



**2021 SMP/SHIP National Conference**  
**Virtual Meeting • Part Two—August 10-12, 2021**

# Integrated Care: Effective Communication Strategies & Resources for Counselors

August 10, 2021

3:00-4:00 PM EST

# Integrated care basics refresher

# Integrated care

- Refers to coordination of Medicare and Medicaid benefits for dually eligible individuals
- Primarily accomplished through private plans that pay for and deliver a person's Medicare and Medicaid services
- Goal of integrated care is aligning Medicare & Medicaid coverage
  - All services furnished under one plan, ideally leading to improved experience for beneficiaries
  - Alternatives remain for those who prefer other coverage

# Medicare and Medicaid coordination

- Individual who has Medicare and Medicaid is known as a dually eligible individual
- Medicare pays first for health care, and Medicaid pays after all other insurance has paid
- Individual should see providers who accept both Medicare and Medicaid
  - Will have low or no out-of-pocket costs

# Landscape at-a-glance

- **Integrated options available for dually eligible individuals include:**
  - Dual-eligible Special Needs Plans (D-SNPs), with or without MLTSS
  - Highly Integrated Dual-Eligible (HIDE) SNPs
  - Fully Integrated Dual-Eligible (FIDE) SNPs
  - Program of All-Inclusive Care for the Elderly (PACE)
  - Medicare-Medicaid Plans (MMPs)

# D-SNPs

- Types of Medicare Advantage Plans for dually eligible individuals
  - Typically require use of in-network provider for Medicare services
  - Providers should accept Medicaid
  - Cost-sharing varies; some plans may offer zero cost-sharing for enrollees
- Some D-SNPs may serve individuals with partial Medicaid benefits (such as individuals enrolled in certain Medicare Savings Programs)

# Highly Integrated Dual-Eligible (HIDE) SNPs

- Type of D-SNP paid to furnish both Medicare and Medicaid benefits
- HIDE SNPs must provide following services:
  - Medicare
  - Medicaid
  - Either long-term care services and supports (LTSS) or behavioral health care

# Fully Integrated Dual-Eligible (FIDE) SNPs

- Type of D-SNP paid to furnish both Medicare and Medicaid benefits
- FIDE SNPs must provide following services:
  - Medicare
  - Medicaid
  - LTSS
- FIDE SNPs may be required to provide behavioral health services in certain states
- FIDE SNPs typically cover more comprehensive set of services than HIDE SNPs
  - However, specific requirements vary from state to state

# Program of All-Inclusive Care for the Elderly (PACE)

- Program that provides Medicare, Medicaid, and long-term services and supports under one plan
- Not available everywhere; may be limited to specific areas within states
- Beneficiaries who want to enroll in PACE must:
  - Be age 55+
  - Require long-term care for more than 120 days
  - Live in service area of a PACE center
  - Be able to live safely in community
- Beneficiaries are required to receive all care from PACE center
- PACE center is responsible for arranging primary care, inpatient hospital care, long-term care
- Enrollees should be assigned interdisciplinary team responsible for making sure they get needed care

# Medicare-Medicaid Plans (MMPs)

- Type of plan offered through Financial Alignment Initiative (FAI)
  - Also known as “duals demos”
  - Plan responsible for providing all Medicare and Medicaid services, including LTSS and behavioral health services
- Designed to provide improved care coordination and better align Medicare and Medicaid benefits
- Not available in all states
  - MMPs enrollment requirements and coverage may vary from state to state

# Health literacy, terminology, and communication

# Health literacy & its impacts

- ~90 million Americans have low health literacy
- Low health literacy affects health insurance/coverage navigation and outcomes
- Older age, limited income, being Black/Hispanic/Native American all associated with lower health literacy ([National Institute of Minority Health and Health Disparities](#), 2018)

