ICRC | Integrated Care Resource Center

State Strategies for Encouraging Enrollment in Integrated Care Programs

August 24, 2023

1:30-3:00 pm Eastern Time

The Integrated Care Resource Center, an initiative of the Centers for Medicare & Medicaid Services' Medicare-Medicaid Coordination Office, provides technical assistance for states coordinated by Mathematica and the Center for Health Care Strategies.

Logistics

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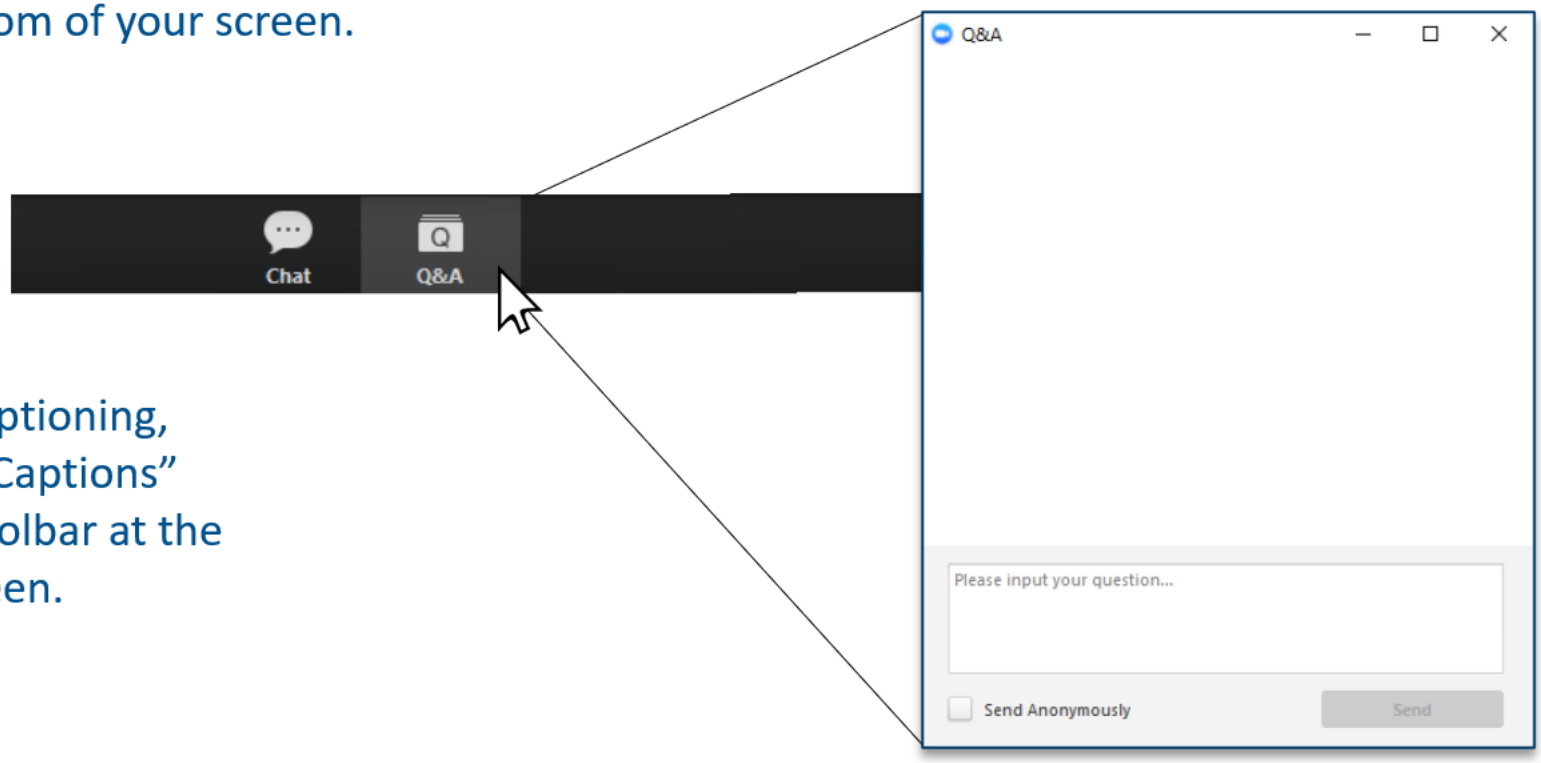

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Webinar Series

This webinar is part of a series of 2023 ICRC webinars on steps that states can take to promote integration of Medicare and Medicaid benefits for dually eligible individuals through integrated care programs, particularly programs that leverage Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs).

