Dual Eligible Initiatives
A Spring Update Webinar

Fay Gordon
Georgia Burke
Justice in Aging is a national non-profit organization that fights senior poverty through law. We secure health and economic security for older adults of limited income and resources by preserving their access to the courts, advocating for laws that protect their rights, and training advocates around the country to serve the growing number of older Americans living in poverty.

Visit us at - justiceinaging.org
HOUSEKEEPING

• All on mute. Use Chat function for questions and for technical concerns.

• Problems with getting on to the webinar? email trainings@justiceinaging.org.

• Slides are available in the chat box. Slides and a recording are available at Justice in Aging – Resources for Advocates – Webinars: http://www.justiceinaging.org/resources-for-advocates/webinars.
TODAY

• **People:** Update on data and enrollment

• **Systems:** Evaluations explore how demo systems work

• **Challenges:** Improving care for dual eligible individuals

• **Opportunities:** Other dual eligible initiatives
PEOPLE: UPDATE ON DATA AND ENROLLMENT
“It’s just that in the beginning one feels out of control, right?”

“Mental health is more coordinated, my doctors are communicating with each other.”

“And then they send you this booklet that is totally confusing. And, I gave up. And I don’t like it, but I was like, at their bidding.”

“They really made it better because they ask you all the concerns you have, all the worries that you told them about and they worked on it ASAP.”

## Demonstration by the Numbers

<table>
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<th>Metric</th>
<th>Value</th>
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<tr>
<td>Years MMCO created</td>
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<tr>
<td>Total Medicare-Medicaid beneficiaries</td>
<td>10.7 million</td>
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<tr>
<td>Total enrollment in Feb '16</td>
<td>377,307</td>
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<tr>
<td>States: Capitated model</td>
<td>10</td>
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<tr>
<td>States: Managed Fee-for-Service</td>
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<tr>
<td>Members with a completed assessment in 90 days of enrollment</td>
<td>79%</td>
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*Massachusetts, California, Illinois, Ohio, Virginia, Michigan, Texas, South Carolina, New York and Rhode Island.
**Washington and Colorado
Enrollment in Five States

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<th>State</th>
<th>Enrolled in Demo</th>
<th>Total Eligible for Demo</th>
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<tr>
<td>California</td>
<td>127,349</td>
<td>424,000</td>
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<td>Ohio</td>
<td>62,112</td>
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<td>Massachusetts</td>
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<td>90,240</td>
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Enrolled in demo compared to total eligible

ENROLLMENT CHANGES OVER 1 YEAR

Enrollment: March 2015 vs. March 2016

- **California**
  - 15-Mar: 127,349 (0% change)
  - 16-Mar: 133,407 (4.7% increase)
- **Massachusetts**
  - 15-Mar: 12,6
  - 16-Mar: 17,622 (45.1% increase)
- **Ohio**
  - 15-Mar: 62,112
  - 16-Mar: 66,826 (7.7% increase)
- **Illinois**
  - 15-Mar: 49,171
  - 16-Mar: 63,575 (29.3% increase)
- **Virginia**
  - 15-Mar: 28,249
  - 16-Mar: 27,029 (0.7% decrease)

Numbers from the Integrated Care Resource Center:
Based on numbers from Integrated Care Resource Center: [http://www.chcs.org/media/ICRC-MMP-Enroll-by-State-February-2016.pdf](http://www.chcs.org/media/ICRC-MMP-Enroll-by-State-February-2016.pdf). Enrollment numbers from a plan that dropped out during the time period (Health Alliance Medical in IL) and from a plan actively passively enrolling (Cal Optima in CA) not included for December ‘15 or February ‘16.
Aligning the financing of Medicare and Medicaid programs to integrate services and supports for dual eligible beneficiaries:

“requires an unprecedented effort to integrate and adapt systems, policies, and procedures that govern the administration and management of these distinct and complex programs.”

-RTI Evaluation Report
RTI EVALUATION

• First multi-state evaluation.

• Explores first 6 months of operation in early demonstration states.

• A separate evaluation explores Washington State’s demonstration.

• Analysis from focus groups, interviews, site visits, and claims data.


6 JUSTICE IN AGING LESSONS FROM EVALUATION:

Integration takes time

New collaboration between agencies

Test IT before enrollment

Provider outreach is critical

Care coordination requires workforce prep

Passive enrollment is challenging

SYSTEMS INTEGRATION REQUIRES TIME AND RESOURCES

• States reported an increased knowledge of Medicare rules and policies would have helped with integration.

• States did not anticipate large amount of time and resources need to align Medicare and Medicaid policies, systems, and procedures.

• MMPs reported delivery of LTSS was an entirely new function for them.

• Similarly, LTSS providers reported they did not have prior experience working with managed care.

NEW COLLABORATION AND OVERSIGHT ENTITIES HELP FOSTER PROGRAM ALIGNMENT

- MMPs demonstrated new levels of cooperation, and MMP and LTSS provider workgroups were formed to streamline integration.

- Newly formed Contract Management Teams played an important role in joint oversight of MMP performance.

- Stakeholders highlighted the importance of the ombudsman programs, and there is widespread expectation that ombuds programs will play a critical role in the demonstration.