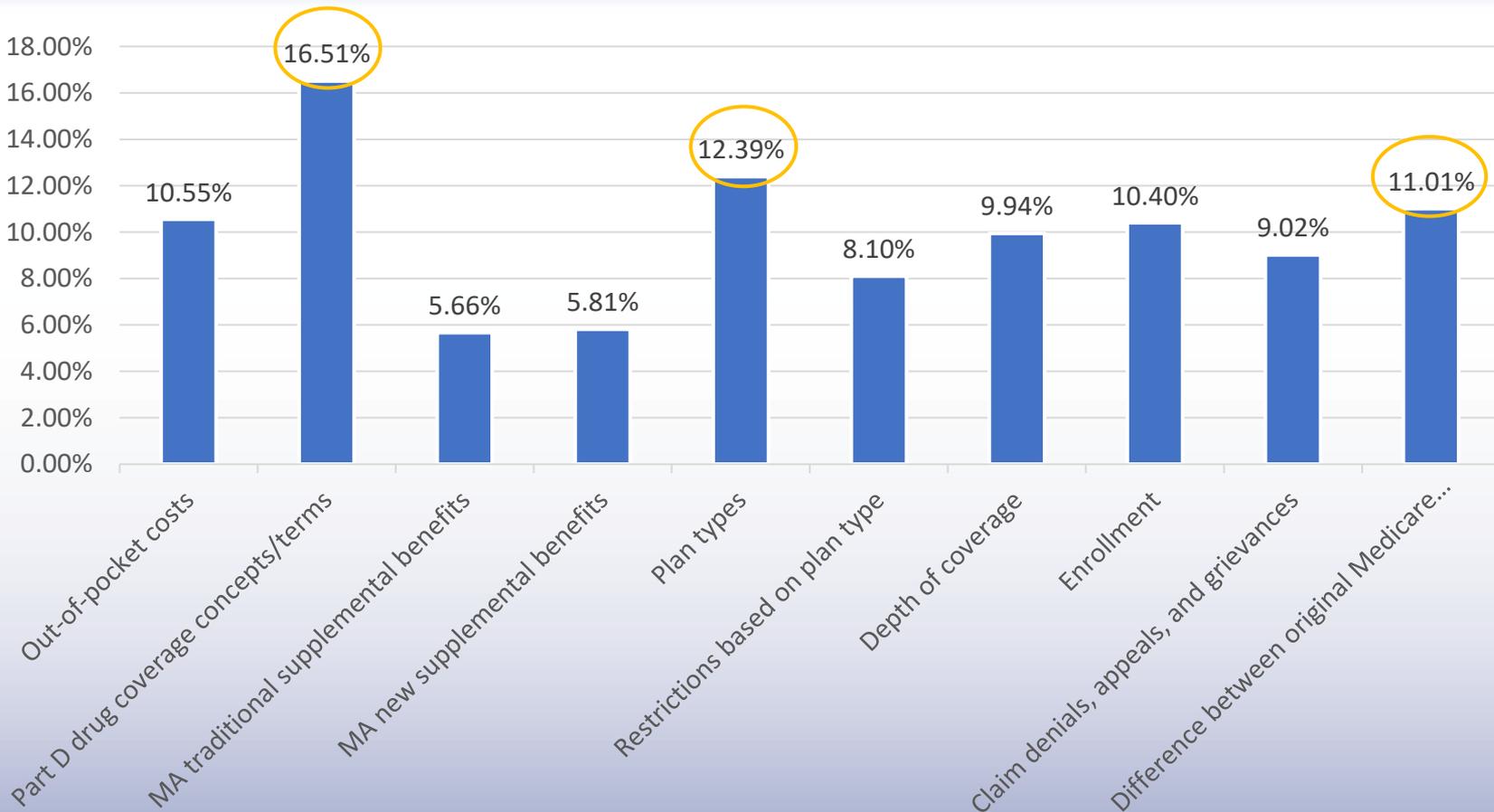
# Understanding Medicare terminology

## Improving Medicare Markets Initiative (IMMI)

- Launched by NCOA in 2014 with expert Advisory Group
- Discuss problems and solutions to improving the Part D marketplace and how to help beneficiaries make optimal decisions
- *Clear Choices Campaign* focused on improving Medicare Plan Finder
- 2020 survey of professionals who work with Medicare beneficiaries to understand beneficiary experience re: terminology

