

# Integrated Care Programs for Dually Eligible Individuals in the Era of COVID-19: Response Efforts and Policy Recommendations

September 24, 2020

2:00 – 3:30 pm ET (11:00 am – 12:30 pm PT)

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# Questions?



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Q&A

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# Welcome & Introductions

Michelle Herman Soper, Vice President, Integrated Care,  
CHCS

Arielle Mir, Vice President, Health Care (Complex Care)  
Arnold Ventures

# Agenda



- Welcome and Introductions
- Policy Recommendations and Responses to COVID-19 in Programs for Dually Eligible Individuals
- Supporting Dually Eligible Individuals in Facilities Amid COVID-19
- Supporting Dually Eligible Individuals in the Community Amid COVID-19
- State Reaction
- State and Health Plan Round Table
- Q&A

# Meet the Team/Today's Presenters



Michelle Herman Soper  
Vice President  
Integrated Care  
Center for Health Care  
Strategies



Michelle Bentzien-Purrington  
Vice President, MLTSS  
Molina Healthcare



Arielle Mir  
Vice President  
Health Care (Complex Care)  
Arnold Ventures



Laura Chaise  
Vice President, LTSS &  
MMP  
Centene



Tom Betlach  
Partner  
Speire Health Care  
Strategies



Sue Kvendru  
Coordinator  
Special Needs Purchasing  
Minnesota Department of  
Human Services

# Meet the Team/Today's Presenters



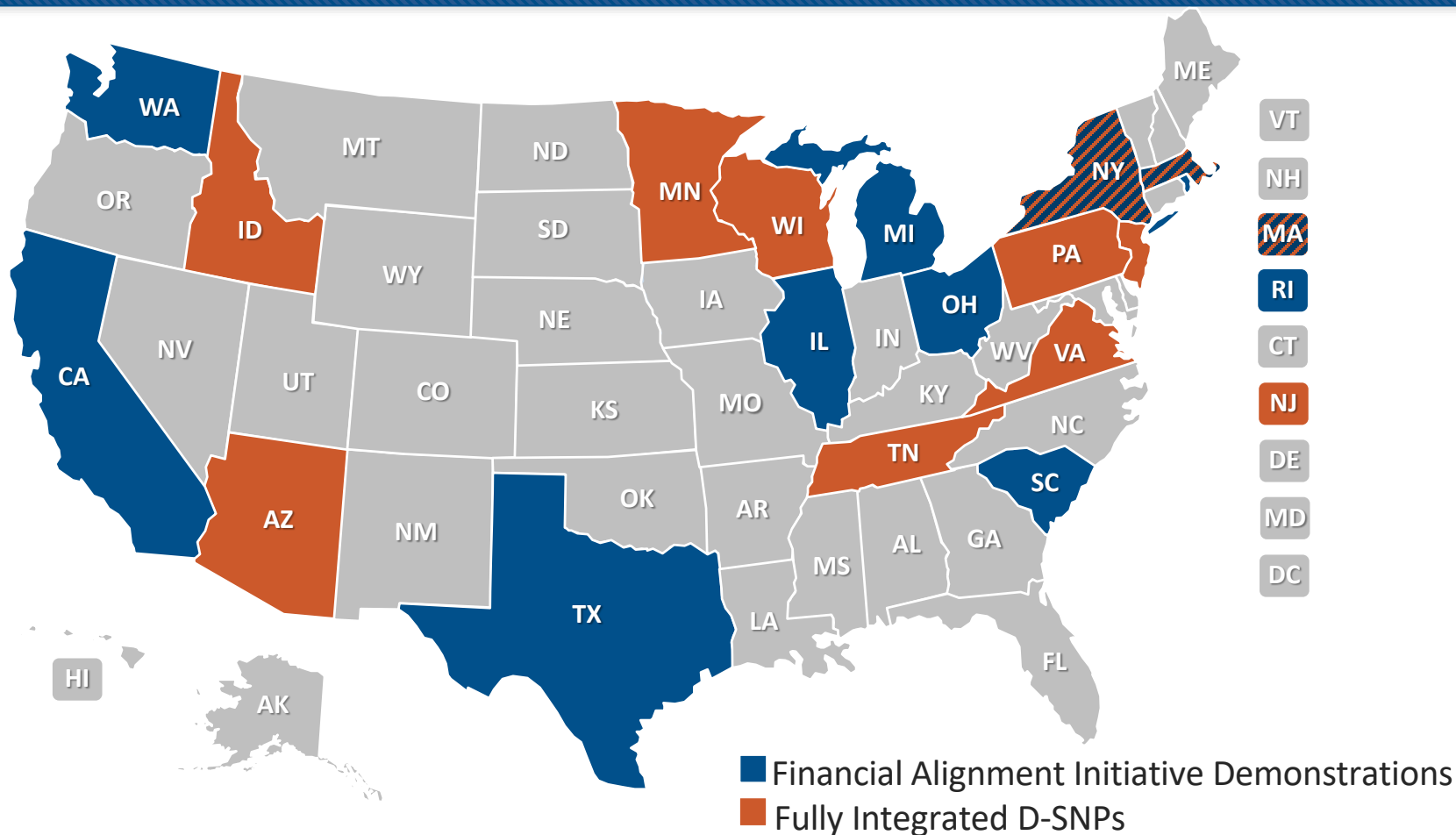
Gretchen Ulbee  
Manager  
Special Needs Purchasing  
Minnesota Department of  
Human Services

