Advancing Medicare & Medicaid Integration

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A New Era in Supporting State Efforts to Improve Care for Dual-Eligible Individuals

September 28, 2022

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

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Questions?

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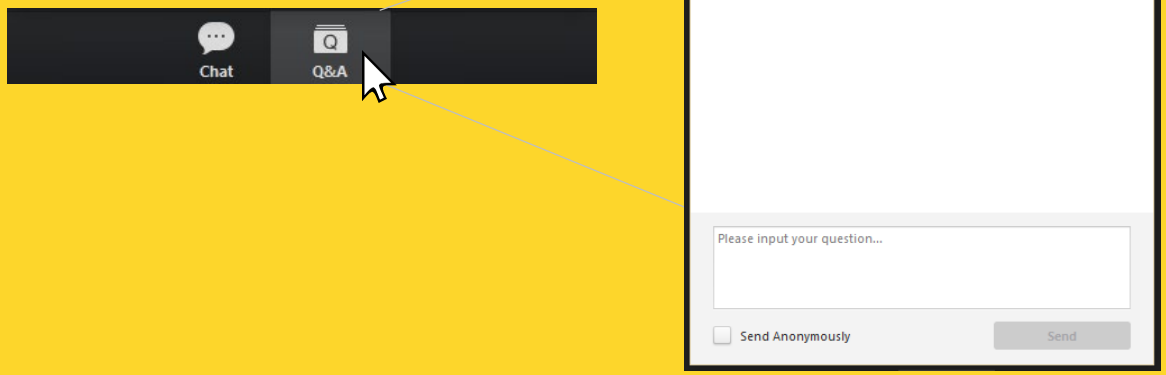


Advancing Medicare & Medicaid Integration

Meet the Speakers

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

Molly Knowles
Senior Program Officer
Center for Health Care Strategies

Kelli Emans
Integration Manager
Washington State Department of
Social & Health Services

Andrew Bean
Medicare and Medicaid Coordination
Manager
Indiana Family & Social Services
Administration

Agenda

- Overview of the Advancing Medicare & Medicaid Integration Initiative
- Integration in Action: Examples from Washington State and Indiana
- Panel Discussion
- Moderated Questions and Answers

Overview

Arielle Mir, Arnold Ventures

Dual-Eligible Individuals and Medicare-Medicaid Integration

- **Over 12 million people are eligible for both Medicare and Medicaid**
  - Often have complex health and social needs
  - Frequently receive fragmented, uncoordinated care that contributes to poor outcomes and avoidable costs
- **Integrated care describes systems in which Medicare and Medicaid program administrative requirements, financing, benefits, and/or care delivery are aligned**
  - 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

Why Integrate Medicare and Medicaid now?

- **Growth in population and costs:** Dual-eligible individuals comprise about 15% of the enrollment in both Medicare and Medicaid, but account for more than one-third of spending
- **Renewed investment in community-based care:** More than 40% of dual-eligible 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
- **Timely opportunities and decision-points:** FY22 MA rule offers new flexibilities for states; wind-down of federal-state demonstration program; federal legislation that would require all states to plan for 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

