



November 16, 2018

Nancy DeLew  
Associate Deputy Assistant Secretary  
Assistant Secretary for Planning and Evaluation  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

Submitted via email to [ASPEImpactStudy@hhs.gov](mailto:ASPEImpactStudy@hhs.gov)

**RE: ASPE Request for Information (RFI) -- IMPACT ACT Research Study: Provider and health plan approaches to improve care for Medicare beneficiaries with social risk factors**

Dear Ms. DeLew:

America's Health Insurance Plans (AHIP) appreciates the opportunity to submit comments to the Assistant Secretary for Planning and Evaluation (ASPE) in response to its RFI on provider and health plan approaches to improve care for Medicare beneficiaries with social risk factors.

AHIP is the national association whose members provide coverage for health care and related services. Our members offer coverage across the entire spectrum of private-sector and public programs. We are committed to market-based solutions and believe that every American deserves affordable coverage that provides them with access to high quality care.

We commend ASPE for seeking public input to inform the study required by the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) on issues related to socioeconomic status (SES) in Medicare's value-based payment programs. AHIP also greatly appreciates ASPE's recent release of several research reports on the types of services that Medicare Advantage (MA) plans implement to meet the needs of dually enrolled and other high-cost, high-need beneficiaries, as well as the types of resources needed to implement these services.<sup>1</sup>

These research reports demonstrate the commitment of MA plans to help meet the needs of these enrollees, many of whom have social risk factors. Based on interviews with member plans and an environmental scan of existing literature, the reports highlight plan activities that include using data analytics to better target programs toward patients at high risk for hospitalization,

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<sup>1</sup> "Addressing Social Determinants of Health Needs of Dually Enrolled Beneficiaries in Medicare Advantage Plans: Findings from Interviews and Case Studies," "Types and Costs of Services for Dual Beneficiaries by Medicare Advantage Health Plans: An Environmental Scan"

readmission, and nursing home admission; addressing clinical needs through care management and coordination; referring members to programs that address housing, food security, and transportation needs or providing these services directly; and undertaking administrative actions to better integrate Medicare and Medicaid.<sup>2</sup>

AHIP has also authored several issue briefs about the activities and strategies employed by commercial plans (including MA plans) to address social needs. For example, a September 2018 issue brief on housing<sup>3</sup> highlights AHIP member plan activities that include investing in non-profit homelessness organizations, providing short-term housing to certain groups of members, and working with community groups to create and connect members to long-term housing. A July 2018 issue brief<sup>4</sup> describes AHIP member plans' innovative solutions to food insecurity, such as food delivery or transportation to the grocery store for members, and partnering with local food banks. The issue brief also describes how plans are helping beneficiaries who cannot access care by investing in telehealth and using ridesharing services.<sup>5</sup>

Addressing social determinants of health requires multifaceted interventions that target multiple mechanisms simultaneously. Doing so requires a detailed understanding of the unique needs of the populations in a given community, as well as its available resources, to ensure that the right programs are targeted to the right people in the right way. Those designing and implementing programs to improve community health and economic prosperity cannot do it alone; they require resources and community buy-in to achieve the best results. Language barriers, educational gaps, health literacy, mistrust of the health care system, and potential misunderstanding of cultural practices may undermine the success of already difficult initiatives. Designing a program to work on multiple levels with multiple populations concurrently, using evidence-based practices from a comparable sample, can be very challenging.

We expect AHIP member plans will respond to the RFI with further information about challenges as well as opportunities including the array of services they are providing. Further, health insurance providers will continue to develop and test innovative ideas in the future. In this regard, we note that recent regulatory and legislative changes will allow MA plans more flexibility to offer items and services that may help address certain social risk factors for enrollees.

Yet despite these MA plan efforts, as noted in ASPE's Study A<sup>6</sup>, achieving high Star Ratings is still very challenging for plans with large dually-eligible populations. The failure of the Star Ratings System to adequately account for social risk factors can jeopardize access to critical services, such as enhanced care coordination, disease management programs, and supplemental benefits (including social services).

We continue to support the use of the Categorical Adjustment Index (CAI) in the Star Ratings System as an interim step while CMS develops a more impactful long-term solution. ASPE's

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<sup>2</sup> "Addressing Social Determinants of Health Needs of Dually Enrolled Beneficiaries in Medicare Advantage Plans: Findings from Interviews and Case Studies"

<sup>3</sup> <https://www.ahip.org/safe-affordable-housing-social-determinants-of-health/>

<sup>4</sup> <https://www.ahip.org/healthy-food-transportation-to-the-doctor-are-new-frontiers-for-health-insurance-providers/>

<sup>5</sup> <https://www.ahip.org/healthy-food-transportation-to-the-doctor-are-new-frontiers-for-health-insurance-providers/>

<sup>6</sup> <https://aspe.hhs.gov/system/files/pdf/253971/ASPESESRTCfull.pdf>

research and findings will be critical in developing a permanent approach that addresses these challenges while continuing to reward organizations currently performing well on the Star Ratings System. Further, as ASPE notes in its research study, “Incorporating Social Determinants of Health in Electronic Health Records: A Qualitative Study of Perspectives on Current Practices among Top Vendors,”<sup>7</sup> data standardization and interoperability are also needed to facilitate the collection and use of social determinants of health data to aid health plans and providers to pursue a more targeted approach to address health care and related needs of beneficiaries. We also urge CMS to continue its policy of not terminating contracts based on Star Ratings performance. Such policy should remain in place until ASPE’s analyses are completed and appropriate improvements are made to the Star Ratings methodology. Beneficiaries should not lose access to plans that are serving them well but whose performance may not accurately be reflected in the Star Ratings System.

We appreciate the opportunity to comment. Please contact me if additional information would be helpful or if you have questions about the issues raised in this letter. I can be reached at (202) 778-3256 or [mhamelburg@ahip.org](mailto:mhamelburg@ahip.org).

Sincerely,



Mark Hamelburg,  
Senior Vice President, Federal Programs

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<sup>7</sup> <https://aspe.hhs.gov/pdf-report/incorporating-social-determinants-health-electronic-health-records-qualitative-study-perspectives-current-practices-among-top-vendors>