6 U.S. Senators RFI: People Dually Eligible for Medicare and Medicaid – Questions

1. Defining Integrated Care, Care Coordination, and Aligned Enrollment
2. Shortcomings of the Current System
3. Models Working Well at Integrating Care
4. Build on a new system, or, start from scratch
5. If unified system is necessary – what key improvements should be prioritized
6. Minimizing disruptions while changes are made
7. Enrollment and Coverage Status (and Frequent Plan Switching)
8. Responding to the Diversity of the Population
9. Subgroups with special two payer coverage problems
10. Pathways to dual coverage
11. Geography

Studies in 2022 – Reviewed

ATI Advisory – "A Profile of Medicare-Medicaid Dual Beneficiaries." June 2022

"Individuals with both Medicare and Medicaid coverage ("dual beneficiaries") comprise a medically, functionally, and socially complex population often forced to navigate two uncoordinated systems. As a result, these individuals tend to experience poor health outcomes and barriers to access…"

Excellent charts on health status, chronic conditions, behavioral health diagnoses, cognitive needs, help with daily tasks, and SDOH compared with Medicare-only beneficiaries.

Programs designed to create an integrated beneficiary experience: dual-eligible special needs plans (D-SNPs), Medicare-Medicaid Plans (MMPs), and the Program for All Inclusive Care for the Elderly (PACE). Only 7% of dual beneficiaries are enrolled in these integrated programs (products).

Bipartisan Policy Center (BPC) – "Guaranteeing Integrated Care for Dual Eligible Individuals." November 2021

July 2020 BPC report – recommended incentives to states to integrate care for this population. Recommended a federal "fallback" program for states that choose not to integrate care.

Currently: 5 program possible alternatives: (a) Medicare Advantage Plan; (b) Medicaid managed care plan for behavioral health services; (c) Medicaid managed care plan for dental services; (d) Medicaid managed care plan for LTSS; Medicaid FFS or Managed Caree plan for health services not covered by Medicare or by one of the Medicaid care plan categories previously listed.

"Full Integration" defined (pages 6-7): (a) fully aligned benefits and financing with a single plan of provider organization; (b) one benefit package; (c) single enrollment period and single point of access; (d) process ensuring information of options and rights; (e) process that allows plans and providers to identify high-risk enrollees and provide prompt assessments; and (f) single, streamlined set of measures across the two programs.

If states don't integrate services, authorize HHS federal "fall-back" program in states that do not integrate. Federal direct contracting with FIDE SNPs or PACE programs.

Auto-enrollment of duals into fully integrated plans. Beneficiaries rights to opt-out (and keep traditional Medicare).

Provide incentives for state administered integrated care programs.

Improve the beneficiary experience – model standards and education; engagement and education, including partnerships with CBOs

(page 18) – "Limited availability of HCBS creating a lack of access to care" – consolidate existing HCBS authorities into a single plan amendment option

Bipartisan Policy Center (BPC) – "An Updated Policy Roadmap: Caring for Those with Complex Needs." March 2022

A roadmap focused on improving Health and LTSS through Medicaid and addressing catastrophic long-term-care costs. Report recommends "integrating Medicare and Medicaid services for dual eligible beneficiaries" – cites and repeats highlights from BPC November 2021 report.

Center for Health Care Strategies for Arnold Ventures. "Advancing Medicare and Medicaid Integration: Indiana and Washington State Experiences." September 28, 2022 webinar slides.

CMS Financial Alignment Initiative (FAI) Evaluation 2022 reports

New York: Integrated Duals Advantage for Individuals with ID/DD

Texas: Dual Eligible Integrated Care Demo

Commonwealth Fund. "Payment Policy and the Challenges of Medicare and Medicaid Integration for Dual Eligible Beneficiaries." October 20, 2022.

"On a per-service basis, providers are often paid less to treat dual eligible persons than they would be paid to treat Medicare-only beneficiaries."

"As strategies for integrating Medicare and Medicaid evolve, so should strategies for how Medicare and Medicaid pay for services for dual eligible beneficiaries."

"One challenge in aligning these programs is the inconsistent, and sometimes contradictory, payment strategies used in Medicare and Medicaid."

