Highlights from the Alliance for Health Policy's Webinar – Closing the Coverage Coordination Gap for Dual Eligibles

Overview

On July 27, 2021 the Alliance for Health Policy, in collaboration with Arnold Ventures, held a webinar discussing care coordination challenges faced by individuals who are dually-eligible for Medicare and Medicaid. Guest speakers discussed the characteristics of the dually-eligible population, ongoing coordination issues between the Medicare and Medicaid programs, and strategies for addressing the care coordination coverage gap for dually-eligible beneficiaries. Sarah Dash, president and CEO of the Alliance for Health Policy, moderated the discussion and introduced the guest speakers, which included Denny Chan, directing attorney and equity advocate at Justice in Aging; Allison Rizer, principal at ATI Advisory, and; Sarah Barth, principal at Health Management Associates (HMA). Event materials, including speaker bios, resources, presentation slides, transcripts, and a recording of the webinar can be found online on the Alliance's website.

Highlights

Denny Chan gave a brief overview of the dually-eligible population and discussed key considerations for improving care for these beneficiaries. Mr. Chan noted that the complex medical needs of the dually eligible population present challenges to designing systems that care for them effectively. He highlighted that about 41% of dual-eligibles have a mental health diagnosis, about 50% receive long-term supports and services (LTSS), and about 60% have multiple chronic medical conditions.

Mr. Chan noted the dually eligible population is especially diverse, including individuals from a variety of ethnic and racial backgrounds (47.5% of dually-eligible beneficiaries are people of color). Mr. Chan explained that since many of these beneficiaries qualify for Medicaid on the basis of income, many of them face barriers to care resulting from multiple social equity issues, like racial disparities in healthcare and poverty. Mr. Chan stressed the importance of bearing these social issues in mind when designing policy strategies to address the healthcare issues faced by the dually-eligible population.

Mr. Chan underscored four key considerations for improving care for dual-eligibles:

- Ensuring access to care coordination from a trusted source;
- Involving states in the process of monitoring and introducing integrated care delivery options;
- Honoring beneficiary choice and accounting for the diversity among the dually-eligible population, and;
- Ensuring services are adequate and minimizing barriers to access.

Allison Rizer reviewed coverage options for dually-eligible beneficiaries and discussed underlying issues with integrated care offerings. She explained that at least 43 Medicare-Medicaid coverage combinations are available nationwide for dual-eligibles, and that on average, any given dually-eligible individual has 26 different health plans available in their county. However, she also noted that available coverage options largely depend on state policy, so the number of available plans and the kinds of available plans can vary greatly by geography.

Ms. Rizer explained that while having many choices for healthcare coverage is usually a good thing, variance among health plans creates some difficulty for beneficiaries, since not every coverage option adequately meets their often complex needs. Further, she explained that having so many coverage choices often makes the process of researching options confusing and difficult for beneficiaries.

Ms. Rizer noted that care fragmentation still remains a major issue for dually-eligible beneficiaries. She explained that most dual-eligibles are enrolled in fee-for-service programs that may not meet their care needs as well as integrated plans, and discussed the strengths and weaknesses of various coverage options for dual-eligibles. She argued that dually-eligible special needs plans (D-SNPs) in states that exercise flexibility granted to them by the Medicare Improvements for Patients and Providers Act (MIPPA) often provide the best coverage for dually-eligible individuals, and that states should use MIPPA and other authorities to create more integrated options.

Sarah Barth discussed elements of effective integrated care programs for dually-eligible individuals. She noted that HMA, supported by Arnold Ventures, recently published three issue briefs on the subject of integrating care for dual-eligibles, which are available under this webinar's resources section on the Alliance's website. Ms. Barth noted that HMA's research identified integrated care programs (ICPs) as a promising model to provide comprehensive integrated care for dually-eligible individuals, but noted that few (only about one in ten) dually-eligible beneficiaries are enrolled in ICPs. She then discussed 10 "essential elements" of effective ICPs that HMA synthesized from interviews with state government and healthcare stakeholders. They are as follows:

- *Category 1: Eligibility and Enrollment into ICPs*
  - Simplified Medicare and Medicaid eligibility processes and paperwork
  - Comprehensive and expert consumer choice counseling and/or enrollment assistance
- *Category 2: Delivery of Care and Supports in ICPs*
  - Diverse consumer engagement to inform tailored delivery systems and integrated programs
  - Robust data infrastructure to tailor and adapt program approaches and drive health equity
  - Coordinated efforts to maximize capabilities to address unmet social needs
  - Single process for assessments and plans of care, and one care team for each consumer
  - Meaningful and transparent quality measurement to empower consumers and stakeholders
  - Payment models to incentivize consumer quality of life improvements
- *Category 3: Critical Consumer Access in ICPs*
  - Adequate, engaged, and diverse workforce to support consumer needs and preferences
  - Access to needed services in rural areas.

Ms. Barth noted that states will need additional federal support to incorporate many of these essential elements into their ICPs, especially in crucial areas like Medicare expertise and direct care workforce capacity. She also emphasized that equity must remain a cornerstone of program design. She concluded by highlighting HMA's fact sheet, which succinctly discusses these 10 essential elements and associated policy recommendations.

The Alliance's event concluded with a brief **question and answer** segment moderated by **Sarah Dash**. The first audience question asked was: Is there a common definition of "integration" as it relates to healthcare? **Ms. Barth** responded saying that there generally is not a common understanding of this term among consumers, but that "integrated care" in the healthcare space usually means care that minimizes fragmentation and addresses a patient's healthcare needs holistically. **Mr. Chan** also chimed in, arguing that stakeholders in healthcare should clearly communicate what care integration means to consumers and go about achieving integration by eliminating as many barriers to care as possible.

The next question asked was: What have healthcare policy experts learned from the Medicare-Medicaid Coordination Office, and how do healthcare experts "move the needle" on care integration? **Ms. Rizer** responded, saying she believed health policy experts should realize that effective solutions for integrating care must work for all stakeholders, including consumers, health plans, and state governments. She said sustainable DNSPs provide a good model.

The third question asked was: Has progress been made on state budgetary problems that serve as barriers to care integration? **Ms. Rizer** responded, noting that shared savings from Medicare-Medicaid Programs have helped, but that budgetary issues still remain. She argued that further care integration should help save states money, providing another incentive for states to improve integrated care.

The final question asked was: What impact would increasing the availability of home- and community-based services (HCBS) for the dually-eligible community have on integration? **Ms. Barth** said it could enable better care for dually-eligible beneficiaries given their complex care needs, but that states will need additional financial support to build capacity for expanding HCBS. **Mr. Chan** echoed Ms. Barth's comments and reemphasized the importance of ensuring equity in HCBS expansion, since currently, individuals without access to HCBS are overwhelmingly people of color. Mr. Chan said that ultimately, health policy experts should strive to craft an integrated care system for dually-eligible beneficiaries that holistically considers and responds to their needs.

The Alliance will continue to advise and facilitate discussions on the topic of caring for dually-eligible beneficiaries. For more information and access to future webinars, visit the Alliance's website.