SNP Alliance
A National Nonprofit Leadership Organization
The National Voice for Special Needs and Medicare-Medicaid Plans

Workshop: Working with CMS to Improve Integration and Care Delivery

March 24, 2017 (8:30am - 10:30am)

Participants:

- Tim Engelhardt, Director, Medicare-Medicaid Coordination Office, along with Vanessa Duran, Marla Rothouse, Paul Precht from MMCO; with Deme Umo from the Center for Medicare, Medicare Enrollment and Appeals Group; and Heather Kilbourne and Theresa Wachter from the Center for Medicare, Medicare Contract Administration Group.

- Jim Verdier, Senior Fellow, Mathematica Policy Research, will provide ongoing commentary on issues for State Medicaid agencies.

Facilitator:

- Rich Bringewatt, President, NHPG and Chair, SNP Alliance

During this facilitated workshop, SNP Alliance members will discuss key operational issues with staff from the CMS Medicare-Medicaid Coordination office, Center for Medicare, and Center for Medicaid and CHIP Services. For each of the following five areas, participants will be tasked to identify barriers, goals, and best practices/specific ways forward for both plans and CMS. The topics to be discussed are:

1. Member material
2. Behavioral health integration
3. Network exceptions
4. Disparities in access to care
5. Enrollment, marketing, and retention strategies

For each topic, the group will discuss: (a) how the topic is working now and what are the challenges; (b) how things should be working; and (c) how do plans and CMS get to the end goal? For each topic, a member will set up the issue and there will be time for CMS and for Jim Verdier (as the state representative) to provide CMS and state perspectives.

Issues 1: Member materials

- ***Problem statement*:** While CMS has provided some recent flexibility (such as the Summary of Benefits) Medicare's standard model member materials such as the ANOC/Evidence of Coverage, are not well written for the dual-eligible population. For example, some materials are still written at a high reading level (12th or 13th grade vs. state requirements for 5th-7th grade levels) and do not explain beneficiary's Medicare and Medicaid benefits in an integrated way. MMP member materials such as the *Member Handbook* are generally more appropriate for dual eligible, but plans are not allowed to use those MMP member materials for their SNP products.

- ***Workshop focus*:** Does CMS intend to allow FIDE SNPs and other integrated D-SNPs to use the model MMP Model Handbook (as already tested in the Minnesota D-SNP demonstration)? What can SNPs do to create more member-friendly member materials? What has been learned about member materials from MMPs that could be translated to SNPs?

- ***Person to set-up issue*:** Maureen Murray, Director of Health Services, South Country Health Alliance

Issue 2: Behavioral health

- ***Problem statement*:** There is a deep-seated, long-standing, and pervasive "two cultures" problem between behavioral and physical health that is extremely difficult to deal with in a FFS environment, but that can potentially be effectively addressed in fully capitated arrangements. Issues include multiple challenges with access to behavioral health care and with coordinating between physical and behavioral health care and between Medicare and Medicaid behavioral health services and a lack of Medicare-certified behavioral health providers in many markets. Further, because Medicaid has more certified behavioral health providers than Medicare, the issue of cost-shifting becomes a concern.

  Designing effective and appropriate behavioral health interventions remains challenging even in a capitated environment. Legislation around substance abuse privacy (42 CFR Part 2) does not permit plans to share information about substance abuse treatment with an enrollee's other providers without the enrollee's permission. Moreover, Medicaid behavioral health services are often carved out, further complicating coordination between Medicaid and Medicare behavioral health services and between Medicaid behavioral health and long-term care services.

- ***Workshop Focus*:** SNPs that are responsible for Medicare and Medicaid represent a great opportunity to improve communication between physical and behavioral health providers. How can CMS, states and SNPs facilitate this communication? What clinical models work best for enrollees with behavioral health needs? How do plans coordinate between Medicare physical and behavioral health services? How do plans coordinate between Medicaid and Medicare behavioral health services?

- ***Person to set-up issue***: Helene Weinraub, Vice President, Medicare and SNP, UPMC Health Plan

Issues 3: Health disparities

- ***Problem statement*:** Disparities in access to health care, health care outcomes, and experience of the health care system exist for low-income individuals, individuals with disabilities (both physical, behavioral, and developmental disabilities), and other diverse populations. Reducing health care disparities is a focus of CMS and plans.

- CMS addressed health disparities in the 2018 Call Letter. HHS Strategic Goal 1 (Strengthen Health Care) aims to reduce racial and ethnic disparities by providing culturally and linguistically appropriate health information, empowering individuals and their families through education and outreach strategies, and targeting environmental health initiatives in lower-income and minority communities.

- CMS also expects MAOs to analyze enrollee data to identify disparities among their enrollees and undertake quality improvement and outreach activities to increase enrollee engagement so that appropriate care, including preventive services, can be provided to enrollees that have been identified as having worse health outcomes.

- CMS is particularly interested in learning about MAOs' collection of information about enrollees' race, gender, ethnicity and languages and how that information is used to eliminate disparities through quality improvement and outreach activities.

- ***Workshop focus*:** What are plans currently doing to address disparities? How are plans working with community-partners to move the needle on health disparities? How do plans use data on social risk factors to reduce health disparities and how would they use more robust data if they were available?

- ***Person to set-up issue*:** Saiful Khan, Senior Vice President, Health Plan Sales and Business Development, Elderplan

Issue 4: Network exceptions

- ***Problem statement*:** the Medicare network exceptions process for SNPs and MMPs generally does not take into account providers that do not accept Medicaid and it does not allow sufficiently for other health care delivery modalities such as telemedicine and mobile units. At times, there are inaccuracies in CMS' data on providers that affects the exceptions process.

- ***Workshop focus*:** How does MMCO's network exceptions process differ from that for MA? How does MMCO account for providers that do not accept Medicaid? What else can be done to improve the network exceptions process?

- ***Person to set-up issue*:** Stacia Cohen, Vice President, Center of Excellence, Stars & Risk Adjustment, Blue Cross and Blue Shield of Minnesota

Issue 5: Enrollment, marketing, and retention strategies

- ***Problem statement*:** Some MMPs have struggled with low enrollment, even with the assistance of passive enrollment, and D-SNPs have struggled with aligning enrollment between Medicare and Medicaid. Some states have not implemented effective processes to pick up new eligibles under passive enrollment options. Some enrollment broker processes/requirements result in loss of interested eligibles referred by plans when parts of the process already completed by plans have to be duplicated or start over through the broker. Beneficiaries sometimes struggle to understand the benefit of enrolling in a SNP or MMP relative to a general MA plan or FFS. Further, enrollment is unaligned in many states with members in one plan for Medicaid and another for Medicare benefits.

    - Marketing to dual eligible remains a challenge. The role of states in allowing co-branding or co-marketing to potential members could also be streamlined and improved.

- ***Workshop focus*:** How can states, CMS, and plans work more closely together on increasing enrollment in MMPs and SNPs? How can the enrollment process be smoother? How can we encourage states to make more use of mandatory enrollment into an MMP or SNP for duals' Medicaid benefits? Is enrollment alignment improving? What strategies can CMS, states, plans and the SNP Alliance pursue to encourage more alignment? Regarding marketing strategies – are states open to co-marketing for MMPs? Can plans have a bigger role in the pre-enrollment process in gathering information?

- ***Person to set-up issue*:** Lisa Rubino, Senior Vice President, Medicare, Molina Healthcare