Dual Eligible Coalition. "The All-Inclusive Medicare and Medicaid (AIM) Program for Dual Eligible Individuals." April 22, 2022

The AIM program is an optional State-administered program of comprehensive, coordinated care for individuals eligible for Medicare and Medicaid. The legislation would create a new Title XXII of the Social Security Act.

Integrated and coordinate care delivery, funding, and administration of the program.

Establishes baseline reporting metrics.

Creates purposeful and meaningful mechanisms for consumer engagement.

Federal oversight. States will be given the option to select and participate in the AIM program. Each AIM program will be delivered at the state level through capitated managed care.

Combined Medicare and Medicaid expenditures into a single integrated funding stream.

Established beneficiary protections.

Dual Eligible Coalition. July 27, 2022 letter to Senators Brown (OH) and Portman (OH) – 10 initial signers shared with other, including Community Catalyst, Justice in Aging, Medicare Rights Center, and NAMI.

Duke Margolis Center for Health Policy. "Designing a Medicare-Medicaid Integration Strategy: A Guide for States." October 24, 2022

Data-Driven, Evidence-Based Strategy

Tailored to the state specific context. Use quantitative data to understand the state specific context. Assess state readiness for integration.

"Dual eligible beneficiaries have complex health, psycho-social, and economic needs that require significant care coordination and timely access to needed services."

Stakeholder Input – build consensus on vision and goals.

6 integration components: (a) integration mechanism, (b) enrollment, (c) populations and services, (d) service areas, € phased implementation, and (f) core model components,

Health Affairs (ATI Advisory, author) – "Improving Care for Dually Eligible Individuals with ID/DD." December 14, 2022

Poor Data Surveillance and Collection: "Leads to problematic gaps in understanding the totality of medical, long-term services and supports (LTSS), and behavioral health needs of individuals with ID/DD and how their complex and unique needs can best be served."

Separate delivery systems – fragmentation – "twice as complicated."

North Carolina's BH ID/DD tailored plans – a tailored care mgmt. model – people with ID/DD and comorbidities.

Integrated data sharing – give Medicaid agencies access to Medicaid data- particularly Medicare Eligibility of Medicaid applicants and recipients

Justice in Aging. "CMS Finalizes Improvements in Medicare Managed Care for Dual Eligible Individuals." Summarized April 29, 2022 CMS final rule.

MACPAC. "Beneficiaries Dually Eligible for Medicare and Medicaid: Data Book." February 2022.

MACPAC. "Raising the Bar. Requiring State Integrated Care Strategies." June 2022 (MACPAC voted on this recommendation, March 4, 2022).

Congress should authorize the Secretary of HHS to require that all states develop a strategy to integrate Medicare and Medicaid coverage for full-benefit dually eligible beneficiaries within 2 years with a plan to review and update the strategy, to be specified by the Secretary."

Strategy should include the following components – integration approach, eligibility and benefits covered, enrollment strategy, beneficiary protections, data analytics, and quality measurement, and be structured to promote health equity.

To support states in developing the strategy, Congress should provide additional federal funding to states to assist with these efforts.

State officials identification of barriers to integration include competing priorities, lack of Medicare expertise, limited staff capacity to manage integrated care initiatives relative to other responsibilities, and limited eligible beneficiaries in Medicaid managed care.

Key features of a fully integrated program include coverage of all Medicare and Medicaid benefits; care coordination (individualized care plans with care teams); beneficiary protections and input; and financial alignment (a single entity should receive a single payment to cover both Medicare and Medicaid services).

U.S. Senate Legislation

S. 4264: Advancing Integration in Medicare and Medicaid (AIM). Senator Scott (SC). Require all states to develop a strategy to integrate Medicare and Medicaid for the full-benefit-dual-eligible population.

S. 4264: 21 aging and disability organizations June 21, 2022 support letter (includes CCD and DAC members).

S. 4635: Comprehensive Care for Dual Eligible Individuals. Senators Brown (OH) and Portman (OH). Establish an optional state-administered program – fully integrated, comprehensive. Coordinated, full benefits.

Prepared for CCD workgroup to possibly respond to six U.S. Senators November 2022 RFI:

American Association on Health and Disability
And
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