

SERVING LOW-INCOME SENIORS: LESSONS AND THE IMPACT OF COVID-19



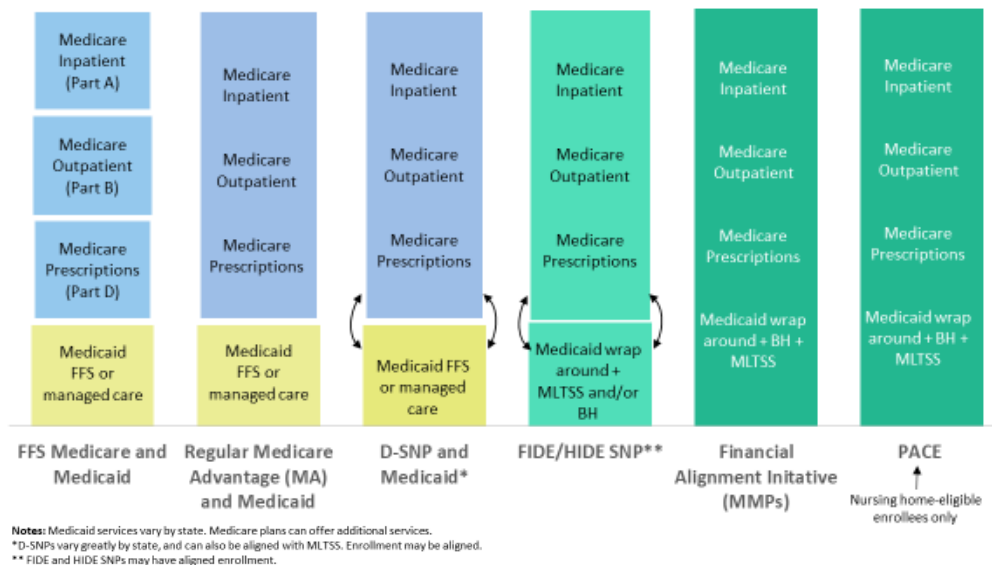
Overview

The ongoing COVID-19 pandemic has had a disproportionately negative impact on both low-income communities and seniors in the U.S. As the acute effects of COVID-19 are continuously felt, and we enter a challenging winter season for health, it is important to consider how best to serve the nation’s most vulnerable populations. As many as 7.2 million adults aged 65 or older live in poverty, as measured using the Supplemental Poverty Measure (SPM), making accessing and paying for health care and services more difficult. Furthermore, roughly half of individuals turning 65 require long-term services and supports (LTSS), yet coverage gaps exist in paying for this type of care. The challenges of coordinating, delivering, and paying for this population’s care and the need for coordinated actions to improve quality of life and health outcomes will persist long after election week. On November 6, 2020, the Alliance for Health Policy hosted a webinar event titled “Serving Low-Income Seniors: Lessons and the Impact of COVID-19” to explore these issues. Key lessons and select questions and answers from this event have been highlighted in this resource.

Key Lessons

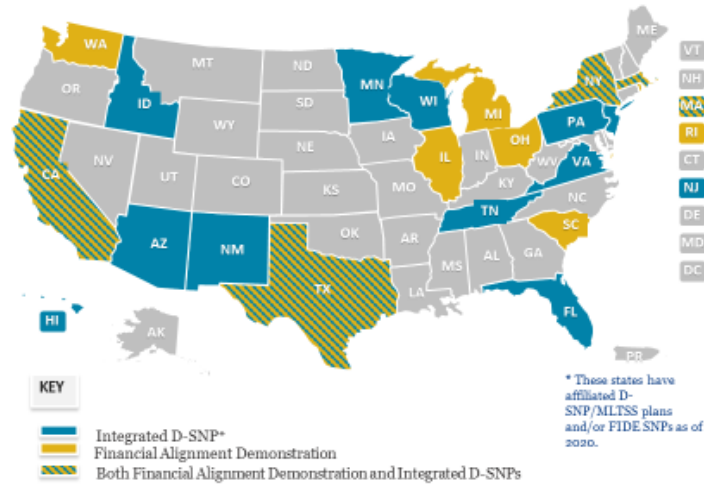
- Policymakers should consider opportunities to adjust arbitrary time limits placed on programs, such as five years, that may restrict how programs are run, can make decisions, or are evaluated for success. This can then make room to emphasize **long-term recommendations for dual-eligibles and make up-front investments**, including at the federal level through the provision of more up-front resources and technical assistance to states.
- The complexity of programs and their reporting requirements **contributes to the complexity of forms and other documentation that beneficiaries and their families are required to fill out.**
- There is a **spectrum of integration in capitated managed care and managed care entities undertake these integration efforts to attempt to improve care utilization and beneficiary experience.** The level of integration varies by plan.

