PQA23 ANNUAL MEETING

CMS Health Equity Index

Health Equity Index (Part C & D) developed as an enhancement to Medicare Advantage

- Goal is to incentivize contracts to perform well for socially at-risk beneficiaries

- Summarizes contract performance across a subset of Star measures

- A contract will need to be measured on at least half the measures to receive an index value

- The measures will use 2 years of data

- Contracts with 500 or more members will be eligible and only measures with 30 or more members will be included

- Initial stratifications will include disability and dual eligible/low-income subsidy status
  - Other stratifications added over time (e.g., race/ethnicity, income, education)

- Will be included as part of MA 5 STAR rating system by 2027 (impacting the plan's overall STAR rating and reward factor)

Are You Prepared? Get Ahead of the Curve

Health Equity Index (HEI): 14 Claims Based Measures

Breast Cancer Screening	Diabetes Care – Blood Sugar Controlled
Colorectal Cancer Screening	Rheumatoid Arthritis Management
Annual Flu Vaccine	Statin Therapy for Patients w/ Cardiovascular Disease
Adult BMI Assessment	Medication Adherence for Diabetes Medications
Osteoporosis Management in Women w/ Fracture	Medication Adherence for Hypertension
Diabetes Care – Eye Exam	Medication Adherence for Cholesterol
Diabetes Care – Kidney Disease Monitoring	Statin Use in Persons with Diabetes

Medication adherence measures are triple weighted in the HEI.

? Questions Payers Should Investigate

- How is my plan and contracts currently performing on the individual Health Equity Index quality measures?

- How would my plan and contracts perform and rank on the Health Equity Index summary score?

Composite Health Equity Index: How Does it Work?

Measure	QM 1	QM 2	QM 3	QM 4	QM 5	QM 6	QM 7	QM 8	QM 9	QM 10	QM 11	QM 12	QM 13	QM 14
Contract Rank	2	3	1	1	3	2	2	1	1	2	3	1	2	1
Index Score	0	-1	+1	+1	-1	0	0	+1	+1	0	-1	+3	0	+3

