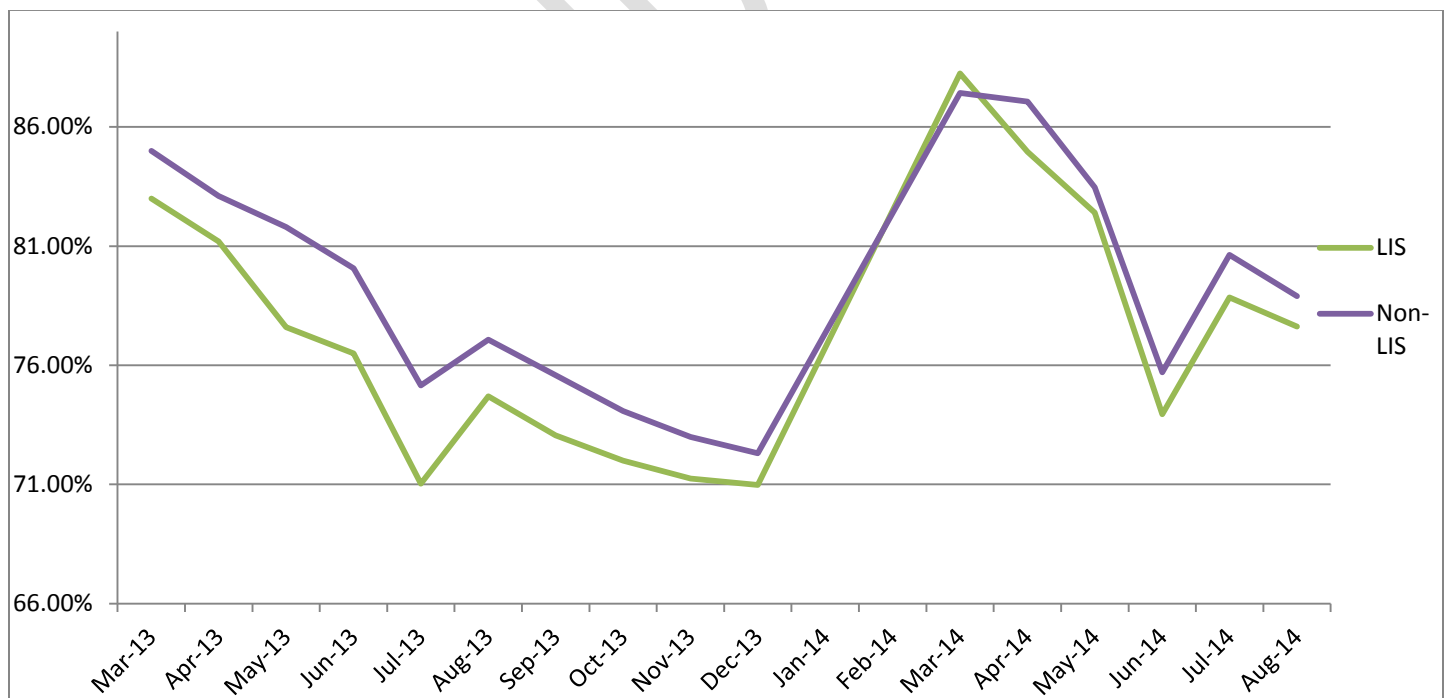
(Figure 6, IVR connection rates)

We attribute the higher phone disconnection and “no answer” rates to lower income and the financial stresses that the DSNP population faces. Lower income, or less discretionary income, could force our Dual Eligible members to lapse in paying their phone bills and effectively end our ability to make timely outreaches.