# Dually Eligible Individuals



- Dually eligible individuals include a heterogeneous group of subpopulations:
  - » Elderly individuals over the age of 65
  - » Individuals with intellectual and developmental disabilities
  - » Individuals under the age of 65 with physical disabilities and/or serious mental illness
- Experienced COVID-19-related hospitalization rates more than 4.5 times higher than beneficiaries with Medicare only (719 versus 153 per 100,000)

# Snapshot of Leading Integrated Care States



Just over 1 million of the more than 10 million full benefit dually eligible individuals were in an integrated care model in 2019



# Methodology



- Speire Healthcare Strategies and the Center for Health Care Strategies:
  - » Conducted informational interviews with key informants from states and health plans
  - » Reviewed articles, data, and reports from publicly available resources, including the Centers for Medicare & Medicaid Services (CMS)
- Findings present insight into key areas of the current health care delivery system for dually eligible individuals most ripe for change to improve care

# Health Care Strategy Overview

**Objective** > Reduce health care spending for patients, employers, and taxpayers while maintaining access to needed care and supporting health care delivery system reform.

Reduce commercial sector prices	Lower drug prices	Identify and avoid low-value care	Improve care for complex populations
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# Complex Care Strategy

**Objective >** Better management of individuals with a complex array of needs by reducing utilization of inefficient care in costly, last resort settings

**Issue Areas >** We take a comprehensive approach to achieving our strategic objectives by addressing three key issues through research, policy development, technical assistance, and advocacy.

1

Increase the Degree of  
and Access to  
Integration

2

Increase Enrollment in  
Integrated Options

3

Improve Service Mixes  
to Achieve Better  
Outcomes

# Policy Recommendations and Responses to COVID-19 in Programs for Dually Eligible Individuals

Tom Betlach, Partner, Speire Healthcare Strategies



With Medicare-Medicaid alignment, we have a single care management team that is agnostic about who pays for what, supporting a member-centric approach — we figure out what a member needs and then pay for it without involving them. Our experience has been that the model of alignment actually works.

*– Health plan interviewee*



# Dually Eligible Individuals Face Numerous Challenges, Exacerbated by COVID-19

## ■ Fragmented Care

- ✓ No financial alignment
- ✓ Uncoordinated care
- ✓ Limited alignment of incentives across Medicare and Medicaid

## ■ Integrated Care Models

- ✓ Financial alignment
- ✓ Coordinated care
- ✓ Aligned incentives across Medicare and Medicaid

## Key Issues during COVID-19 Crisis

### Structural

Caregiver Supports  
Higher Cost of Care



### Operational

In-Home Care  
Maintaining Necessary Services  
Member and Family Communications  
Transitions of Care



### Services

Access to PPE and Testing  
Behavioral Health Issues  
Meals  
Social Isolation  
Transportation



# Policy Recommendations



## Structural

- ✓ Increase Alignment Between Medicare and Medicaid
- ✓ Increase Plans' Flexibilities to Address Members' Needs
- ✓ Pay Family Caregivers and Support Other Efforts to Expand the Work Force



## Operational

- ✓ Develop Robust Communications Strategies
- ✓ Enhance Data Sharing Platforms
- ✓ Ensure Fiduciary Responsibilities
- ✓ Regular Reporting on Utilization and Trends



