



November 16, 2018

Assistant Secretary for Planning and Evaluation, Room 415F  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

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

***Re: Clover Health Response to the Request for Information (RFI) on the IMPACT ACT  
Research Study***

To Whom It May Concern:

I am writing today to offer Clover Health’s (“Clover”) response to the Department of Health and Human Services (“HHS”) RFI on “IMPACT ACT: Provider and health plan approaches to improve care for Medicare beneficiaries with social risk factors.” We appreciate and support ASPE’s efforts to evaluate the effect of individuals’ socioeconomic status (“SES”) on quality measures and measures of resource use under the Medicare program.

As background, Clover is a health care data and technology company offering a Medicare Advantage (“MA”) insurance product. We are dedicated to advancing the way in which beneficiaries are cared for by capturing and analyzing data to identify at-risk beneficiaries, and proactively intervening with our care management teams and our provider network to improve health outcomes, fill care gaps and reduce avoidable costs. The Clover business model is designed to rapidly generate new care delivery approaches and test their real-world effectiveness. We began offering MA plans in 2013, and, to date, have grown to manage over 30,000 beneficiaries.

Turning to the RFI, the Assistant Secretary for Planning and Evaluation’s (“ASPE’s”) first report to Congress examined social risk factors – such as income, education, race and ethnicity, employment, housing, food, community resources, and social support – and determined that they play a major role in health. In this data collection, HHS is specifically requesting information on how providers and health plans are collecting and using data on Medicare beneficiaries’ social risk factors. Clover fully supports HHS’ efforts to understand and implement action to address SES issues like food or housing insecurity, transportation and access to care, or language and

education barriers. We are keenly interested in standardized data collection of SES that can inform how health plans and providers treat and care for the most vulnerable Medicare beneficiaries – which may not always call for medical or therapeutic treatment.

In that spirit, Clover offers our comments to ASPE’s RFI questions below.

- **Collect and Apply Standardized SES Factors to Medicare Beneficiaries.** The Centers for Medicare and Medicaid Services (“CMS”) does not collect standardized SES from Medicare beneficiaries. At best, CMS has a data such as disability status, low income subsidy level, dual eligibility, gender, ethnicity, and zip code. It can be challenging to compare the effect of SES on Medicare beneficiaries without this comparative data. In other circumstances, CMS collects certain SES factors in the CAHPS survey, but does not release member level details to MA plans in an actionable timeline.

In the absence of this data, health plans must use other methods to obtain SES factors. For example, Clover applies an Area Deprivation Index (“ADI”), a measure developed by the University of Wisconsin,<sup>1</sup> to further examine our membership to glean insights about their total health status. Briefly, ADI measures the SES of a Census Block Group utilizing factors including income, education, employment, and housing quality. A lower ADI score is associated with higher SES. CMS can apply such factors to existing Medicare data to develop deeper insights to beneficiary health.

- **Recommend MA Plans Collect SES Data at Open Enrollment.** The least burdensome means for MA plans to collect beneficiary SES data is at open enrollment. At this point, MA plans are already collecting detailed information about the applicant for data collection and reporting. Adding additional SES questions at the point of the MA application ensures such reporting back to CMS, with a limited burdens placed on MA plans and beneficiaries for this data collection.

- **Recommend CMS report SES data to MA Plans.** CMS could share member level detail collected via other quality programs, such as the Patient Centered Medical Home or Hospital Quality programs, with MA plans. CMS may have access to a great deal of SES data on Medicare beneficiaries that may not be made available to MA plans. We recommend CMS make

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<sup>1</sup> The ADI is based on a measure created by the Health Resources & Services Administration(HRSA) over two decades ago for primarily county-level use, but refined, adapted, and validated to the Census block group/neighborhood. See: <https://www.neighborhoodatlas.medicine.wisc.edu>.

such SES data available to MA plans, such as through a bulk data transfer, to enable comprehensive care coordination and treatment of our members' health status.

- **Electronic Health Records is a Starting Point to Collecting SES Data.** Providers collecting SES may serve as a means to collect data. However, without streamlining the capture and reporting of SES to enable action, such data collection may not satisfy HHS' policy goal to further understand how SES affect beneficiary health. It is the analysis of, and intervention based on, the SES that can meaningfully improve a beneficiary's health outcomes.
- **Understanding How SES Impacts Quality Outcomes.** At Clover, we are keenly interested in how SES impacts our membership population. As a start-up health plan that covers a significant percentage of Black and Hispanic members, our health interventions must be tailored to meet the demographic needs of our members. This can take the form of tailored language calls or working with city or county resources to ensure housing or food access. Attached in the Appendix are data specific to Clover that demonstrate how demographics of our members impact their performance in certain HEDIS Stars clinical measures and Part D Stars measures – indicating that members from low SES have lower performance in the quality metrics than members with higher SES.

Thank you for your consideration of these issues. We are available to further share our experiences and serve as a resource to HHS as it continues the data collection and report development to Congress. Our collective efforts to understand the impacts of SES are crucial to ensuring that the Medicare beneficiaries receive the individualized care they need to encourage and support better health outcomes. Please do not hesitate to contact me at 415-894-5701, or [erica@cloverhealth.com](mailto:erica@cloverhealth.com).

Sincerely,

*Erica Pham*

Erica Pham  
Deputy General Counsel, Head of Government Affairs

## APPENDIX

Clover believes that the Socio-Economic Status (“SES”) of Medicare beneficiaries can significantly impact the quality performance of Medicare Advantage (“MA”) plans. To approximate SES, Clover applied the Area Deprivation Index (“[ADI](#)”), a measurement of the SES of a Census Block Group utilizing factors including income, education, employment, and housing quality. The ADI is based on a measure created by the Health Resources & Services Administration (“HRSA”) and adapted by researchers at the University of Wisconsin-Madison. The ADI allows for rankings of neighborhoods by socioeconomic status disadvantage in a region of interest -- a low ADI score indicates higher SES.

In the chart below, Clover examined four clinical measures collected for the 2017 Star Rating program, a CMS quality program for MA plans. These clinical measures are heavily weighted in the MA plan’s Star Rating. After applying the national ADI scores to our Clover members, we compare the pass rate of our entire population to our members -- excluding the bottom fifteen percent of our members with the highest ADI ranking.

Clover found that our members with lower ADI scores have a higher Star Rating in specified quality measures. Therefore, we continue to focus our interventions on closing these care gaps for all our Clover members, but must consider additional interventions to impact these members with higher ADI scores.

			<b>Clover Health</b>	<b>Members with ADI &lt;=55</b>
<b>Measure ID</b>	<b>Measure Name</b>	<b>Measure Weight</b>	<i>Pass Rate (Star Rating)</i>	<i>Pass Rate (Star Rating)</i>
C16	Controlling Blood Pressure	3	60.11 (2)	61.94 (3)
D10	Medication Adherence for Diabetes Medications	3	80.45 (3)	81.12 (4)
D11	Medication Adherence for Hypertension (RAS antagonists)	3	82.30 (2)	82.88 (3)
D12	Medication Adherence for Cholesterol (Statins)	3	76.19 (2)	76.73 (3)
	Total Points		27	39
	Overall Plan Lift (change to Stars Rating)		0	0.15894
	Percentage of Clover Members		100%	~85%
			*all Clover members	*excluding the 15% most disadvantaged members

