

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

September 24, 2020

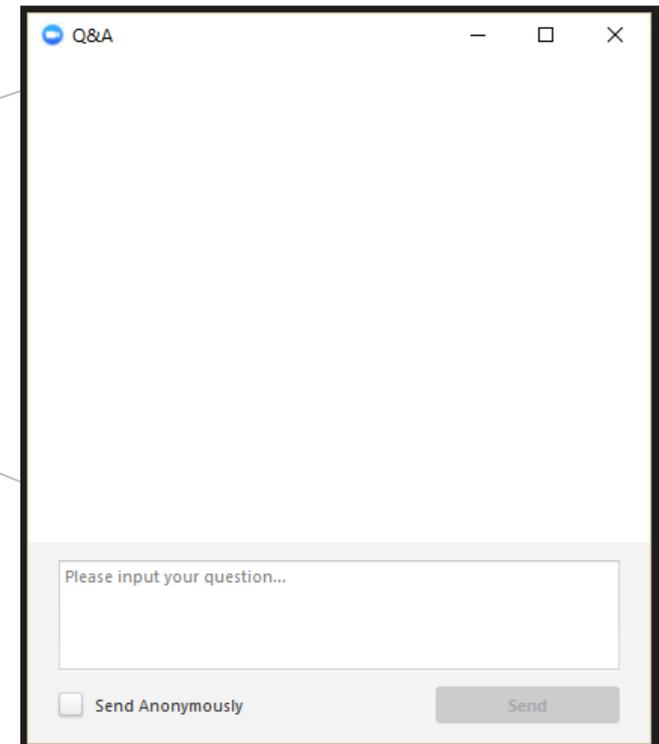
2:00 – 3:30 pm ET (11:00 am – 12:30 pm PT)

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Questions?



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Q&A

Please input your question...

Send Anonymously

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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 heterogenous 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)

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

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

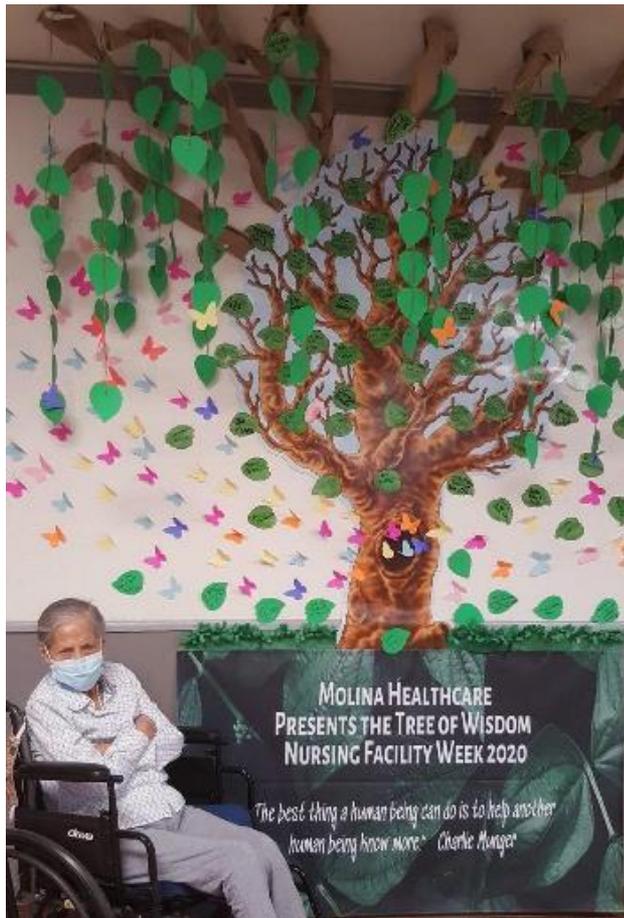
- ✓ State Medicaid Agencies
 - ✓ Add contract requirements in D-SNP SMACs to mandate collaboration with state on certain supplemental benefits
- ✓ Health Plans
 - ✓ Prioritize adding supplemental benefits that address most pressing needs resulting from COVID-19
 - ✓ Ensure remote access to benefits such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



TOP STORIES



Father killed in drive-by shooting while walking with 6-year-old daughter in New York

National / 6 mins ago

Brazilian President Jair Bolsonaro has tested positive for coronavirus

US/World / 7 mins ago

Senator Toomey holds forum on COVID-19 impact on

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

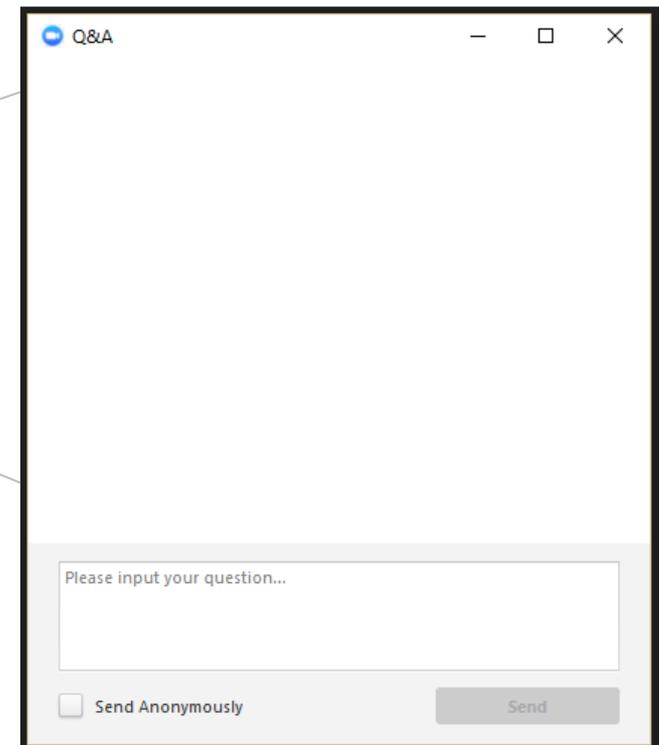


Michelle Herman Soper,
Vice President of Integrated Care, CHCS

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