American Association on Health & Disability
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AAHD - *Dedicated to better health for people with disabilities through health promotion and wellness*

LAKESHORE

January 13, 2023

Re: Bipartisan Senate Effort To Improve Care for Persons Jointly Enrolled in Medicare and Medicaid - RFI

dualeligibles@cassidy.senate.gov

Dear Senators Cassidy, Scott, Carper, Warner, Cornyn, and Menendez:

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide comments. We appreciate your initiative, knowledge, and interest in improving services and supports for persons dually eligible for Medicaid and Medicare.

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities. AAHD is specifically dedicated to integrating public health and disability into the overall public health agenda.

The Lakeshore Foundation (www.lakeshore.org) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

The disability situation and status of persons dually eligible for Medicare and Medicaid are excellently documented, with graphs, in two 2022 reports: **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…**MACPAC. "Beneficiaries Dually Eligible for Medicare and Medicaid: Data Book." February 2022.**

We concur with the Commonwealth Fund October 20, 2022 health policy brief – "Payment Policy and the Challenges of Medicare and Medicaid Integration for Dual-Eligible Beneficiaries" – "Dual-eligible beneficiaries have higher Medicare spending levels than Medicare-only beneficiaries because of multiple factors, including higher prevalence of health conditions and greater exposure to social risk factors." Poor alignment between Medicare and Medicaid programs contributes… to worse outcomes for dual-eligible beneficiaries."

1. Defining Integrated Care, Care Coordination, and Aligned Enrollment

We support the Bipartisan Policy Center (BPC) – "Guaranteeing Integrated Care for Dual Eligible Individuals." November 2021 report - "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.

We support recommendations from the 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." Integrated data sharing – give Medicaid agencies access to Medicare data- particularly Medicare Eligibility of Medicaid applicants and recipients.

The Consortium for Constituents with Disabilities (CCD) and Disability and Aging Collaborative (DAC), which includes AAHD and the Lakeshore Foundation, have advocated for the past few years with CMS and Congress in the domains of HCBS and LTSS: Collect, Analyze, and Publicly Report – demographic data, in all settings and by setting - collect, analyze, and regularly publicly report demographic factors including **disability status**, race, ethnicity, sex, age, primary language, sexual orientation, gender identity, and socio-economic status. Ideally, the data system analysis should be able to cross-walk between these various precise demographic factors; for example, disability status and race. All Medicare, Medicaid, and HHS health programs should use these comprehensive and consistent demographic categories in the collection, analysis, and publicly transparent reporting of such data. Quality and performance data should be stratified by such categories.

We support recommendations from the MACPAC. “Raising the Bar. Requiring State Integrated Care Strategies.” June 2022 (MACPAC voted on this recommendation, March 4, 2022): 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. 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).

2. Shortcomings of the Current System

Shortcomings and problems are well documented in numerous reports, including:

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

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

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

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

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

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

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

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).

CMS has worked to address conflicting standards, such as the differing wheelchair standards between Medicare and Medicaid, that have historically created challenges for people with disabilities to access appropriate wheelchair support for folks to remain active in the community.

People switch plans when they can't find providers to access needed care. That often is the fault of the plan's structure, bureaucratic processes, or inadequate network. Efforts should focus on

streamlining those processes rather than arbitrarily limiting an individual's ability to switch plans when they feel that is necessary.

Health advocates are seeing a sharp increase in the number of dual eligible beneficiaries being enrolled in Medicare Advantage plans that are not dual eligible plans. Clients are calling public interest attorneys and advocates in distress because they owe money for copays and premiums. They tend to have been sold such plans by insurance brokers without a clear understanding of how the plans work.

3. **Models Working Well at Integrating Care**

AAHD has served on numerous committees of the National Quality Forum (NQF), including the NQF MAP committee on persons dually eligible for Medicare and Medicaid (2012-2017). We strongly recommend that the U.S. Senate use the NQF experiences, resources, and reports in the quality and performance measurement domains.

4. **Build on a new system, or, start from scratch**

5. **If unified system is necessary – what key improvements should be prioritized**

We support recommendations from the 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. "Integrated data sharing – give Medicaid agencies access to Medicare data- particularly Medicare Eligibility of Medicaid applicants and recipients.