Contract level scores for each individual measure are ranked from best to worst performance.
- Contracts in the top 3rd (Rank 1):   Index score = +1
- Contracts in the middle 3rd (Rank 2):   Index score =   0
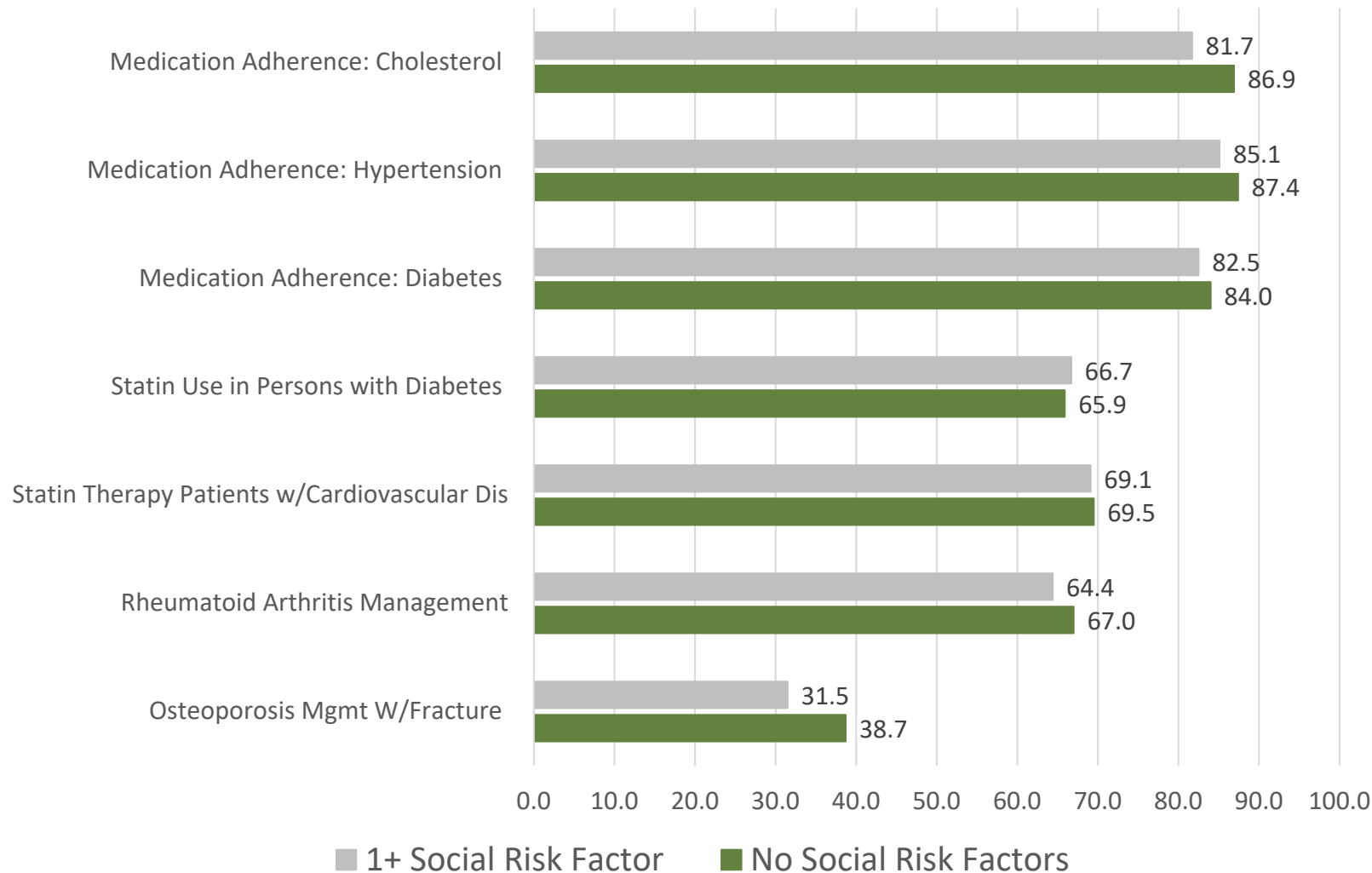- Contracts in the bottom 3rd (Rank 3):   Index Score = -1

