Special Needs Plan Alliance

HEALTH EQUITY & QUALITY: MEMBER SHARED LEARNING
APRIL 15, 2024

Agenda

1. Background on SNP Alliance work
2. Overview of Health Equity Index & the Health Equity Summary Score Dashboard
3. Example of how these are being utilized by one SNPA member health plan (Commonwealth Care Alliance)
4. ***Discussion – ALL*** asked to comment on the potential of HESS and HEI related to their SNPs for:
   a. Informing quality improvement and pinpointing targets for next stage efforts to reduce health disparities
   b. Providing relevant benchmarks
   c. Demonstrating the value of special needs plans
   d. Supporting current efforts around health equity
   e. Challenges or limitations of HESS and of HEI with practical suggestions for how it could be improved

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Discussants/Facilitators:

- ***Amy Helwig,*** MD, MS, FAAP
  Chief Quality Officer,
  Commonwealth Care Alliance, MA

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Level-set on Health Equity Focus by CMS

Recent policy/regulations to advance Health Equity goals in MA including:

- **Expanding stratified reporting of quality measure results**
  - Providing stratified data by disability, LIS/DE status through confidential reports in HPMS to MCOs and sponsors
  - OMH issuing public reports on performance on MA Star measure results, by race – every year
- **Screening on Social risk factors**
  - CMS requires SNPs HRA – to include screening of enrollees' health-related social needs using standardized screening tools for: housing, food, transportation insecurity
  - NCQA developed/testing a measure assessing screening and referral/follow up for unmet food, housing, and transportation needs for all MA

Level-set on Health Equity Focus by CMS

Recent policy/regulations to advance Health Equity goals in MA including:

- **Developed a Health Equity Index (HEI)** to summarize contract performance among those with social risk factors (DE/LIS/Disabled) across multiple measures into a single score
  - Goal is to improve health equity by incentivizing performance to improve outcomes for socially at-risk beneficiaries, with DE/LIS and disability status as proxy
  - The HEI reward factor will replace existing reward factor in Stars 2027
- **OMH issued Health Equity Summary Score (HESS)** Dashboard to all MA plans in 2022; surveyed plans. CMS is expected to release second version of the HESS Dashboard in 2024 (plans receive their own scores/dashboard with comparison to national scores/benchmarks)

Level-set on Health Equity Focus by CMS

Recent CY 2025 Final Rule issued April 4, 2024 includes attention to Health Equity in a number of sections including:

- **A member of the UM committee must have expertise in health equity by January 1, 2025**
- **The UM committee must conduct an annual health equity analysis of prior authorization used by the MA organization using specified metrics. (Focus is on LIS/DE, Disabled) as proxies for social risk factors (SRF)**
- **The MAO must make the results of the analysis publicly available on its website by July 1, 2025**

SNP Alliance & Health Equity

SNP Alliance:

- ***Strongly supports*** health equity goals.
- ***Sees a connection*** between better understanding of social risk factors (and complexity characteristics) of an individual to understanding what barriers the person faces in achieving optimal health.
- Individual-level data can be combined to inform macro-level change—to help us ***move toward achieving better health equity at a population level***.

Special needs plans report many collaborative efforts with others in their communities to address deficits in housing, food, and other services – change will require working across sectors and siloes – at the person, provider, plan, county, and State levels.

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SNP Alliance Survey

Quality/Health Equity

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Q: Are you stratifying your quality measure results? If so, how?

(for example: by Race/ethnicity? Language? Dual status? Disabled status? Other?)

A: Most plans are stratifying/examining selected quality measure results by sub-populations.

- Plans often mentioned using data from HEDIS measures conducting stratification.
- Plans report difficulty in obtaining an accurate Race & Ethnicity designation – they prefer that CMS collect this information directly from each Medicare member (e.g. at enrollment into Medicare) and provide this information directly to the plan.
- Examples of variables used for stratification to examine/compare measure results:
  - Age
  - Gender orientation
  - Race
  - Ethnicity
  - Language
  - Income (LIS)
  - Dual status
  - Disability status
  - Mental health diagnosis
  - Homelessness status
  - Product
  - Provider/Provider network
  - Zip code, county, other geographic unit

Measuring & Addressing Health Equity in SNPs – PE/Quality Group Insights

Who to focus on? – Defining the Group(s) –

- There are many and diverse characteristics across SNP enrolled members on which plans could focus. Beneficiaries have multiple "vulnerabilities" – complex multiple chronic conditions, behavioral health needs, long term services and support needs, frailty, functional status – all important

What to measure? – Selecting meaningful, appropriate measures –

- If you look at all measure results, do you target where there are the biggest gaps? Do you look at where there is the largest group not achieving optimal results?
- Once you decide on the group– what measures/outcomes/disparities are the most important? To whom?
- As you slice into sub-group analyses, do you have enough data in each cell to compare?

