

Closing the Coverage Coordination Gap for Dual Eligibles

July 27, 2021

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Arnold Ventures

Improving Policy at the Intersection
of Medicare and Medicaid

arnoldventures.org/work/complex-care

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:

Increase the degree of
INTEGRATION
between Medicare
and Medicaid



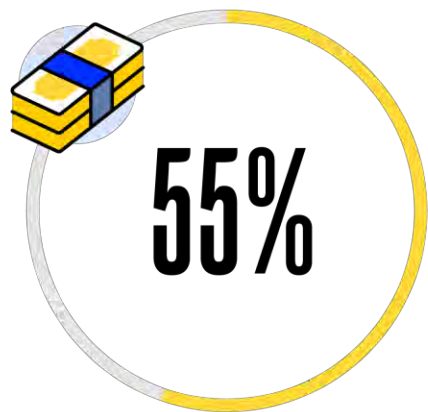
Increase
ENROLLMENT
in integrated coverage



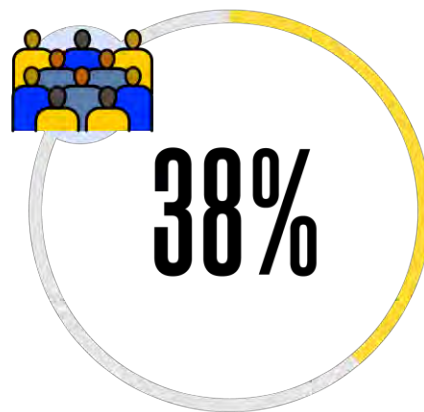
Improve access to a
MIX OF SERVICES
including community options
instead of only institutions



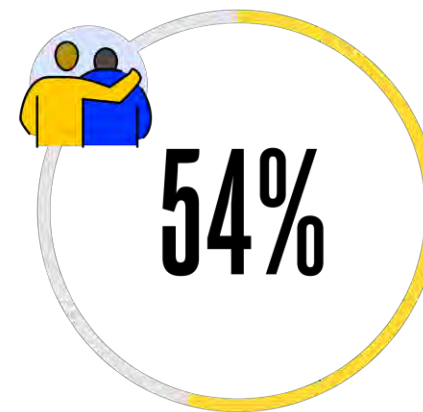
What we talk about when we talk about “dual eligibles”



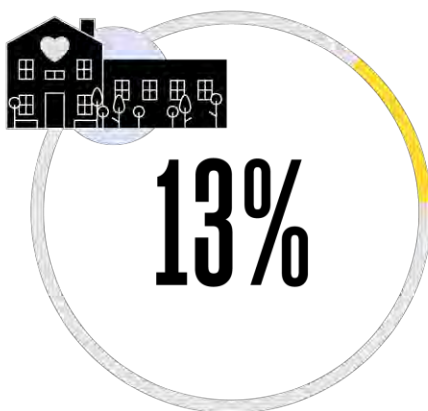
live below the poverty line



are Black or Latino



Have limitations that impact daily living



Dual eligibles are also 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%

Join us online!



