

Value-Based Insurance Design (VBID) Model's Health Equity Incubation Program

Leveraging VBID to Improve Equity in Housing Stability and Quality

December 8, 2022

Center for Medicare & Medicaid Innovation (CMMI)

Centers for Medicare & Medicaid Services (CMS)

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WELCOME & CMMI'S FOCUS ON IMPROVING EQUITY IN HOUSING STABILITY AND QUALITY

SPEAKER



Aurelia Chaudhury
VBID Model Co-Lead
CMMI, CMS

Disclaimer

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Medicare Advantage Organizations (MAOs) and Prescription Drug Plan (PDP) Sponsors are responsible for ensuring that their actions fully comply with applicable laws, rules, and regulations, and we encourage you to consult with your own legal counsel to ensure such compliance.

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TWO / CURRENT STATE & EVIDENCE-BASED STRATEGIES FOR HOUSING STABILITY AND QUALITY IMPROVEMENT
(Department of Housing and Urban Development, Office of Community Services in the Administration for Children & Families, Office of Climate Change and Health Equity)

THREE / BENEFIT DESIGN OPPORTUNITIES THROUGH THE VBID MODEL

FOUR / LEVERAGING VBID FLEXIBILITIES TO IMPROVE CARE, OUTCOMES, AND EQUITY
(SCAN Health Plan, Humana Inc.)

FIVE / QUESTION & ANSWER AND NEXT STEPS



Health equity means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.¹



¹ See more at <https://www.cms.gov/pillar/health-equity#:~:text=Health%20equity%20means%20the%20attainment,language%2C%20or%20other%20factors%20that>

The Voluntary VBID Health Equity Incubation Program

Health Equity Incubation Program Overview

Goals of planned learning activities:

- **Encourage innovation** in most promising areas;
- **Optimize design** and implementation of best practices;
- **Build evidence base** for quality improvement and medical cost savings related to social needs interventions; and
- **Inform new directions** in Medicare Advantage (MA)

Sessions and Technical Assistance

(Materials from prior sessions are posted on the [VBID Model website](#))

Initial VBID Business Case Session

September 2021 –
December 2021

Engaged MAOs in “**Health Equity Incubation Sessions**” using webinars and follow-up one-on-ones that focus on **VBID health equity business case**



Technical Assistance

January 2022 –
December 2022

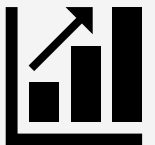
During **Health Equity Incubation Sessions**, the VBID Team will engage MAOs in health equity focused technical assistance (TA) and leverage use cases and case studies tailored to **the most promising focus areas** (e.g., food and nutrition, diabetes, transportation, and housing).



Learning and Performance Feedback

2023 and onwards

The VBID Team is creating a learning network, where plans can tackle common health equity challenges. An essential part of this learning network will be tailored feedback based on plan data.



The Current State of Housing Insecurity: Federal Rental Assistance Programs- US Department of Housing and Urban Development (HUD)

SPEAKER



Leah M Lozier, PhD
Social Science Analyst,
Policy Development Division,
HUD, Office of Policy Development and
Research

The Current State of Housing Insecurity: Federal Rental Assistance Programs

December 2022

Leah M Lozier, PhD

*U.S. Department of Housing & Urban Development
Office of Policy Development & Research*



US Dept Housing & Urban Development

MISSION | Create strong, sustainable, inclusive communities and quality affordable homes for all