The final composite Health Equity Index is the sum of the index scores divided by the weighted number of measures.
- HEI score for this contract = 0.350
- Reward factor = 0.40 X 0.350 = 0.14
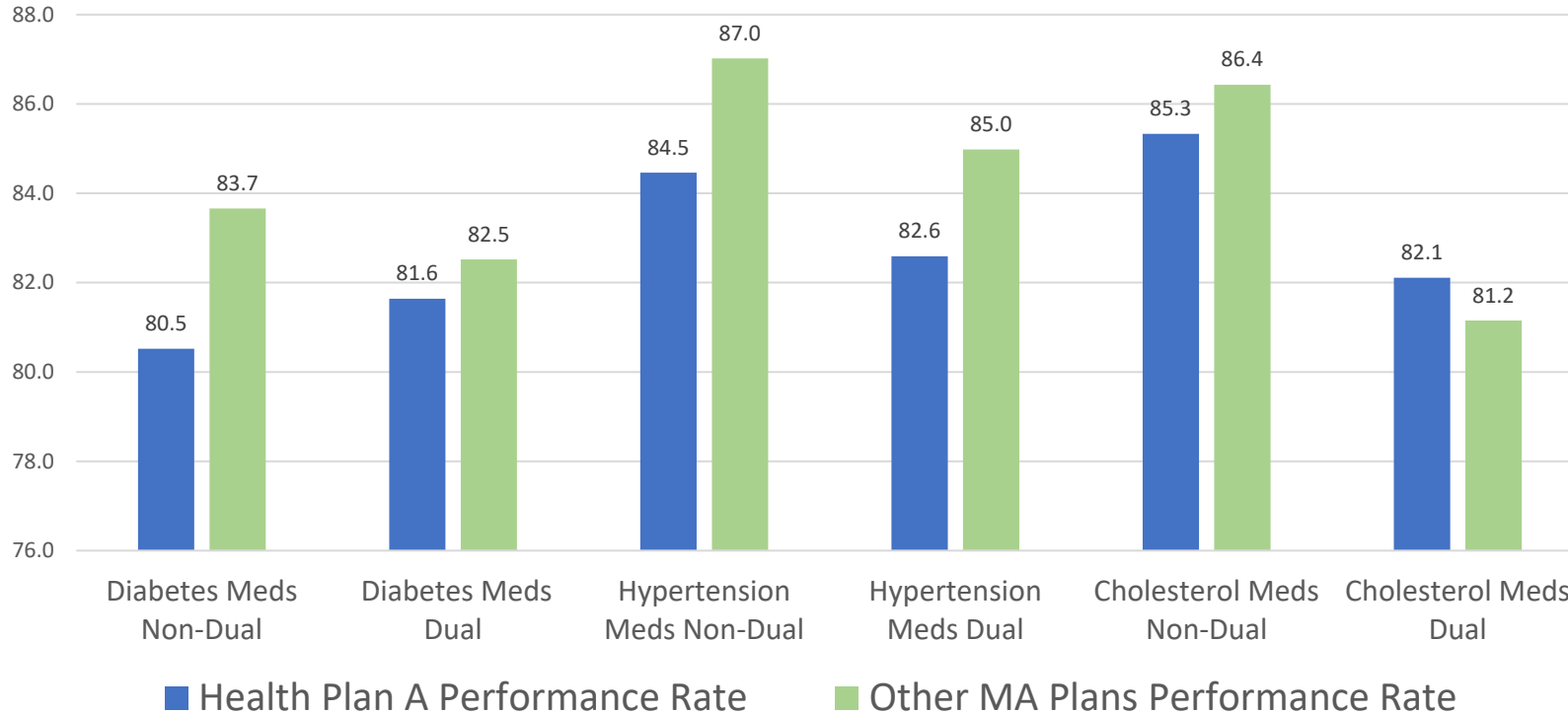
HEI = 0.350