@AllHealthPolicy

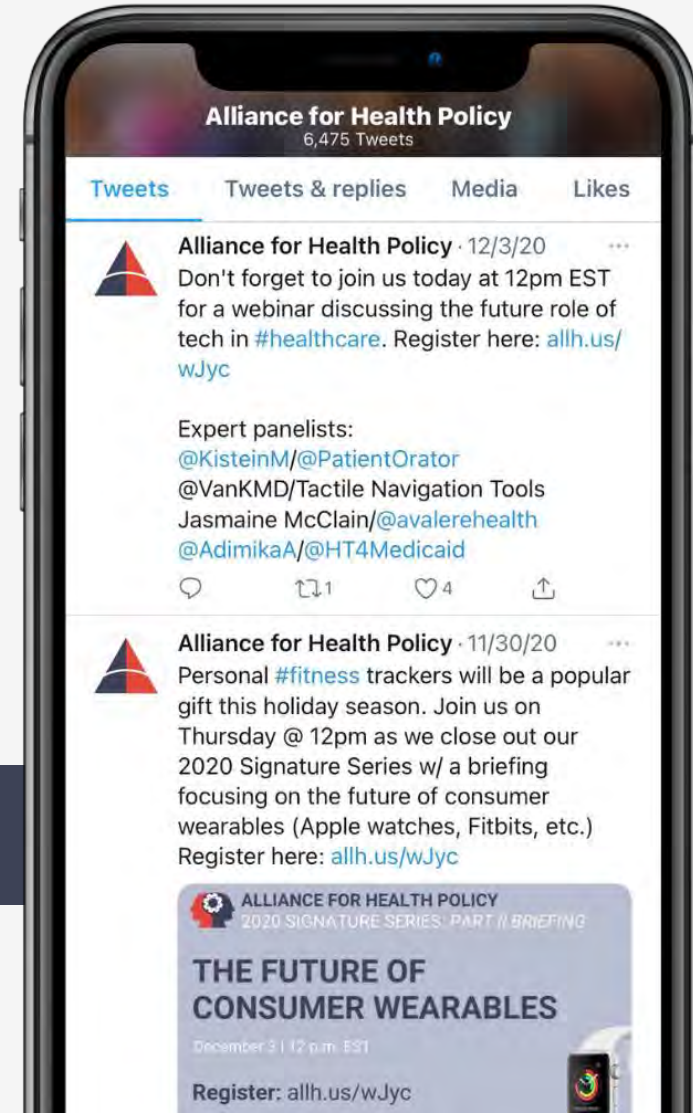


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Participating in the Webinar



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*



@justiceinaging



Sarah Barth, J.D.

*Principal
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@HMAConsultants



Allison Rizer, MBA

*Principal
ATI Advisory*



@ATIAdvisory



Sarah Dash, MPH

*President & CEO
Alliance for Health Policy*



@SarahJDash

Moderator





@justiceinaging

Denny Chan, J.D.

Directing Attorney, Equity Advocacy
Justice in Aging





Dual Eligibles - A Brief Overview and Key Considerations

Denny Chan, Directing Attorney

July 27, 2021

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

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

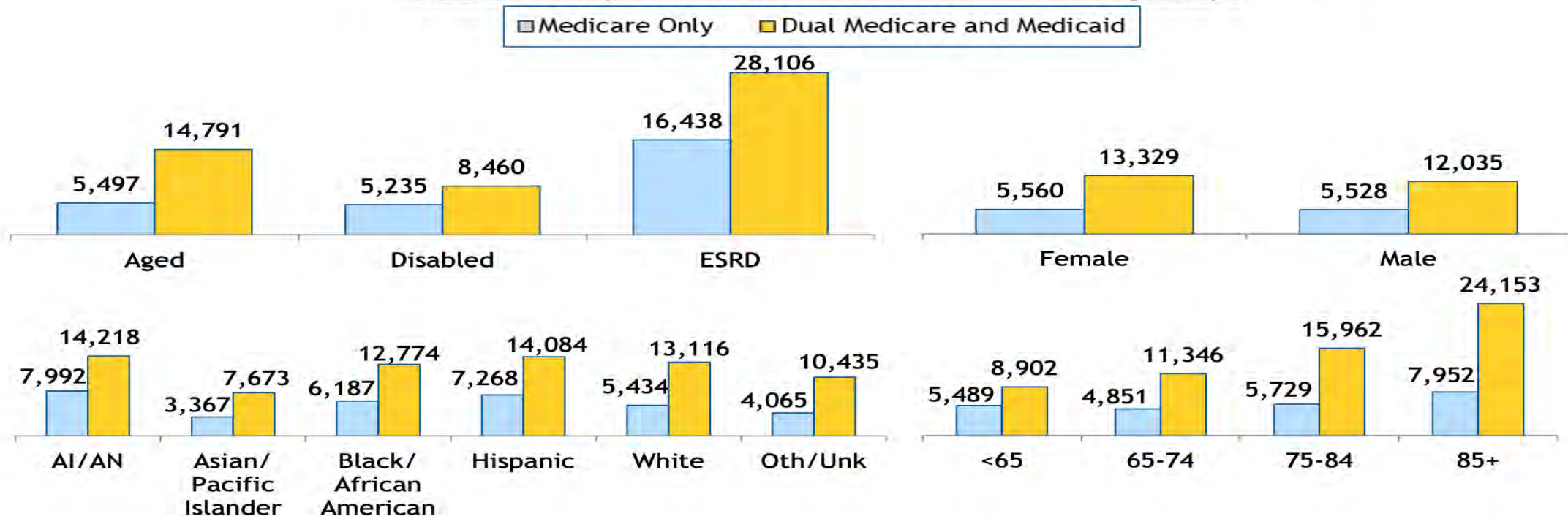
- Dual eligibles are more likely to be infected with COVID-19 compared to Medicare-only individuals.

4,339,669 Total COVID-19 Cases

6,896 COVID-19 Cases per 100k

COVID-19 Cases per 100K by Beneficiary Characteristics

-Medicare Only vs. Dual Medicare and Medicaid Eligibility-



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



Questions?