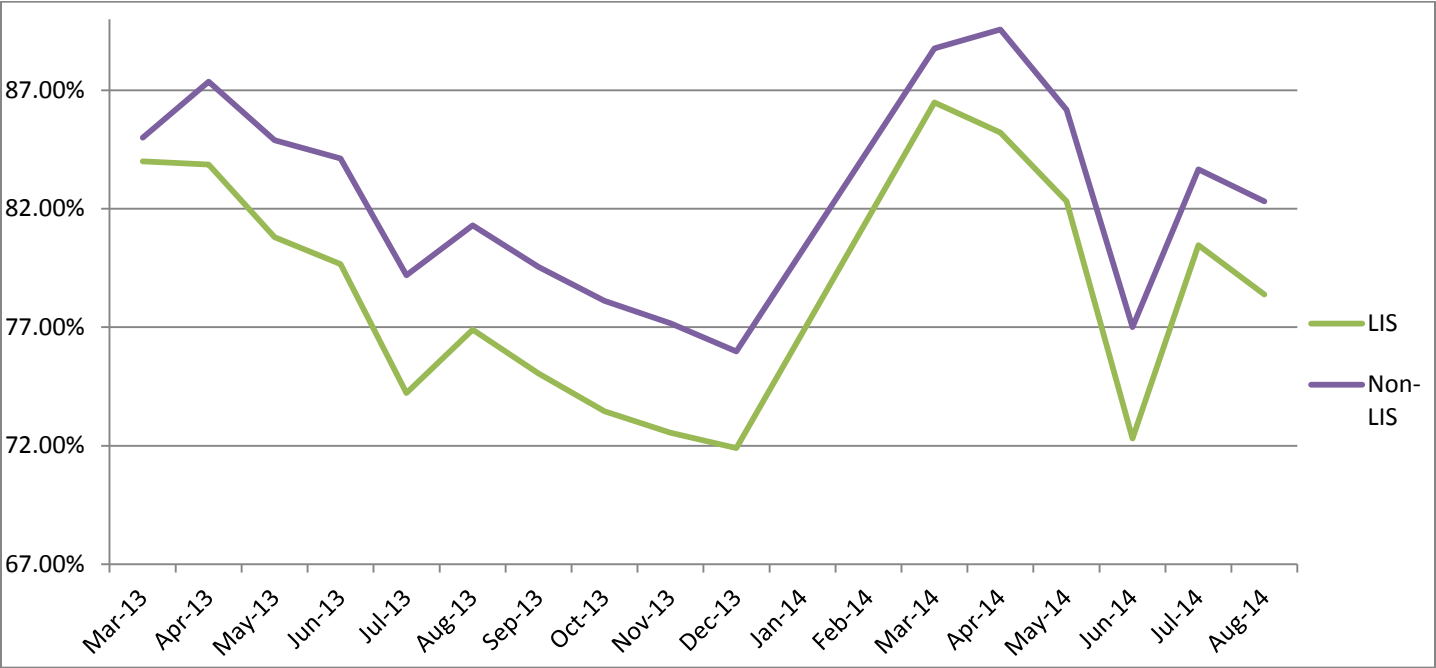
Medication adherence trends

██████ has made concerted efforts to educate our members to the importance of medication adherence. In 2013 we engaged ██████ to perform IVR medication adherence education and prescription fill reminder outreaches on our behalf. We have had significant improvement in our overall medication adherence rates (See figures below), however the LIS membership have consistently underperformed their non-LIS counterparts across all adherence metrics. We attribute this lower performance to our inability to consistently contact our Dual Eligible members.

Diabetes medication adherence (based on Acumen monthly data)



