

Advancing Medicare & Medicaid Integration

A New Opportunity for States to Support Dual-Eligible Populations

July 21, 2021

Supported by Arnold Ventures and coordinated by the Center for Health Care Strategies





Questions?







Agenda

- Welcome and Introductions
- Overview of Advancing Medicare & Medicaid Integration
- Application Process and Considerations for States
- Questions and Answers



Meet the Speakers



Arielle Mir, MPAVice President of Health Care (Complex Care)
Arnold Ventures



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Overview

Arielle Mir, Arnold Ventures



Who Are Dual-Eligible Individuals?

- Over 12 million people in the U.S. are eligible for both Medicare and Medicaid
 - Often have complex health and social needs



55% live below the poverty line



54% have limitations that impact daily living



40% use long-term services and supports (LTSS)



38% are Black or Latino



26% have one or more inpatient stays per year

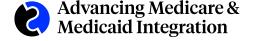
 Frequently receive fragmented, uncoordinated care that contributes to poor outcomes and avoidable costs



What Is Medicare-Medicaid Integration?

Integrated care describes systems in which Medicare and Medicaid program administrative requirements, financing, benefits, and/or care delivery are aligned

- Common features
 - Person-centered care planning
 - Multi-disciplinary care teams and a care manager
 - Comprehensive provider networks
 - Enhanced use of home- and community-based long-term care services
 - Strong consumer protections
 - Robust data-sharing and communication
 - Financial alignment that blends Medicare and Medicaid funding



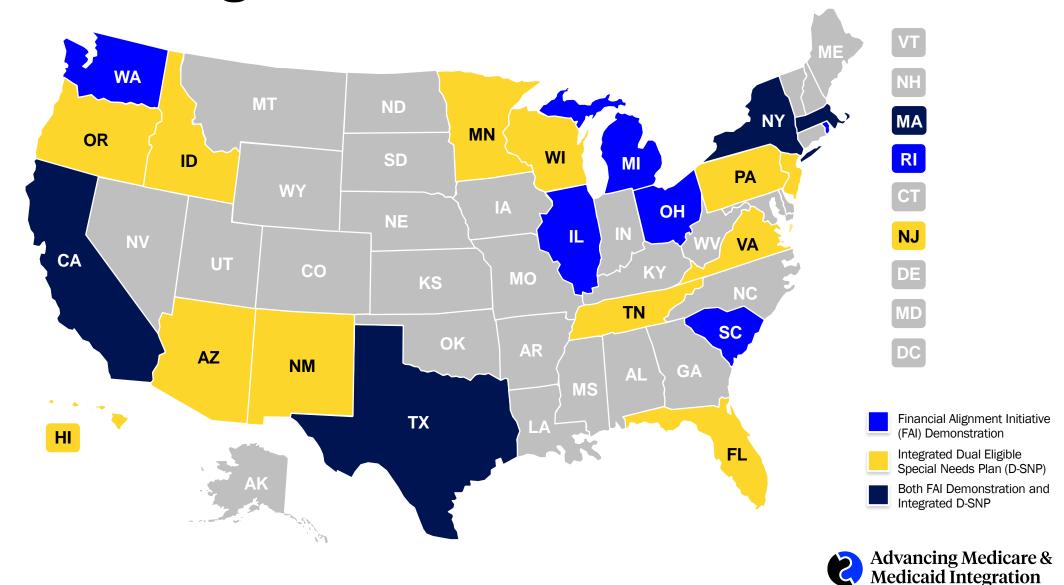
Integrated Care Models

Integrated care models include:

- ✓ The Program for All-Inclusive Care for the Elderly (PACE)
- Demonstrations under the Financial Alignment Initiative
- Dual Eligible Special Needs Plans (D-SNPs) closely aligned with Medicaid managed long-term services and supports (MLTSS) plans, including Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs)
- Only about 10% of dual-eligible individuals receive care through integrated programs, even though better integration between Medicare and Medicaid can improve the quality and cost of care



States with Integrated Medicare-Medicaid Models



Why Integrate Medicare and Medicaid?



Growth in population and costs: Dual-eligible individuals comprise about 15 percent of the enrollment in both Medicare and Medicaid, but account for more than one-third of spending



COVID-19's impact: Dual-eligible individuals experience approximately 2.5 times the rate of diagnosis or hospitalization than their Medicare-only counterparts



Renewed investment in community-based care: More than 40 percent of dualeligible individuals have long-term care needs, necessitating alternatives to institutional care and better access to integrated care models



Focus on health equity: Integrated models present a key opportunity to advance health equity and address the needs of Black and Latino individuals who are disproportionately represented within the dual-eligible population





Commitment to Supporting Better Care

Arnold Ventures is dedicated to improving the systems of care that serve low-income older adults and people with disabilities (Complex Care Research Agenda)

- Increase integration between Medicare and Medicaid through existing or new models
- 2 Increase enrollment in integrated coverage options
- Ensure that dual-eligible individuals receive services that lead to better patient experiences, higher quality of care, and reduced health care costs

For examples of Arnold Ventures' investments, see this <u>list of projects</u>.