Capitated Managed Care: Spectrum of Integration



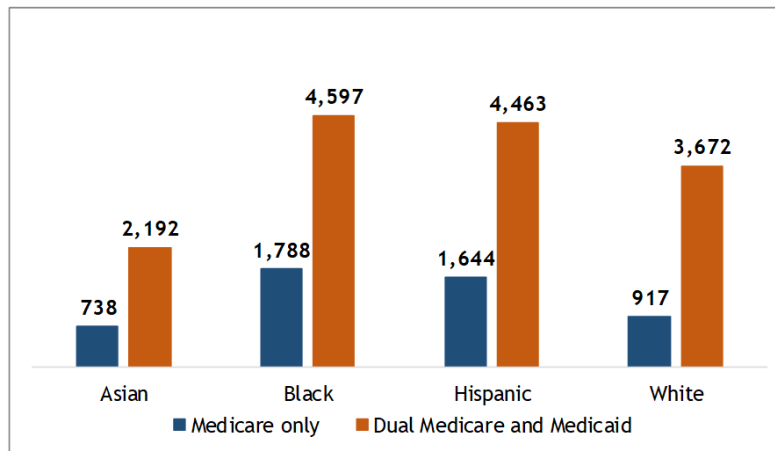
- Care integration and the implementation of integrated plans, such as D-SNPs, vary by state. These efforts include integrated D-SNPs, financial alignment demonstrations, and both. As of 2020, ten states had an integrated D-SNP, five states had a financial alignment demonstration, and four states had both.

Capitated Managed Care: What States Are Doing in 2020



Source: Integrated Care Resource Center. Medicare 101-102 Webinar: Key Issues for States. February 2020. Available [here](#).

- Black and Hispanic dual-eligible beneficiaries have experienced a greater negative impact from COVID-19 than other duals, and Medicare-only beneficiaries, further scoring the importance of a nuanced approach in serving this population that takes into account the social determinants of health.



Source: Based on Preliminary Medicare COVID-19 Data Snapshot, Centers for Medicare and Medicaid Services. Accessible [here](#).

Questions & Answers

What are the increased challenges for this population posed by COVID-19 and how can we move forward from them?

“There has been a sharp increase in feelings of loneliness and isolation among older adults, including duals, during the COVID-19 experience... so its important to think about... strategies that we can use to meet those needs.” – Lynda Flowers, Senior Strategy Policy Advisor, Public Policy Institute, AARP

What strategies can health plans employ to address diverse needs, so that beneficiaries may better manage their care and avoid adverse health events?

“One of the services that are available... is to have [someone from the managed care organization] come [in

to the home] to organize [the patient's] meds and put them together.” – Katherine Hayes, Director of Health Policy, Bipartisan Policy Center

How can policymakers support these efforts?

“The primary takeaway is that without some sort of forcing mechanism for states to require them to integrate care for dual-eligibles, it’s not going to happen and in the short term we need to provide the technical assistance, we need to provide financial resources, we need to better coordinate federal agencies and state agencies to make this happen... you need to require states to do it or it won’t happen.” –

Katherine Hayes, Director of Health Policy, Bipartisan Policy Center

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**Indicates expert was a speaker for November 6, 2020 webinar: “Serving Low-Income Seniors: Lessons and the Impact of COVID-19”*

Resources

Required Reading:

“Health Care in the 2020 Presidential Election: Issues Important to Older Americans.” Jacobson, G., Cicchiello, A., Fowler, E. The Commonwealth Fund. October 14, 2020. Available at <http://allh.us/wdbV>.