Measuring & Addressing Health Equity in SNPs – PE/Quality Group Insights

Where to get good data for analysis?

- Insufficient measurement data – specific measure results may not have the volume to support sub-group analysis
- Race, ethnicity data is not uniformly available.

What is within health plan control/influence?

- Many things influence outcomes. What will the plan focus on? What it within its control or influence?
- Since racial, ethnic, language, cultural differences impact where, when, how, what care is delivered—how will these be considered in selecting or developing strategies/interventions?
- These differences require tailored approaches.
- Achieving optimal health outcomes requires resources and collaborative efforts across plan, provider, and community sectors and will require multi-year efforts—the siloes across these settings, sectors, disciplines, programs, and timeframes are challenges to overcome.

Health Equity Summary Score Dashboard

CMS developed the Medicare Advantage Health Equity Summary Score (MA HESS) to provide Medicare Advantage Organizations (MAOs) with a ‘snapshot’ of information about the ***quality of care that MAOs provide to enrollees*** who are racial/ethnic minorities or Dual/Low-Income Subsidy (LIS) eligible

It is intended to be used ***for informational purposes only***. The score and associated data and benchmarks provide MAOs with an understanding of their health equity performance as compared to their peers and to themselves over time

The MA HESS Dashboard allows MAOs to view their ***confidential HESS performance*** on demand in the Health Plan Management System (HPMS). It was ***pilot tested*** between September 30, 2022, and December 30, 2022, to ensure ***functionality, usability, and utility*** of the information and resources provided

Pilot test results will be used to ***inform MA HESS and Dashboard improvements*** for future planned iterations

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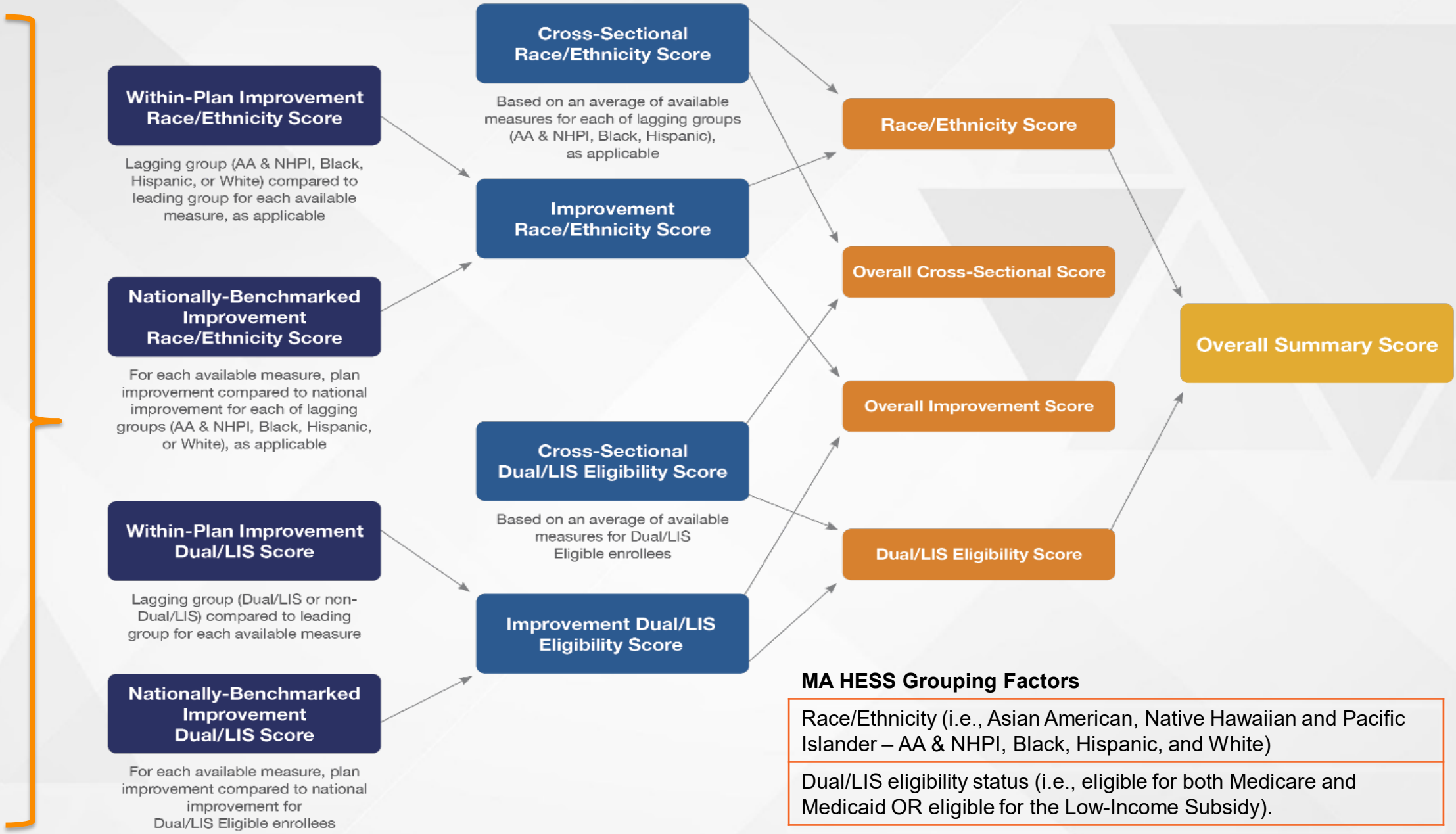
Calculating the HESS