## Services

- ✓ Expand Supplemental Benefit Offerings

# Structural Recommendations



## Increase Alignment Between Medicare and Medicaid

- ✓ State Medicaid Agencies
  - ✓ D-SNP SMAC Provisions: Establish clear strategy and add in provisions with stakeholder input
  - ✓ Aligning D-SNP and MLTSS/Behavioral Health Services: Further integrate services; Require plans to provide both MLTSS and D-SNPs
  - ✓ Financial Alignment Initiative Open Opportunity: Evaluate opportunities and connect with CMS' Medicare-Medicaid Coordination Office
- ✓ Health Plans
  - ✓ Send letters to their Medicaid MCO members on benefits of enrolling in an aligned D-SNP/Medicaid MCO

## Increase Plans' Flexibilities to Address Members' Needs

- ✓ Support Utilization and Expansion of Telemedicine and Telehealth
  - ✓ States can expand reimbursements for telephonic visits and services
  - ✓ Health plans can continue to expand offerings and partnerships with providers
- ✓ Relax Certain Regulations to Enable Greater Flexibility Meet Members' Needs
  - ✓ States can relax financial threshold restrictions for gifts, face-to-face care coordination/management requirements
  - ✓ Health Plans can share data on effectiveness of temporary program changes, and partner with CBOs to distribute additional benefits to members



# Structural Recommendations



## Pay Family Caregivers and Support Other Efforts to Expand the Work Force

- ✓ State Medicaid Agencies
  - ✓ Pursue Medicaid flexibilities
  - ✓ Identify families with critical needs
  - ✓ Promote interagency and stakeholder collaborations
  - ✓ Require plans to report to state on key data, participate in collaborations, work with public programs to connect to potential workforce
- ✓ Health Plans
  - ✓ Collaborate with caregiver associations and other plans to inform changes
  - ✓ Identify partnerships with non-traditional organizations to bolster workforce

# Operational Recommendations



## Develop Robust Communication Strategies

- ✓ State Medicaid Agencies
  - ✓ Require plans to implement state-approved communications plan
  - ✓ Establish ongoing stakeholder communication platforms
- ✓ Health Plans
  - ✓ Implement a diverse set of modalities to communicate critical information through fluid communication plans
  - ✓ Continually monitor and evaluate messaging strategies

## Enhance Data Sharing Platforms

- ✓ State Medicaid Agencies
  - ✓ Require plans to develop data sharing platforms with hospitals on timely admissions, ER visits, and discharges
- ✓ Health Plans
  - ✓ Develop strong relationships with hospitals
  - ✓ Designate care managers to staff key settings
  - ✓ Implement systems to access facilities' electronic medical records

# Operational Recommendations



## Ensure Fiduciary Responsibilities

- ✓ State Medicaid Agencies
  - ✓ Conduct analysis to determine possible redirection of resources within existing capitation rates to providers with high volume of COVID-19 positive patients
- ✓ Health Plans
  - ✓ Collect and share information with states on providers experiencing most challenges and recommend opportunities to support these providers

## Regular Reporting on Utilization and Trends

- ✓ State Medicaid Agencies
  - ✓ Add requirements to MLTSS health plan contracts and/or D-SNP SMAC
- ✓ Health Plans
  - ✓ Share data with states on utilization patterns and changes due to COVID-19

# Services Recommendations



## Invest in Supplemental Benefits

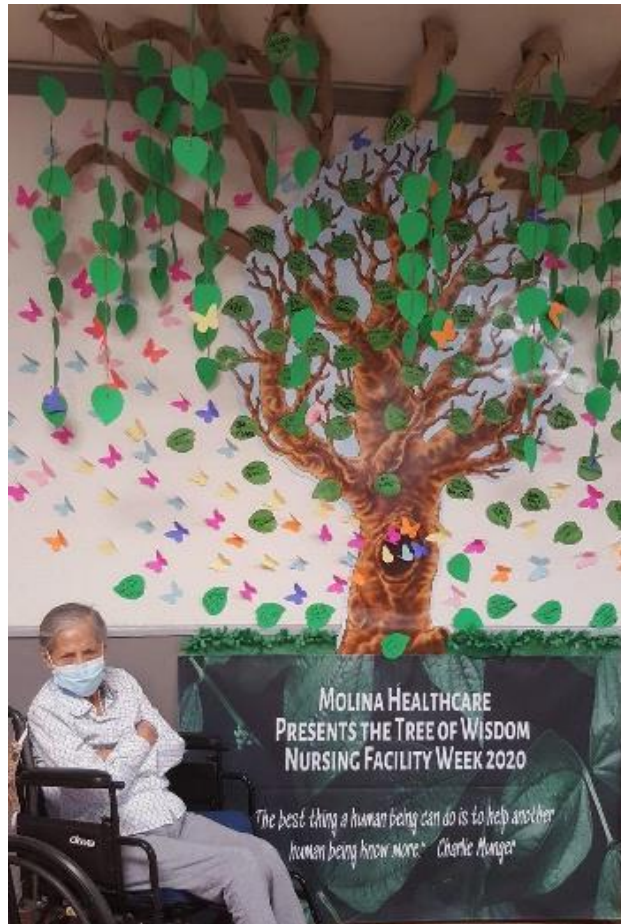
- ✓ State Medicaid Agencies
  - ✓ Add contract requirements in D-SNP SMACs to mandate collaboration with state on certain supplemental benefits
- ✓ Health Plans
  - ✓ Prioritize adding supplemental benefits that address most pressing needs resulting from COVID-19
  - ✓ Ensure remote access to benefits such as OTC mail order options

