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Submitted electronically to: napa@hhs.gov

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Rohini Khillan
HHS Office of the Assistant Secretary for Planning and Evaluation
Room 424E, Humphrey Building
200 Independence Avenue, SW
Washington DC, 20201

Dear Ms. Khillan:

Anthem appreciates the opportunity to submit comments to the Advisory Council on Alzheimer's Research, Care, and Services. We share the Council's goals to improve health outcomes, enhance quality care, and meet the needs of individuals, their families, and caregivers who are facing Alzheimer's Disease or Related Dementias (ADRD).

Anthem is working to transform health care with trusted and caring solutions. Our health plan companies deliver quality products and services that give their members access to the care they need. With nearly 67 million people served by its affiliated companies, including nearly 37 million enrolled in its family of health plans, Anthem is one of nation's leading health benefits companies. Anthem companies serve members as the Blue Cross licensee for California; and as the Blue Cross and Blue Shield licensees for Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri (excluding 30 counties in the Kansas City area), Nevada, New Hampshire, New York (as the Blue Cross Blue Shield licensee in 10 New York City metropolitan and surrounding counties and as the Blue Cross or Blue Cross Blue Shield licensee in selected upstate counties only), Ohio, Virginia (excluding the Northern Virginia suburbs of Washington, D.C.), and Wisconsin. In most of these service areas, Anthem does business as Anthem Blue Cross, Anthem Blue Cross and Blue Shield, Blue Cross and Blue Shield of Georgia and Empire Blue Cross Blue Shield, or Empire Blue Cross (in the New York service areas). It also serves customers in other states through its Amerigroup, CareMore and UniCare subsidiaries. To find out more about Anthem, go to AnthemInc.com.

Though important work continues on prevention of ADRD, we believe it is vitally important to address necessary systematic improvements in health care quality for individuals living with ADRD. As you are acutely aware, ADRD and the effects of these diseases can be devastating for individuals, as well as their families and caregivers. Over 5.2 million Americans of all ages have Alzheimer's disease, including 5 million individuals age 65 and older and 200,000 individuals under age 65.¹ Additionally, it is estimated that 13.9 percent of individuals age 71 and older have dementia.² Individuals with ADRD are also more likely to have other chronic conditions, such as chronic kidney disease, congestive heart failure, or chronic obstructive pulmonary disease and these individuals are more likely to be hospitalized when compared to those without ADRD³. With an aging population and estimates that 13.8 million individuals

¹Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, *Alzheimer's & Dementia*, Volume 10, Issue 2. Available at http://www.alz.org/downloads/Facts_Figures_2014.pdf

² *Id.*

³ *Id.*

or more will have Alzheimer's by 2050, barring medical breakthroughs, there is an urgent need to find a better solution to improve the quality of life for individuals affected by ADRD.⁴

CareMore Health System, an Anthem subsidiary that operates Medicare Advantage plans, including Medicare Advantage Special Needs Plans (SNPs), provides proactive and innovative solutions to the complex issues associated with aging and chronic conditions, including ADRD. To address fragmented care and to ensure individuals with ADRD are receiving optimal care at the right time, CareMore developed and implemented a Brain Health Pilot Program (Brain Health Program).

CareMore's specialized Brain Health Program is holistically centered on each individual member and excels by simplifying access to quality care, increasing communication, and providing a high-touch, time-intensive process of care. A multidisciplinary team consisting of a primary care provider, social worker, nutritionist, neurologist, neuropsychologist, pharmacist, education specialist, care manager, and other specialized ADRD caregivers work together to ensure care is appropriately tailored to each individual member.

Our ultimate goal is to increase each member's quality of life. To achieve this, the Brain Health Program focused on the following objectives:

- Reduction of unnecessary hospitalizations
- Reduction of falls and accidents, with an increase in overall safety
- Reduction of medication errors
- Optimization of medications across all chronic conditions
- Increased treatment adherence
- Increased coordination of care
- Increased member, family, and caregiver satisfaction

The impact of CareMore's Brain Health Program has been striking. Over the course of a six-month screening period, we were able to significantly impact health outcomes leading to improved quality of care, while also supporting families and caregivers. Specifically, our care model resulted in:

- 100% reduction in unnecessary emergency department (ED) visits and hospitalizations due to Behavioral and Psychiatric Systems of Dementia.
- Significant reduction in falls. Prior to joining the Brain Health Program, 71% of participants had a documented fall, with 40% requiring an ED visit. Throughout the Brain Health Program falls were reduced, with only 14% experiencing a fall. Notably, none required a medical visit. CareMore was able to impact and reduce falls through a comprehensive program, including: home safety evaluations which helps families identify even hidden dangers; increased education; regular visits with a social worker; a complete pharmacy review to identify any drug interactions; a dietary review with a registered dietician to ensure optimal nutrition; and regular meetings with care staff to provide continuing support.
- More caregivers began taking an active role in medication monitoring. We saw a trend where individuals with dementia were allowed to manage their own medications. Through education,

⁴ Hebert LE, Weuve J, Scherr PA, Evans DA. Alzheimer disease in the United States (2010-2050) estimated using the 2010 Census. *Neurology* 2013;80(19):1778-83.

we were able to impact medication safety, with 76% of caregivers stating they had an increased understanding of safety issues.

