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November 23, 2021

The Honorable Frank Pallone Jr
2107 Rayburn House Office Building
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The Honorable Cathy McMorris Rodgers
1035 Longworth House Office Building
Washington, DC 20515

The Honorable Anna G. Eshoo
272 Cannon House Office Building
Washington, DC 20515

The Honorable Brett Guthrie
2434 Rayburn House Office Building
Washington, DC 20515

RE: SCAN Health Plan's Response to "Empowered by Data: Legislation to Advance Equity and Public Health" Questions for the Record

Thank you for the opportunity to provide additional information to the members of the Committee on Energy and Commerce. We applaud the Committee's efforts to advance health equity and welcome the opportunity to continue to be a resource. Please accept the below responses as SCAN Health Plan's formal written response to the additional questions.

The Honorable Brett Guthrie (R-KY)

1. Dr. Batra, you state in your testimony your support for the added flexibility Congress in 2019 provided to Medicare Advantage plans like yours to offer supplemental benefits to folks with chronic conditions. Additionally, CMS offered even greater flexibility to support seniors during COVID. I know Humana from my home state of Kentucky has utilized this flexibility to, among other things, connect directly with seniors and screen for conditions such as food insecurity. From there, they've taken action to directly and rapidly support seniors by working in real time with anti-hunger organizations and others to get meals directly to their members. To date, they've supported nearly 90,000 individuals with more than 1.4 million meals. I for one, believe these types of direct and targeted intervention in Medicare Advantage demonstrate how crucial supplemental benefits received by the 26 million seniors who rely upon Medicare Advantage are, and see this as an important opportunity for innovation.

a. If given additional flexibility to focus supplemental benefits for other groups such as those with low incomes, what type of improved health outcomes would you expect to see?

SCAN is grateful to Congress for allowing greater flexibility to offer supplemental benefits to people with chronic conditions. As a nonprofit MA plan with a long history of serving older adults and vulnerable populations, we know first-hand how supplemental benefits improve the lives of our members.

We respectfully ask Congress to continue allowing MA plans to offer flexible benefits and consider extending them to additional populations in the future, such as people who are experiencing homelessness. In July 2019, SCAN launched a Housing and Homelessness Care Management Initiative that focuses on collaborating with providers and community-based organizations to provide long-term complex case management to homeless or at-risk members. This program offers social supports to these members with a particular focus on getting the member housed or helping the member keep their current housing.

In addition, we recommend that Congress expand the criteria for supplemental benefits beyond specific chronic conditions to include the social determinants of health (SDOH). Expanding supplemental benefit criteria would help mitigate some social inequities and allow health plans to expand services to more members in need. Providing plans additional with this flexibility will allow plans the opportunity to improve health outcomes for more groups. A growing body of evidence demonstrates that specific SDOH interventions can improve health outcomes.1 Additionally, these interventions can effectively improve beneficiary health while controlling medical costs, particularly for more expensive populations served by Medicare Advantage.

<u>The Honorable Gus Bilirakis (R-FL)</u>

1. **As a staunch supporter of Medicare Advantage, I was pleased to see CMS provide much-needed flexibility to allow healthcare providers to offer telehealth services under MA plans; however, CMS's guidance requires that these services include a video component, which is not an option for some patients. Low-income and rural patients for example, may have trouble accessing technology or broadband services supporting video communications. Additionally, seniors or frail populations may have physical limitations that prevent them from using video communications. For these patients, an audio-only telehealth visit may be the only option besides delaying (or foregoing altogether) needed care.**

    a. **On August 3, 2020, CMS updated their risk-adjustment telehealth policy for ACA plans to allow for reimbursement for audio-only visits for purposes of risk-adjustment; however, the same has not yet been extended to MA plans even though the same audio-only services are being provided by the same clinicians using the same coding guidance. I sincerely appreciate your support of a bipartisan bill I introduced with my colleague Congresswoman Sewell—H.R. 2166, the "Ensuring Parity in MA and PACE for Audio-Only Telehealth Act". Are there any ongoing concerns that you are aware of with programmatic fraud that may merit differences between the two programs, or should certain guardrails be put into place if such a policy was extended to MA plans, and, if so, what should those guardrails be?**

