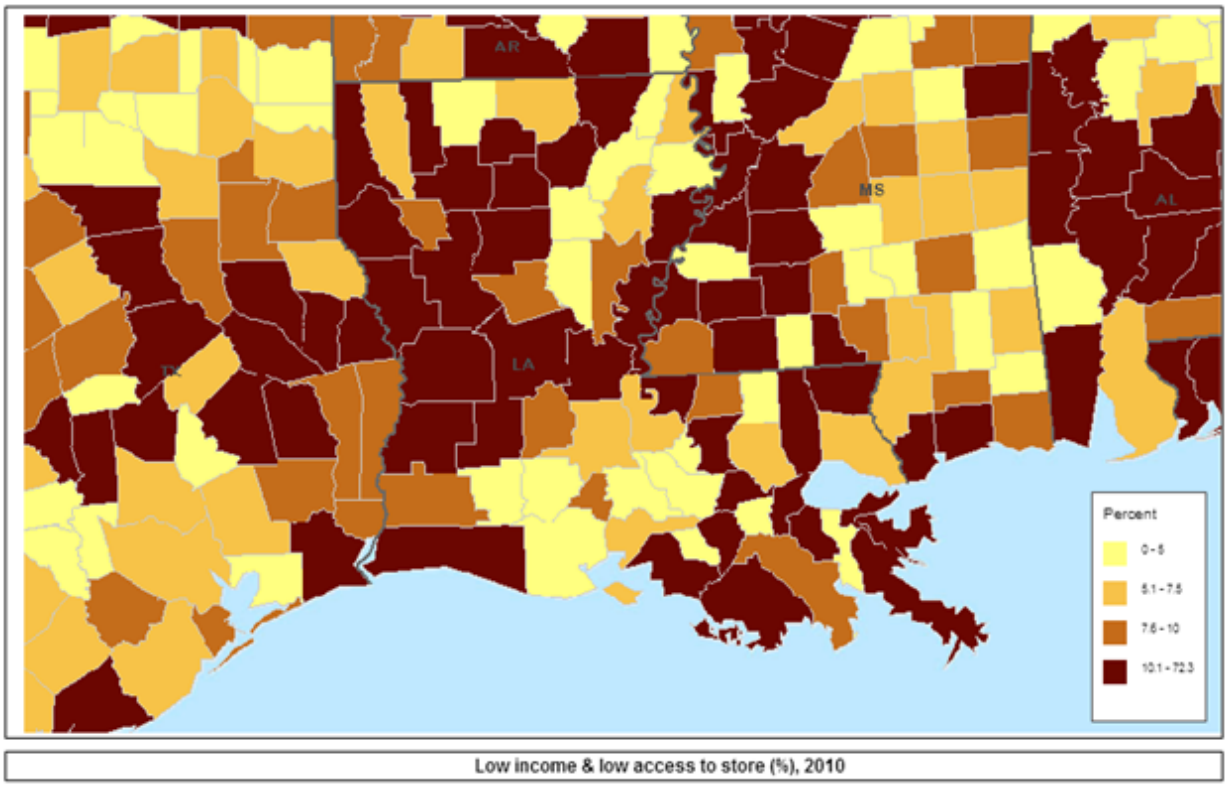
Dual Eligible Demographics

Plan H1961 serves roughly 13,934 dual eligible beneficiaries, which comprises approximately 24% of our total membership. This population is served through our Special Needs Plan (SNP) under a defined model of care. SNP members range in age from 20 to over 100 years. The largest cohort is between 65-75 years old, reflecting roughly 47% of the current population. The average age is 70. Nearly one-third of members are 64 and younger, reflecting the proportion of members classified as disabled. The SNP population is approximately 54% African-American and 42% White, and these ratios have remained stable since the inception of the program. Hispanics and Asians make up 1.4% and 0.6% of the SNP population respectively, while other or unknown populations make up the remainder.

SNP members typically have low-socio-economic status with over half of the HRA respondents reporting income less than $10,400 per year and close to 46% report having problems affording basic health care. From census data we confirm the financial stressors of those currently served by H1961. Many are supported by the Supplemental Nutrition Assistance Program (SNAP), live in group quarters and experience relative high unemployment as compared to the 2010 Louisiana rate of 7.5%. There are also a number of environmental conditions that create or worsen health conditions for our SNP members. Between 7.6% and 73% percent of the current service population is considered to be living in a food desert. In the parishes with the greatest population density, more than 10.1% of the population is considered low income and having low access to food stores (*see Exhibit A*).