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

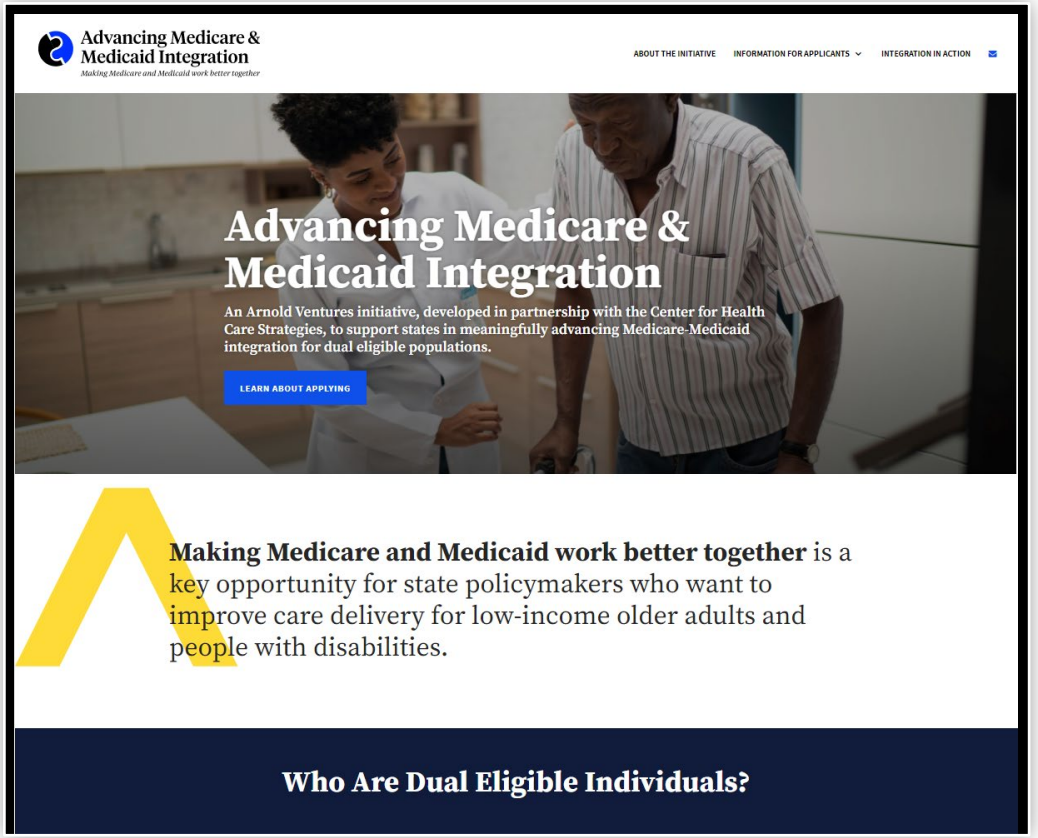
For examples of Arnold Ventures' investments, see this list of projects.

Advancing Medicare & Medicaid Integration

- Current 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
  - Increase integration between Medicare and Medicaid through existing or new models
  - 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

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 $350,000 and $800,000
- **Timing**
  - State projects will be reviewed and awarded on a rolling basis
  - Project duration should not exceed 30 months



Advancing Medicare & Medicaid Integration

Examples of Potential Projects

- States may propose projects that make a single large-scale shift in care delivery or several smaller-scale changes in policies that represent a significant advancement in the degree of integration achieved and that can be sustained long-term.
- Examples of current grantees' project activities include:
  - **Model development and implementation** of enrollment system updates and contracting policies to build out a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) program
  - **Data analytics** for program evaluation and to examine health disparities by using enrollment and service data to evaluate quality measures by race and ethnicity
  - **Outreach and education** with consumers, providers, and community-based organizations to inform long-term, policy-focused changes to communication processes and tools (e.g., creating resources for options counselors, developing online resources for consumers)

Application Process

Step 1. Submit a Letter of Interest (LOI)

- CHCS will provide no-cost assistance to support applicants prior to submitting LOIs and/or preparing a full proposal

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

- Potential applicants can submit questions about the application process to medicare-medicaid@chcs.org

Integration in Action: Examples from Washington State and Indiana

Kelli Emans, Washington State Department of Social & Health Services

Andrew Bean, Indiana Family & Social Services Administration

Transforming Lives

WA Advancing Medicare and Medicaid Integration Project

September 2022

Washington State Department of Social & Health Services

Transforming lives

Timeline

2011
WA competitively selected to receive funding through CMS' State Demonstrations to Integrate Care for Dual Eligibles and received **$1M** for staffing and stakeholder work

2012
Washington becomes first state to partner with the CMS in the Financial Alignment Demonstration to test a managed-fee-for-service model

2013-2015
8 quarters of enhanced match (90/10) for HH services

2016 (FY17)
Received first shared savings check

2018
Started making money – shared savings exceeds all costs on the state side including service & admin. Continue to receive additional shared savings yearly.