# Supporting Dually Eligible Individuals in Facilities Amid COVID-19

Michelle Bentzien-Purrington, Vice President, Managed  
Long-Term Services and Supports, Molina Healthcare

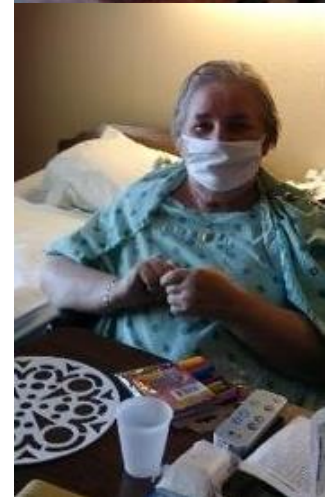
# Engaging Dually Eligible Individuals in Facilities During COVID

*We combat the risk of increased social isolation, depression, and failed community transitions through technology, care packages and frequent, meaningful communication*



## Engaging Members in Facilities

- Enabled televisit with loved ones and care coordinators
  - Access to technology devices, minutes for phone and data
  - Behavioral health telephonic and video supports
- Care packages
  - Food and snacks delivered
  - Recognizing milestones
  - Activities for residents
  - Masks and care supplies
- Online access to care records to facilitate care coordination and transitions to the community





# Supporting Facilities During COVID to Serve Dually Eligible Individuals

*We adapt to meet the needs of facilities, removing potential barriers to care and services while addressing social determinants of health*



## Supporting Facilities

- *Expedited enhanced payments and reduced administrative burdens*
- *Replaced face to face visits*
  - *Direct access to electronic health records*
  - *Scheduled video visits around staff availability*
- *Provided access to technology, PPE, COVID tests, and antibody tests*
- *Demonstrated appreciation*
  - *Food and care packages*
  - *Yard signs*
  - *Residents activities*
- *Volunteers joined task forces to support testing and contact tracing*

# Supporting Dually Eligible Individuals in the Community Amid COVID-19

Laura Chaise, Vice President, Managed Long-Term  
Services and Supports and Medicare-Medicaid Plans,  
Centene



# Supporting Dually Eligible Individuals in the Community

## Actions to support continued access to HCBS during the pandemic

- PPE distribution, including for self-directed workers
- Development of ConnectToCareJobs.com with ADvancing States to match workers with openings
- Enhanced back-up planning (e.g., due to closure of day programs)
- Emergency direct care worker pilot
- Cross-industry workforce coalition

### **KS company provides 450,000 PPE for organizations in need**



Johnson County, KS  
COVID-19 Video Update

CARLISLE/WEST SHORE

### **PA Health & Wellness donates thousands of masks to Pa. home healthcare workers**



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National / 6 mins ago

**Brazilian President Jair Bolsonaro has tested positive for coronavirus**

US/World / 7 mins ago

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# Supporting Dually Eligible Individuals in the Community (cont'd)

## Other actions to support community-based beneficiaries

- Local grants to Area Agencies on Aging and Centers for Independent Living to support social determinants (e.g., food access, housing support)
  - Resources for beneficiaries on their rights & responsibilities
  - Increased access to telehealth
  - Videos & tip sheets for providers on delivering disability-competent care, in collaboration with National Council on Independent Living (NCIL), available [here](#)
  - Policy advocacy to support programs for dually eligible individuals
-

# State Reaction

Sue Kvendru, Coordinator, Special Needs Purchasing and  
Gretchen Ulbee, Manager, Special Needs Purchasing,  
Minnesota Department of Human Services

# State and Health Plan Round Table

Moderator: Tom Betlach, Partner, Speire Healthcare  
Strategies

# Question & Answer



Michelle Herman Soper,  
Vice President of Integrated Care, CHCS

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