Advancing Medicare & Medicaid Integration

- New funding opportunity made possible by Arnold Ventures and coordinated by the Center for Health Care Strategies (CHCS)
- Developed to help state policymakers take advantage of key opportunities to improve care for low-income older adults and people with disabilities
- Targeted to states ready to make meaningful transformations in care delivery for individuals eligible for both Medicare and Medicaid



Application Process and Considerations for States

Molly Knowles, Center for Health Care Strategies



The Initiative

Who Can Apply

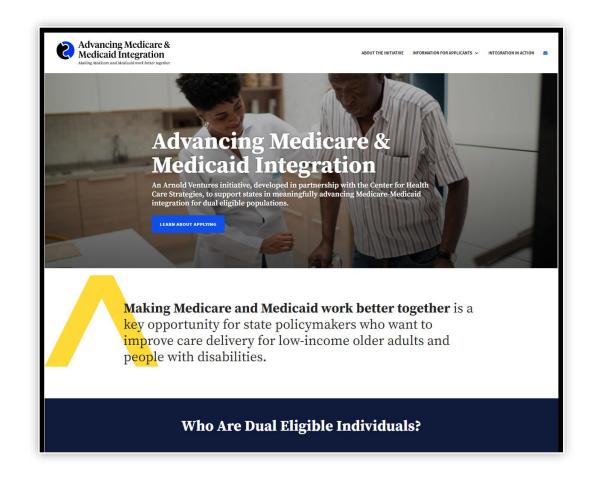
- States, including Medicaid agencies and/or state disability and aging agencies
- Technical assistance partners may apply on behalf of a state, with state approval and participation

Funding Amount

- Varies based on project size and scope
- Typical awards will be between \$500,000 and \$1,000,000

Timing

- State projects will be reviewed and awarded on a rolling basis
- Project duration should not exceed 36 months





Examples of Potential Projects

Meaningful improvements in Medicare and Medicaid integration will be measured by the degree of integration achieved and/or the share of the dual eligible population impacted

Potential project activities:

- Capacity assessment
- Model implementation
- Evaluation and improvement
- Outreach and education
- Data analytics

Accounting for state circumstances:

- Capitated or fee-for-service Medicaid delivery systems
- Include all of a state's dual eligible population or a subset
- Include Medicaid benefits consistent with state policies



Application Process



Step 1. Submit a Letter of Interest (LOI)

LOI's should include the following information:

- Project point of contact
- Responsiveness to objectives
- Project design
- Budget estimate
- Letter of support
- CHCS will provide no-cost assistance to support applicants prior to submitting LOIs and/or preparing a full proposal



Application Process, continued



Step 2: LOIs are reviewed by Arnold Ventures and CHCS on an ongoing basis



Step 3: Applicants whose LOIs are favorably reviewed will be invited to submit a full proposal

- Unsolicited full proposals will not be accepted
- Potential applicants can submit questions about the application process to <u>medicare-medicaid@chcs.org</u>

Award Criteria

- Applications are most likely to be successful if they address the following:
 - Demonstrates meaningful transformation in care delivery for dual-eligible populations
 - Uses appropriate methods to achieve stated objectives
 - Indicates sufficient organizational capacity and state commitment
 - Engages stakeholders
 - Addresses issues of health equity
 - Considers and mitigates potential project challenges
 - Includes programmatic and financial sustainability planning
 - Budgets appropriately to accomplish project activities



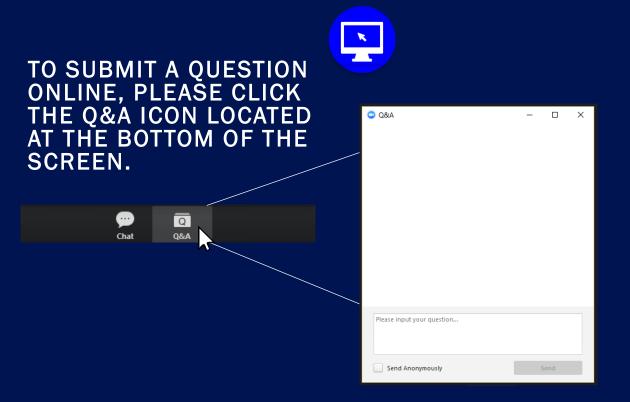
Support for Potential and Selected Applicants

- CHCS is the National Program Coordination Office for the Advancing Medicare
 & Medicaid Integration initiative
- CHCS will provide no-cost assistance to states interested in applying
- Selected applicants will work in partnership with Arnold Ventures and CHCS throughout the duration of their projects
 - Meet periodically to discuss progress on deliverables
 - Collaboratively navigate any challenges that could present barriers to achieving project objectives.



Questions and Answers

Moderator: Nancy Archibald, Center for Health Care Strategies





Thank you

 Please visit <u>medicare-medicaid.org</u> for more information about the initiative and to apply.

 For any additional questions, please email <u>medicare-medicaid@chcs.org</u>