2020
Begin seeing shift to Medicare managed care in WA

CMS releases proposed rules

2021
Initial DSNP contract changes

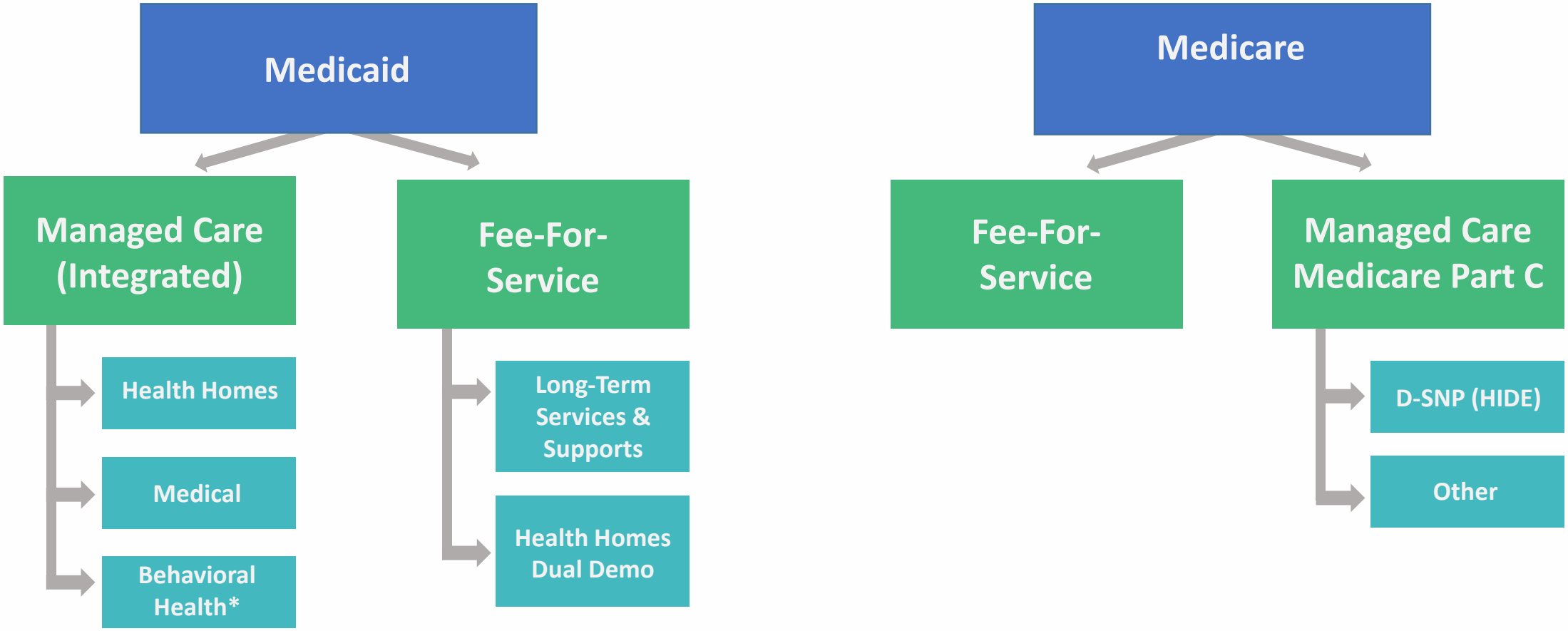
Discussion of HH in DSNP

Increase Leadership awareness

2022
AMMI grant almost $900,000 for staffing and stakeholder work to help us achieve enhance integration & elevate our duals strategy