    We applaud your efforts to establish parity for audio-only telehealth and support H.R. 2166, the "Ensuring Parity in MA and PACE for Audio-Only Telehealth Act." We also commend CMS for related actions that encourage those practices, such as allowing Medicare Advantage plans to take into account diagnoses from telehealth encounters with both audio and video components for risk adjustment purposes. However, many low-income patients, seniors, or residents of rural areas have trouble accessing the technology or broadband internet service. In addition, many have

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[1] University of Wisconsin Population Health Institute. "What Works for Health." County Health Rankings & Roadmaps, 2021.

expressed difficulty in navigating the video technology included on video-equipped smartphones and similar devices.

We are aware that some people are concerned that providing payment for audio-only may result in fraud, but we have not witnessed this. We recommend that CMS engage with MA plans and providers to identify guiderails to ensure that audio-only can continue to be a tool for vulnerable populations who do not have access to broadband or appropriate technology.

b. What conclusions have private payers that have expanded telehealth drawn from their experiences over the past year regarding utilization of services, patient satisfaction, and program integrity?

During the COVID-19 pandemic, SCAN Health Plan leveraged several flexibilities to address the needs of our members. As providers paused in-person care, we leveraged telehealth flexibilities to ensure our members were able to access the care they needed. We prioritized increasing access to care by driving telehealth utilization by offering zero copays for virtual physician visits, emphasizing member education, and increasing marketing campaigns to make members aware of our telehealth offerings. We also offer HEALTHtech, a technology support line that helps members use a computer, tablet, or smartphone to access healthcare and health-related information and services. We are in the process of analyzing data on the utilization of these benefits for 2020 and 2021.

c. On August 14, 2020, CDC reported that rates of substance abuse, anxiety, severe depression, and suicidal ideation increased across many demographics. Of grave concern, the report indicated that over 1 in 4 young adults had recently contemplated suicide. Additional research revealed that over 40 states saw a rise in opioid-related overdose deaths since the start of the pandemic. Overall, mental health conditions were the top telehealth diagnoses in the nation in November 2020—signifying an almost 20% increase year over year, with no indication that this trend is reversing. Can you speak to the role that telehealth flexibilities – such as the ability to serve a patient in their home and provide audio-only services, particularly for addressing mental health and substance use disorder – have provided during this time?

Improving access to mental health services is an essential step in improving care outcomes and reducing health inequities. This is especially true for the Medicare population. A July 2020 Commonwealth Fund study found that about one in four Medicare beneficiaries have a mental illness, with the prevalence of severe mental illness being the highest among dual-eligible Medicare-Medicaid beneficiaries[2]. Studies have also shown that mental and physical conditions frequently co-occur, and comorbidity often worsens both mental and physical health outcomes.[3] In addition, the COVID-19 pandemic has continued to negatively impact mental health and created new barriers for people who may have already been suffering from mental illness and substance use disorders. Therefore, it is important for policymakers to enact policies that facilitate beneficiaries' access to high-quality mental health and substance use care in addition to high-quality medical care.

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[2] Beth McGinty, Medicare's Mental Health Coverage: How COVID-19 Highlights Gaps and Opportunities for Improvement (Commonwealth Fund, July 2020). https://doi.org/10.26099/sp60-3p16

[3] Stephen J. Bartels and John A. Naslund, "The Underside of the Silver Tsunami — Older Adults and Mental Health Care," New England Journal of Medicine 368, no. 6 (Feb. 7, 2013): 493–96

SCAN appreciates the additional telehealth flexibilities put in place during the ongoing COVID-19 public health emergency, such as waiving originating site requirements for telehealth services under Medicare, as well as allowing reimbursement of more video-enabled telehealth and audio-only telehealth services. During the COVID-19 pandemic, SCAN Health Plan leveraged several flexibilities to address SDOH during the pandemic. As providers paused in-person care, we leveraged telehealth flexibilities to ensure our members were able to access the care they needed.