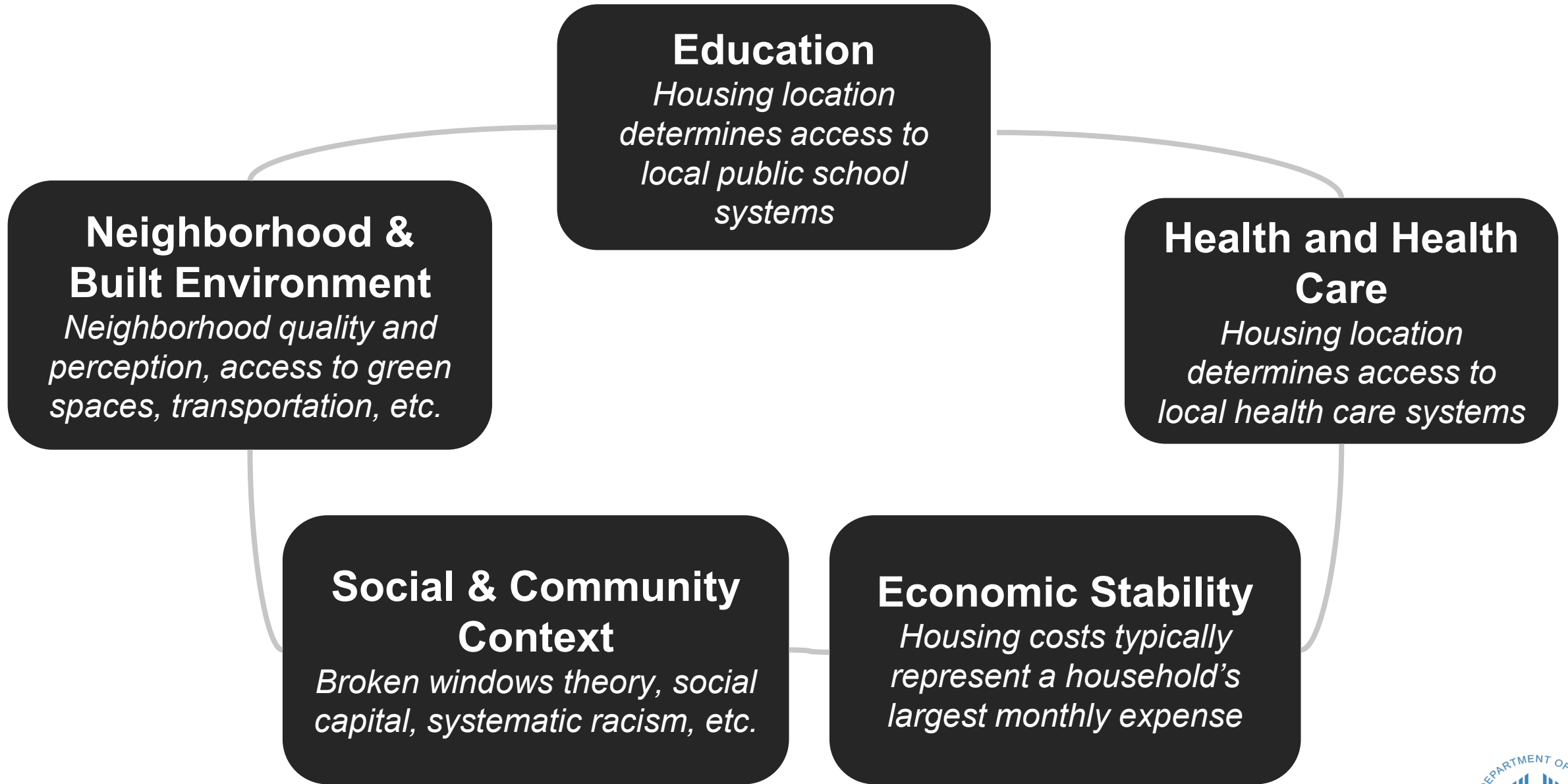
HUD'S FY22-FY26 STRATEGIC PLAN GOALS

- **Support Underserved Communities**
- Ensure Access to and Increase the Production of Affordable Housing
- Promote Homeownership
- **Advance Sustainable Communities**
- Strengthen HUD's Internal Capacity

4C: Integrate Health and Housing

Advance policies that recognize housing's role as essential to health.





Housing is **THE** Social Determinant of Health



What is Housing Insecurity?



Housing Security

What is needed?

Housing that is...

- Safe
- Physically adequate
- Affordable
- Based on choice
- Certain



Housing Insecurity Examples

- Rent burdened
- Behind on rental payments
- Eviction (formal or informal)
- Violence (internal or external)
- Overcrowding
- Couch surfing
- No shelter
- Displacement
- Car
- Poor housing quality



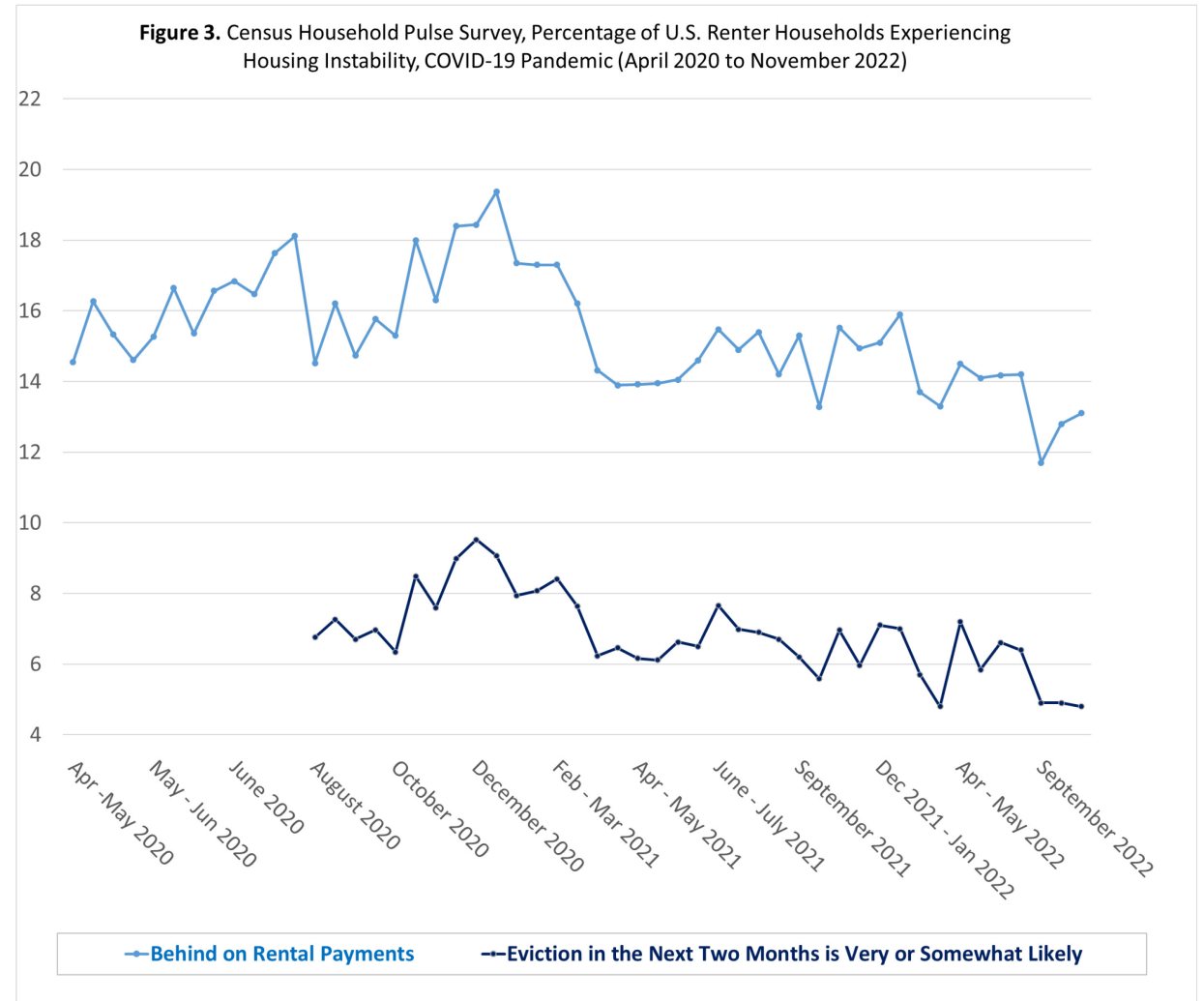
Most Recent Housing Insecurity Statistics