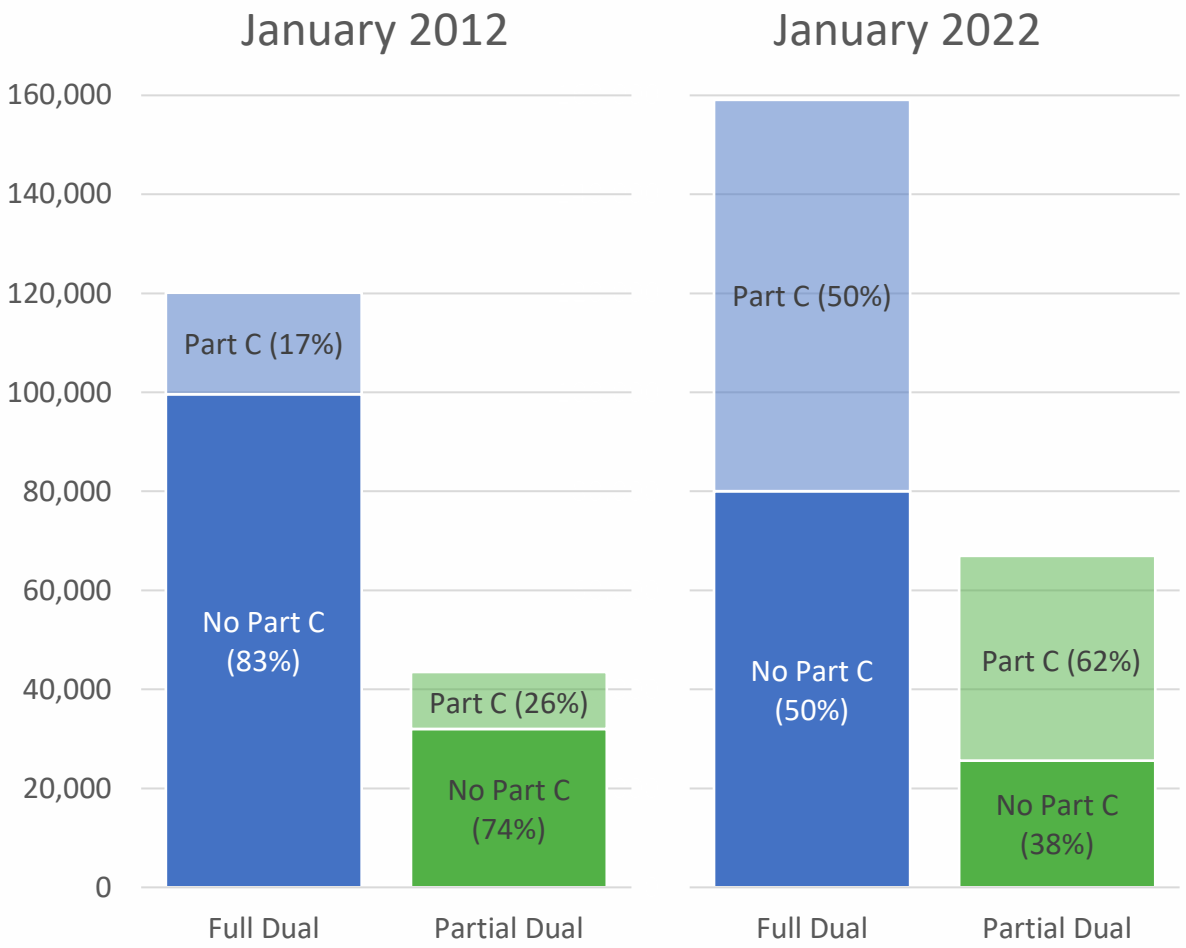
Certify Demo

Washington Medicaid Medicare Landscape



*Behavioral health only enrollment for duals.

Prevalence of duals in WA enrolled in Medicare Part C



- The percent of duals enrolled in Medicare Part C has increased substantially since 2012
- 17% to 50% for Full Duals
- 26% to 62% for Partial Duals

AMMI Grant - Guiding Principals

Offer a delivery system that is person centered, promotes principles of self-management and recognizes the interdependence of health and social services

Impacts of decisions on individuals, including continuity of services, will be a priority as we design for the future

Utilize feedback and perspective from those impacted by these decisions as part of our decision-making process

Decision-making will be evidence based and/or will be based on promising practices

Utilize available tools and be innovative where a model does not exist to better integrate care and enhance care coordination for the vulnerable dual eligible population

Delivery system design will encourage appropriate use of services while simultaneously providing incentives for prevention, early detection, improved health outcomes, and cost savings

AMMI Grant Objectives – Where We Are

- **Objective 1:**
  - Implement new DSNP policies that will enhance integration of client care and service delivery
- **Objective 2:**
  - Enhance capacity for data analytics for programs that serve the dual eligible population
- **Objective 3:**
  - Increase enrollment in DSNPs through a better understanding of client perceptions of program options and improved communications processes and tools

Where We Are Going

- Hiring of dedicated FTE to build capacity and subject matter expertise
- Enhancing our data analytics capacity – enrollment, encounters, performance measures
- Client survey to understand perception of care and drivers in decision making
- Enhance network alignment across Medicare and Medicaid plans
- Leverage Model of care to integrate Health Homes and enhance care coordination
- Partnership with SHIBA to educate and inform

Thank you

Kelli Emans, Integration Manager, ALTSA
kelli.emans@dshs.wa.gov

Indiana: Integration and LTSS

Using Reform as a Launchpad for Increased Medicare and Medicaid Coordination

Andrew Bean, MPA, JD
Medicare and Medicaid Coordination Manager
Office of Medicaid Policy and Planning
Indiana Family and Social Services Administration
September 28, 2022

Why Reform Indiana's LTSS System?

