Supporting States to Build Better Programs for Dually Eligible Individuals

Learn from expert panelists from the Centers for Medicare & Medicaid Services, Center for Health Care Strategies, Arnold Ventures, and the state of Virginia

Moderated by Sarah Barth, Executive Director, AMMS

Thursday, July 28, 2022
3:00–4:00pm ET
## Agenda

<table>
<thead>
<tr>
<th>Section</th>
<th>Presenter/Spokesperson</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td><strong>Sarah Barth</strong>, Executive Director of Altarum Medicaid-Medicare Services for States</td>
</tr>
</tbody>
</table>
**Stacey Lytle**, Health Equity Coordinator, Medicare-Medicaid Coordination Office, Centers for Medicare and Medicaid Services |
| **Efforts to Advance and Increase State Capacity to Further Dual Integration Initiatives** | **Nancy Archibald**, Associate Director for Integrated Care, Federal Programs, Center for Health Care Strategies.  
**Arielle Mir**, Vice President of Healthcare, Arnold Ventures |
| **Virginia’s Road to Developing a Mature Duals Model – Capacity Challenges and Tips Moving From a Dual Demo to D-SNP Mode** | **Karen Kimsey**, former Medicaid Director, Virginia Department of Medical Assistance Services |
| **Q&A Discussion**                                        | All                                                                                  |
Altarum Medicare-Medicaid Services for States (AMMS) is a non-profit organization that helps states create financially sustainable solutions to advance health, health equity, wellness, and community-based, independent living for dually eligible individuals (individuals eligible for Medicare and Medicaid).

Assess and Partner With States
Meeting them where they are along the continuum of dual integration expertise and programming

Enhance and Build State Capacity
Improving coordination and integration the two programs to improve individuals’ experience of care and quality of life, address cost shifting between the two programs, and ensure Medicare is maximized as primary payer of services and supports

Provide Policy and Program Administration Services
From national experts and tailored to the needs of each state and their dually eligible populations, including:
Strategy and Program Design
Administration and Operations
Communications
Advancing Dual Integration is Possible – Current Focus and State Landscape

Focus at State and National Levels

COVID-19 escalation of health and economic challenges for dually eligible individuals

State and federal government focus on health equity

CMS Final Rule for Contract Year 2023 Medicare Advantage and Part D Programs

Congressional and Medicaid and CHIP Payment and Access and Commission (MACPAC) activity:

- Advancing Integration in Medicare and Medicaid (AIM) Act (S. 4264)
- June 2022 MACPAC Chapter 5 Raising the Bar: Requiring State Integrated Care Strategies
- Comprehensive Care for Dual Eligible Individuals Act – All Inclusive Medicare-Medicaid (AIM) Program (S. 4635)

State Dual Integration Landscape

States are at different points along the continuum of dual integration efforts and expertise

It is not one-size fits all: States can take a stepped approach, while others may be ready to implement and refine fully integrated programs

Supports are available for all states to improve programs for dually eligible individuals
Overview of D-SNP CY 2023 Medicare Advantage and Part D Rule

Lindsay Barnette, Director for Models, Demonstrations, and Analysis Group
Stacey Lytle, Health Equity Coordinator
Medicare-Medicaid Coordination Office

July 2022
Background

• D-SNPs are intended to integrate/coordinate care for dually eligible beneficiaries more effectively than most MA plans or Medicare FFS
• D-SNPs are required to contract with the state Medicaid agency in the service area(s) to provide benefits/arrange for provision of Medicaid benefits
  • Because states are not obligated to contract with a D-SNP, states have 1) significant control over D-SNP availability and 2) flexibility to require greater integration of Medicare and Medicaid benefits
• To promote coordination of care, D-SNPs are also subject to health risk assessment (HRA) requirements and evidence-based model of care
Dual eligible special needs plan provisions

Many provisions import successes from Financial Alignment Initiative into broader D-SNP market including:

- Enrollee input on D-SNP operations: D-SNPs would be required to have enrollee advisory committee (similar to Medicaid requirements at 438.110)
- Health risk assessments: All SNPs would be required to include questions on housing stability, food security, and access to transportation in their HRAs
- Simplify D-SNP enrollee materials: Would allow states to require certain D-SNPs to use integrated materials
- Pathway for assessing local D-SNP performance: Would allow certain states with integrated care programs to require D-SNPs to apply for separate MA contracts (and therefore separate star ratings and performance data)
- Mechanisms for joint oversight of D-SNPs: Would allow certain states access to HPMS and for CMS-state coordination of audits
- Simplified appeals and grievances: Would expand universe of D-SNPs required to implement unified appeals/grievance processes
- Technical/definitional updates for FIDE SNPs and HIDE SNPs: For example, all FIDE SNPs would have exclusively aligned enrollment and cover Medicaid home health, DME, and BH services through a SMAC
Final rule provisions that apply FAI features into D-SNPs