HUD tracks ongoing housing crisis using the Household Pulse Survey

November 2022 Data

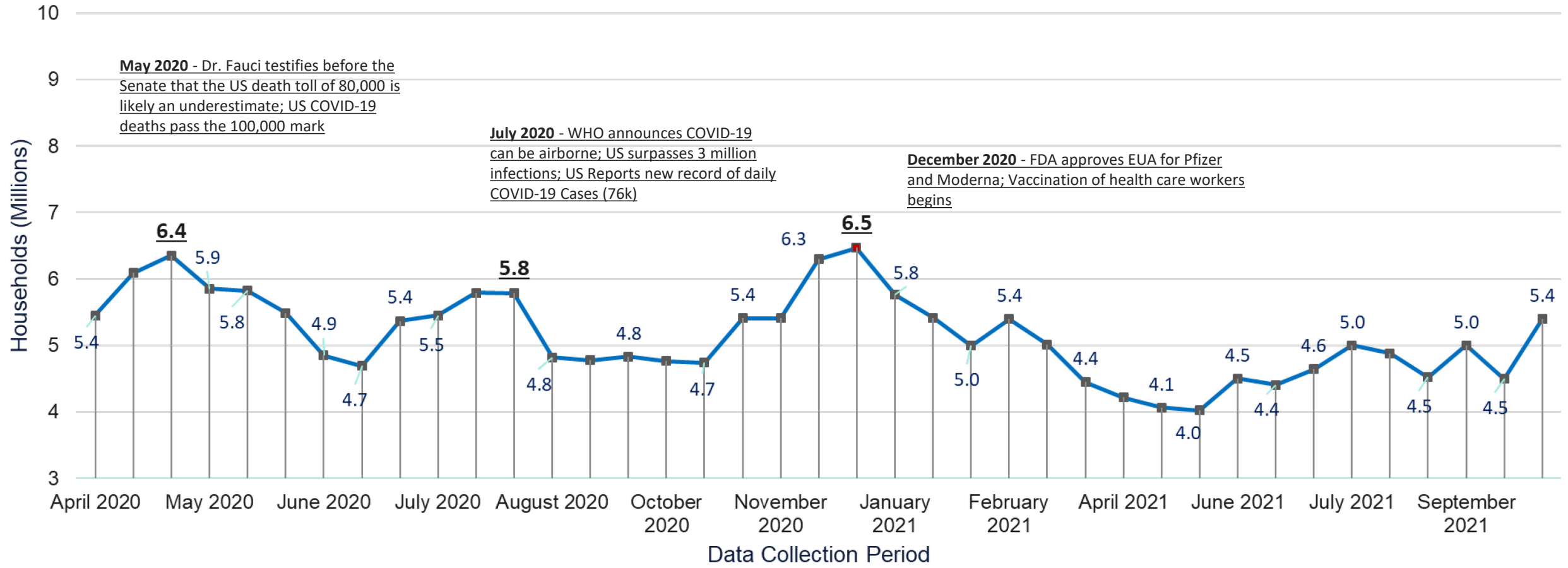
Behind on Rent: 13.1% of renter households

Fearful of Imminent Eviction: 4.8% of renter households



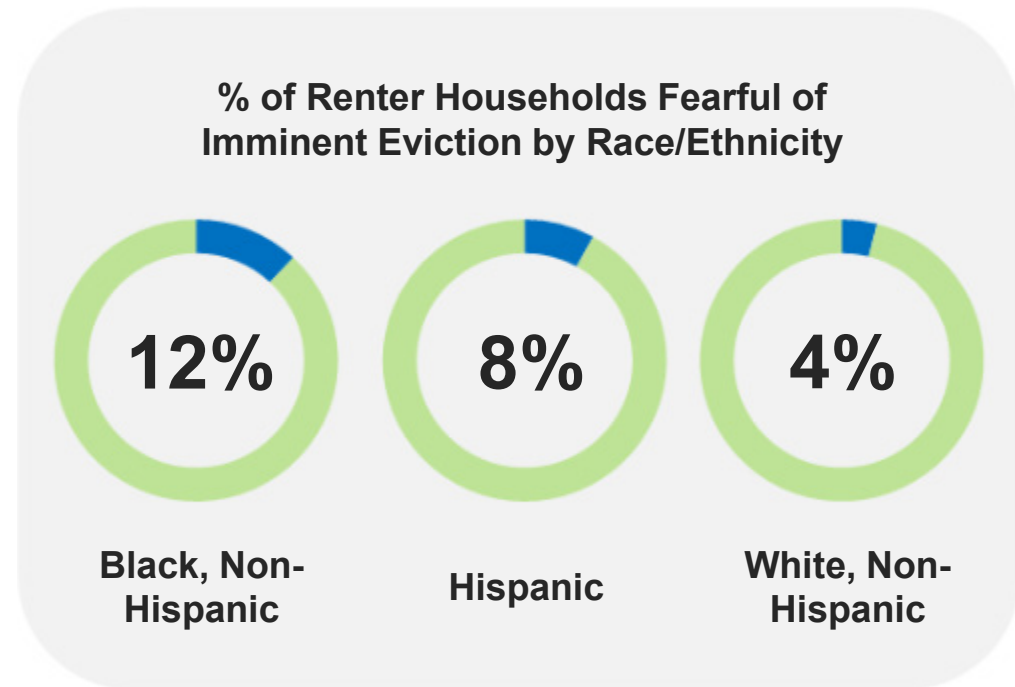
Housing Insecurity During the Covid-19 Pandemic: Estimated Number of U.S. Renters Not Confident in Their Ability to Pay Next Rental Payment On Time

April 2020-October 2021, Census Household Pulse Survey



Housing Insecurity Disparities

- Race and ethnicity
- Income
- Housing assistance status
- Sexual orientation
- Gender Identity
- Family status
- Employment status
- **The Covid-19 Pandemic Exacerbated an Existent Crisis**



Key HUD Programs



HUD-Assisted Tenants

Three Major Program Categories: Public housing, assisted multifamily housing, and the housing choice voucher program

Housing assistance is not an entitlement: Housing assistance does not serve everyone who is eligible → Only ~1/5 eligible households receive assistance

~10 million individuals receive assistance, including ~4 million children

Elderly and disabled households make up over half of tenant households

Program Eligibility: Citizenship, gross income, and household size

Racial/Ethnic Composition: Over 75% identify with a minority group



Notable Projects of Interest

ASPE-HUD Collaboration: MA-HUD Linkage

Objective: Learn more about Medicare Advantage (MA) members living in HUD-assisted housing

