Delivering Care at Home for Medicare Advantage Enrollees

Anne Tumlinson Innovations
The MA Population Has Complex Needs

Percentage of Population with Complex Needs (2015)

<table>
<thead>
<tr>
<th>Feature</th>
<th>Medicare Advantage</th>
<th>Medicare Fee-For-Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>75+ years¹</td>
<td>38.2%</td>
<td>34.5%</td>
</tr>
<tr>
<td>Moderate – Severe Functional Impairment²</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Cognitive Impairment</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Diagnosed with 3+ Chronic Conditions</td>
<td>47%</td>
<td>45%</td>
</tr>
</tbody>
</table>

Note: Data excludes nursing home residents
Complexity Includes Chronic Conditions

*The average number of chronic conditions in both MA and FFS is the same: 2.5*

**Percentage of Medicare Beneficiaries with Key Chronic Conditions in 2016**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Medicare Advantage</th>
<th>Fee-for-Service Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHF</td>
<td>6.3%</td>
<td>6.9%</td>
</tr>
<tr>
<td>COPD</td>
<td>20.0%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>33.1%</td>
<td>30.4%</td>
</tr>
<tr>
<td>Diagnosed with Dementia or Alzheimer's</td>
<td>8.3%</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

Notes: Data excludes nursing home residents. Beneficiaries may appear in more than one condition category, so percentages do not add to 100.
Source: Anne Tumlinson Innovations analysis of 2016 Medicare Current Beneficiary Survey.
And Functional Impairment

Percentage of Medicare Beneficiaries by Impairment Level in 2016

<table>
<thead>
<tr>
<th>Impairment Level</th>
<th>Medicare Advantage</th>
<th>Fee-for-Service Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires help with 1+ Instrumental Activities of Daily Living (IADLs)</td>
<td>27.4%</td>
<td>28.3%</td>
</tr>
<tr>
<td>Requires help with 1+ Activities of Daily Living (ADLs)</td>
<td>10.4%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Requires help with 2+ ADLs</td>
<td>5.3%</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

Note: Data excludes nursing home residents. Beneficiaries may appear in more than one condition category, so percentages do not add to 100. Source: Anne Tumlinson Innovations analysis of 2016 Medicare Current Beneficiary Survey.
Complex Care Needs Associated with High Healthcare Spending

Per Capita Medicare FFS Spending in 2015

<table>
<thead>
<tr>
<th>Chronic Conditions</th>
<th>No Functional Impairment</th>
<th>Functional Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>$5,467</td>
<td>$12,831</td>
</tr>
<tr>
<td>3+</td>
<td>$11,584</td>
<td>$26,972</td>
</tr>
</tbody>
</table>

Note: Data excludes nursing home residents.
Source: Anne Tumlinson Innovations analysis of 2015 Medicare Current Beneficiary Survey.
A Higher Proportion of Medicare Advantage Enrollees Live Below 200% of FPL

Percentage of Medicare Beneficiaries by Income as a Percent of Federal Poverty Level in 2016

- Medicare Advantage
  - <100% FPL: 15.6%
  - 100-199% FPL: 25.6%
  - 200-399% FPL: 28.6%
  - >400% FPL: 30.2%

- Fee-for-Service Medicare
  - <100% FPL: 14.3%
  - 100-199% FPL: 23.3%
  - 200-399% FPL: 27.9%
  - >400% FPL: 34.5%

Note: Data excludes nursing home residents.
Source: Anne Tumlinson Innovations analysis of 2016 Medicare Current Beneficiary Survey.
Plans Have To Push Beyond Healthcare Efficiency To Manage This Population

Where we are now

Arbitrage Success
- Right people
- Right markets
- Do nothing differently

Efficiency Success
- Length of stay
- Care substitution
- Utilization management

Care Management Success
- Targeting high-cost patients
- Episodic management
- Reducing rehospitalizations through effective care transitions
- Technology as enabler
- Care management along care pathways

Transformation
- Home-based primary care
- High tech/high touch care management
- Geriatric hospital alternatives at home and in SNFs
- Site neutral care delivery post-hospitalization

Plans Have To Push Beyond Healthcare Efficiency To Manage This Population
They Have More Tools Now: CHRONIC Care Act

- The *Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act (CCA)* expands MA supplemental benefits to meet the needs of chronically ill beneficiaries
  - CCA special supplemental benefits for the chronically ill (SSBCI) must have a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee and may not be limited to being primarily health related
  - Uniformity requirements are waived for SSBCI

- CMS provides unprecedented flexibility to address individual needs through services such as pest control, structural home modifications, and transportation for non-medical needs
Thank you

info@annetumlinson.com
www.annetumlinsoninnovations.com