

# JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

## Centering Equity for Dually Eligible Individuals During COVID-19

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# JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ individuals, and people with limited English proficiency.

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# To achieve Justice in Aging, we must:

- Acknowledge systemic racism and discrimination
- Address the enduring negative effects of racism and differential treatment
- Promote access and equity in economic security, health care, and the courts for our nation's low-income older adults
- Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, economic class

# Today's Agenda

- Introduction to Dual-Eligible Individuals
- COVID-19 Disparities
- Opportunities for Health Plans Serving Dual-Eligible Individuals
- Q&A



# Intro to Dual-Eligible Individuals

# Poll: In what capacity do you work with dual-eligible individuals?

- Direct service
- Legal services
- Policy advocacy
- Health care provider or plan
- Other

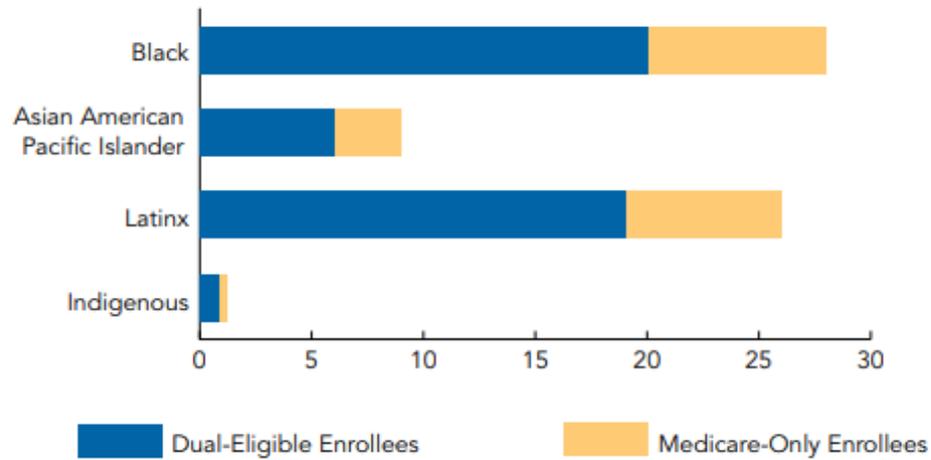
# Who Are Dual-Eligible Enrollees?

- 12+ million older adults and people with disabilities receive Medicare and Medicaid.
- Medicare enrollees of color more likely to be dually enrolled in Medicaid.

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## Medicare Enrollees by Race & Eligibility for Medicaid

Source: Data Analysis  
Brief: Medicare-Medicaid  
Dual Enrollment, CMS  
Medicare-Medicaid  
Coordination Office.



# Dually Eligible Individuals Have Higher Needs

- 3 times as likely as Medicare-only enrollees to report being in “poor health”
- Almost 1/2 receive LTSS
- Higher prevalence of conditions giving rise to COVID-19 than Medicare-only
  - Cardiovascular disease
  - Diabetes
  - Chronic kidney disease
  - Chronic lung disease



