

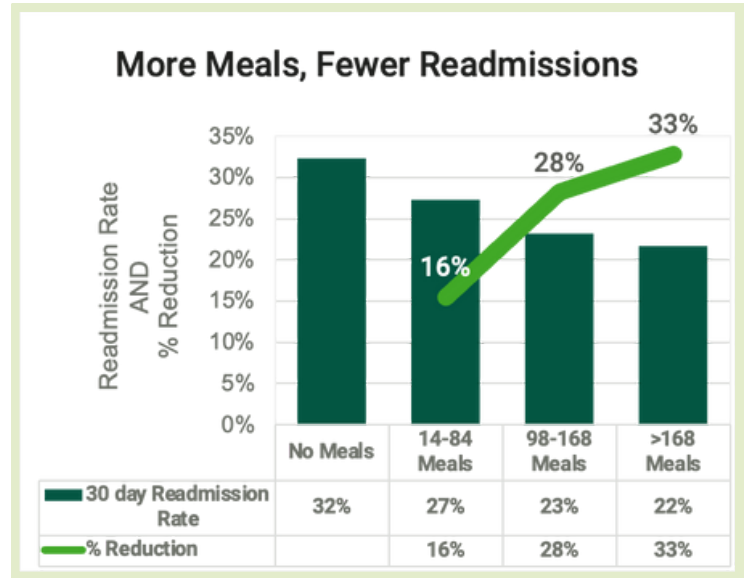
Medicare Advantage Meal Benefit: Two Year Impact on Readmissions

Summary

The Healthrageous Data Studio, in partnership with a client, researched if members with Heart Failure (CHF) had reduced IP admission rates if they received meals outside of the usual post-discharge meal benefit. CHF members are a high risk readmission cohort and the plan desires to reduce clinical deterioration resulting in repeat expensive acute care.

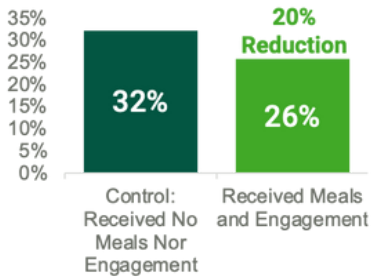
Healthrageous analyzed 2022 and 2023 medical claims to determine if there was an impact on 30, 60, and 90 day readmission rates, comparing members who participated for at least one year in the Healthrageous Made Easy Meals program (Program) to members who did not participate (Control).

The results show a statistically significant difference of 20% reduction in 30-day Readmission rates between members in the Program and the Control. The savings to the health plan, quantified by actual average admission cost during this time period, is an estimated \$1.8M².



Readmissions Reduced 20%

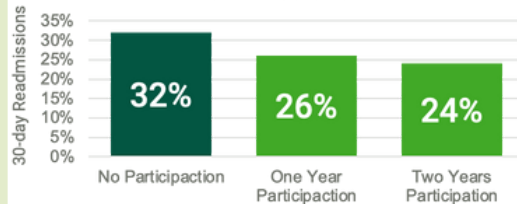
30 Day Readmission Rate¹



Significant Results

The strongest signal was seen in comparison of the 30-day readmission rate and the number of years of participation in the Program. This signal was observed in groupings within a narrow range of Disease Severity Scores yet statistically lower readmission rates.

Longer Participation, Fewer Readmissions



Reduction Strongest Among Members with >=2 Readmissions



Process

Readmission Impact

1. Create a cohort of Heart Failure (HF) members from 2022 & 2023 medical claims data who had a HF diagnosis at any point during the two years.
2. Summarize admissions for these members, categorizing hospital visits as ER or Inpatient Admission. Claims with both Inpatient and ER claim lines were categorized as Inpatient.
3. Categorize admissions with
 - o Readmissions within 30, 60, and 90 days
 - o The number of meal orders delivered to the member
 - o Number of years that they participated (one year or two years) in the Program
4. Analyze data based on Program participation status and number of meals. Analyze data to investigate confounding factors.

Study Factors

1. Participation in the Program is voluntary and does not require pre-authorization. Members are invited to participate through mail flyers, emails, text messages, phone calls, and broker referral.
2. Propensity score matching (PSM) was not used due to the small population size (n=4464 members, 6382 admissions).

¹Data from 2022 and 2023, n=4464 members, n=6382 admissions with 87% being ER visits, p= 2.25E-13
²Based on actual claim cost average of \$17,178 per IP admission

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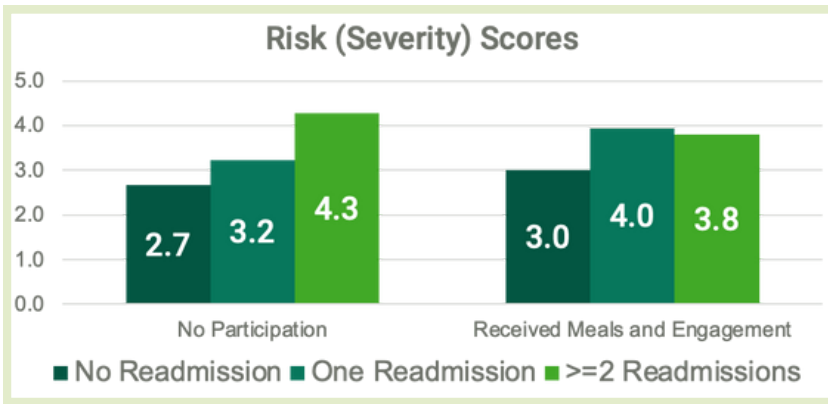
Next Steps

Next steps include:

- Continuous monitoring of results (updated monthly)
- When population size is sufficient, use Propensity Score Matching to adjust for confounding factors
- Additional partnership with the health plan partner to further investigate correlations and financial impact

Additional Results

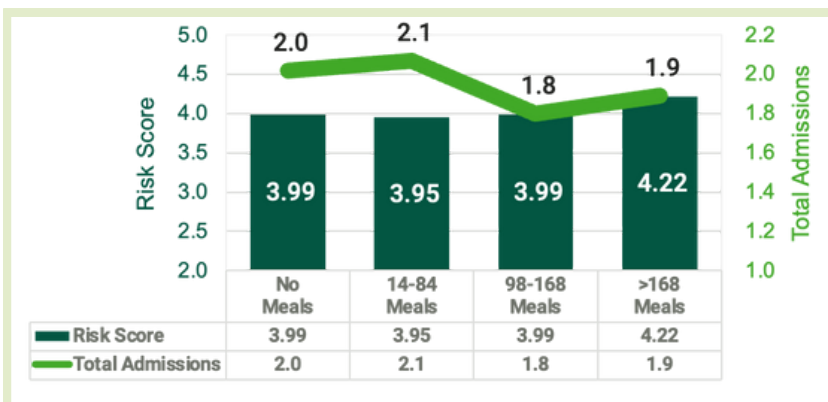
These results, while directional, were not analyzed for statistical significance. They all show a strong correlation between participation in the program and reduced readmissions.



Risk scores were higher for the Participants, demonstrating that the reduction in readmission rates are not due to the Participants being healthier



90 day readmissions show directionally similar improvements as 30 day readmissions



Number of meals is associated with higher risk scores yet lower total admissions per member

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