From 2010 to 2030 the proportion of Hoosiers over 65 will grow from 13% to 20%. Indiana's disjointed system must be reformed to meet growing demand and to ensure Choice, drive Quality and manage Cost.

Choice: Hoosiers want to age at home

- 75% of people over 50 prefer to age in their own home – but only 45% of Hoosiers who qualify for Medicaid are aging at home*
- The risk of contracting COVID and impact of potential isolation drives an even increased desire to avoid institutional settings

Cost: Developing long-term sustainability

- Indiana has about 2% of the U.S. population, but over 3% of nursing facilities
- LTSS members are 4% of Medicaid enrollment, yet 28% of spend - only ~ 19% of LTSS spend goes to home and community-based services (HCBS)
- For next ten years, population projections show 28% increase in Hoosiers age 65+ and 45% increase in Hoosiers age 75+

Quality: Hoosiers deserve the best care

- AARP's LTSS Scorecard ranked Indiana 44th in the nation
- LTSS is uncoordinated and lacks cultural competency
- Payment for LTSS services is poorly linked to quality measures and not linked to
- outcomes

*Accurate as of January 2020

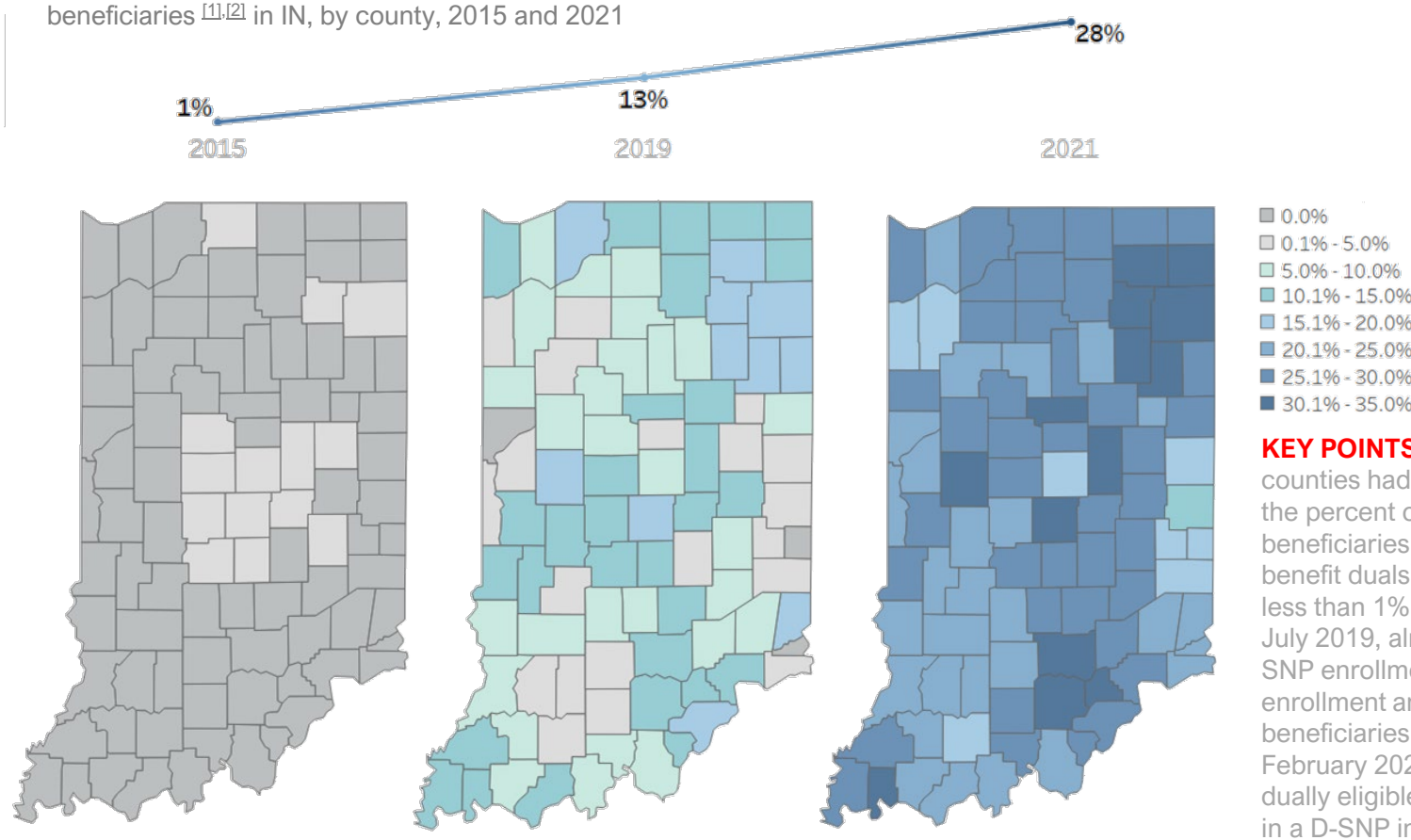
The State of Medicare and Medicaid Coordination in Indiana

