Closing the Coverage Coordination Gap for Dual Eligibles

July 27, 2021
Improving Policy at the Intersection of Medicare and Medicaid

arnoldventures.org/work/complex-care

July 27, 2021
Why are we here?

To improve care for **low-income older adults** and **people with disabilities** by influencing **federal and state policies** governing the delivery of care to this population.

Our vision for transformation includes policy to:
What we talk about when we talk about “dual eligibles”

- 55% live below the poverty line
- 38% are Black or Latino
- 54% have limitations that impact daily living
- 13% are over-represented in long-term care facilities, and have been identified as one of the populations at greatest risk of becoming infected – and dying – from COVID-19
- 1%
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To mute yourself, click the microphone icon. The icon will appear orange when muted.

To ask a question, click the ? icon and enter your question in the chat box below.
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Panelists

Denny Chan, J.D.
*Directing Attorney, Equity Advocacy*
Justice in Aging

Sarah Barth, J.D.
*Principal*
Health Management Associates

Allison Rizer, MBA
*Principal*
ATI Advisory

Sarah Dash, MPH
*President & CEO*
Alliance for Health Policy

Moderator

@ATIAdvisory

@HMAConsultants

@justiceinaging

@SarahJDash
Denny Chan, J.D.

Directing Attorney, Equity Advocacy
Justice in Aging

@justiceinaging
Dual Eligibles - A Brief Overview and Key Considerations
Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we’ve focused our efforts primarily on fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ individuals, and people with limited English proficiency.
To achieve Justice in Aging, we must:

• Acknowledge systemic racism and discrimination
• Address the enduring negative effects of racism and differential treatment
• Promote access and equity in economic security, health care, and the courts for our nation’s low-income older adults
• Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, economic class
Dual Eligibles – An Overview

• Over 12.2 million individuals who are enrolled in both Medicare and Medicaid

• 41% have a 1+ mental health diagnosis, almost 50% receive LTSS, and 60% have multiple chronic conditions.

• Full (71.1%) v. partial dual eligibles (28.9%)

• Increasing numbers enrolled in Medicare managed care (37% in 2018)

• Dual eligibles of color (47.5% in 2018)
  • 20.4% Black
  • 17.8% Latino
  • 6.4% Asian Pacific Islander
  • 0.9% American Indian/Alaskan Native
Dual Eligibles and COVID-19

- Dual eligibles are more likely to be infected with COVID-19 compared to Medicare-only individuals.

### COVID-19 Cases per 100K by Beneficiary Characteristics

<table>
<thead>
<tr>
<th>beneficiary characteristics</th>
<th>Medicare Only</th>
<th>Dual Medicare and Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged</td>
<td>5,497</td>
<td>14,791</td>
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<tr>
<td>Disabled</td>
<td>5,235</td>
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<td>ESRD</td>
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<td>Male</td>
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<td>AI/AN</td>
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<td>Asian/Pacific Islander</td>
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<td>Black/African American</td>
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<td>Hispanic</td>
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<td>White</td>
<td>4,065</td>
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<td>Oth/Unk</td>
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<td>&lt;65</td>
<td>4,851</td>
<td>11,346</td>
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<tr>
<td>65-74</td>
<td>5,729</td>
<td>15,962</td>
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<tr>
<td>75-84</td>
<td>7,952</td>
<td>24,153</td>
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</table>

Total COVID-19 Cases: 4,339,669
COVID-19 Cases per 100k: 6,896
Some Key Considerations

• The importance of care coordination from a trusted source
• The role of states to monitor integrated delivery options
• Honoring beneficiary choice and accounting for the diversity among the dual eligible population
• Ensuring services are adequate and minimizing Medicare-Medicaid barriers to access
Allison Rizer, MHS, MBA
Principal
ATI Advisory
At Least 43 Medicare-Medicaid Coverage Combinations Are Available Nationwide
Coverage Options Largely Depend on State Policy

- **Medicaid Programs**
  - FFS
  - PCCM
  - Managed Care

- **Medicare Advantage**
  - Standard MA/MAPD
  - ISNP and CSNP

- **Medicare Advantage DSNPs**
  - DSNP
  - HIDE SNP
  - FIDE SNP

- **Financial Alignment Initiative**
  - Capitated MMP
  - FFS MMP
  - Pilot opportunities

- **Other Programs**
  - PACE
  - Direct Contract

Some combination of Medicaid and Medicare

Medicaid only

Medicare only
Duals Often Experience Disconnected Coverage

Duals comprise 20% of the Medicare population and 16% of Medicaid population.

Many dual eligibles are in fee-for-service programs.

Among those in Medicare Advantage, ~25% are in non-duals plans.

LTSS needs exist in duals as well as the broader Medicare population.

