

Three Minute Read™

Insights from the Healing American Healthcare Coalition™

October 2020-2



From the Editor: More than 8.2 million Americans infected with COVID-19 now have a preexisting condition. Medicare's open enrollment period runs through 12/7, so this issue of **TMR** summarizes articles about Medicare and Medicare Advantage, a program to deal with the social determinants of health and the role of blood type in COVID-19. To access each article, just click on the headline.



[Medicare Beneficiaries Require More Financial Coverage Support](#) by Karen Davis and Amber Willink The Commonwealth Fund, 9/23/20

TMR Topline™ - The Commonwealth Fund conducted a study to learn more about care affordability for low income Medicare beneficiaries during the COVID -19 pandemic. Traditional Medicare's benefit design has coverage gaps that can leave beneficiaries financially vulnerable. Roughly 28% (17 million) have incomes below 150% of the federal poverty level (\$18,000/year for a single person). Many had been in the workforce, lost jobs and will have difficulty regaining employment. One-third spend more than 20% of income on premiums and medical care. Congress enacted measures to support health care providers, but more needs to be done to help low-income Medicare beneficiaries without supplemental coverage. Policy changes to be considered include waiving cost-sharing for beneficiaries with COVID-19, offering Medicare as a choice for those ages 55 to 64,

expanding benefits to include preventive and maintenance dental, vision, and hearing services and capping out-of-pocket costs.

Should Medicare adapt these changes, new measures would have to be developed to ensure the solvency of the Medicare Part A trust fund. The researchers concluded: *"Although Medicare provides a stable, trusted source of health insurance for older adults and younger people with disabilities, the program's benefit design can leave beneficiaries exposed to high out-of-pocket costs and premiums. In the current crisis, this is particularly a concern for those without supplemental coverage."*



[Medicare Advantage insurers plan for bigger footprints, more telehealth](#) by Shelby Livingston Modern Healthcare 10/1/20

TMR Topline™ - More than 3.2 million seniors will become eligible for Medicare by the beginning of 2021 and Medicare Advantage (MA) insurers are expanding their service areas and adding new benefits to compete for members in this fast-growing market. UnitedHealthcare plans to sell coverage in four additional states and 300 new counties. Cigna is adding 67 new counties to its service area. Aetna and Humana also announced plans to reach more seniors. Eyeing this market potential, Walmart has joined with Clover Health to offer MA plans in several counties in Georgia.

MA plans are the fastest growing segment of the health insurance market. The federal government expects MA enrollment to grow by 10% in 2021 to 26.9 million, with 4 in 10 Medicare beneficiaries getting coverage from an MA plan. Ten years ago, only 25%, or about 11 million, had MA coverage. MA plans must cover all the benefits included in traditional Medicare but can offer additional benefits including dental and vision coverage. The Trump administration has added more flexibility to MA plans, allowing them to offer additional benefits such as home-delivered meals and transportation.

Most MA insurers are offering more telehealth benefits. Doctors and patients have turned to virtual care during the COVID-19 pandemic. CMS estimates that more than 94% of MA plans will offer telehealth benefits next year, up from 58% of plans in 2020. Some insurers include behavioral health visits and virtual physical therapy as telehealth services. There will be 4,800 plans in the MA market for 2021, averaging 47 plans per county, up from 39 this year. Individuals with end-stage kidney disease will also be able to purchase plans for the first time.

TMR's Take – These articles contrast the plight of 17 million low income Medicare beneficiaries with the choices available to more affluent beneficiaries in MA plans. The first October issue described the turmoil in the commercial insurance market as millions lost employer-sponsored coverage and the inadequacy of short-term plans. Access to affordable healthcare for all Americans continues to be a critical issue. To be continued...



[RWJBarnabas Health launches tech-enabled social determinants of health program](#), by Mallory Hackett, Healthcare Finance News, 10/14/20

TMR Topline™ - RWJBarnabas Health is collaborating with NowPow and ConsejoSano to refer and connect patients to community-based services in addressing the social determinants of health (SDOH). The goal is to assess patients' risk factors for chronic disease by removing the stigma around questioning housing, safety and nutrition. After the initial screening, the Health Beyond the Hospital program uses NowPow's community referral platform to connect people with services personalized to meet their health and social needs based on age, gender, eligibility, location, primary language and insurance coverage. ConsejoSano's patient engagement platform uses culturally and linguistically tailored tools to serve patients using the communication method that works best for each individual, engaging patients through text, phone call, email or mail in over 22 languages.

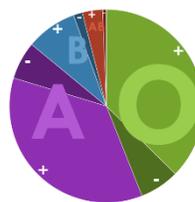
America has worse health outcomes than other OECD members including higher infant mortality rates and lower life expectancy. The COVID-19 pandemic is affecting marginalized groups at higher rates. A 2016 [Health Affairs](#) article found that effectively alleviating health disparities requires programs that focus on early childhood education, urban planning and community

development, housing, income enhancements and employment. Independence Blue Cross and Signify Health [launched](#) a similar initiative recently called CommunityLink, designed to break the barriers between social and clinical care by helping people gain access to nonmedical health services such as food, housing, transportation.

After completing the pilot program, Health Beyond the Hospital will be expanded across the system. According to RWJBarnabas Health CEO Barry Ostrowsky, "80% of all health outcomes are due to social, behavioral, and environmental factors that are the social determinants of health... The timely interventions made possible by Health Beyond the Hospital will create a spiral that will positively impact the well-being of our patients and all of those caring for patients across our community."

TMR's Take –The World Health Organization defines health as "a state of complete physical, mental and **social well-being.**" Health systems that succeed in providing better care while improving healthy behaviors in the communities they serve will lower the per capita costs of care and produce better outcomes on the key health indicators. Full disclosure: The Editor is an Honorary Trustee at an RWJBarnabas Health affiliated hospital.

Blood Type Distribution in the United States



[More Evidence Points to Role of Blood Type in COVID-19](#), by Molly Walker, Associate Editor, MedPage Today October 14, 2020

TMR Topline™ - Two recent studies shed additional light on the role that blood type may play in COVID-19. A Danish study found that blood type O was associated with reduced risk of developing COVID-19. Writing in [Blood Advances](#), the authors found no increased risk for hospitalization or death associated with blood type. However, a smaller study from six metropolitan Vancouver hospitals from Feb. 21 to April 28 found that blood types A or AB were associated with increased risk for mechanical ventilation, continuous renal replacement therapy, and prolonged ICU admission than patients with blood type O or B. Inflammatory cytokines did not differ between groups. Both groups acknowledged prior research findings that certain blood groups were linked to virus susceptibility and that more extensive studies are needed to infer causality.

TMR's Take – Further research is needed on the role of blood types in the risk for contracting and the severity of the course of a COVID-19 infection.