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JUSTICE IN AGING
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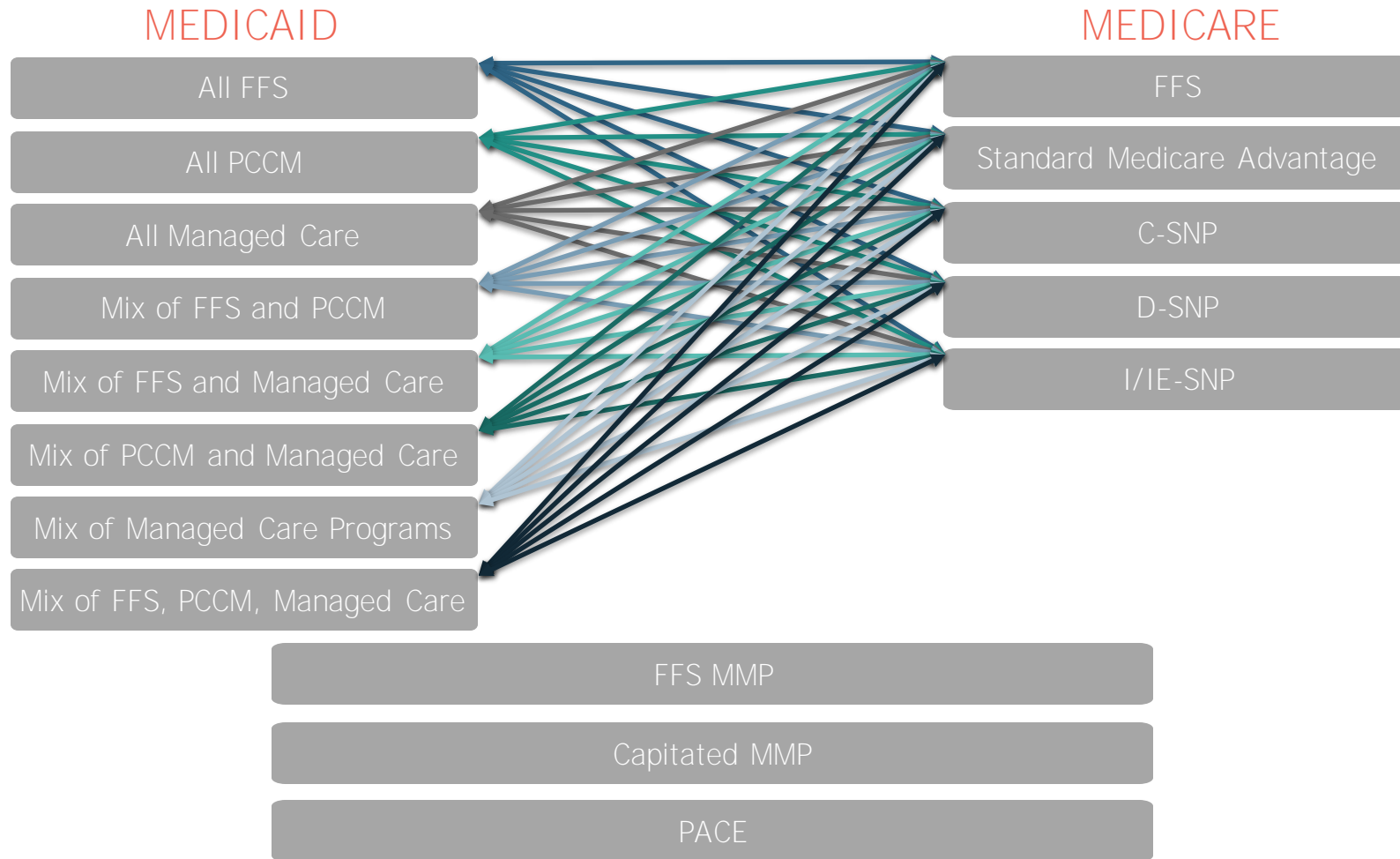