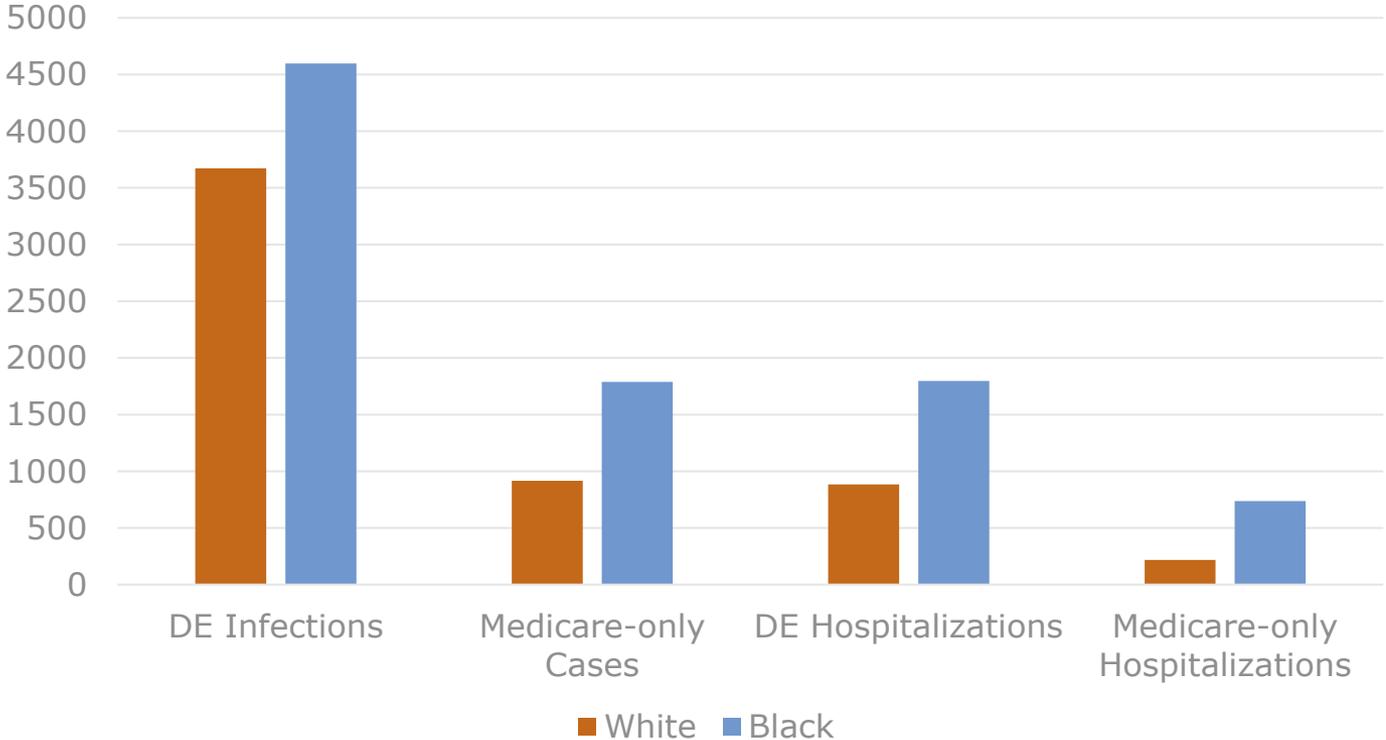
# COVID-19 Disparities

# Staggering Disparities

- Starting in June, CMS began releasing data on the impact of COVID-19 on Medicare enrollees, including dual-eligible individuals.
- Dual-eligible individuals are almost 4 times as likely to contract COVID-19 as Medicare-only enrollees, almost 4.5 times as likely to be hospitalized.
- Medicare enrollees of color experience higher rates of COVID-19 hospitalization than white Medicare enrollees.

# Black Medicare Enrollees Hardest Hit

- Black dual-eligible (DE) individuals are 1.25 times as likely to contract COVID-19 & 2+ times as likely to be hospitalized from COVID-19 as white dual-eligible individuals.



# Other Disparities

- Individuals with ESRD are 6+ times as likely to contract and 11+ times as likely to be hospitalized from COVID-19 as Medicare-only enrollees.
- Condition prevalence among hospitalizations:
  - High Blood Pressure (80%)
  - High Cholesterol (62%)
  - Diabetes (51%)
  - Chronic kidney disease (52%)