MA HESS Grouping Factors

Race/Ethnicity (i.e., Asian American, Native Hawaiian and Pacific Islander – AA & NHPI, Black, Hispanic, and White)
Dual/LIS eligibility status (i.e., eligible for both Medicare and Medicaid OR eligible for the Low-Income Subsidy).

Proposed Next Steps for Improving MA HESS Dashboard

Based on feedback received from Plans and other stakeholders, CMS OMH is exploring implementing the following changes:

1

Revisions to Dashboard

- Conduct **listening sessions** with plans to identify ways to revise/simplify visuals, particularly the Cross-Sectional Performance Section
- Add **additional hovers, definitions**, and other interpretation guidance
- Enhance **navigability** where possible

2

Updates to Documentation

- Place all related documentation into one **easy-to-navigate** location
- Add **technical notes** and a data dictionary
- Provide **additional information** on HESS usage and potential next steps after accessing scores

3

Supplemental Materials

- Several organizations expressed interest in accessing HESS performance data; we are considering developing a **National HESS report** to summarize performance at a national level
- Continue to seek out and post links to **tools and guides** that may support MAOs in their efforts to reduce disparities

4

HESS Training & Technical Assistance (TA)

- Develop a training to provide additional information on **how to use and interpret** the Dashboard
- Provide more **clarity** around potential end-user actions to support **score improvement**
- Deliver **ongoing HESS TA support** as needed

Health Equity Index

CMS is implementing a ***Health Equity Index*** which will replace the current reward factor in Stars Rating 2027.

Recently **CMS issued each Medicare Advantage Organization with its own HEI plan-specific report** using 2023 and 2024 Star Rating data (a simulation) to prepare plans for how the HEI works and their contract performance.

CMS **uses a subset of Star measures and two years of measurement data** for enrollees who are DE/LIS or Disabled. Contracts must meet a threshold of proportion of enrollees DE/LIS/Disabled to be eligible for the HEI.

The **methodology** calculates a score for each measure. and a composite HEI score. The distribution of results by contract is separated into tertiles, with -1, 0, and +1 points assigned. The contract results are compared across plans.