Previous webinars in this series include:

- Selectively Contracting with Medicare Advantage D-SNPs to Promote Alignment with Medicaid Managed Care Plans (February 2023)
- Leveraging the D-SNP Model of Care to Enhance Enrollee Care Coordination (April 2023)
- Using Exclusively Aligned Enrollment to Integrate Medicare and Medicaid Benefits for Dually Eligible Individuals (June 2023)

Agenda

- Overview and benefits of integrated care programs
- Opportunities and methods for communicating the value of integrated care to dually eligible individuals
- Ways that states can collaborate with trusted partners to conduct outreach and education
- State policy options that promote enrollment in integrated care programs
- Additional factors affecting integrated care enrollment
- Questions and answers

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Background

What Are Integrated Care Programs?

Fully and Highly Integrated Dual Eligible Special Needs Plans (FIDE SNPs/HIDE SNPs)	Applicable Integrated Plans (AIPs)	Medicare-Medicaid Plans (MMPs)	Program of All-Inclusive Care for the Elderly (PACE)
• A FIDE or HIDE SNP must cover Medicaid behavioral health and/or long-term services and supports (LTSS) either through the D-SNP or through an affiliated Medicaid managed care plan offered by the same parent company as the D-SNP. • FIDE SNPs must cover Medicaid primary and acute care services and LTSS, including at least 180 days of nursing facility coverage.	• To qualify, a D-SNP must be either a: 1) FIDE SNP or HIDE SNP with exclusively aligned enrollment; or 2) Coordination-only D-SNP with exclusively aligned enrollment that covers Medicaid primary and acute care benefits, Medicare cost-sharing, and at least one of the following additional Medicaid benefits: home health services; medical supplies, equipment, and appliances; or nursing facility services.	• Through demonstrations under the Financial Alignment Initiative, MMPs provide fully integrated Medicare and Medicaid services to full-benefit dually eligible enrollees, including primary and acute care, behavioral health, and LTSS.	• PACE organizations deliver fully integrated Medicare and Medicaid services, including primary, acute care, behavioral health, and LTSS to individuals age 55 and over who are eligible for nursing home care but live in the community.

For more information about D-SNP types, see Weir Lakhmani, E. "Definitions of Different Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) Types in 2023 and 2025." Integrated Care Resource Center. Updated June 2023. Available at: https://www.integratedcareresourcecenter.com/resource/definitions-different-medicare-advantage-dual-eligible-special-needs-plan-d-snp-types-2023

What Do Dually Eligible Individuals Find Valuable About Integrated Care?

- Enhanced care coordination
- Single ID card and set of Medicare/Medicaid informational materials
- Single customer service line and one health plan
- Simplified administrative processes
- Expanded benefits

Sources: 1) Lipson, Debra, et al. "The Complex Art of Making It Simple: Factors Affecting Enrollment in Integrated Care Demonstrations for Dually Eligible Beneficiaries." Medicaid and CHIP Payment and Access Commission. December 2018. Available at: https://www.macpac.gov/publication/the-complex-art-of-making-it-simple-factors-affecting-enrollment-in-integrated-care-demonstrations-for-dually-eligible-beneficiaries/; 2) Mathematica interviews with dually eligible individuals in one state; results not yet published; and 3) Graham, Carrie, et al. "Integration of Medicare and Medicaid for Dually Eligible Beneficiaries: A Focus Group Study Examining Beneficiaries' Early Experiences in California's Dual Financial Alignment Demonstration." *Disabil Health J.* 2018 Jan;11(1):130-138

Medicare Enrollment: Beneficiary Choice

- Federal law gives Medicare beneficiaries **the right to choose** Medicare coverage type[1]
- States **cannot** mandate enrollment in particular types of Medicare coverage arrangements
- States have **opportunities to encourage beneficiary enrollment** in integrated care programs through:
    - Education
    - Policy

[1] Medicare (Title XVIII) statute, Social Security Act, section 1802 (42 USC §1395a)

Opportunities to Communicate the Value of Integrated Care Programs

Broad Public Information Campaigns

Why

- Broad public information campaigns can reach large populations of dually eligible individuals. These campaigns can help inform dually eligible individuals of upcoming changes to an integrated care program, remind them of available integrated care options, or remind them that they do not need to act during open enrollment if they would like to remain enrolled in an integrated care program.

When

- Annual Medicare open enrollment period
- Annual Medicaid open enrollment period or other opportunities during which dually eligible individuals in the state may choose a new Medicaid managed care plan
- Award of new Medicaid managed care and/or D-SNP contracts
- Launch, expansion, or transition of integrated care programs

Individual Beneficiary Outreach

Why

- Individual beneficiary outreach provides states the opportunity to notify specific individuals about their options for enrollment in integrated care programs.

