EVENT RECAP

CLOSING THE COVERAGE COORDINATION GAP FOR DUAL ELIGIBLES

Overview

Low-income older adults and people with complex needs who are eligible for both Medicare and Medicaid are sometimes referred to as "dual eligible." Persons dually eligible for Medicare and Medicaid are among the highest need populations in either program. However, a lack of coordination between these plans makes it difficult for individuals enrolled in both to access their care efficiently and adds to the cost of both programs. Given that dual eligible beneficiaries are more likely to have complex clinical care needs and lower incomes, this population needs an enhanced level of services and supports than the general Medicare or Medicaid beneficiary population.

The Alliance hosted a briefing on July 27, 2021 that provided a brief landscape of the dual eligible population and the challenges they face when seeking comprehensive coverage and care. Attendees learned about the spectrum of integration of the Medicare and Medicaid programs on behalf of this population, and what success may look like in an integrated plan.

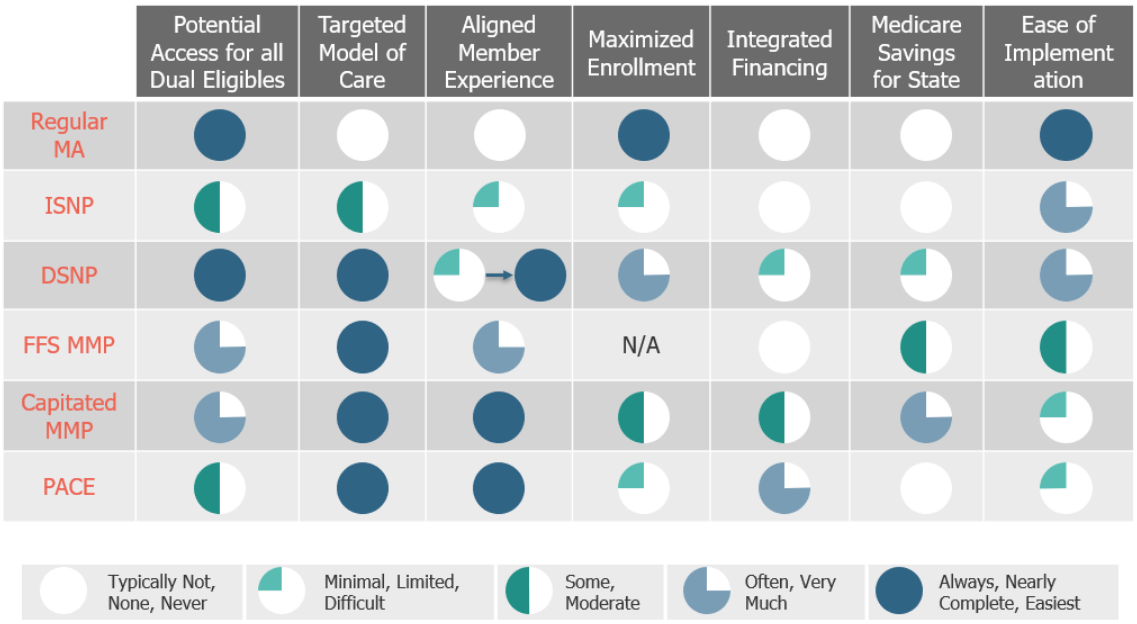
Key Lessons

For foundational information on "dual eligibility", see Chapter 6 of the Alliance for Health Policy's Health Policy Handbook, available here.

- This population is diverse and has complex needs. Of the 12.2 million individuals enrolled in both Medicare and Medicaid 41% have at least one mental health diagnosis, almost 50% receive long-term services and support (LTSS), and 60% have multiple chronic conditions. As of 2018, 47.5% of these beneficiaries were people of color, including 20.4% of beneficiaries who identified as Black and 17.8% who identified as Latino.
- There are several current models and demonstrations attempting to better integrate the two programs and close the coverage gap for dual eligible:
    - **Institutional Special Needs Plans** (ISNPs): Medicare plans that provide coverage for individuals with long-term care needs, requiring LTSS. While not a "duals" specific product, the ISNP tends to enroll a high portion of dual eligible and pre-dual eligible beneficiaries by its very nature of targeting individuals with long term care needs, giving it the potential to provide coverage for as many duals possible.
    - **Dual Eligible Special Needs Plans** (D-SNPs): The plans enroll beneficiaries that are both entitled to Medicare and Medicaid coverage. Some states also elect to cover some Medicare costs on behalf of beneficiaries'. D-SNPs are organized with the aim of better coordinating dually eligible beneficiaries' care and may also be organized to coordinate specific types of care.
    - **Medicare-Medicaid Plans** (MMPs): A CMMI pilot, these are private health plans that offer fully coordinated Medicare and Medicaid services to enrollees. Unlike D-SNPs, MMPs are fully aligned and integrated and are offered as a single plan in a three-way contract with CMS, a state's Medicaid agency, and a health plan. 9 states were participating in the model as of January 2020, making this a limited option for rapid scale-up and expansion to better serve duals quickly.