Exhibit A – Low Income and Low Access to Store, 2010



Low income & low access to store (%), 2010

Dual Eligible Impact on the CMS Star Ratings

A two- sample test for equality of proportions with continuity correction was conducted on a subset of Star Program measures where case mix adjustment is not part of the technical specifications. For all measures

where a higher percentage value is better, a one sided test that specifies the proportion in the first group is less than the proportion in the second group was used. For measures where a lower percentage is better, (i.e. Plan All Cause Readmissions and High Risk Medications) the test was specified to be one sided greater than test.

For this analysis, the plan selected measures that are scored by claims data and validated by accredited HEDIS software and PDE data files. These rates do not reflect any chart review adjustment conducted during HEDIS reporting. Further, CY2015 thresholds released October 2014 are used for the purposes of simulating a star score for the individual measures.

Table 1 below displays percentage rates for each measure selected in the analysis. Rates were calculated for comparison between the dual eligible population and the not dual eligible population in two time frames: 01/01/2013 – 12/31/2013 and 01/01/2014 – 10/07/2014. Outcome measures weighted 3 times are filled in blue and listed first. Percentage rates highlighted in red reflect scores where the dual eligible rate is significantly lower than the not dual eligible population. For end of measurement 2013, the CY2015 thresholds were used to simulate star scores at the measure level for each demographic and calculate the overall rating. In total, the not dual eligible population score would round to 3.5 stars, whereas the dual eligible population would remain at 3 stars.

Table 1 also illustrates that while percentage rates in both groups improve year over year, the dual eligible scores to remain significantly lower than the not dual eligible population. Of note, eight of the twelve outcome measures are reflected in this analysis and their weight of 3 times is included in the calculation. In 6 outcome measures the dual eligible population is maintaining a significantly lower score year over year. The significantly lower scores can negatively impact the plan's overall score in three ways: star scores at the measure level, star scores for the improvement measures which are weighted at 5 times, and the reward factor.

Table 1 – Dual Eligible vs. Not Dual Eligible Star Ratings

		10/7/2014		12/31/2013			
Measure	Measure Weight	Dual Eligible	Not Dual Eligible	Dual Eligible	Star Score*	Not Dual Eligible	Star Score*
Adherence to Oral Diabetic Med	3	73.66%	75.13%	70.38%	2	72.19%	2
Adherence to RAS Antagonist Med	3	74.81%	78.87%	69.76%	1	76.29%	3
Adherence to Statin Med	3	70.78%	75.44%	65.99%	2	71.32%	3
High Risk Medication	3	5.38%	3.71%	14.41%	2	11.45%	3
BP Medication for Diabetics	3	86.48%	86.37%	87.52%	4	86.92%	4
Blood Pressure Controlled (<140/90)	3	62.92%	58.22%	59.53%	3	58.99%	3
Plan All Cause Readmissions	3	10.40%	9.05%	10.80%	3	9.78%	3
Diabetes Care - A1c Controlled (<9%)	3	65.96%	72.51%	79.84%	4	84.69%	4
Diabetes Care - Retinal Eye Exam	1	71.27%	69.56%	85.48%	5	85.15%	5
Diabetes Care - Monitoring Nephropathy	1	92.63%	91.11%	96.61%	5	95.61%	5
Dual Eligible - Medication Review*	1	97.34%	100.00%	99.97%	5	100.00%	5
Dual Eligible - Functional Assessment*	1	92.27%	100.00%	97.25%	5	98.25%	5
Dual Eligible - Pain Screening*	1	91.43%	100.00%	95.88%	5	100.00%	5
Body Mass Index (BMI)	1	92.86%	85.40%	86.67%	4	82.17%	2
Colon Cancer Screening	1	74.69%	72.87%	73.38%	5	74.71%	5
Breast Cancer Screening	N/A	80.77%	79.36%	82.86%	N/A	83.81%	N/A
Osteoporosis Mgmt Women with Fracture	1	84.54%	80.75%	88.81%	5	84.11%	5
Rheumatoid Arthritis DMARD Therapy	1	79.27%	79.03%	74.10%	3	76.16%	3
MTMP - Comprehensive Medication Review	N/A	26.62%	14.62%	0.71%	N/A	1.31%	N/A
Membership		13,934	43,559	13,217		42,438	
	33				105		115
					3.1818		**3.485**

* Star Score based administrative rates relative to CY 2015 cut points. Rates and star scores for chart review measures may differ.

CMS regulations allow for dual eligible members to change health plans on a month to month basis. While H1961 has a fairly low plan disenrollment rate of 4%, dual eligible beneficiaries account for 29% of that disenrollment. Of the 662 dual eligible members that disenrolled in 2013, 149 returned to the plan the following year. This presents challenges in managing the continuity of their care.