When

- Become newly dually eligible
  - Already have Medicare coverage and become eligible for Medicaid
  - Already have Medicaid coverage and become eligible for Medicare
- Experience Medicaid managed care initial enrollment or annual open enrollment periods
- Have a change in residence or Medicaid eligibility category that makes them newly eligible for an integrated care program (or new/different integrated care plans/entities)

Example Individual Outreach: Idaho

- Idaho encourages enrollment in its Medicare Medicaid Coordinated Plan through a **state, auto-generated letter** when an existing Medicaid beneficiary ages into or otherwise enrolls in Medicare
- This letter notifies beneficiaries of **two program options** that serve dually eligible individuals: 1) the Medicare Medicaid Coordinated Plan, with emphasis on this option offering fully integrated Medicare and Medicaid benefits through a single plan; and 2) the Idaho Medicaid Plus Program, which only covers Medicaid benefits
- Beneficiaries are given **instructions on how to enroll** in a Medicare Medicaid Coordinated Plan
- The state also distributes a **Program Options Worksheet** as a guided exercise for beneficiaries to make informed decisions about their enrollment and program options

To learn more about Idaho's Medicare Medicaid Coordinated Plan and review the Program Options Worksheet, see https://healthandwelfare.idaho.gov/services-programs/medicaid-health/medicaidmedicare-participants

Key Takeaways

- Beneficiaries have many options when deciding how to receive Medicare coverage
- Integrated care programs bring value and benefits that beneficiaries would otherwise not receive in other coverage options
- States have opportunities to educate beneficiaries about integrated care programs at key decision points through broad and individual outreach

Methods to Communicate the Value of Integrated Care Programs

Beneficiary Perspective

"Why would this plan/program be better than what I have now?"

"Will I be able to keep seeing my current doctors and other health care providers?"

"How will I get my prescription drugs?"

"What will I have to pay/will there be any costs?"

"What will *not* change if I enroll in this integrated care plan?

"Can I stay with the same plan I have now?"

"Do I have choices for my coverage?"

"Where do I go with more questions?"

Methods of Communication

States can use several different **communication methods** to support dually eligible individuals in understanding enrollment options and the value of integrated arrangements. Examples include:

Sending letters

Conducting community outreach

Collaborating with trusted partners

Letters

- States may send letters to those who become dually eligible *and* those who are already dually eligible to inform them of their **changing coverage options** and/or **the value of integrated enrollment options**
- **When developing letters and supporting communication materials, states may wish to:**
  - Use plain language and a clear, accessible, and reader-friendly layout
  - Avoid unnecessary jargon and acronyms
    - For example, a Mathematica study found that dually eligible individuals often do not know what "D-SNPs" are
  - Consider the needs of individuals with limited English proficiency, individuals with disabilities, and those with limited technological proficiency[1]
  - Translate letters into threshold languages in different geographic areas

[1] To learn more about how to meet communication accessibility requirements, see "Resources To Help Health Plans Meet Communication Accessibility Requirements and Population Needs." Resources for Integrated Care. May 2023. Available at: https://www.resourcesforintegratedcare.com/resources-to-help-health-plans-meet-communication-accessibility-requirements-and-population-needs/

Letters, *cont.*

- **When developing letters and other communication materials, states may wish to:**
  - Tailor letters to align with specific beneficiaries' options (for example, by showing specific plans available by county, if appropriate)
  - Highlight key considerations from a beneficiary perspective, such as noting whether a new enrollment option will change access to preferred providers and services
  - Incorporate concrete examples of integrated care plan benefits
    - For example, noting that care coordinators will "help you make appointments with doctors and specialists, set up transportation, and understanding and accessing your plan benefits" is much clearer than simply saying that plans will "provide care coordination services"
  - Test language with dually eligible individuals and/or obtain feedback from beneficiary advocates and enrollment assisters

Components of Beneficiary Letters and FAQs

- Value of integration
- How the integrated program is different from other coverage options
- How to make an enrollment decision
- Coverage/plan options
- Covered services
- How to get more information
- How to find out if your providers are covered
- When you can enroll/change plans

Example: California's 90-Day Transition Notice Letter

- "You will keep all of your Medicare and Medi-Cal benefits."
- "You will not have a gap in your coverage."
- "You won't pay a premium, or pay for doctor visits or other medical care if you go to a provider that works with our health plan."
- As applicable, health plans insert one of the following:
  - "You can keep your primary care physician (PCP) for your health care needs with <EAE D-SNP plan-specific name>."
  - "Your primary care physician (PCP), [name of PCP], is not in our network in 2023. You may be able to keep your PCP for up to 12 months. [EAE D-SNP plan-specific branding name] can help you find a new PCP you like if your PCP does not join our network. To get help, call <EAE D-SNP Customer Service Number>."