- ❖ Facilitate a national data linkage to estimate the number of individuals with Medicare Advantage (MA) plans living in HUD-assisted housing sites (>10)
- ❖ As MA participation increases, MA plans may want to consider focusing on participants in HUD-assisted housing for care coordination and/or other supports

- **Upcoming Deliverables:**

- Final report
- One-page summary infographic
- External webinar (planned for January 2023)
- Interactive dashboard



CDC-HUD Collaboration: Aging in Place

In 2021, HUD and the CDC established a 5-year interagency agreement to leverage opportunities and resources in support of shared agency priorities related to aging in place

One strategy → Identify evidence-informed policies and practices related to aging in place

- Table and narrative summarizing evidence-based interventions
- Potential intervention avenues:
 - Providing or partnering to provide services in or near 202 housing
 - Prioritizing communities/neighborhoods for future 202 housing
 - Engaging with the health system to provide services to 202 residents
 - Identifying structural characteristics of housing units that may protect health





Thank You! Questions?

Email:

Leah.M.Lozier@hud.gov



**Leveraging VBID & Low-Income Home Energy Assistance Program (LIHEAP) to Improve Housing Quality and Stability
-Administration for Children & Families**

SPEAKER



Akm Rahman
Operations Branch Chief
Division of Energy Assistance, Office of Community Services
Administration for Children & Families
The U.S. Department of Health and Human Services

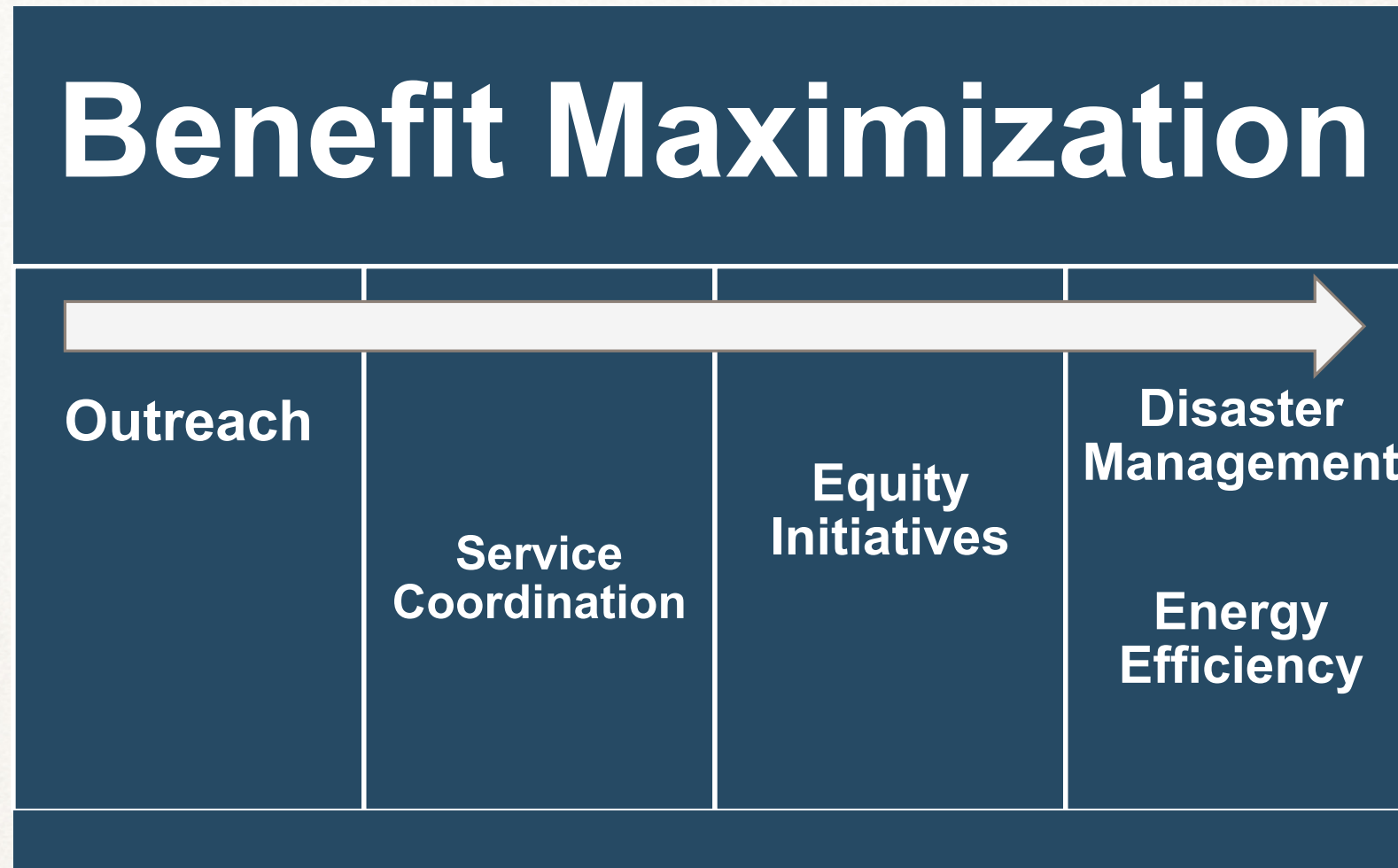
The U.S. Department of Health and Human Services
Administration for Children and Families
Office of Community Services

Leveraging VBID & Low-Income Home Energy
Assistance Program (LIHEAP) to Improve Housing
Quality and Stability