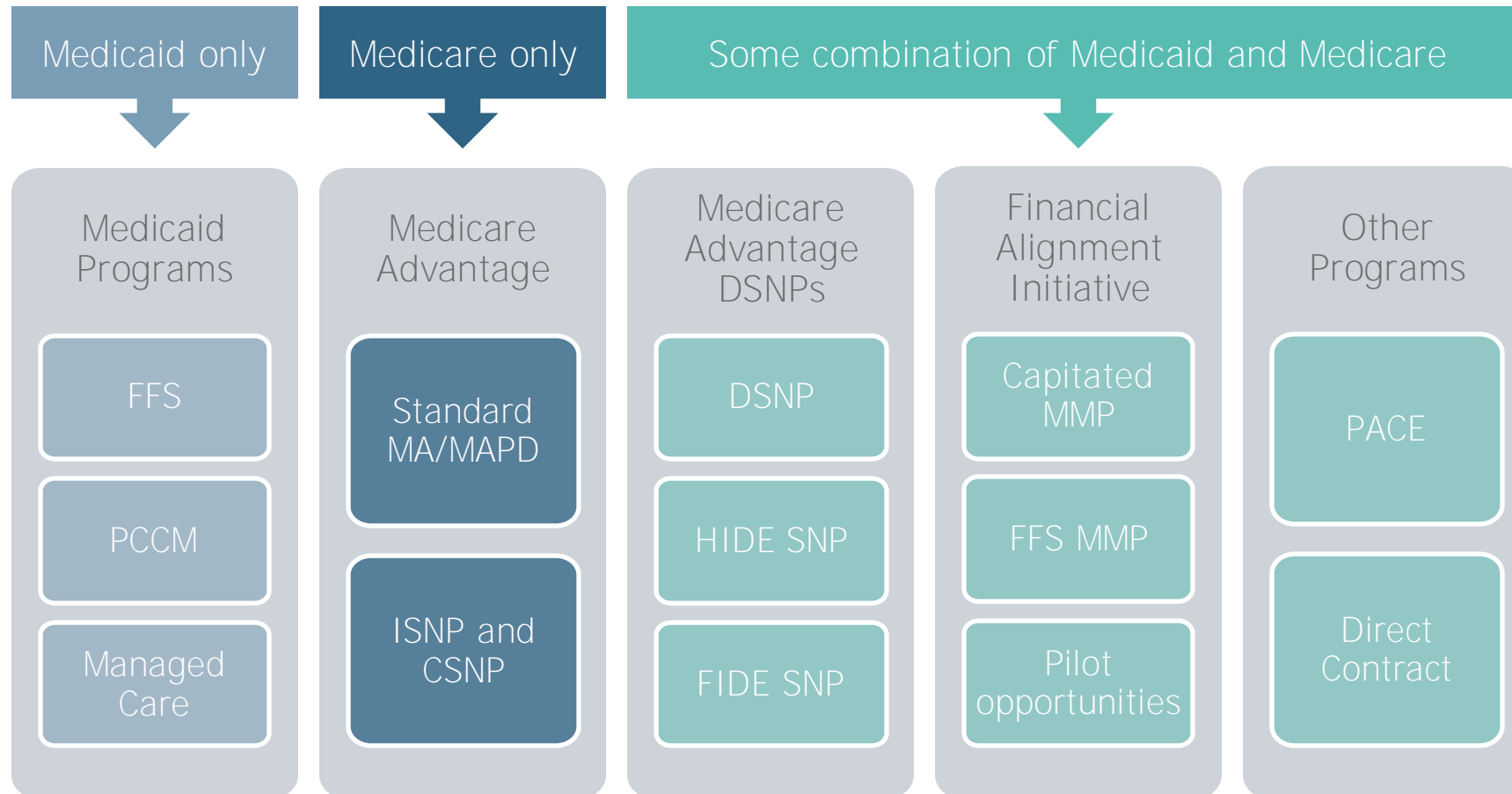
Key Programs Serving Dual Eligibles

Prepared for the Alliance for Health Policy:
Closing the Coverage Coordination Gap for Dual
Eligibles
July 2021