“Covid-19: If Ever There Was a Time to Care About Medicare-Medicaid Integration, It’s Now.” Rizer, A. Arnold Ventures. October 6, 2020. Available at <http://allh.us/eFEK>.

“Medicare-Medicaid Integration: Reflecting on Progress to Date and Charting the Path to Making Integrated Programs Available to all Dually Eligible Individuals.” Barth, S., Blum, J., Henry, E., et al. Health Management. August 2020. Available at <http://allh.us/4bUK>.

“A Pathway to Full Integration of Care for Medicare-Medicaid Beneficiaries.” Hayes, K, Hoagland, W., Harootunian, L., et al. Bipartisan Policy Center. July 27, 2020. Available at <http://allh.us/brfJ>.

“Integrating Care for Dually Eligible Beneficiaries: Background and Context.” MACPAC. June 2020. Available at <http://allh.us/wk9e>.

“Arnold Ventures Dual Eligible Fact Sheet.” Arnold Ventures. 2020. Available at <http://allh.us/xu76>.

“Medicare-Medicaid Coordination Office: Report to Congress.” Centers for Medicare and Medicaid Services. 2019. Available at <http://allh.us/FhMQ>.

Additional Resources:

“Integrated Care Programs for Dually Eligible Individuals in the Era of COVID-19: Response Efforts and Policy Recommendations.” Janoski, B., Betlach, T., Soper, M. Center for Healthcare Strategies. October 2020. Available at <http://allh.us/WteB>.

“State Management of Home- and Community-Based Services Waiver Waiting Lists.” Huson, T., Vardaman, K. MACPAC. September 25, 2020. Available at <http://allh.us/P3BM>.

“The Next Step in Medicare Reform.” Miller, B., Wilensky, G. Backgrounder. The Heritage Foundation. September 16, 2020. Available at <http://allh.us/9xA7>.

“Medicaid Managed Care Rates and Flexibilities: State Options to Respond to COVID-19 Pandemic.” Hinton, E., Musumeci, M. Kaiser Family Foundation. September 9, 2020. Available at <http://allh.us/rHfM>.

“Regulatory Changes to Medicare in Response to COVID-19.” Podulka, J., Blum, J. The Commonwealth Fund. August 4, 2020. Available at <http://allh.us/9EHr>.

“Building the Long-Term Care System of the Future: Will the COVID-19 Nursing Home Tragedies Lead to Real Reform?” Chernof, A., Mann, C. Health Affairs Blog. Health Affairs. July 31, 2020. Available at <http://allh.us/RPWY>.

“Report: Integrated Care Models are Better for Dual-Eligibles.” Collette, R. Arnold Ventures. June 23, 2020. Available at <http://allh.us/pbAa>.

“Medicare COVID-19 Data Release Blog.” Verma, S. Centers for Medicare and Medicaid Services. June 22, 2020. Available at <http://allh.us/8tWG>.

“Sens. Casey, Brown, Jones, Rep. Schakowsky Unveil Legislation to Address the Needs of Seniors, People With Disabilities During COVID-19 Pandemic.” United States Senate Special Committee on Aging. May 7, 2020. Available at <http://allh.us/7p9G>.

“People Dually Eligible for Medicare and Medicaid Fact Sheet.” Medicare-Medicaid Coordination Office. Centers for Medicare and Medicaid Services. March 2020. Available at <http://allh.us/RCQv>.

“Dually Eligible Beneficiaries Under Medicare and Medicaid.” Medicare Learning Network Booklet. Centers for Medicare and Medicaid Services. February 2020. Available at <http://allh.us/grEK>.

“Unplugging the Third Rail: Choices for Affordable Medicare.” Early, J. Policy Analysis. The Cato Institute. June 6, 2019. Available at <http://allh.us/dWjE>.

This event was hosted by the Alliance for Health Policy on November 6, 2020 and was made possible by Arnold Ventures. For additional resources, please visit allh.us/YNgn.