62m Medicare Beneficiaries

~12m dual eligibles

77m Medicaid Beneficiaries

More than 70% in some FFS Medicaid

5.4m in Medicare managed care

5.9m in Medicare FFS

3.4m in DSNP

86k in ISNP

400k in MMP

50k in PACE

1.5m in other MA plans

25% of full dual eligibles have LTSS needs

10% of partial duals and 5% of Medicare-only beneficiaries need LTSS, and 40% of these individuals are <135% FPL

Numbers are approximate
Source: ATI Advisory analysis of 2017 and 2018 Medicare Current Beneficiary Survey (MCBS), CMS enrollment data (Mar 2021), Master Beneficiary Summary File (Sept 2020), and 2018 Managed Care Enrollment by Program and Population (Duals)
Each Program Has Different Strengths

<table>
<thead>
<tr>
<th></th>
<th>Potential Access for all Dual Eligibles</th>
<th>Targeted Model of Care</th>
<th>Aligned Member Experience</th>
<th>Maximized Enrollment</th>
<th>Integrated Financing</th>
<th>Medicare Savings for State</th>
<th>Ease of Implementation</th>
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<td><strong>PACE</strong></td>
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- Typically Not, None, Never
- Minimal, Limited, Difficult
- Some, Moderate
- Often, Very Much
- Always, Nearly Complete, Easiest
Additional Resources

• Making Sense of Medicare-Medicaid Integration Models – a toolkit overview of programs
• Medicaid-Capitated D-SNPs: An Innovative Path to Medicare-Medicaid Integration – a blog post on innovative ways to use the DSNP chassis to promote integration and alignment as a runway to MLTSS
• COVID-19: If Ever There Was a Time to Care about Medicare-Medicaid Integration, It’s Now – a blog post and data analysis of COVID impacts on dual eligibles
• Is Too Much Choice a Bad Thing? – a blog post and analysis of Medicare Advantage plan choices available to dual eligibles at the county level
• Advancing the Policy Environment to Address the Unique Needs of Partial Dual Eligible Beneficiaries – a report and data analysis on partial dual eligible medical, social, function need and eligibility churn
Sarah Barth, J.D.
Principal
Health Management Associates
Medicare-Medicaid Integration: Essential Program Elements and Policy Recommendations for Integrated Care Programs for Dually Eligible Individuals

By Sarah Barth, JD
July 27, 2021
OUR FIRM

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Three Issue Briefs (2020-2021)

Issue Brief #1
April 2020

Integrated Model Enrollment Rates Show Majority of Medicare-Medicaid Dual Eligible Population Not Enrolled

Issue Brief #2
August 2020

Reflecting on Progress to Date and Charting the Path to Making Integrated Programs Available to All Dually Eligible Individuals

Issue Brief #3
July 2021

Essential Program Elements for Integrated Care Programs for Dually Eligible Individuals

This work was supported by Arnold Ventures
+ Most dually eligible individuals must navigate separate Medicare and Medicaid programs that are almost entirely siloed, operating under different policies and processes.

+ ICPs are a promising model to provide integrated services and supports to dually eligible individuals to enable them to achieve higher quality of life and preferred outcomes – to live independently and engage in their communities.

+ Federal and state policymakers have long been working to expand enrollment in ICPs; however, only 1 in 10 dually eligible individuals are enrolled.

+ To increase ICP enrollment and availability, policymakers need to partner with consumers to design programs that meet the diversity of dually eligible individuals’ needs and preferences, and address health equity.

+ States need federal support to undertake the important and complex work of implementing and overseeing ICPs.

+ Informed by stakeholder interviews, HMA identified 10 essential elements and related state, federal and ICP policy recommendations for establishing and simplifying ICP programs consumers want to enroll in.
THREE CATEGORIES OF ESSENTIAL ELEMENTS FOR INTEGRATED CARE PROGRAMS

The 10 Essential Elements

CATEGORY 1:
Elements for Eligibility and Enrollment into ICPs

CATEGORY 2:
Elements for Delivery of Care and Supports in ICPs

CATEGORY 3:
Elements to Support Critical Consumer Access in ICPs
10 ESSENTIAL ELEMENTS

Eligibility and enrollment into ICPs
✓ Element 1. Simplified Medicare and Medicaid eligibility processes and paperwork
✓ Element 2. Comprehensive and expert consumer choice counseling and/or enrollment assistance

Delivery of care and supports in ICPs
✓ Element 3. Diverse consumer engagement to inform tailored delivery systems and integrated programs
✓ Element 4. Robust data infrastructure to tailor and adapt program approaches and drive health equity
✓ Element 5. Coordinated efforts to maximize capabilities to address unmet social needs
✓ Element 6. Single process for assessments and plans of care, and one care team for each consumer
✓ Element 7. Meaningful and transparent quality measurement to empower consumers and stakeholders
✓ Element 8. Payment models to incentivize consumer quality of life improvements

Critical consumer access in ICPs
✓ Element 9. Adequate, engaged, and diverse workforce to support consumer needs and preferences
✓ Element 10. Access to needed services in rural areas
For a succinct overview of the essential elements and policy recommendations, please access the brief fact sheet.

For a full discussion of the elements and policy recommendations, please access the full brief by Sarah Barth, Ellen Breslin, Samantha DiPaola, and Narda Ipakchi.
CONTACT

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Upcoming Event

July 29

Improving the Diagnostic Odyssey for Rare Disease Patients
12:00 – 1:00 p.m. ET

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We value your input!

Please fill out the evaluation survey you will receive immediately after this presentation, or via email this afternoon!

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Thank you for attending.