(Remember, too, that states can require additional things through their contracts with D-SNPs)

<table>
<thead>
<tr>
<th>FAI Characteristic</th>
<th>FIDE SNP</th>
<th>HIDE SNP</th>
<th>Coordination-only D-SNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollee advisory committee</td>
<td>Required</td>
<td>Same as FIDE</td>
<td>Same as FIDE</td>
</tr>
<tr>
<td>HRA to include social risk factors</td>
<td>Required starting 2024</td>
<td>Same as FIDE</td>
<td>Same as FIDE</td>
</tr>
<tr>
<td>Exclusively aligned enrollment</td>
<td>Required starting 2025</td>
<td>Not addressed in this rulemaking</td>
<td>Not addressed in this rulemaking</td>
</tr>
<tr>
<td>Capitation for behavioral health, except for limited carve-outs</td>
<td>Required starting 2025</td>
<td>Codifies current policy regarding limited carve-outs</td>
<td>Not addressed in this rulemaking</td>
</tr>
<tr>
<td>Capitation for Medicare cost-sharing</td>
<td>Required starting 2025</td>
<td>Not addressed in this rulemaking</td>
<td>Not addressed in this rulemaking</td>
</tr>
<tr>
<td>Unified appeals &amp; grievances</td>
<td>Required starting 2025 for all FIDE SNPs</td>
<td>Not addressed in this rulemaking</td>
<td>Required for certain plans</td>
</tr>
<tr>
<td>Continuation of Medicare benefits pending appeal</td>
<td>Required starting 2025 for all FIDE SNPs</td>
<td>Not addressed in this rulemaking</td>
<td>Required for certain plans</td>
</tr>
<tr>
<td>Integrated member materials</td>
<td>Finalized a new pathway for states to require for certain D-SNPs at § 422.107(e)</td>
<td>Same as FIDE</td>
<td>Same as FIDE</td>
</tr>
<tr>
<td>Contract only includes within-state plans limited to dually eligible individuals; quality data/ratings based solely on performance in contracts that only include within-state plans limited to dually eligible individuals</td>
<td>Finalized a new pathway for states to require for certain D-SNPs at § 422.107(e)</td>
<td>Same as FIDE</td>
<td>Same as FIDE</td>
</tr>
<tr>
<td>Mechanisms for joint federal-state oversight</td>
<td>Finalized for states meeting criteria at § 422.107(e)</td>
<td>Same as FIDE</td>
<td>Same as FIDE</td>
</tr>
<tr>
<td>State HPMS access</td>
<td>Finalized for states meeting criteria at § 422.107(e)</td>
<td>Same as FIDE</td>
<td>Same as FIDE</td>
</tr>
</tbody>
</table>
State Resources

• Medicare-Medicaid Coordination Office
  • Lindsay Barnette Lindsay.Barnette@cms.hhs.gov
  • Stacey Lytle Stacey.lytle@cms.hhs.gov

• Integrated Care Resource Center
  https://www.integratedcareresourcecenter.com/
  • State Contracting with D-SNPs
  • Aligning Enrollment
  • Oversight and Monitoring of D-SNPs
  • And more
Supporting States to Build Better Programs for Dually Eligible Individuals

July 28, 2022

Nancy Archibald, Associate Director, Integrated Care
Center for Health Care Strategies

Supported by Arnold Ventures
Key Resources Needed for Medicare-Medicaid Integration

- Organizational and staffing capacity
- Medicare expertise
- Leadership champions
- Data and analytic capabilities
- Financial/budget support
Sources of Support

<table>
<thead>
<tr>
<th>Organizational</th>
<th>Data/Analytics</th>
<th>Financial</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medicare-Medicaid Coordination Office</td>
<td>• State Data Resource Center</td>
<td>• Advancing Medicare &amp; Medicaid Integration Initiative</td>
</tr>
<tr>
<td>• Integrated Care Resource Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Resources for Integrated Care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Improving Policy at the Intersection of Medicare and Medicaid

arnoldventures.org/work/complex-care

Arielle Mir, Vice President of Healthcare

July 28, 2022
New funding opportunity made possible by Arnold Ventures and coordinated by the Center for Health Care Strategies (CHCS)

Developed to help state policymakers 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

Project activities include model implementation, contracting support, evaluation and improvement, data analytics, and outreach and education.