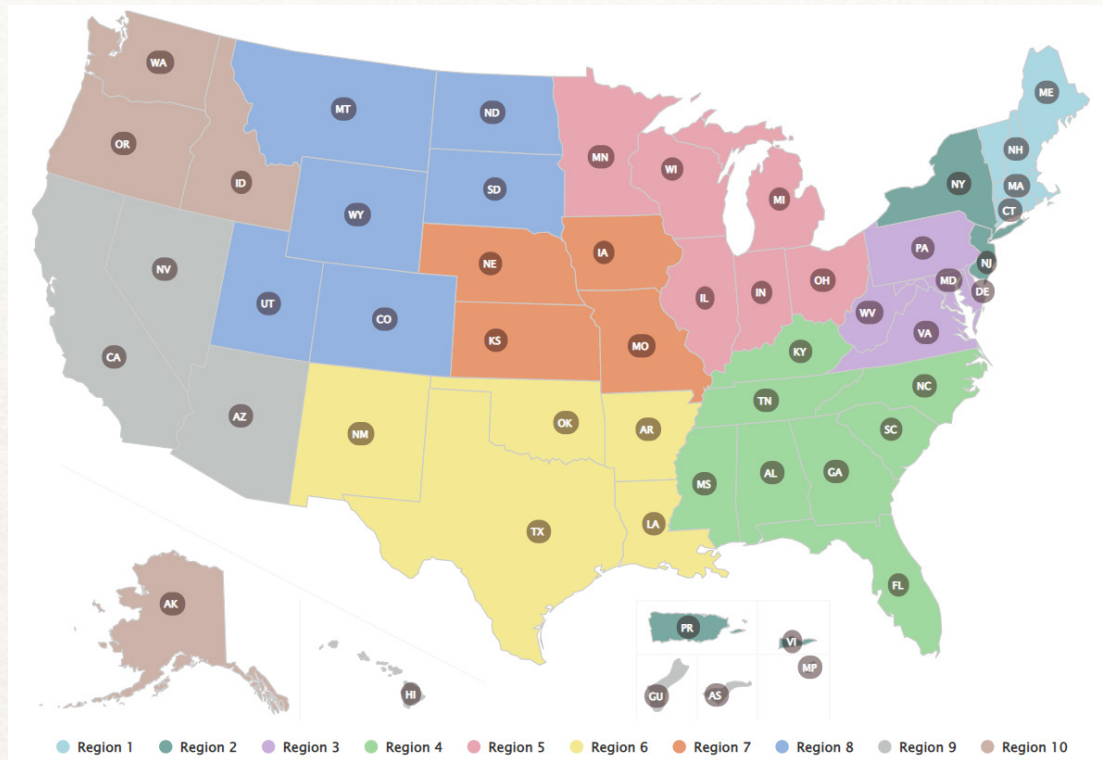
AKM RAHMAN, OPERATIONS BRANCH CHIEF
DIVISION OF ENERGY ASSISTANCE



LIHEAP Priorities



The LIHEAP Service Delivery Network



50 States
District of Columbia

150 Native American Tribal Communities

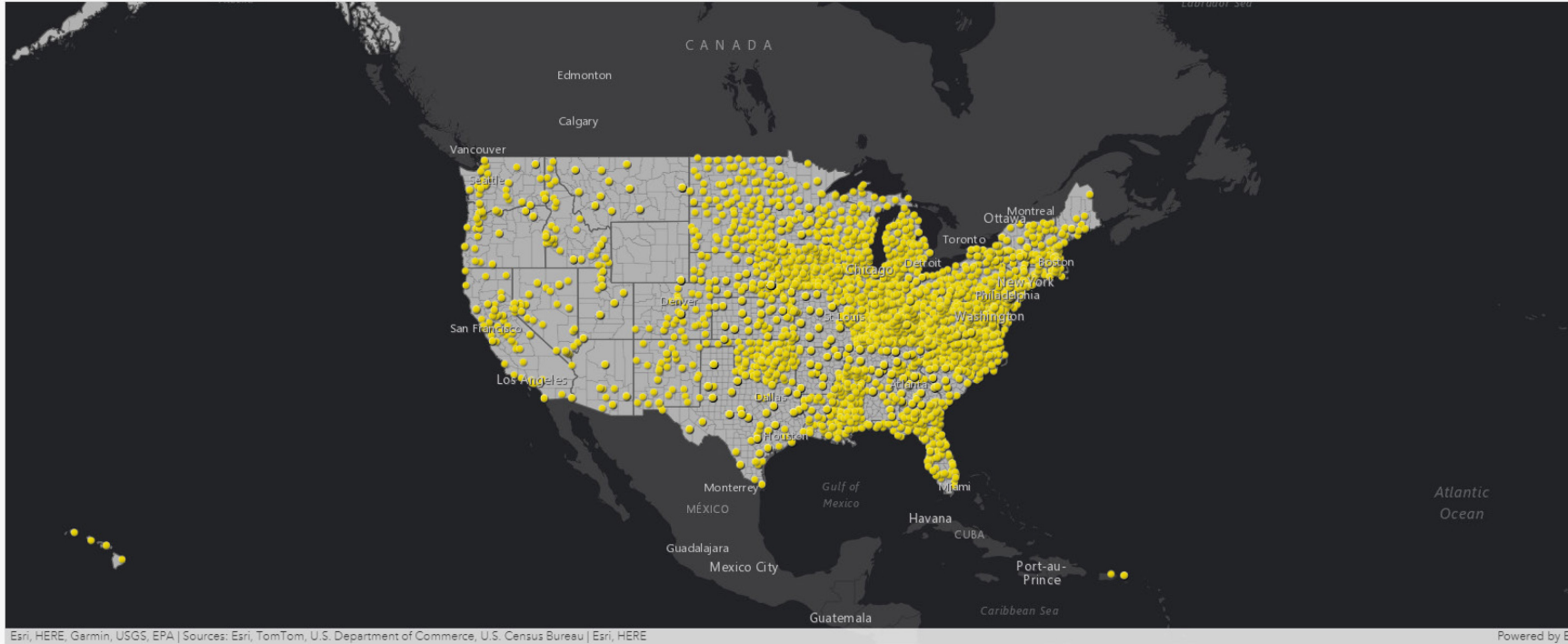
5 Territories:
American Samoa
Guam
Northern Mariana Islands
Puerto Rico
Virgin Islands



LIHEAP Local Agency Locations

To find your local energy assistance provider:

1. Select the state where you reside from the "State" dropdown menu located above.
2. Select the county from the "Counties" dropdown menu located above. The map below will zoom to the location you selected.
3. Click on the yellow dot closest to your location. The information for your Energy Service Provider that serves your local area should be available.
(If a yellow dot is not present on the map, zoom out slowly until you see the first yellow dot and then click on the yellow dot closest to your location).