The Consortium for Constituents with Disabilities (CCD) and Disability and Aging Collaborative (DAC), which includes AAHD and the Lakeshore Foundation, have advocated for the past few years with CMS and Congress in the domains of HCBS and LTSS: Collect, Analyze, and Publicly Report – demographic data, in all settings and by setting - collect, analyze, and regularly publicly report demographic factors including **disability status**, race, ethnicity, sex, age, primary language, sexual orientation, gender identity, and socio-economic status. Ideally, the data system analysis should be able to cross-walk between these various precise demographic factors; for example, disability status and race. All Medicare, Medicaid, and HHS health programs should use these comprehensive and consistent demographic categories in the collection, analysis, and publicly transparent reporting of such data. Quality and performance data should be stratified by such categories.

We support a recommendation of Justice in Aging ("Dual Eligible Special Needs Plans (D-SNPs: What Advocates Need To Know," January 2022): D-SNPs must offer integrated appeals at the plan level. If a service might be covered by Medicare or Medicaid, the plan must review the request, applying all applicable Medicare and Medicaid coverage criteria, and send a single

notice addressing both elements." Some D-SNPs use such a process. This should be required of all plans serving persons with disabilities.

6. **Minimizing disruptions while changes are made**

While many persons dually eligible face significant problems and barriers and policy change and process change are needed, many advocates for such persons urge implementation caution that focuses on minimizing disruptions. The focus should always be on increasing access to person-centered, individualized services and supports to address each individual's health and wellness and community living situation, with meaningful and active beneficiary engagement and decision-making.

7. **Enrollment and Coverage Status (and Frequent Plan Switching)**

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Health advocates are seeing a sharp increase in the number of dual eligible beneficiaries being enrolled in Medicare Advantage plans that are not dual eligible plans. Clients are calling public interest attorneys and advocates in distress because they owe money for copays and premiums. They tend to have been sold such plans by insurance brokers without a clear understanding of how the plans work.

8. **Responding to the Diversity of the Population**

In the MACPAC. "Raising the Bar. Requiring State Integrated Care Strategies." June 2022 (MACPAC voted on this recommendation, March 4, 2022): For all populations, 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). Sister organizations such as Justice in Aging have much experience in documenting and suggesting consumer protections for persons dually eligible.

Person-centered individualized services and supports plans, beneficiary-directed, with multi-disciplinary team engagement, is a method for ensuring that diverse needs are identified and addressed without further silo fragmentation.

The Consortium for Constituents with Disabilities (CCD) and Disability and Aging Collaborative (DAC), which includes AAHD and the Lakeshore Foundation, have advocated for the past few years with CMS and Congress in the domains of HCBS and LTSS: Collect, Analyze, and Publicly Report – demographic data, in all settings and by setting - collect, analyze, and regularly publicly report demographic factors including **disability status**, race, ethnicity, sex, age, primary language, sexual orientation, gender identity, and socio-economic status.

Ideally, the data system analysis should be able to cross-walk between these various precise demographic factors; for example, disability status and race. All Medicare, Medicaid, and HHS health programs should use these comprehensive and consistent demographic categories in the collection, analysis, and publicly transparent reporting of such data. Quality and performance data should be stratified by such categories.

Health plans serving persons dually eligible and providing Medicaid home-and-community-based services (HCBS) and Medicaid managed long-term services and supports (MLTSS) must be required by both Medicare and Medicaid to comply with consumer protections, accountability, and performance and quality measures required by CMS in Medicaid.

9. **Subgroups with special two payer coverage problems**

10. **Pathways to dual coverage**

11. **Geography**

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at clarkeross10@comcast.net.

Sincerely,

E. Clarke Ross, D.P.A.
American Association on Health and Disability
And
Lakeshore Foundation

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Clarke Ross serves on National Quality Forum (NQF) Measure Applications Partnership (MAP) Coordinating Committee (July 2021-present); NQF TEP on Social and Functional Risk Adjustment Within Quality Measurement (April 2022-December 2022); NQF Medicare Hospital Star Ratings TEP (June-November 2019 and September-October 2020); workgroup on Medicaid adult measures (appointed 2016 and 2017); Medicaid-CHIP Scorecard Committee (appointed October 2018); and Measure Sets and Measurement Systems TEP (June 2019-August 2020). Clarke was a member of the NQF workgroup on persons dually eligible for Medicare and Medicaid (July 2012-July 2017) and NQF population health task and was the NQF representative of the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Service (2012-2017). Clarke served as the 2016-2017 NQF duals workgroup liaison to the NQF clinician workgroup; 2015-2016 and 2014-2015 NQF duals workgroup liaison to the NQF PAC/LTC

workgroup. Clarke serves on the National Committee for Quality Assurance (NCQA) Consumer Advisory Council and serves on two committees of the Core Quality Measure Collaborative (CQMC).

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