



Date November 16, 2018

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

Dear Deputy Assistant Secretary Destro,

On behalf of Change Healthcare, I am pleased to submit comments addressing the recently published RFI – A Study of Social Risk Factors and Medicare's Value-based Purchasing Programs.

Change Healthcare is inspiring a better healthcare system. Working alongside its customers and partners, Change Healthcare leverages its software and analytics, network solutions and technology-enabled services to help providers and payers improve efficiency, reduce costs, increase cash flow and more effectively manage complex workflows. Together, Change Healthcare is accelerating the healthcare journey toward improved lives and healthier communities.

Change Healthcare is a key catalyst of a value-based healthcare system, working with our customers and partners to accelerate the journey toward improved lives and healthier communities. While the point of care delivery is the most visible measure of quality and value, Change Healthcare is a healthcare technology solutions company that uniquely champions the improvement of all the points before, after and in between care episodes. Change Healthcare occupies a uniquely interconnected position at the center of healthcare, serving providers, payers, and consumers. As an independent healthcare IT company, we work with multiple platforms to address diverse needs.

Identifying beneficiaries with social risk factors and approaches we use to address the needs of Medicare beneficiaries with social risk factors

Change Healthcare's Member Engagement products combat social determinants of health and enable better outcomes by:

- Helping to improve member satisfaction and loyalty, by enrolling them in programs that can enhance their quality of life;
- Enabling increased retention in the member's health plan, promoting continuity of care;

- Facilitating financial security for members, helping them find and enroll in programs that provide economic assistance; and
- Encouraging better health with added benefits that enable members to seek care and manage their chronic conditions

Change Healthcare offers several solutions to address the needs of Medicare beneficiaries with social risk factors.

Dual Enrollment Advocate™

Change Healthcare's Dual Enrollment Advocate™ solution blends artificial intelligence and behavioral science to help solve the challenge of Medicare Advantage (MA) dual-eligibility identification and enrollment. This new technology helps health plans more accurately identify, engage, and enroll MA members who are eligible for both Medicare and Medicaid.

There are 58.5 million Medicare beneficiaries today¹, and 34% of them live at or below the Federal Poverty Level², indicating many might be eligible for Medicaid. Meanwhile, only about 10.6 million of 19 million Medicare Advantage members are dual-enrolled, representing a significant opportunity for Medicare Advantage plans³. The Change Healthcare Dual Enrollment Advocate uses artificial intelligence to pinpoint, with up to 93%* accuracy, those individuals with the highest likelihood to qualify for Medicaid. The result is that Medicare Advantage plans can quickly engage with this population and potentially enroll more of them faster.

Health plans traditionally have identified dual-eligible candidates using systems that require manual programming, continual updating, and are limited by small data sets and legacy technology. Dual Enrollment Advocate enables the rapid analysis of massive amounts of data in a fraction of the time otherwise required to identify optimal targets' dual-eligible status.

Change Healthcare's proprietary technology is deployed in concert with our member engagement teams, which apply behavioral science that uses intelligence gathered through consumer and expert interviews, focus groups, in-home immersions, and by engaging with

¹ Source: CMS Fast Facts, January 2018: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts/index.html>

² Source: Kaiser Family Foundation: <https://www.kff.org/medicare/state-indicator/medicare-beneficiaries-byfpl/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

³ Source: CMS: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/DataStatisticalResources/Data-and-Statistical-Resources.html>

beneficiaries. The engagement teams use live advocates, targeted mailings, and other outreach methods to more effectively engage members and support them through the enrollment process.

Recert Complete™

Change Healthcare ensures dual eligible status is retained by engaging and guiding members through the state's annual renewal process.

Part D Complete™

Change Healthcare assists members apply for Low-Income Subsidy (LIS) also known as "Extra Help". Enrollment in LIS facilitates higher member compliance with prescription treatment plans through enhanced member Rx benefits.

Community Advocate™

Our Community Advocate™ product helps our contracted Medicare Advantage plans to address their members' socio-economic needs. We have a robust database of more than 15,000 public and privately-sponsored community programs for which we assist our members to enroll. Change Healthcare helps plans' low-income enrollees secure approximately \$150 million in financial benefits through Community Advocate annually.

Supplemental Nutrition Assistance Program (SNAP) Education

All of the members that we assist to apply for Medicaid and/or the Medicare Savings Programs receive written information about the federal Supplemental Nutrition Assistance Program (SNAP) and how to enroll. Change Healthcare recognizes the impact SNAP can have on improving the health and wellbeing of elderly and disabled adults. Seniors and persons with disabilities can be particularly vulnerable to food insecurity, due to challenges that can include decreased mobility, limited shopping and cooking ability and health concerns.

Evidence regarding the impact of these approaches on quality outcomes and the total cost of care

Evidence of the positive impact of Change Healthcare's assistance to low-income Medicare beneficiaries is the impact on plan tenure. On average, members we assist to enroll into Medicaid remain with their plan an additional 13.2 months, which represents a 46.6% increase in member retention. MA low-income beneficiaries stay more loyal to their plan when their socio-economic challenges are addressed. Additionally, these members express more satisfaction with their plan through a multitude of surveys that impact the plan's quality-based bonus payments.

Change Healthcare is deeply committed to ensuring that Medicare beneficiaries have access to affordable medical coverage and the resources they need to address their socio-economic challenges. We strongly encourage CMS to incentivize health plans and providers to meet the socio-economic challenges of their low-income beneficiaries through quality measures, program incentives or value-based care programs. Change Healthcare's experience has shown that its interventions with these members have been linked to higher quality care, improved health and lower costs.

Change Healthcare appreciates the opportunity to comment on the RFI. Please contact me if you have any questions or would like to arrange a follow-up meeting to discuss any of these issues in further detail. I can be reached by phone at 847-224-9468 or by email at terry.ward@changehealthcare.com.

Sincerely,

Terry Ward
Vice President, Product Management, Reporting and Analysis