HEI range -1.0 to +1.0

MA Plan Performance on Medication Related HEI QMs:
Dual/LIS/Disabled vs. Non-Dual/LIS/Disabled Members

Chart data:

Measure	1+ Social Risk Factor	No Social Risk Factors
Medication Adherence: Cholesterol	81.7	86.9
Medication Adherence: Hypertension	85.1	87.4
Medication Adherence: Diabetes	82.5	84.0
Statin Use in Persons with Diabetes	66.7	65.9
Statin Therapy Patients w/Cardiovascular Dis	69.1	69.5
Rheumatoid Arthritis Management	64.4	67.0
Osteoporosis Mgmt W/Fracture	31.5	38.7

- MA members with one or more social risk factor were less likely to be adherent to medications.

- MA members with one or more social risk factor had similar rates of statin use in persons with diabetes and statin therapy in patients with cardiovascular disease.

- Fewer members with social risk factors received osteoporosis medications after fracture, but more received treatment for rheumatoid arthritis.

It is also important to understand how your MA plan performs compared to other MA plans

Triple Weighted Medication Adherence Measures Stratified by Dual Eligible Status

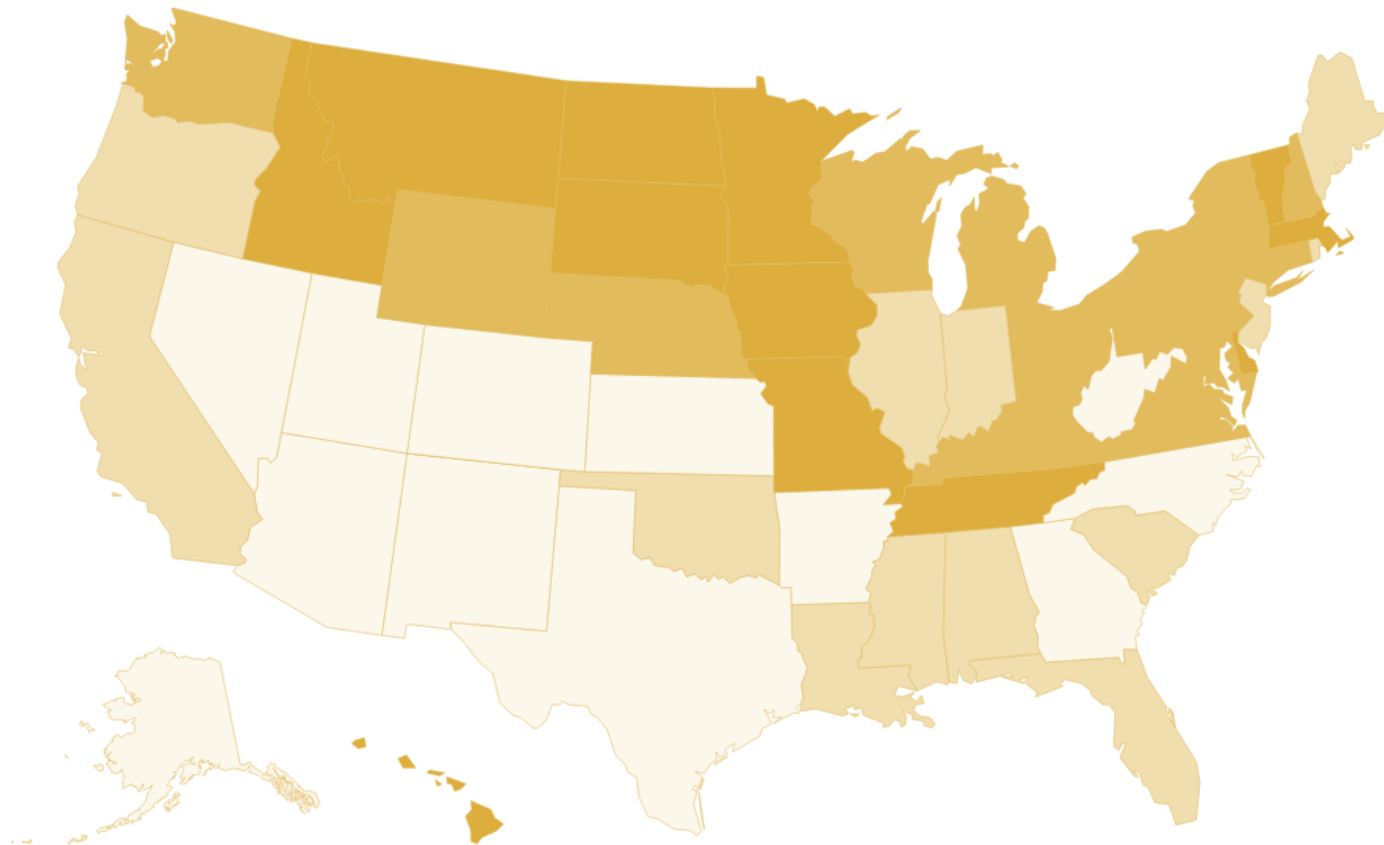| Measure	Health Plan A Performance Rate	Other MA Plans Performance Rate
Diabetes Meds Non-Dual	80.5	83.7
Diabetes Meds Dual	81.6	82.5
Hypertension Meds Non-Dual	84.5	87.0
Hypertension Meds Dual	82.6	85.0
Cholesterol Meds Non-Dual	85.3	86.4
Cholesterol Meds Dual	82.1	81.2

In this example we compare Overall Health Plan to Other MA Plans nationally.

This information can be used to identify which measures the plan is performing worse than comparison MA plans.

Overall MA plan performance could be generated by state or selected geographic regions.

Heatmaps: Regional variation in medication adherence

o Heatmaps at a national, state, or county level can be informative to identify geographic areas with the largest disparities in outcomes

   o In this example, on average, residents in southern and more rural states are less likely to adhere to their medications than patients in the Midwest and Northeast

Quartile   Q1 (0.724 - 0.793)   Q2 (0.796 - 0.806)   Q3 (0.806 - 0.812)   Q4 (0.813 - 0.826)

Take-Aways

1. Start taking action now for the HEI reward factor that begins in 2027

2. Leveraging and sharing data is crucial to improving medication use disparities

3. Strategic partnerships are critical to redesign the healthcare ecosystem

4. Measure Progress