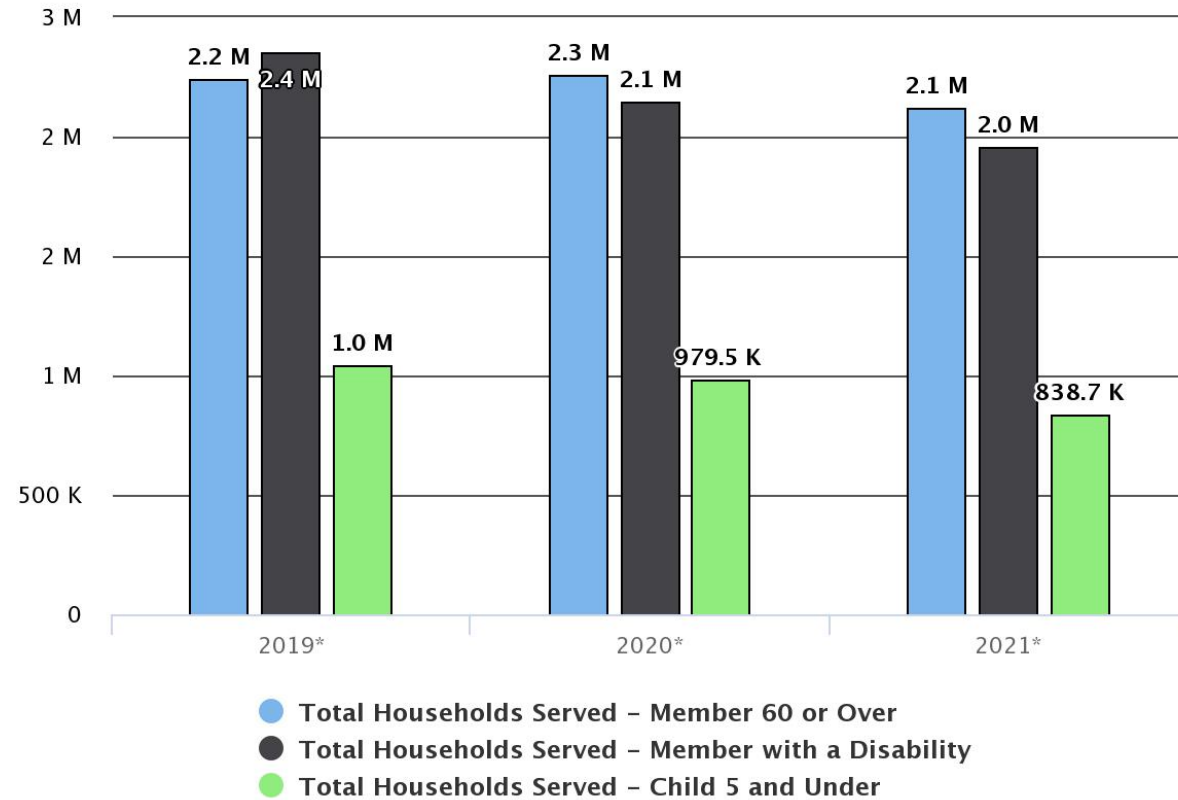


LIHEAP Local Providers Map



LIHEAP Recipients

Vulnerable Population Served



Addressing the Needs of Vulnerable Individuals

- There is a *strong* connection between home energy and health/health care outcomes.
- Safe indoor temperatures and air quality are critical for the health of older adults.
- Uninterrupted home energy supply is necessary to operate home health equipment.
- It is essential to mitigate the higher home energy burdens faced by older adults (including children and disabled individuals) and communities of color.
- A benefit can help promote economic stability by freeing up resources to pay for medicine, health care expenses, and other necessities.



Relevant Statutory References

- ❑ LIHEAP must target outreach to vulnerable populations – Assurance 3
- ❑ Must work with like programs – LIHEAP Statutory Assurance 4
- ❑ Allows categorical eligibility, which reduces the burden of application for SSI, SNAP, TANF, and certain VA benefit recipients.
- ❑ Partnering with VBID can meet these requirements.

How LIHEAP Can Assist to Stabilize Housing and Health?

- ❑ **Heating Assistance:** utility and deliverable fuel benefits.
- ❑ **Home Energy Systems:** repair and replacements.
- ❑ **Cooling Assistance:** utility benefits, Heat Pumps, Swamp Coolers, Air Conditioners, fans (not preferred in high humid areas).
- ❑ **Crisis Benefits:** restoration of home energy supply, prevention of home energy supply disruptions, emergency repairs of home energy equipment.
- ❑ **Weatherization:** energy efficiency related repairs and replacements, whole house weatherization, health and safety related repairs.
- ❑ **Case Management:** home energy audits, Information & Referrals, outreach, energy burden reduction training, budget counseling.
- ❑ **Braiding of Resources:** LIHEAP allows flexibility in braiding other resources for home energy purposes, e.g., DOE weatherization, Treasury's ERA funds (if available), and utility company funds.

LIHEAP and VBID

- ❑ Develop targeted public outreach between LIHEAP, other low-income programs, and Medicare Advantage enrollees.
- ❑ Case managers provide information about LIHEAP eligibility and connect them with local providers.
- ❑ Refer patients including those in an energy crisis (inadequate heating/cooling or no home energy) from health care offices to LIHEAP.
- ❑ Encourage LIHEAP applications during annual health insurance enrollment season.
- ❑ Consider developing enrollee intervention tools to assess home energy needs.
- ❑ Launch season specific educational outreach – risks of hypothermia, hyperthermia, CO poisoning, extreme heat health, etc.