- ✓ **~230,000** dually-eligible members currently enrolled with Indiana Medicaid
- ✓ **72%** are full-benefit and **28%** are partial-benefit
- ✓ Indiana dually-eligibles are enrolled in **Traditional Medicaid (Fee-for-Service)**
- ✓ Dually-eligible members **experience a high level of care fragmentation** with little coordination between Medicare and Medicaid
- ✓ Many aging Hoosiers who are dually-eligible receive care in either a **long-stay nursing facility** or in the community through **home and community-based services (HCBS)** waivers
- ✓ Indiana **spends disproportionately more** for its dually-eligibles in institutional LTSS than those in the community despite the growing benefits and preferences for aging at home
- ✓ In 2019, Indiana began to place **higher priority on implementing duals policies** that positively impact quality and outcomes
- ✓ Even with increased focus, Indiana still achieves only **low-level integration of Medicare and Medicaid** and has **only have just begun to increase internal capacity** to advance integration

Growth of State D-SNP Infrastructure

D-SNP Enrollment by County

Figure 1. D-SNP enrollment penetration among all dually eligible beneficiaries [1],[2] in IN, by county, 2015 and 2021



KEY POINTS: In July 2015, only 14 counties had D-SNP enrollment, and the percent of dually eligible beneficiaries (both full and partial benefit duals) enrolled in D-SNPs was less than 1% statewide. However, in July 2019, almost all counties had D-SNP enrollment, and D-SNP enrollment among dually eligible beneficiaries was 13% statewide. In February 2021, on average, 28% of all dually eligible individuals are enrolled in a D-SNP in IN.

[1] This includes both full benefit and partial benefit dually eligible beneficiaries because both are allowed to enroll in D-SNPs in IN.
[2] The total numbers of dually eligible beneficiaries used as the denominator for percent D-SNP enrollment in 2015 and 2019 are from June 2015 and December 2018, respectively.

Identifying the Opportunity

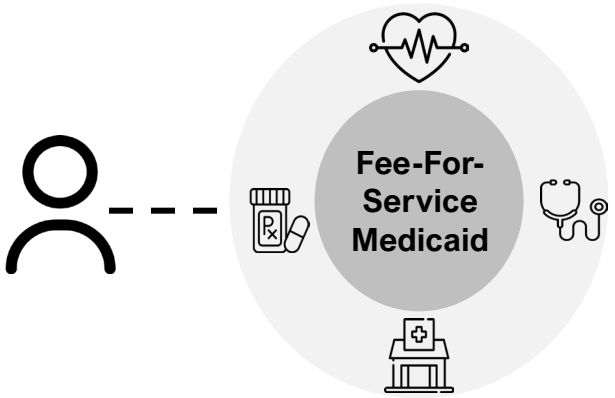
Finding meaningful pathways to achieve State vision