- 67% of caregivers made changes to increase safety. We work with members, families, and caregivers to provide education and training about home safety, social safety, and public safety. We also connect members to the Alzheimer's Association and other community-based programs.
- 68% of members in the Brain Health Program made dietary and hydration changes. Members with ADRD experience changing tastes, and proper hydration needs to be watched closely. We work with registered dietitians to provide education and to assist the member as their tastes change. Additionally, the ability to chew food declines as disease progresses. Chewing evaluations are completed to take into account food-related choking hazards.
- 100% reduction in emergency department visits for urinary tract infection (UTI). Prior to joining the Brain Health Program, 19% of participants had a history of UTI, with 5% visiting an ED. This is often due to reduced hydration. We were able to impact proper care management and help support families and caregivers through nutritional education and dietary assistance.
- 94% reported the Brain Health Program improved their understanding of ADRD.
- 94% of caregivers stated they feel satisfied and supported, and are better caregivers since participating in the Brain Health Program.

By providing high-touch care management and social support, we were also able to help primary care providers, hospitals, and EDs see more patients in the right setting, as shown by the reduction in unnecessary and preventable visits. We also believe that premature placement in skilled nursing facilities will be prevented.

CareMore's Brain Health Program has made a significant difference in the lives of our members and their families and caregivers. However, these innovations are not widely available as Medicare doesn't properly identify or reimburse for ADRD care.

Medicare SNPs are able to limit membership to individuals with specific diseases or chronic conditions, allowing SNPs to provide effective, specialized, and innovative care. SNPs provide all Medicare benefits, while offering tailored supplemental benefits and low to no out-of-pocket costs. Chronic-care SNPs are able to tailor their benefits for certain chronic conditions or diseases, as defined by the Centers for Medicare and Medicaid Services (CMS). Today, Medicare does not allow for specialized ADRD SNPs.

CareMore started the Brain Health Program because it is the right thing to do for our members. By focusing on ADRD we have been able to directly improve health outcomes as we detailed above. However we, as an industry, can do so much more with appropriate attention and resources. Systematic barriers to ADRD quality care need to be removed. Allowing SNPs to offer specialized and innovative choices for those with ADRD would help recalibrate the system, leading to improved health outcomes and lower out-of-pocket and system costs for more individuals impacted by ADRD.

In addition, Anthem believes the current Medicare risk adjustment model consistently under-predicts the risk scores for high-cost populations, which results in underfunding vulnerable subgroups like those with ADRD. Currently, dementia care is not represented in the risk model therefore plans providing this care are not appropriately reimbursed, which in turn limits plans ability to provide more robust care. As you know, there is no single test that can diagnose Alzheimer's disease with complete accuracy during a patient's life. A diagnosis is made through a complete assessment. Anthem understands that in order add

Alzheimer's and dementia care to the model there needs to be a standard process for diagnosis. The Brain Health Program follows the Alzheimer's Association Cognitive Assessment Toolkit.

In sum, to ensure individuals with ADRD have access to sensitive, effective, and innovative care, we encourage CMS to use its authority to:

- (1) Permit health plans to develop and offer SNPs for individuals with ADRD, so that all members stricken with these diseases have increased access to high-quality care; and,
- (2) Ensure proper payment for care provided to members with ADRD. We urge CMS to add Hierarchical Condition Categories (HCC) codes within the Medicare risk adjustment model to ensure individuals with ADRD continue to have access to innovative and effective models of care.

We applaud your continuing dedication to the individuals with ADRD, as well as their families, and caregivers. We too believe Medicare can and should do better for individuals with ADRD. There is a real opportunity to improve care and the lives of individuals with ADRD, as shown by our Brain Health Program's improved outcomes and high member, family, and caregiver satisfaction. We would like to further discuss our experiences and how we can all work toward improving care for those touched by these diseases. In addition, we would like to invite you to visit a CareMore Care Center to experience our innovative member-centric model of care. Should you have any questions or wish to discuss our comments further, please contact me at (202) 628-7844 or Elizabeth.Hall@anthem.com.

Sincerely,



Elizabeth P. Hall
Vice President