- **Institutionalized Care Programs** (ICPs): These programs are promising models that provide dual eligibles with integrated services and supports that achieve preferred outcomes and allow dual eligibles to live independently. However, only 1 in 10 dual eligibles are enrolled. To expand these ICPs, state and federal policymakers need to partner with consumers to design programs that meet the diverse needs of dual eligibles and address health equity. Policymakers must also ensure that they include the ten elements of ICPs that address eligibility, delivery of care, and consumer access.

Each Program Has Different Strengths



Source: Rizer, Allison (2021). Key Programs Serving Dual Eligibles [PowerPoint slides]. ATI Advisory. Available here.

- Many successful programs face implementation challenges. States have significant budget restrictions, preventing them from adopting these programs. These health plans must also be made more attractive so that both dual eligibles will want to enroll in them and providers will want to participate.

10 Essential Elements for Integrated Care Programs

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

Source: Barth, Sarah (2021). Medicare-Medicaid Integration: Essential Program Elements and Policy Recommendations for Integrated Care Programs for Dually Eligible Individuals [PowerPoint slides]. Health Management Associates. Available here.

Key Considerations Creating Programs for Dual Eligibles

- 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

Source: Chan, Denny (2021). Dual Eligibles - A Brief Overview and Key Considerations [PowerPoint slides]. Justice in Aging. Available here.

Questions & Answers

What does dual integration look like? How is it different from the policy, provider, and consumer perspectives?

"The word integration doesn't mean a lot to [consumers]. They just want to know that they can get the care, the services, the support from the people they have relationships with and the communities in which they live. And from a person and providers who understand their living situation and all of their needs. So, I would say integration is addressing the whole person." – Sarah Barth, J.D., Health Management Associates

"The word "integration" appeals to [policymakers] because [they] know that the silos exist. I think the ultimate test is whether [patients] get what they need in a timely way and in a way that is person-centered... Another way that I think about it is... is the current system actually one that someone could navigate without someone else's help?" – Denny Chan, J.D., Justice in Aging

What is your best recommendation for providers to assist their dual eligible patients?

"Part of it is, can we create a system, regardless of... how integrated [it is] on the backend, [that] it's at least integrated for the consumer... I think it is really important for consumers to have one touch point." – Denny Chan, J.D., Justice in Aging

What have we learned in the 10 years since the ACA created the Medicare-Medicaid Coordination Office? And how do we move the needle in the next 10 years?

"I think that whatever the solution is, it has to work for all stakeholders... We have to figure out the solution that is sustainable, that brings in the most number of dual eligibles, and that works for all stakeholders... There's a lot of latitude for a state to design [D-SNPs] in ways... [to meet] wherever [the state's] readiness is, because we're not just going to flip the switch, and everyone's not going to be Massachusetts overnight. So, we have to let states stair step into this..." – Allison Rizer, MHS, MBA, ATI Advisory

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*Served as panelist for July 27, 2021 event "Closing the Coverage Coordination Gap for Dual-Eligibles."

Resources

"More Research is Essential to Improve Care for Dual-Eligible Beneficiaries." Mir, A. Arnold Ventures. July 6, 2021. Available at http://allh.us/4f7J.

"Chapter 4: Establishing a Unified Program for Dually Eligible Beneficiaries: Design Considerations." MACPAC. March 2021. Available at http://allh.us/Ca74.

"Dually Eligible Individuals – Categories." Centers for Medicare and Medicaid Services. 2021. Available at http://allh.us/4tkw.

"COVID-19's Effect on Dually Eligible Populations." Archibald, N., Soper, M. Center for Health Care Strategies. November 2, 2020. Available at http://allh.us/GVf6.

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

"Improving Care and Managing Costs for Dual Eligibles." Johnson, K., Becker, M., Tewarson, H., et al. National Governors Association. February 2020. Available at http://allh.us/g3jF.

This event was hosted by the Alliance for Health Policy on July 27, 2021. Support for this program was provided by Arnold Ventures. For additional resources, please visit allh.us/jVYp.