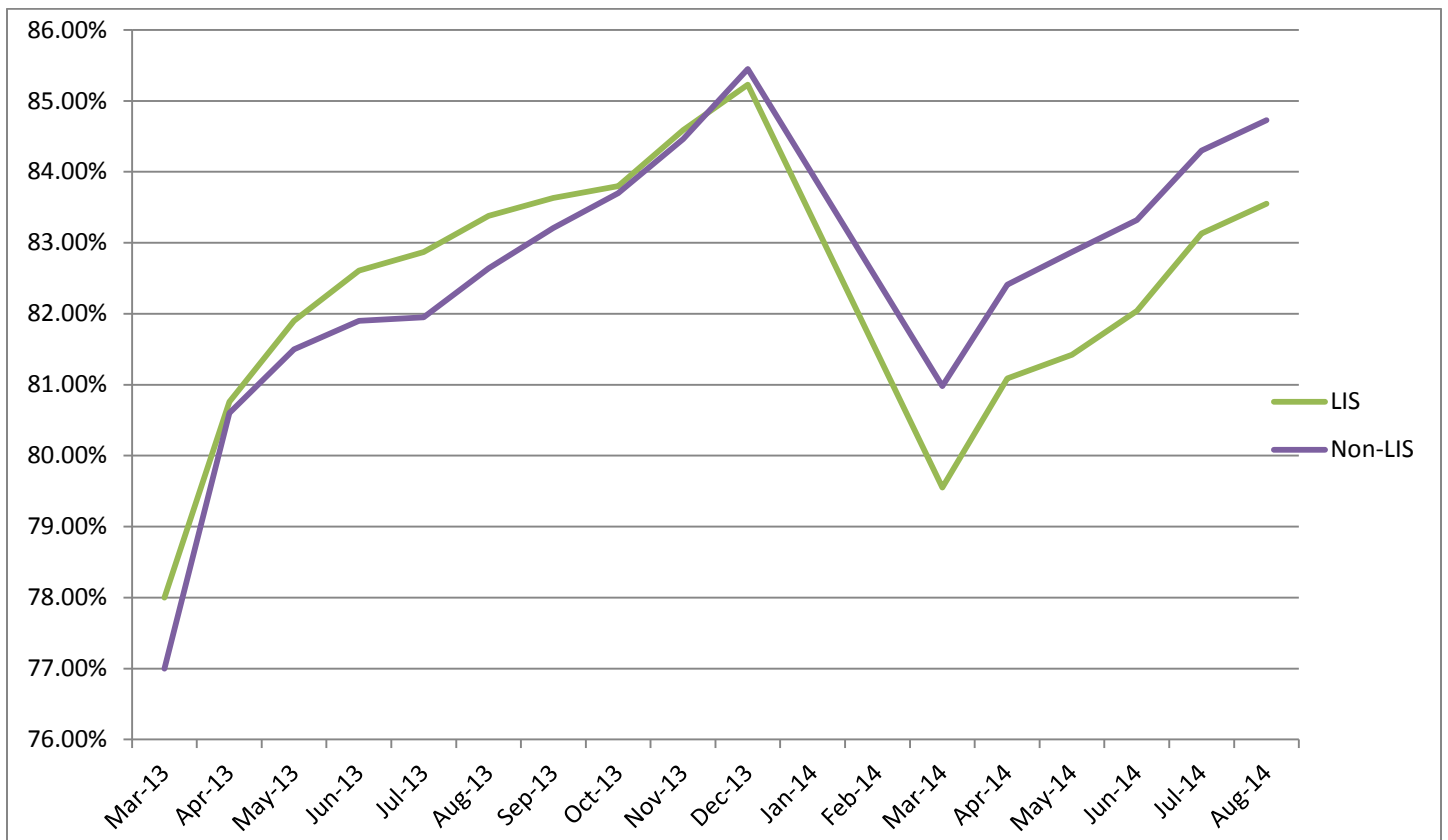
RAS Antagonist Adherence (based on Acumen monthly data)



Statin Adherence (based on Acumen monthly data)



Diabetes Treatment (based on Acumen monthly data)



Conclusion

There is no doubt that Dual Eligible members have a negative aggregate effect on Star Ratings. The data we provided proves causality by linking low income and low health literacy to lower health outcomes. Many additional comprehensive studies outside of a health plan setting have been conducted on this subject and have come to the same conclusion. It is our hope that CMS will use these studies in conjunction with health plan-submitted data to come to develop a methodology to adjust the Star metrics for plans that serve Dual Eligible populations.