Resources

- ❑ [Low Income Home Energy Assistance Program](#)
- ❑ [LIHEAP Research Experiences of Selected Federal Social Welfare Programs](#)
- ❑ [OCS Disaster Flexibilities Hub](#)
- ❑ [Environmental Justice and Climate Change](#)
- ❑ [LIHEAP and Extreme Heat Hub](#)
- ❑ [OCS Earth Day Page](#)
- ❑ [2021 Profile of Older Americans](#)
- ❑ [LIHEAP Data Warehouse](#)
- ❑ [Energyhelp.us](#) and [LIHEAP Clearinghouse](#)
- ❑ [LIHEAP Local Providers](#)

OCS joined Twitter! Follow us [@OCS_ACFgov](#)

Search your local providers at: [www.energyhelp.us](#)

My contact information: Akm.Rahman@acf.hhs.gov, (202) 401-5306



Addressing the Impact of Climate Change on Vulnerable Beneficiaries- The Office of Climate Change and Health Equity (OCCHE)

SPEAKERS



Joseph McCannon
Senior Advisor to the Director, Agency
for Healthcare Research and Quality/
Health Care Sector Lead, OCCHE



Jenny Keroack
Senior Policy Advisor
OCCHE



Thomas Bane
Special Assistant to the Regional
Administrator,
CMS New York

Addressing the Impact of Climate Change on Vulnerable Beneficiaries

(Available Strategies for the Medicare Advantage Value-Based Insurance Design Model)

Joe McCannon, Thomas Bane, Jenny Keroack

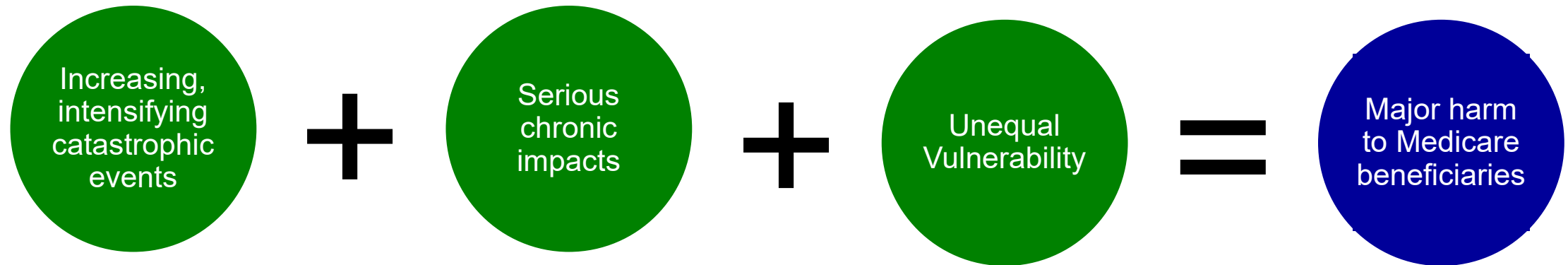
HHS Office of Climate Change and Health Equity

December 8, 2022



Office of
Climate Change
and Health Equity

Climate Change is the Greatest Threat to Global Public Health¹



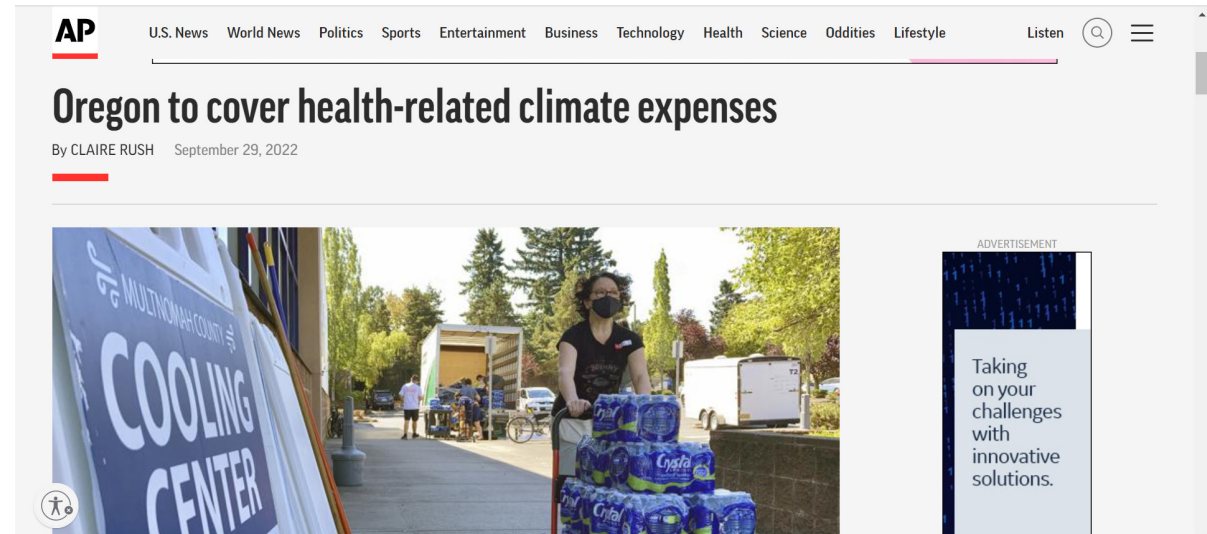
¹ Atwoli, L, Banqui A, Benfield T, et al. (2021). Call for emergency action to limit global temperature increases, restore biodiversity, and protect health. *Lancet*, 398(10304):939-41.

Office of Climate Change and Health Equity (OCCHE)



Momentum on Resilience

- Letter on Implementing Supplemental Benefits for Chronically Ill Enrollees (April 24, 2019)
- Oregon Health Plan 1115 Demonstration Waiver
- Community Benefit investments in several systems
- Several White House/HHS Health Sector Climate Pledge signees among model participants



Vision for a Flourishing and Resilient Medicare Advantage

All MA Organizations:

- MA organizations **lower costs and improve quality of care** by addressing climate threats
- Example: covering **equipment to improve indoor air quality** (air conditioning units, etc.) and related services as SSBCI
- Example: using care management services to support access to **Community Health Workers**

VBID Model Participants:

- VBID Model participants are **leading the way**; proactively identifying and addressing climate change hazards
- Example: participants use **VBID by condition and/or socioeconomic status** to target non-primarily health related items and services to those most at-risk
- Example: adding an amount to a flexible spending card that can be used to pay for **utilities** upon completion of a care management program

Protecting Enrollees and Reducing Costs: Extreme Heat Example

- *Background:*
 - Leola is a 78-year-old who lives in a three story walk up in the Bronx. She suffers from COPD and takes medications that can increase the risk of heat-related illness.
 - An extreme heat wave is expected in one week.
- Luckily, Leola is enrolled in a Medicare Advantage Plan that participates in the VBID Model. The Plan has already identified Leola as vulnerable to heat and covered a window air conditioning unit in her home through targeting her COPD and LIS status.
- The Plan has also deployed a Community Health Worker (CHW) to call her two days before the heat wave begins.
- The CHW confirms that Leola has the air conditioner and that someone will check on her during the heat wave. The CHW also lets Leola know about her neighborhood cooling center and gives her tips for staying cool such as taking a cold shower or bath.
- During the heat wave, Leola had a doctor's appointment but is concerned about traveling in the heat. She is able to complete the appointment via telehealth instead.