PASSIVE ENROLLMENT PROCESS PRESENTS COMMUNICATION CHALLENGES

• States enrolled fewer beneficiaries than originally anticipated, due to a combination of higher opt-out rates, MMPs dropping out, and lack of good beneficiary contact information.

• Utilizing passive enrollment meant that beneficiaries received many different sets of notices from different entities.

• Beneficiaries received overlapping and conflicting notices leading to increased confusion.

• Beneficiary testing of materials and sharing notices with stakeholder workgroups helped improve notices.

WASHINGTON STATE DEMONSTRATION SHOWS PROMISE

• Managed Fee-For-Service demonstration: Targets high-cost, high-risk fee-for-service dual eligible individual and offers them intensive care coordination through a health home model.

• Health homes provide enhanced primary, acute, behavioral and LTSS integration by bridging the existing delivery systems.


• **Significant Medicare savings:** “In total, the savings for the first demonstration period were **$21.6 million,**” representing over 6% savings.

  RTI Report, pp. 14-15:  
CHALLENGES: IMPROVING CARE FOR DUAL ELIGIBLES
BALANCE BILLING PROTECTIONS

• MMCO extensive outreach to providers and aging network reminding of balance billing protections.

• Draft Medicare Call Letter included balance billing protections.

• Medicare Learning Network re-emphasizes prohibition against balance billing dual eligibles:

“All Medicare and Medicaid payments you receive for furnishing services to a QMB individual are considered payment in full. You are subject to sanctions if you bill a QMB individual for amounts above the sum total of all Medicare and Medicaid payments (even when Medicaid pays nothing).”

Justice in Aging Balance Billing Toolkit:
DURABLE MEDICAL EQUIPMENT (DME)

• Dual eligible individuals regularly fall into an access gap while waiting for Medicaid to approve a needed DME item.

• In response to Ohio consumer survey, state recently created a new measurement to encourage MCOs to reduce time it takes to approve DME request.

• Recent Medicaid home health rule clarifies Medicaid DME coverage:
  • “State Medicaid coverage of equipment and appliances is not restricted to the items covered as durable medical equipment in the Medicare program.” 42 CFR §440.70 (b)(3)(ii).

Please share other state promising practices or challenges with Justice in Aging.
TRANSPORTATION

• Long standing problems with transportation, amplified in the demonstrations:

  • Authorization process is difficult.
  
  • Transportation not arriving timely or at all.
  
  • Quality of transportation is poor:
    • curb to curb instead of door to door,
    • cabs or other vehicles that are not accessible.
OPPORTUNITIES:
OTHER DUAL ELIGIBLE INITIATIVES
PRESIDENT’S BUDGET PROPOSES MSP IMPROVEMENTS

• Aligning Medicare Savings Programs and Part D Low Income Subsidy.

• Retroactive coverage of Part D newly eligible low-income beneficiaries.

• Federal/State coordinated review of Dual Eligible Special Need Plan marketing materials.

• Integrated appeals process for dual eligibles.

More info: http://bit.ly/1X0IEyM.
STATES TAKE ACTION TO IMPROVE MSP

- Recent Oregon elimination of the asset limit for Medicare Savings Program.

- CMS reiterated state flexibility to eliminate asset test or disregard specific amounts of income or categories of assets:
  
  - “States may use the flexibility authorized under Section 1902(r)(2) to set an overall asset limit at any level above the federal floor, or to disregard all assets.”

MMCO INITIATIVE REDUCES AVOIDABLE HOSPITALIZATIONS

• MMCO launched three year initiative to test ways to reduce avoidable hospitalizations among long-stay nursing facility residents.

• MMCO recently released evaluation report with promising results:
  • All seven test sites showed reductions in Medicare expenditures relative to comparison group.
  • All sites generally demonstrated a decline in all-cause hospitalizations and avoidable hospitalization.

• New phase will start in fall 2016, with 6 awardees participating.
MMCO DEVELOPING QUALITY RATING STRATEGY

• MMCO is developing a quality rating strategy for Medicare-Medicaid Plans (MMPs).

• First effort at the federal level to develop a comprehensive rating system that incorporates managed long-term services and supports (MLTSS).

• MMCO will share interim quality information in 2016 until the agency develops a rating system for overall quality measures.

MMCO Quality Ratings Strategy, http://go.cms.gov/1Vc4bFO.
MEDICARE DISPARITIES MAPPING TOOL

To zoom in on a region, move your cursor over the region of interest and scroll your mouse wheel (scroll-up). To zoom back out, scroll-down. Chrome is recommended.

Emergency Department Visit Rate (per 1,000 beneficiaries, per year)

- < 0
- 0 to 217
- 217 to 364
- 364 to 480
- 480 to 636
- 636+
MONTHLY UPDATES OF DUAL ELIGIBLE COUNTY ENROLLMENT SNAPSHOTS

State-Level Dual Status Codes, June 2015

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<tr>
<th>State of Beneficiary</th>
<th>Qualified Medicare Beneficiaries (QMB)-only</th>
<th>QMB plus Full Medicaid Benefits</th>
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<th>SLMB plus Full Medicaid Benefits</th>
<th>Qualifying Individuals (QI)</th>
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More info: County Enrollment Snapshot: [https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html](https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html).
Thank you!

Questions?

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