For a copy of the 90-day notice letter, see https://www.dhcs.ca.gov/provgovpart/Pages/Cal-MediConnect-to-D-SNP-Transition.aspx

Example: Virginia's Beneficiary FAQ About Medicare and D-SNPs

"Why should I enroll in a D-SNP?

Navigating Medicare and Medicaid can be confusing and result in unnecessary gaps in your health care. By coordinating Medicare and Medicaid benefits, D-SNPs can **make it simpler for members to navigate the health care system**. This is especially important for individuals with multiple chronic health care conditions. D-SNPs are required to cover all of the services you receive through traditional Medicaid and other Medicaid Advantage plans. **D-SNPs also provide care coordination to assist members in navigating, coordinating, and accessing needed services.** Additionally, people that enroll in a D-SNP often qualify for **zero or low cost sharing (co-pays, premiums, and deductibles)."**

To review Virginia's FAQ for dually eligible individuals, see https://www.dmas.virginia.gov/for-members/managed-care-programs/ccc-plus/special-populations/

Example: Virginia's Beneficiary FAQ About Medicare and D-SNPs, *cont.*

"Should I align my D-SNP enrollment with my Medicaid plan?

In most Virginia localities, dual eligible members are able to enroll in the same health plan for Medicare and Medicaid. This is called "aligned enrollment."

Aligned enrollment often provides:

- **One plan that coordinates all care.**
- **Some integrated member materials.**
- **A comprehensive provider network.**
- **Timely coordination of care.**
- **Reduced confusion for members and providers.**
- **Easier access to specialists who are contracted with both Medicare and Medicaid.**
- **Better health outcomes.**

Individuals that have aligned their enrollment report greater satisfaction with their health care and improved health outcomes.

If you are interested in aligning your enrollment, you can call your CCC Plus plan member services telephone number (on the back of your member ID card) and tell them that you wish to enroll in their dual eligible needs plan (D-SNP). Or, you can call your D-SNP plan member services telephone number (on the back of your ID card), or use the contact information for your D-SNP provided below, and ask them about enrolling in their CCC Plus plan."

To review Virginia's FAQ for dually eligible individuals, see https://www.dmas.virginia.gov/for-members/managed-care-programs/ccc-plus/special-populations/

Limitations of Formal Notice Letters

- While letters may be an important communication tool, mailed notices **will not reach all dually eligible individuals** due to incorrect addresses
- Dually eligible individuals have reported **not fully understanding** information or being **overwhelmed** by a high volume of mailed communications

Conducting Community Outreach

Town hall forums that are held in accessible locations and at convenient times for beneficiaries, offer participation by phone or video, and provide interpreters or Text Telephone to support beneficiary participation

Websites, print, television, and radio advertising to broadly raise awareness of integrated enrollment options and benefits

Flyers, brochures, and other educational materials to be posted or shared at community settings frequently visited by dually eligible individuals

Collaborating With Trusted Partners

Enrollment Brokers

- States can create call scripts for Medicaid managed care program enrollment brokers that ensure that these brokers educate dually eligible individuals about integrated care programs options, address frequently asked questions about the programs, and describe the value of integrated care plans

State Health Insurance Assistance Programs (SHIPs) Counselors

- States can collaborate with, train, and support SHIP counselors and hold multi-county and/or county-specific meetings with them to ensure that these counselors are equipped to educate dually eligible individuals about integrated care plan options and get feedback from them about dually eligible individuals' experiences with integrated care plans and the enrollment process

Aging and Disability Resource Centers (ADRCs)

- States can share information with ADRCs to help communicate the value of integrated care plans to the dually eligible individuals they serve

Collaborating With Trusted Partners, *cont.*

Beneficiary Advocacy Groups and Ombuds Programs

- Sharing information with beneficiary advocacy groups (for example, Disability Rights Coalitions and Centers for Independent Living) and Ombuds programs can also help to reach beneficiaries and communicate the value of integrated care plan enrollment
- Beneficiary advocacy groups may often play important roles in influencing the opinions of dually eligible individuals who interact with them, and Ombuds staff assist with complaints about long-term care and/or managed care programs, so it is important for them to understand the integrated care programs in their service areas