Medicare Placement	Medicaid MCE	Medicaid FFS**	% of Total
Medicare DSNP with Medicaid Contract Aligned*	0	0	0%
Medicare DSNP with Medicaid Contract Not Aligned*	0	93,566	40%
Medicare Advantage Excluding DSNPs	0	37,556	16%
Medicare FFS	0	103,346	44%
Totals	0	234,468	100%

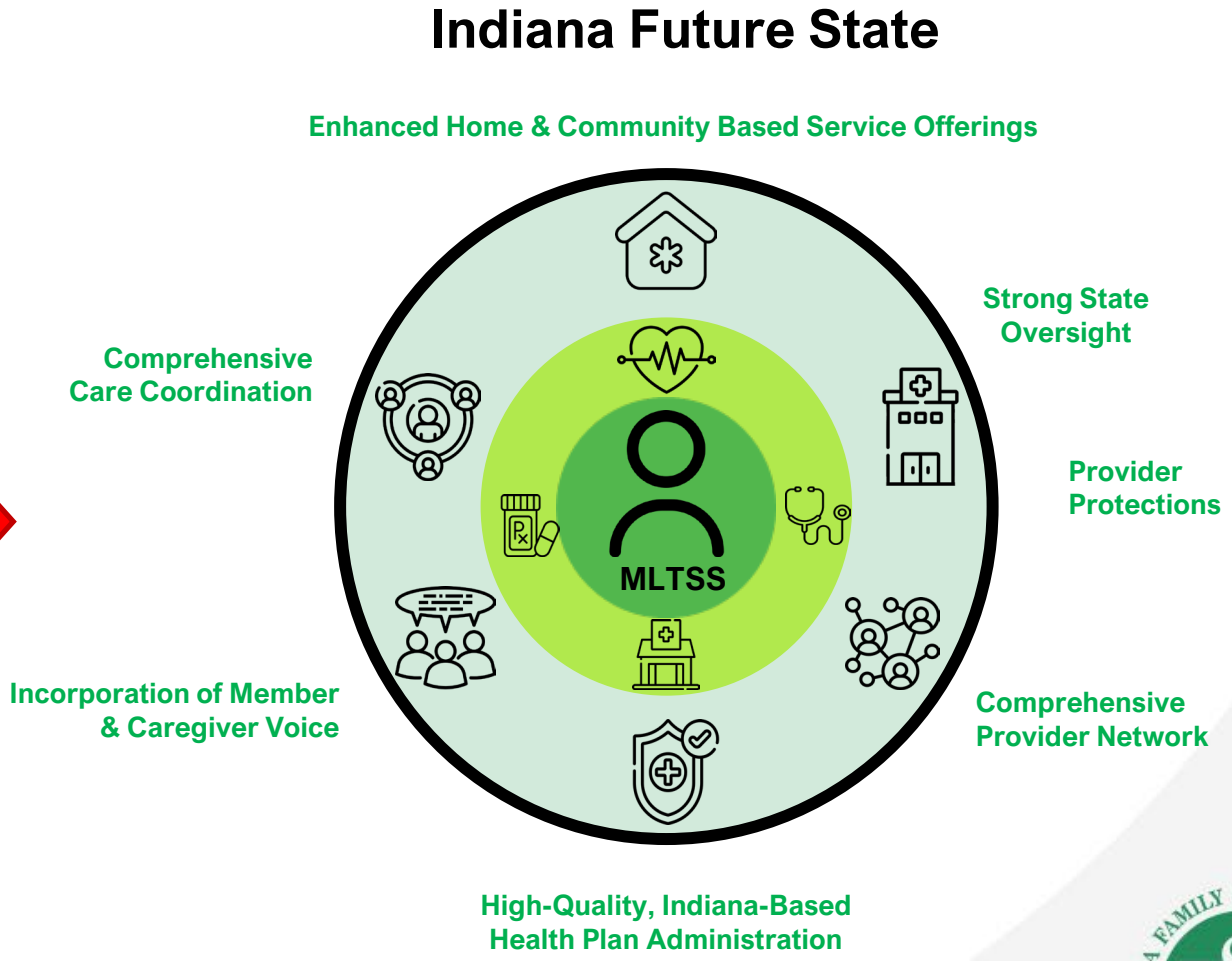
*Alignment is being in both Medicare and Medicaid plans with same parent company
**Population numbers from August 2022 Indiana Medicaid administrative data