The **HEI scores are then converted into a hypothetical reward factor for each contract.**

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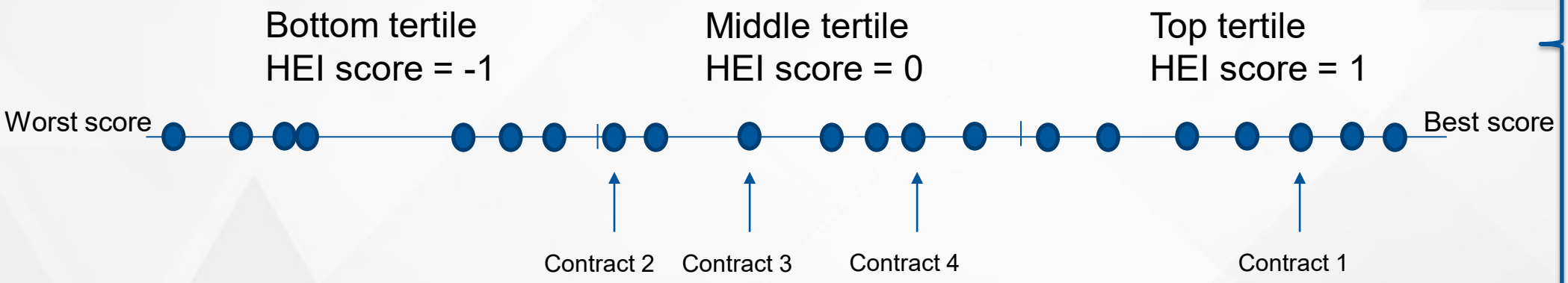
Simplified example of calculating HEI scores and rewards

Contracts' performance on Measure 1:



Contract performance among LIS/DE and disabled beneficiaries is compared to other contracts for each measure

CMS Methodology - Simulation of HEI Reward

Percent of LIS/DE/disabled enrollees in the **contract < 0.5 of the median** across all contracts.	=	Zero Reward
Percent of LIS/DE/disabled enrollees in the contract **>= 0.5 of the median** across all contracts and < the median across all contracts.	=	Hypothetical HEI Reward will vary from 0 to 0.2 on a linear scale for contracts that have an HEI score > 0.
Percent of LIS/DE/disabled enrollees in the contract **>= the median across all contracts.**	=	Hypothetical HEI Reward will vary from 0 to 0.4 on a linear scale for contracts that have an HEI score > 0.

Measures used in the CMS Simulation:

Breast Cancer Screening
Colorectal Cancer Screening
Annual Flu Vaccine
Monitoring Physical Activity
Osteoporosis Management in Women who had a Fracture
Diabetes Care – Eye Exam
Diabetes Care – Blood Sugar Controlled
Controlling Blood Pressure
Reducing the Risk of Falling

Medication Reconciliation Post-Discharge
Statin Therapy for Patients with Cardiovascular Disease
Getting Needed Care
Getting Appointments and Care Quickly
Customer Service
Rating of Health Care Quality
Rating of Health Plan
Care Coordination

Rating of Drug Plan
Getting Needed Prescription Drugs
Medication Adherence for Diabetes Medications
Medication Adherence for Hypertension (RAS antagonists)
Medication Adherence for Cholesterol (Statins)
MTM Program Completion Rate for CMR
Statin Use in Persons with Diabetes (SUPD)

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HEALTH EQUITY INDEX *MINI-SURVEY*

Conducted January 2024, via e-survey, N= 10 plans with 38 plan products; data is preliminary

Of these 38 plan products and these data reported, we found that:

- **16 plan products (contracts) had a favorable net effect** from application of the Health Equity Index, with the overall simulated HEI reward to be greater than the existing/current reward factor (assuming the correct data was provided).

- **2 products (contracts) had an unfavorable net effect**.

- The **rest of the products (contracts) were either not eligible** for the H.E.I. reward or we were unable to determine the net effect as **insufficient data was provided to SNP Alliance**.

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SNP Alliance Roundtable: Health Equity Index

Amy Helwig, MD
SVP & Chief Quality and Population Health Officer
Commonwealth Care Alliance, Inc.