Senior Medicare Patrol

- States can work with Senior Medicare Patrol programs to detect egregious marketing practices by Medicare Advantage plan agents or brokers (including agents representing integrated care plans or non-integrated plans that may be steering dually eligible individuals away from integrated care plans), as these programs assist Medicare beneficiaries (including dually eligible individuals) with Medicare fraud, waste, and abuse complaints

Collaborating With Trusted Partners, *cont.*

Providers and Provider Associations

- Providers can be key partners in communicating the potential benefits of integrated care enrollment to patients and clients, especially physicians and home- and community-based services (HCBS) providers
- Provider groups include, but are not limited to, nursing facilities, assisted living providers, home health agencies and associations, adult day health providers, direct care worker unions, mental health providers, certified community behavioral health clinics, durable medical equipment providers, Federally Qualified Health Centers (FQHCs), and other provider associations

Other Community-Based Organizations (CBOs)

- States can collaborate with Area Agencies on Aging (AAAs), faith-based groups, and cultural/ethnic CBOs to reach diverse populations and build trust in health plans' credibility and the value of integrated care

Source: Lipson, Debra, et al. "The Complex Art of Making It Simple: Factors Affecting Enrollment in Integrated Care Demonstrations for Dually Eligible Beneficiaries." Medicaid and CHIP Payment and Access Commission. December 2018. Available at: https://www.macpac.gov/publication/the-complex-art-of-making-it-simple-factors-affecting-enrollment-in-integrated-care-demonstrations-for-dually-eligible-beneficiaries/

Steps to Developing a Communication Plan

- **Define the target audiences:** Dually eligible individuals, providers, community-based organizations, state enrollment broker, state counseling agency (SHIP), etc.
- **Identify key messages.** What are the messages you want to get across to encourage enrollment? What do dually eligible individuals in your state find valuable about enrolling in an integrated care program? (see slide 8)
  - Get state-specific information by collecting feedback from dually eligible individuals in integrated care plans and organizations that serve them (for example, SHIP counselors and other enrollment assisters, beneficiary advocacy organizations, disability rights organizations, etc.)
- **Establish timing.** When should beneficiaries be informed of integrated care options? They need sufficient time and information to help them make informed decisions.
- **Secure resources.** What resources are needed to implement communications strategies?

Centers for Disease Control and Prevention. "Health Communication PLAYBOOK: Resources to Help You Create Effective Materials." 2018. Available at: https://www.cdc.gov/nceh/clearwriting/docs/health-comm-playbook-508.pdf

Example: Indiana's MLTSS Communication Plan

- **Development of beneficiary and provider go-live communication plans**
- **Methods of communication**
  - Provider-facing and public-facing website, as well as a data dashboard
  - Beneficiary go-live notices
  - FAQ for beneficiaries, providers, stakeholders, and managed care entities
  - Model call scripting for beneficiary outreach
  - Interactive Voice Response messaging
  - Leveraging social media platforms
  - Media buys
  - Easy-to-use communication toolkit that anyone can download from the state website
- **Unified message, engagement, and training**
  - Developing a communication guide that will be used by managed care entities to promote a unified message
  - AAA engagement and training on the program
  - Stakeholder engagement and training on the program

Example: Indiana's MLTSS Communication Plan, *cont.*

- Indiana's incorporation of dually eligible individuals' perspective in its MLTSS communication plan provided helpful lessons, including:
  - **Identify and leverage key partners for messaging and strategy.** Indiana's Medicaid agency staff saw that the state's SHIP counselors have a deep understanding of the dominant presumptions and attitudes that dually eligible individuals have toward Medicare and Medicaid across the state. Additionally, these counselors know where individuals are more difficult to reach. Indiana began holding monthly meetings with SHIP leadership to begin to build trust and awareness of the state's MLTSS/integration efforts. The state engaged SHIP in reviewing specific communications such as letters to dually eligible individuals. Early outreach to the SHIP gave the state invaluable perspective on beneficiary outreach and effective strategies and considerations in messaging
  - **Simplify messaging and education as much as possible while still being effective and accurate.** State staff learned that no beneficiary really identifies themself as "dually eligible" nor do they often distinguish between Medicare and Medicaid coverage—beneficiaries often view it as simply their health care. It is important for states to realize the way they talk about Medicare/Medicaid integration and dual eligibility is not necessarily as relevant to how to best communicate these ideas and benefits to beneficiaries