Current to Future State

Indiana Current State



Indiana Future State



Indiana Project Objectives & Key Activities

Objective #1: Design a Medicare-Medicaid integration strategy for dually eligible individuals enrolled in the state's planned Medicaid managed long-term services and supports (mLTSS) program

Key Activities:

- ✓ Developing a Comprehensive LTSS reform plan that incorporates system design elements that support the increased integration of Medicaid and Medicare
- ✓ Supporting provider rate strategy development that focuses on quality, outcomes, and sustainability

Indiana Project Objectives & Key Activities

Objective #2: Engage providers in program development process, provide continued educational support around program design, and acclimate them to mLTSS plan networks.

Key Activities:

- ✓ Providing stakeholder education activities and capacity-building for providers of home- and community-based services (HCBS)
- ✓ Supporting business acumen training for LTSS providers
- ✓ Facilitating discussion between managed care entities and community-based organizations for smoother transition to mLTSS

Panel Discussion

Kelli Emans, Washington State Department of Social & Health Services

Andrew Bean, Indiana Family & Social Services Administration

Molly Knowles, Center for Health Care Strategies

Questions and Answers

Moderator: Molly Knowles, Center for Health Care Strategies

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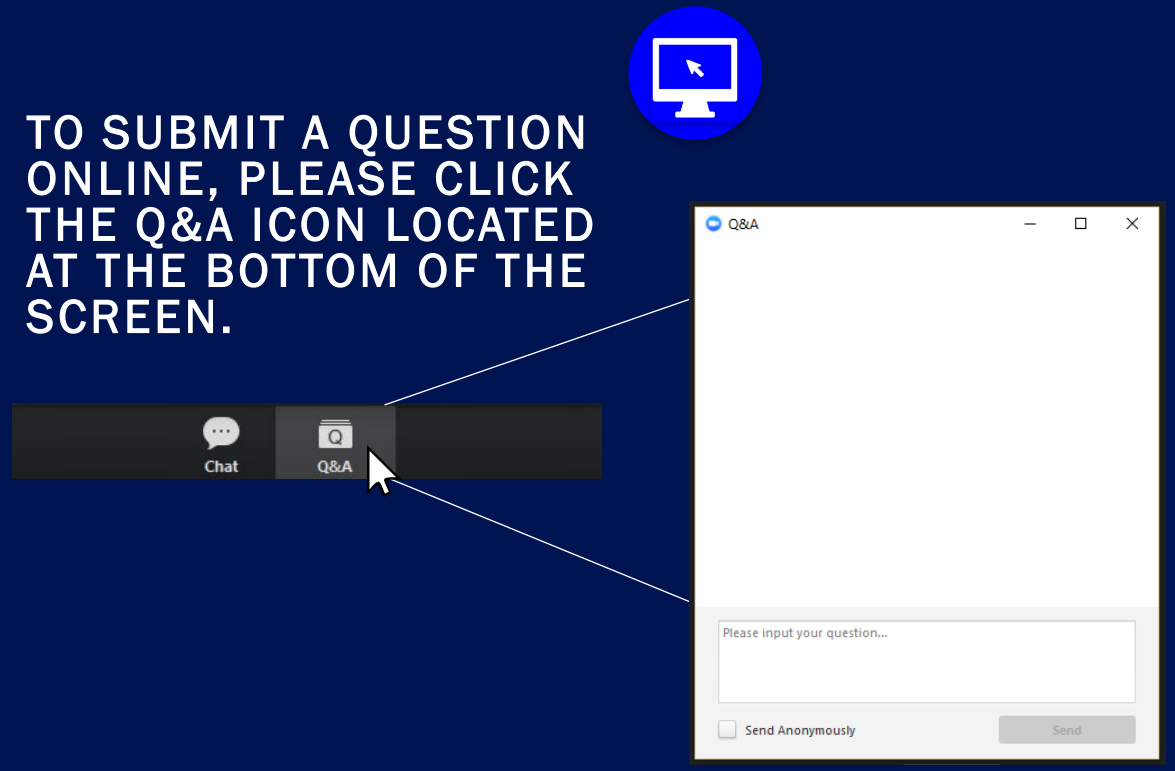

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Thank you

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

- For any additional questions, please email medicare-medicaid@chcs.org