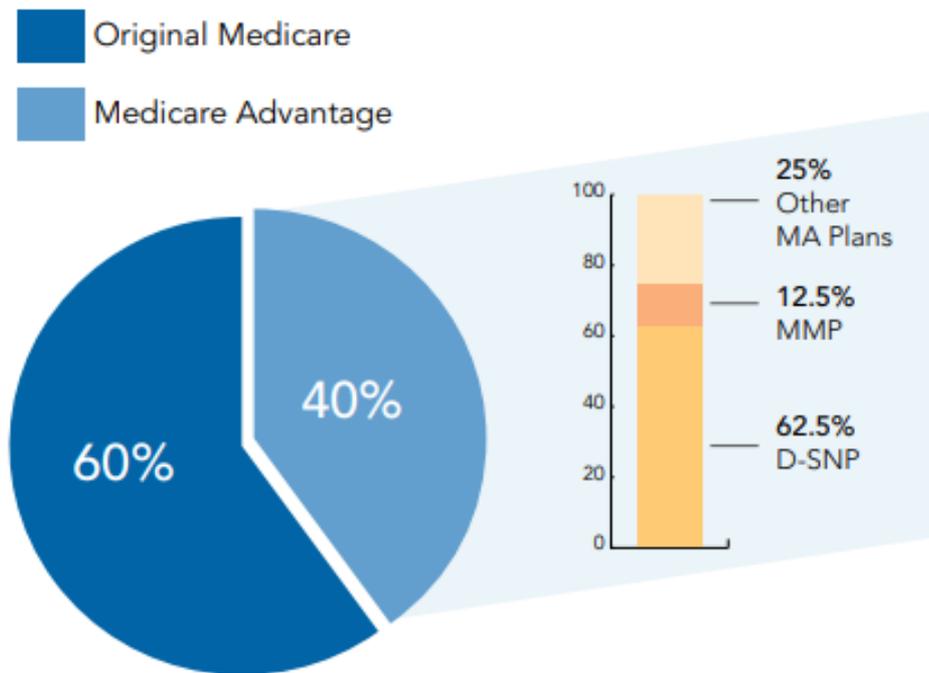


# Opportunities for Health Plans

# Types of Plans Serving Dual-Eligible Enrollees

## Dual-Eligible Enrollees in Medicare Advantage Plans

Source: *A Data Book: Health Care Spending and the Medicare Program, MedPAC, and Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, August 2019 to August 2020*, Integrated Care Resource Center.



# Integrated and Coordinated Plans

- MMPs, D-SNPs, and PACE plans are required to provide some care coordination for members.
- Care coordination is generally a valuable service, but particularly during the COVID-19 pandemic.
- Plans must take additional steps to mitigate the staggering COVID-19 disparities.

# 1. Center People of Color in Outreach Efforts

- Use available data to better target outreach to people of color and assess unmet need
- Needs likely unmet while sheltering in place
- Can focus on specific chronic conditions, like dementia
- Ensure outreach is culturally competent, leverage relationships with CBOs

## 2. Prioritize Diversion for Individuals Who Can Safely Live at Home

- Higher risk of COVID-19 in congregate settings
- Research showing older adults of color are admitted to NFs at higher rates than growth in population and receive lower care
- Focus on transitioning residents out with proper supports and drawing on existing programs and demonstrations.

# 3. Support Caregivers

- Outreach to caregivers to ensure they have PPE and understand infection control practices
- Focusing on caregiving supports women of color
- Create temporary care plans and modify existing ones to reflect possible changes to caregiving needs during the pandemic

# 4. Educate About COVID-19

- Ongoing outreach to all members to provide targeted education about how to minimize COVID-19 infection
- Focus on communities with high transmission and higher numbers of individuals in essential frontline jobs
- Include information about testing and make similar efforts when a vaccination is available

## 5. Ensure Access to COVID-19 Testing and Care

- Consider how to test members sheltering in place or who lack transportation to testing
- Specific challenges for LEP older adults and those in rural communities
- Reminders about transportation benefits
- Develop protocols post-testing if infection is confirmed

## 6. Educate on COVID-19 Flexibilities and Continuing Routine Care

- Utilize as many COVID-19 flexibilities as possible
- Inform members about them
  - 90-day refills
  - Mail order and pharmacy delivery services
  - Telehealth
- Ongoing education about routine and non-COVID-19, targeting older adults of color

# 7. Ensure Equitable Access to Telehealth

- April 2020 AARP survey shows racial disparities in familiarity with telehealth
- Ensure telehealth is accessible to older adults of color, esp. those without broadband or consistent phone access or who experience other barriers
- Ensure LEP members are aware of telehealth and interpretation capabilities, setting up interpretation affirmatively without making the member request

## 8. Improve COVID-19 Data Collection & Analysis

- Collect data on COVID-19 testing, infection, hospitalization, and deaths along race, ethnicity, sex, gender identity, sexual orientation, preferred language, disability, and service delivery setting
- CMS must continue to update and publish COVID-19 Medicare claims data monthly and expand what is reported

Poll: When working with dually eligible individuals, what are the most frequent unmet needs you encounter?

# Case Study: Jodi

- 72 year old Black woman enrolled in HealthyPro D-SNP with high blood pressure
- Sheltering in place since March
- Starting to feel depressed and socially isolated
- Refused her paid caregiver through Medicaid, resulting in additional work from family supports
- Mary, her niece, tested positive last week. Jodi does not know where she can get a COVID-19 test or if it is covered

# Case Study: Lu

- 80 year old Vietnamese speaking LEP man enrolled in SupremePlus MMP
- Was visiting his grandson out-of-state and experienced a fall, hurting his knee. Now has to stay longer with his grandson than planned
- Grandson tells him about telehealth, but Lu does not have a laptop or smartphone
- Running out of his Part D drugs and does not know how to access more

# Additional Resources

- [Issue Brief](#)
- [Medicare COVID-19 Data](#) (updated 10/2)

# Questions?

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