Example: Idaho's Outreach Method

- When Idaho implemented its Medicare Medicaid Coordinated Plan program, the state found that the most effective method of reaching dually eligible individuals was through **town hall meetings**
- Additionally, Idaho learned a few ways to **boost engagement**:
  - Mailers that were **postcards** increased reach (instead of folded letters or fliers in an envelope)
  - Mailers that used the **department/state logo** improved engagement more than the managed care plan logos/imagery
  - Hosting **meetings at locations already familiar to the public** (for example, library, local high school gym, hospital conference rooms)
  - Having late **afternoon/evening town hall options** was critical as many dually eligible individuals relied on family members for transportation

Key Takeaways

- **Provide multiple opportunities for dually eligible individuals to learn about integrated care programs.** Use a variety of methods to communicate clear, consistent messages and ensure that materials are accessible to people with disabilities and those with limited English proficiency
- **Develop messages highlighting the features of integrated care that dually eligible individuals value.** Examples may include the ability to continue seeing preferred providers (when applicable), access to extra benefits they cannot get through their current coverage, $0 cost sharing, and a single member ID card/getting all benefits through a single plan
- **Partner with trusted sources of information.** People may be more likely to enroll in an integrated care program if they believe the source of information is objective, knowledgeable about the subject, trustworthy, and wants the best for them

Policy Options That Promote Enrollment in Integrated Care Programs

Option 1: State Authorities to Mandate Medicaid Managed Care Enrollment

States can mandate enrollment of dually eligible individuals into Medicaid managed care plans, which can help to facilitate aligned enrollment in D-SNPs and affiliated Medicaid managed care plans if the state educates these individuals about their option to: (1) enroll in a plan for coverage of *just* Medicaid benefits or (2) enroll in a plan that covers *both* Medicare and Medicaid benefits in an integrated fashion.

Section 1915(b) Waiver	Section 1115(a) Demonstration
• Allows states to implement mandatory enrollment in managed care with the inclusion of dually eligible individuals.	• Allows states to test experimental projects, including by waiving traditional Medicaid requirements or using innovative payment methods to administer managed care. Allows for mandatory enrollment of dually eligible individuals.

For more information about Medicaid managed care authorities, see Gallo, Haley, et al. "Tips to Help States Select Medicaid Managed Care Authorities as They Design Integrated Care Initiatives for Dually Eligible Individuals." Integrated Care Resource Center. May 2023. Available at: https://www.integratedcareresourcecenter.com/resource/tips-help-states-select-medicaid-managed-care-authorities-they-design-integrated-care

Option 2: Deeming Period

- Deeming occurs when a D-SNP enrollee is given a **limited period of continued enrollment** in a D-SNP following a loss of Medicaid eligibility
  - Applicable for individuals who lose Medicaid eligibility but are expected to regain Medicaid coverage within six months
  - Per CMS guidance, D-SNPs can implement deeming periods for between 30 to 180 days (six months), in 30-day increments
- D-SNPs can elect to offer a deeming period, but states can require a **minimum deeming period** in State Medicaid Agency Contracts
- Deeming can help to **preserve enrollment in integrated D-SNPs** and maintain continuity of care for integrated D-SNP enrollees because it prevents someone who temporarily loses Medicaid eligibility from being automatically disenrolled from the D-SNP and left without the plan's care coordination services as soon as that loss of eligibility takes place
  - During the deeming period, the D-SNP can assist the enrollee with regaining Medicaid eligibility, and thereby remaining in the plan over the longer term

For more information about deeming, see Weir Lakhmani, Erin, et al. "Preventing and Addressing Unnecessary Medicaid Eligibility Churn Among Dually Eligible Individuals: Opportunities for States." Integrated Care Resource Center. March 2022. Available at: https://www.integratedcareresourcecenter.com/resource/preventing-and-addressing-unnecessary-medicaid-eligibility-churn-among-dually-eligible

Option 3: Default Enrollment Into D-SNPs

- Default enrollment allows a Medicare Advantage organization to enroll an individual currently enrolled in an affiliated Medicaid managed care plan into its D-SNP **when the individual becomes Medicare eligible**

- D-SNPs **must receive approval** from CMS and the state to conduct default enrollment and must send eligible individuals a notice that explains their options and rights (including their right to opt out of default enrollment into the D-SNP)

  Tip: *To help retain enrollees, D-SNPs can conduct "welcome calls" to help enrollees better understand their benefits in the first few days of enrollment*

- States must assist D-SNPs by **identifying the individuals enrolled in Medicaid managed care plans** who are becoming eligible for Medicare

- For more information about default enrollment, see ICRC's Default Enrollment Tip Sheet