To use in-home audio-only services as a means to treat mental health and substance use, SCAN recommends that Congress pass the bipartisan legislation, the Ensuring Parity in MA for Audio Only-Telehealth Act (S. 150). This legislation will ensure Medicare beneficiaries continue to have access to high-value care and supplemental benefits provided by MA, as well as reduce health disparities due to unequal access to health technology and video telehealth platforms. The legislation would also ensure audio-only telehealth continues to be an effective source of health care for Medicare beneficiaries and supports the providers caring for them throughout the COVID-19 public health emergency.

The Honorable Richard Hudson (R-NC)

1. **A number of public and non-profit safety net hospitals who serve large populations of low income and diverse patients who are challenged by numerous social risk factors have come together to share and innovate best practices. One major identified need is data platforms that track both medical and social conditions and facilitate access to services that respond to these needs. Another is support for "learning laboratories" that will advance identification and dissemination of promising innovations to improve care to these aforementioned populations.**

   a. **Would you agree that investments into entities working to help advance best practices related to social determinants of health could drive progress in improving health inequity?**

   SCAN agrees that investment into entities working to help advance best practices related to SDOH can drive progress in improving health equity. We agree that investment in data platforms that track medical and social conditions and facilitate access to services is essential to driving progress in improving health inequities. Therefore, we recommend that Congress advance policies that promote the interoperability of electronic systems to optimize care coordination and improve patient health outcomes. Interoperability allows for seamless and timely transfers of information, enabling patients, health plans, providers, and other members of a patient's care team to develop comprehensive care plans. Making improvements to encourage interoperable electronic systems would remove data sharing barriers and increase the utilization and effectiveness of care coordination.

   b. **What do you consider to be the investment of most immediate need in ensuring that health care, social risk, and other data are being collected on vulnerable populations and what do you see as the best steps for coordination among stakeholders on these efforts?**

   Improving care across the continuum of mental health and substance use health services is essential to addressing unmet needs in this area. Policymakers can achieve this by building upon existing HHS efforts to standardize data collection and reporting on race, ethnicity, language, sexual orientation, gender identity, disability, and other sociodemographic data will help ensure a

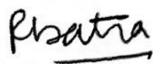
better understanding of beneficiaries' identities, which will help inform appropriate care and interventions. Data standardization will also help facilitate data aggregation, reporting, and interoperable sharing, which will help identify and address disparities.

Data collection is also essential to identifying and addressing patient needs. This is especially true for underserved populations. For example, a key component of how SCAN identifies members' health needs is through our Health Risk Assessments (HRA). All SCAN members receive a HRA, which gathers data on 1) Health Behavior and Status, 2) Demographics, and 3) Social Determinants of Health (SDOH). It includes several questions on SDOH and basic needs, such as housing, language and literacy, medical needs, food, transportation, social connectedness, and isolation. Since 2018, approximately 80,000 SCAN members have completed a HRA, with about a 35 percent response rate. For SCAN's Special Needs Plan (SNP) members, the HRA completion rate is 80 percent. After collecting members' SDOH data, we stratify the information based on clinical risk and unmet social needs. This allows us to direct people to appropriate programs that meet their individual, unique health needs across the continuum of care. Without these data, identifying and addressing member needs, and therefore improving health outcomes would be much more difficult.

Lastly, SCAN recommends that Congress advance policies that promote the interoperability of electronic systems to optimize the use of care coordination and improve patient health outcomes. Interoperability allows for seamless and timely transfers of information, enabling patients, health plans, providers, and other members of a patient's care team to develop comprehensive care plans. Making improvements to encourage the use of interoperable electronic systems would remove data sharing barriers and increase the utilization and effectiveness of care coordination.

Thank you for the opportunity to provide additional answers to members of the Energy and Commerce Committee. We look forward to working with the Committee on future efforts to advance health equity and public health.

Sincerely,



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