Leading the way in transforming the nation's healthcare for individuals with the most significant needs

Approach

- HEI Score
  - Map out each contract performance – sample chart
  - Complement with comparison data from HESS
    - Race/Ethnicity
    - Duals/LIS vs Non-Duals
  - Gap analysis vs current QI strategies
  - Enhanced data stratification

New CMS Health Equity Score in CMS Stars Rating

Sample of Measure Plot for Health Plan "XYZ"

Note: Star measure weights apply. 1x to 4x

Bottom Third (-1)	Middle Third (0)		Top Third (+1)	
• Getting Needed Care • Blood Sugar Control	• Controlling High Blood Pressure • Care Coordination • Getting an Appointment Quickly • Osteoporosis Screen	• Customer Service • Rating of Health Care Quality • Getting Needed Prescription Drugs • Med Adherence – Hypertension • Med Adherence - Statins	• Breast Cancer Screening • Colon Cancer Screening • Annual Flu Vaccine • Monitoring Physical Activity • Diabetic Eye	• Reducing Risk of Falling • Med Reconciliation • Statins in Cardiovascular • Statins in Diabetic • Rating of Health Plan • Rating of Drug Plan • Med Adherence – Diabetic • MTM

Point Calculation:

- Part C – 8/39
- Part D – 9/19
- **Overall – 17/58 points**

Impact to Star Score:

- Plans with less than 21% low income, disabled, duals will get **NO** reward
- Plans with 21% to 42% low income, disabled, duals – **17/58 x 0.2 = 0.058**
- Plans with > 42% low income, disabled, duals – **17/58 x 0.4 = 0.117**

Complement with comparison data from HESS

Sample Interpretation for Health Plan “XYZ”

Race/Ethnicity

- Below benchmark
  - Black – Preventive Care
  - Asian American/NHPI - Care management
- Trends getting worse compared to National
  - Black – Customer Service
  - Hispanic: Getting appointments and care
  - Whites – Blood sugar control and colorectal cancer screening

Duals/LIS Eligible

- Below Benchmark – Care Management
- Trends getting worse compared to National
  - Customer Service, Care Coordination and Colon Cancer Screening

**Image from RWJ Foundation accessed 4/03/2024

https://www.rwjf.org/en/insights/our-research/infographics/visualizing-health-equity.html

Gap Analysis

- Do the data make sense
  - Any surprises?
- Gap analysis vs current QI Strategies
- Consistent patterns and target intervention areas?
  - Heavily weighted Stars measures now have “double impact”
- Enhanced data stratification
  - Extension of current sub-population analysis and NCQA Health Equity Accreditation work
  - Need to combine with other stratification such as:
    - Geography – Urban vs Rural
    - Network providers – gaps in access to care
    - Area Deprivation Index
    - Engaged vs non-engaged with PCP
    - Relationship to Quality Incentives and Value Based Care

Impact

Health Equity Score point gain opportunity is greatest for SNP Alliance Plans

- Many qualify for the highest potential award of **0.4**

- Achieving an award > 0.20 requires strong performance in most traditional Stars measures, especially the heavily weighted measures
  - Performance is measured across your entire plan population
  - Best practice requires building interventions for targeted subgroups to close disparities
    - Build on current work and QI for state and NCQA based Health Equity

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DISCUSSION

ALL present are asked to comment on the potential of HESS and HEI for:

1. Informing ***quality improvement*** and ***pinpointing targets*** for next stage efforts to reduce health disparities
2. Providing ***relevant benchmarks***
3. *Demonstrating the* ***value*** of ***special needs plans***
4. Supporting ***current efforts around health equity***
5. ***Challenges or limitations*** of HESS and of HEI with ***practical suggestions for how it could be improved***

Key Takeaways

- ***A lot going on*** *in* ***measurement and performance evaluation around Health Equity*** *for SNPs/MA*
- *Plans indicate they have* ***difficulty with the R/E determination*** *and request CMS provide this to the plans through collection from each individual as they enroll into Medicare*
- *CMS/OMH will continue* ***to issue public quality measure results/****reports with stratified data– showing disparities/gaps by race; gets a lot of attention, need more information about best practices that works in the different sub-racial/ethnic groups*
- ***CMS using multiple pathways****, including Model of Care (e.g., HRA social risk screening), quality measures*

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Key Takeaways

- ***NCQA*** *active in SRS & Health Equity measure development*
- ***SNPs*** *are working with CBOs, providers, communities to be part of the solution for addressing health disparities*
- ***The Health Equity Index*** *is part of QBP program – replaces reward factor – 2024 is the first measurement year, and plans should be using the simulations that CMS provided to better understand their own performance*
- ***The Health Equity Summary*** *Score Dashboard (from OMH) –The second iteration of the MA HESS Dashboard is expected to be released in 2024 and plans are encouraged to use this information for quality improvement and as part of their health disparities reduction efforts.*

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THANK YOU

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