Sources: 1) Centers for Medicare & Medicaid Services. "Default Enrollment Policy and Data of Approved Medicare Advantage Organizations." March 9, 2022. Available at: https://www.cms.gov/files/document/chart-approved-ma-organizations-default-enrollment-3-9-22.pdf; and 2) Stringer, R. and Kruse, A. "Using Default Enrollment to Align Coverage for Dually Eligible Medicare-Medicaid Beneficiaries." Integrated Care Resource Center. July 2019. Available at: https://www.integratedcareresourcecenter.com/resource/using-default-enrollment-align-coverage-dually-eligible-medicare-medicaid-beneficiaries

Example Default Enrollment: Virginia

- While all D-SNPs must send notices to beneficiaries who will be default enrolled into a D-SNP, **in Virginia, the state also sends a notice to beneficiaries who are eligible for default enrollment (in addition to the D-SNPs' notices)**
  - The state letter is sent 90 days in advance of the default enrollment (prior to the D-SNP's issuance of its notice to the beneficiary, which is issued 60 days in advance of the default enrollment)
- **The state notice is brief (less than 2 pages) and explains:**
  - The beneficiary's eligibility for default enrollment into a D-SNP that is affiliated with their current Medicaid managed care plan
  - Why aligned enrollment in a D-SNP and affiliated Medicaid managed care plan can be beneficial for beneficiaries and providers
  - How to learn more about the D-SNP's benefits, as well as how to get help with understanding and navigating Medicare coverage options from 1-800-MEDICARE or the Virginia SHIP program
- **The state notice also alerts the beneficiary to the fact that they will receive an official default enrollment notice from the D-SNP in a few weeks**

Key Takeaways

- States can mandate enrollment of dually eligible individuals in Medicaid managed care plans, which can help to facilitate aligned enrollment in D-SNPs and their affiliated Medicaid plans if paired with education about the choice between "Medicaid only" managed care or integrated care
- Deeming can prevent an individual from being disenrolled from a D-SNP following a temporary loss of Medicaid eligibility, providing the individual time to regain Medicaid eligibility
- Default enrollment allows a D-SNP to enroll an individual who is already enrolled in its affiliated Medicaid managed care plan when the individual becomes eligible for Medicare

Additional Factors Affecting Integrated Care Enrollment

Market Competition

- In states or regions with a high degree of **Medicare Advantage market competition,** dually eligible individuals may be more likely to disenroll, even from an integrated D-SNP, due to marketing by other Medicare Advantage plans and independent agents and brokers
  - Since dually eligible individuals can **switch plans more frequently** than non-dually eligible individuals, MA plans can market to them throughout the year
- States play an important role in **monitoring marketing by D-SNP look-alike plans** and working with CMS to detect this
  - D-SNP look-alikes experienced rapid enrollment growth among dually eligible individuals between 2013–2020. Nearly a third of dually eligible individuals enrolled in look-alike plans were previously in integrated care programs
  - There are also increasing numbers of 'almost look-alike plans' (>50% and <80% dual eligible enrollment)

Source: Ma, Yanlei, et al., "Rapid Enrollment Growth In 'Look-Alike' Dual-Eligible Special Needs Plans: A Threat To Integrated Care." *Health Affairs* 2023 July; 42(7)

Market Competition, *cont.*

- If a state has reason to believe a plan is engaging in prohibited marketing practices, one option is for the state to partner with the state's Senior Medicare Patrol program, which can assist with understanding, identifying, and reporting these kinds of issues
- Medicare Advantage marketing rules are explained in the Medicare Communications and Marketing Guidelines