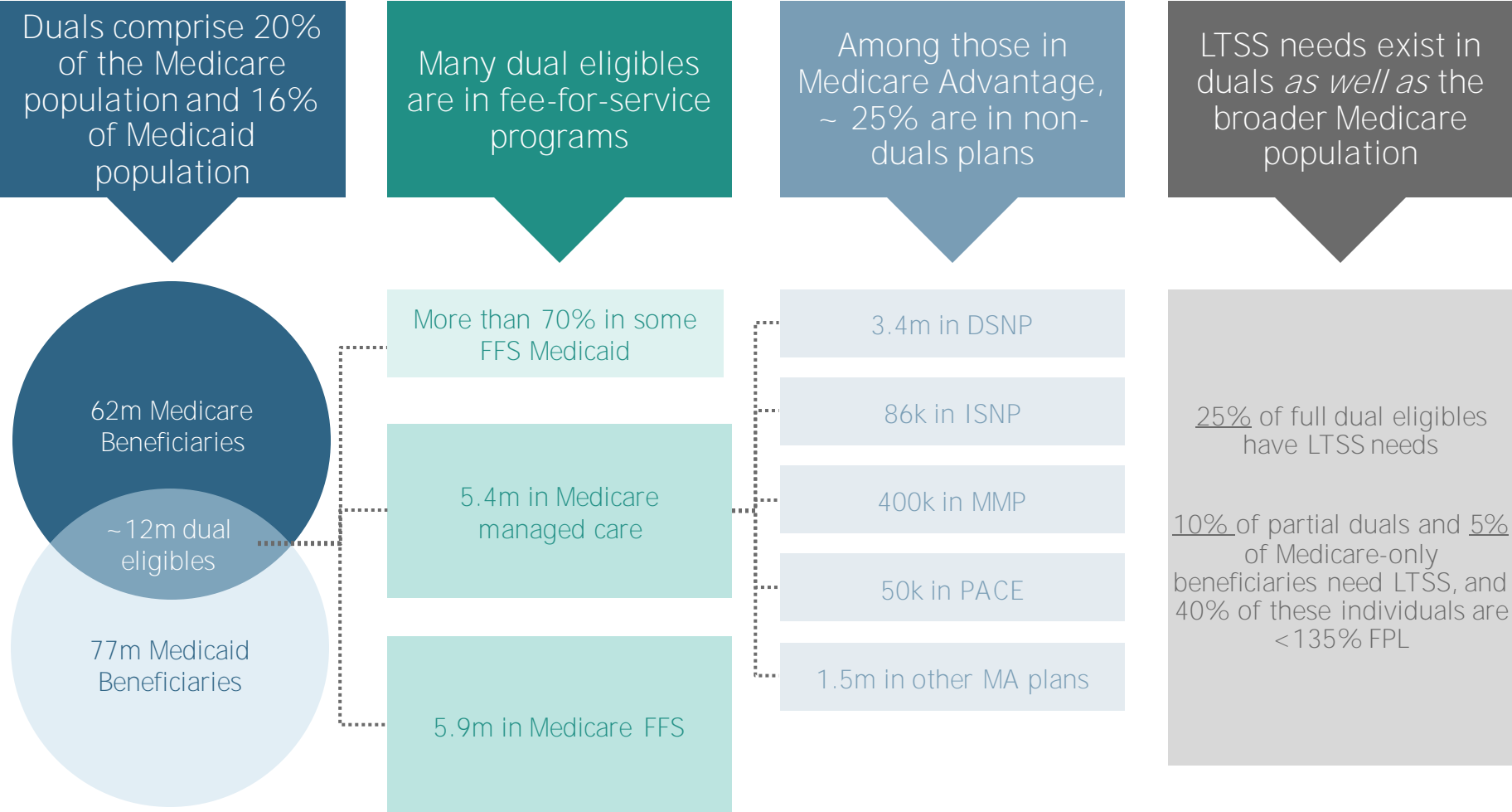
At Least 43 Medicare-Medicaid Coverage Combinations Are Available Nationwide












































Coverage Options Largely Depend on State Policy








Duals Often Experience Disconnected Coverage



Each Program Has Different Strengths

	Potential Access for all Dual Eligibles	Targeted Model of Care	Aligned Member Experience	Maximized Enrollment	Integrated Financing	Medicare Savings for State	Ease of Implementation
Regular MA							
ISNP							
DSNP							
FFS MMP				N/A			
Capitated MMP							
PACE							

 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



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Medicare-Medicaid Integration: Essential Program Elements and Policy Recommendations for Integrated Care Programs for Dually Eligible Individuals

By Sarah Barth, JD

July 27, 2021

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We work with purchasers, providers, policy-makers, program evaluators, investors and others.

Our strength is in our people, and the experience they bring to the most complex issues, problems, or opportunities.

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

■ CONTEXT FOR INTEGRATED CARE PROGRAM ELEMENTS AND POLICY RECOMMENDATIONS

- + 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

MEDICARE-MEDICAID INTEGRATION: ESSENTIAL PROGRAM ELEMENTS AND POLICY RECOMMENDATIONS FOR INTEGRATED CARE PROGRAMS



- + 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.

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Alliance for Health Policy Handbook

An introduction to the health policy
and health care ecosystem



**A straightforward,
unbiased guide
to the basics of
health policy**

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Upcoming Event

July
29

Improving the Diagnostic Odyssey for Rare Disease Patients

12:00 – 1:00 p.m. ET

www.allhealthpolicy.org



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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.