We want to hear from you!

OCCHE wants to amplify your success stories and help support continued improvement.

OCCHE@hhs.gov



OASH

Office of the
Assistant Secretary
for Health

BENEFIT DESIGN OPPORTUNITIES, INCLUDING THROUGH THE VBID MODEL

SPEAKER



Aaron Tam
VBID Analyst,
CMMI, CMS

Benefit Flexibilities Available Under MA and VBID

Category	Options Available Under <u>MA</u> *	Additional Options Available Under <u>VBID</u>
Benefit Targeting	<ul style="list-style-type: none"> • Special Supplemental Benefits for the Chronically Ill (SSBCI): Allows MAOs to provide chronically ill enrollees (as defined in § 422.102(f)(1)(i)(A) using three specific criteria) with both non-primarily and primarily health-related supplemental benefits that have a reasonable expectation of improving or maintaining the health or overall condition of the chronically ill enrollee. <ul style="list-style-type: none"> ❖ While CMS may provide a list of chronic conditions, MA plans may consider other chronic conditions not identified on this list if the chronic condition is life threatening or significantly limits the overall health or function of the enrollee ❖ Targeting by low-income subsidy (LIS) or dual status alone is NOT allowed but 422.102(f)(2)(iii) permits MA plans to consider social determinants to help identify chronically ill enrollees whose health or overall function could reasonably be expected to improve or maintained with the SSBCI. MA plans may not use social determinants of health as the sole basis for determining eligibility. • Uniformity Flexibility (UF): Allows MAOs to target enrollees for healthcare services that are medically related to the patient’s health status or disease state (e.g., reduced cost sharing of eye exams for diabetics) if the benefit is offered uniformly to all individuals with the same qualifying condition. Supplemental benefits must be primarily health related (§ 422.100(d)(2)(ii)) • NOTE: Part D reductions in cost sharing are not permitted under SSBCI or UF 	<p>Allows MAOs to provide enrollees with LIS/dual status or chronic condition(s) (or both) with:</p> <ul style="list-style-type: none"> • Non-primarily health related supplemental benefits (allowed under SSBCI, but not UF) • Reductions in cost sharing for Part D drugs • New and existing technologies or FDA-approved medical devices as a mandatory supplemental benefit
Rewards and Incentives (RI) Programs	<ul style="list-style-type: none"> • Part C RI must reflect the cost/value of the health related activity and not the expected benefit • Part D RI only for Real Time Benefit Tool (RTBT) 	<ul style="list-style-type: none"> • RI limit that is tied to the value of the expected impact on enrollee behavior or the expected benefit, within an annual limit • Part D RI outside of RTBT
Hospice	<ul style="list-style-type: none"> • Available to MA enrollees through Original Medicare 	<ul style="list-style-type: none"> • MA plans participating in the Hospice Benefit Component generally cover ALL of their Medicare benefits, including hospice care. Can also offer transitional concurrent care and hospice supplemental benefits

*See 85 FR 33802 and 42 CFR 422.102(f)(1)(i)(B) for other requirements.

Examples of VBID Interventions Supporting Housing Stability and Quality

Model Intervention	Example of VBID Model Intervention
<p>Targeted Benefits by Condition, SES, or both</p>	<ul style="list-style-type: none"> • Plans could offer supplemental benefits to meet a range of primarily and non-primarily health-related social needs targeted to enrollees with LIS including: <ul style="list-style-type: none"> ➤ supporting assistance in housing stability through rental subsidies; ➤ lowering energy cost burden through utilities assistance; and ➤ addressing housing quality and environmental health hazards such as lead paint, mold, radon, and falls risks (i.e., high association between asthma cases and home environmental conditions) • Plans could offer these supplemental benefits individually or packaged to create a comprehensive approach for enrollees with serious illness.
<p>MA and Part D RI Programs</p>	<ul style="list-style-type: none"> • Plans could provide rewards to incentivize completion of care management activities for targeted enrollees, where either (or both) the reward and the activity is tied to improving housing stability and quality, such as a reward of a gift card to cover utilities for completion of a housing instability assessment as part of an enrollee’s annual wellness visit.
<p>Hospice Benefit Component</p>	<ul style="list-style-type: none"> • Plans could offer as a hospice supplemental benefit temporary coverage of room and board in a residential facility as determined by a beneficiary’s need for custodial care and assistance with activities of daily living without a caregiver or other residence to which to discharge.

LEVERAGING VBID FLEXIBILITIES TO IMPROVE CARE, OUTCOMES, AND EQUITY

SPEAKERS



Michael De La Guardia
VBID Model Co-Lead,
CMMI, CMS



Eve Gelb, MPH
Senior Vice President of Duals,
SCAN Health Plan



Emily McGrath, MBA
Director of Health Equity
Product Development,
Humana Inc.

Question & Answer

Next Steps

Next Steps and Future Sessions on the Horizon

1 Provide feedback on future health equity TA that will be valuable to your organization. Feedback can be submitted through the post-webinar survey and through our VBID Mailbox (VBID@cms.hhs.gov).

2 Be on the lookout for the 2024 Requests for Applications (RFAs) for the VBID Model and its Hospice Benefit Component – to be released in the coming weeks.

3 HEIP will continue in 2023, but with a new format and greater focus on operational issues. More details will be announced in the coming months.

Thank you for joining us today!

Please email us with questions or to discuss your interests at
VBID@cms.hhs.gov