Disenrollment From Integrated Care Plans

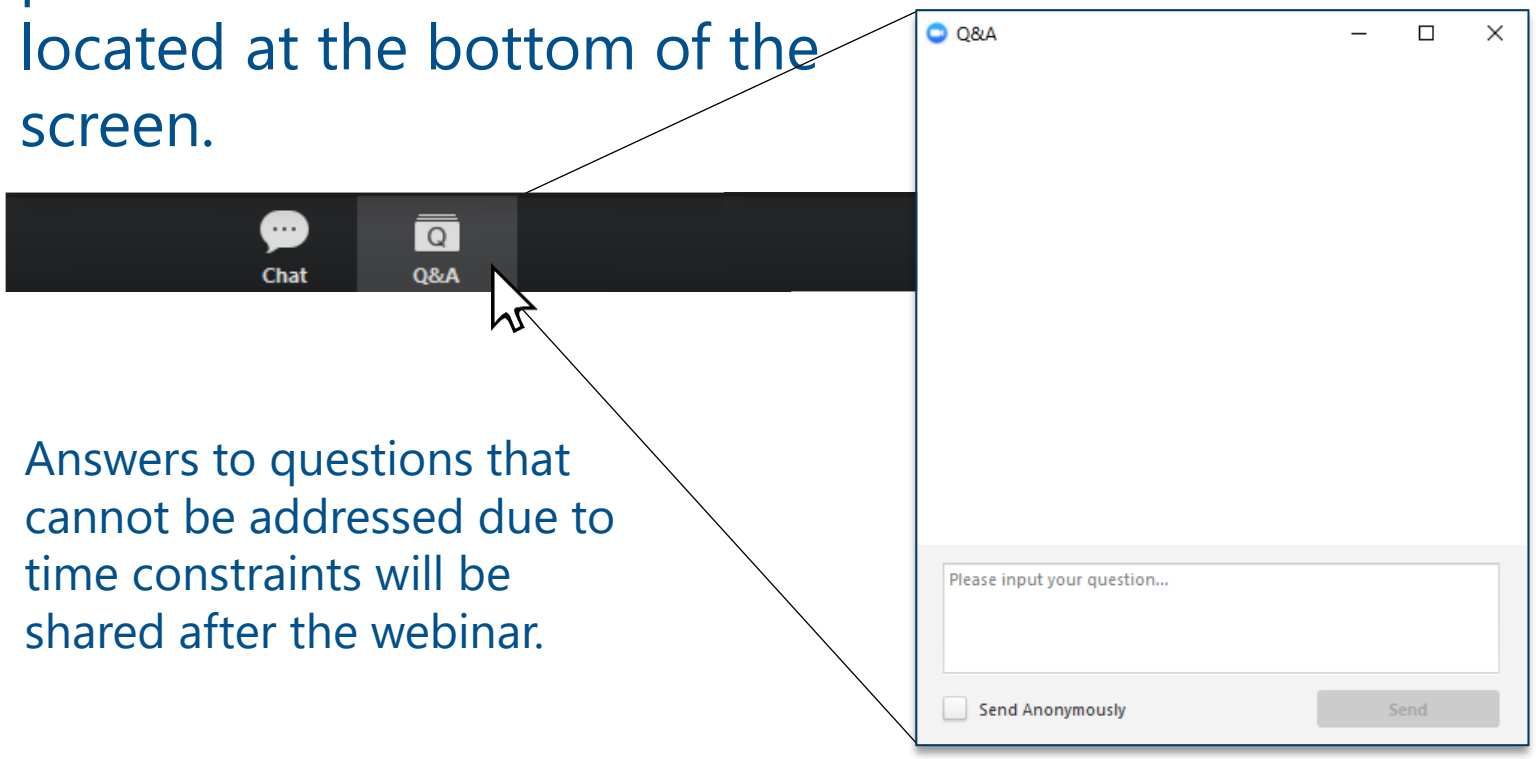
- **Provider network adequacy.** Enrollees may leave to find a specialist if provider networks are not broad enough, or if their provider leaves the plan's network
  - States can add requirements to their State Medicaid Agency Contracts that require D-SNPs to contract with specific provider types (for example, HCBS providers, FQHCs) or providers that can meet cultural and linguistic preferences of dually eligible individuals. States can also require D-SNPs to offer providers single case agreements when it is not possible for a provider to join the D-SNP's provider network
- **Loss of Medicaid eligibility.** Enrollees who lose Medicaid eligibility will have to disenroll from the D-SNP
  - States can require that D-SNPs provide a deeming period to ensure that beneficiaries maintain enrollment as they attempt to regain Medicaid eligibility
- **Medicaid managed care reprocurement.** Enrollees in plans with exclusively aligned enrollment become unaligned if a Medicaid managed care plan loses a contract in a Medicaid reprocurement
  - States may be able to work with CMS to enroll these individuals into another exclusively aligned D-SNP through the passive enrollment authority at 42 CFR 422.60(g)

Key Takeaways

- States can report suspected marketing violations by Medicare Advantage plans to CMS for potential investigation
- States can monitor enrollment trends and identify causes of plan disenrollment
- To promote enrollment in integrated care plans, states can ensure D-SNPs have robust provider networks and require D-SNPs to provide a deeming period

Questions?

To submit a question online, please click the Q&A icon located at the bottom of the screen.



Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.

About ICRC

- Established by CMS to advance integrated care models for dually eligible individuals
- ICRC provides technical assistance (TA) to states, coordinated by Mathematica and the Center for Health Care Strategies
- Visit http://www.integratedcareresourcecenter.com to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges
- Send other ICRC questions to: integratedcareresourcecenter@chcs.org