Visit medicare-medicaid.org to learn more
Virginia’s Road to Developing a Mature Duals Model - Capacity Challenges and Tips Moving From a Dual Demo to D-SNP Mode

Karen E. Kimsey, MSW
Former Medicaid Director, Commonwealth of Virginia
July 28, 2022
Virginia’s Duals Experience

- PACE Programs – 1,200 in 12 sites around the Commonwealth
- March 2014 – Commonwealth Coordinated Care Launched – Part of the Financial Alignment Demonstration, served 30,000 dually eligible Medicaid members
- “Toe In the Water” for regional MLTSS
- July 2017 - Commonwealth Coordinated Care Plus (CCC Plus) Launched- a Medicaid managed long-term services and support program that serves over 260,000 individuals throughout the Commonwealth of Virginia, including 136,000 dual eligible members
## Key Differences

<table>
<thead>
<tr>
<th>CCC Plus</th>
<th>CCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuity of care period is 90 days</td>
<td>Continuity of care period is 180 days</td>
</tr>
<tr>
<td>Statewide in 6 regions</td>
<td>Optional Enrollment: 30,000</td>
</tr>
<tr>
<td>Required Enrollment: 260,000</td>
<td></td>
</tr>
<tr>
<td>Duals/non-duals, children/adults, NF and 5 HCBS Waivers</td>
<td>Full Dual adults; including NF and EDCD HCBS Waiver</td>
</tr>
<tr>
<td>6 Health plans across 6 regions</td>
<td></td>
</tr>
<tr>
<td>Coordination of Medicare benefits through companion DSNP</td>
<td>Coordination of Medicare benefits through same Health Plan</td>
</tr>
<tr>
<td>Continuity of care period is 90 days</td>
<td></td>
</tr>
</tbody>
</table>

CCC Plus is statewide in 6 regions, requires enrollment of 260,000, offers plans for Duals/non-duals, children/adults, NF and 5 HCBS Waivers, has 6 Health plans across 6 regions, and provides coordination of Medicare benefits through companion DSNP. The continuity of care period is 90 days.

CCC is available in 5 of the 6 regions, offers optional enrollment of 30,000, offers plans for Duals/non-duals, children/adults, NF and EDCD HCBS Waiver, has 3 Health plans across 5 regions, and provides coordination of Medicare benefits through same Health Plan. The continuity of care period is 180 days.
Pivoting to CCC Plus

Stakeholder input significantly informed the DMAS CCC Plus program design and implementation strategy

- MLTSS proposed design strategy
- Meetings with State Legislators and Staff
- Constant communication

Incorporating Input

- MLTSS Model of Care
- Comments received from advocates, providers, and health plans

- Transparency with rates, data
- Service auth, claims, utilization management consistency

Design

Operations
Major Changes Moving to CCC Plus

Data
- Collect Robust Encounters and Clinical Data
- Enhanced Care Management Activities
- Enhanced monitoring, oversight and reporting

Quality
- Care Coordination for all Members with Ratios
- Quality Studies and Measures
- Quality Withholds

Common Core Formulary
- DMAS PDL is the CCC Plus Common Core Formulary
- Enhances Continuity of Care
- Decreases Admin Burden for Prescribers
Switching to CCC Plus - Tips

- Communicate early and often with CMS Regional and Central Office Staff
- Systems enhancements; testing with plans and providers prior to implementation
- Utilize technical assistance available
- Readiness with plans, providers, internal staff, and stakeholders (minimum of 6-9 months)
- Ongoing stakeholder & member engagement, outreach and education (webinars, townhalls, etc.)
- Anticipate implementation issues; respond quickly and effectively; keep stakeholders continuously informed
- Make sure you have an actuary with MLTSS experience
- DNSP Contract is an opportunity
- Champions
Switching to CCC Plus - Challenges

- Request for proposals – be prepared for a protest
- Program authority - 1915 b/c Waivers, Regulations, MCO Contracts
- Agency staffing – shifting to managed care
- Systems enhancements; testing with plans and providers
- Rate setting – development of rates
- Readiness with plans, providers, internal staff, and stakeholders (minimum of 6-9 months)
- System adjustment to MLTSS implementation
- DSNP requirement for health plans
Questions?
Closing Comments

A recording of today’s webinar will be emailed to all participants. Please share!

To continue the discussion, contact Sarah Barth at sarah.barth@altarum.org

Let’s connect in person!

For more information, visit: altarum.org/amms
Thank You!

ALTARUM.ORG

Sarah Barth
sarah.barth@altarum.org
609-235-2199