<https://www.ncoa.org/article/what-is-the-improving-medicare-markets-initiative-immi>

# Select the top three health insurance terms, topics, or concepts that Medicare beneficiaries struggle most to understand



# Understanding integrated care

## Three phases to NCOA's research

In-depth interviews (IDIs) with stakeholders and subject matter experts



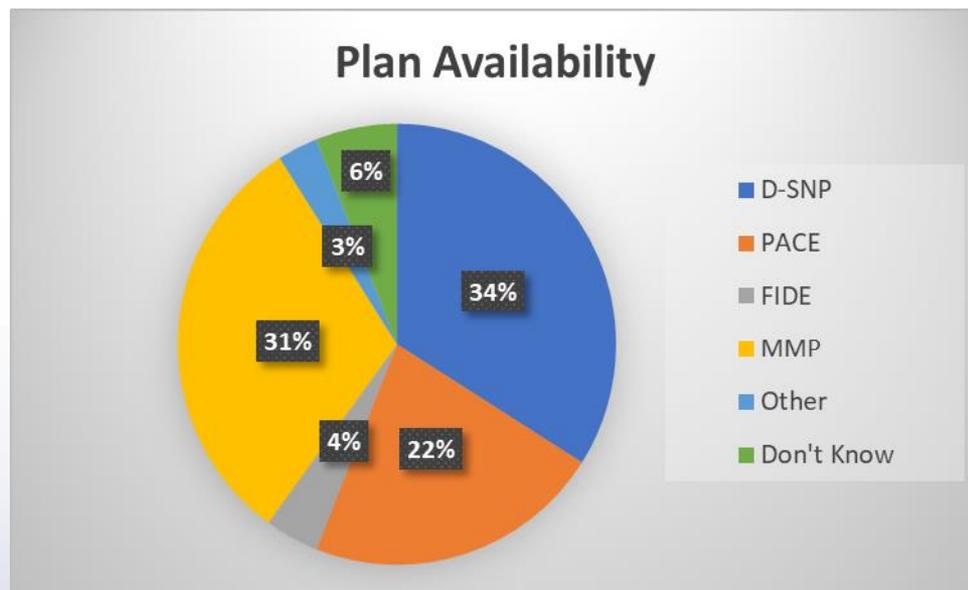
Survey to professionals in the aging and disability network



Focus group testing of materials for counselors and consumers

# Availability of integrated care plans in organizations' service areas

- D-SNPs and MMPs are the most common
- Integrated care plans for dual eligible beneficiaries are available in most service areas, at least among survey respondents. Only 6% said they “don’t know” whether these plans are available in their area, and no one said “none.”



# Survey key findings

- Counselors want broad and simple information to determine what's appropriate for a client's situation
- Want more detailed info on plans in available area
- Focus on person-centered services to meet their clients' needs

*Most duals that come in aren't asking, "What are my options?" They want to know why can't they see a specific doctor, or why they got a bill, or why their drugs cost so much.*

# Integrated care counseling tips

- Don't assume people even know they have Medicare and/or Medicaid
  - Ask to see their cards
- Determine what their pain points are re: coverage
  - Keeping same providers?
  - Transportation to appointments?
  - Access to other services?



# Integrated care counseling tips (cont.)

- Focus on benefits rather than plan types
  - Names less important than what is offered under coverage option
- Avoid use of acronyms and “duals”
- Customize explanation of options to what’s available in your area
- Emphasize outcomes of choices
  - E.g., rather than suggest people see providers that take Medicare + Medicaid, explain the purpose to avoid balance billing

# Person-centered enrollment strategies

# Project Goals

To understand the perspectives of dually-eligible individuals on enrollment in integrated care plans

To document best practices as well as to develop recommendations for creating successful enrollment and retention policies

# Methodology

- Focused on Financial Alignment Initiative in:
  1. California
  2. Illinois
  3. Massachusetts
  4. Ohio
- Three components to research:
  1. Document and literature review
  2. Enrollment stakeholder Interviews
  3. Consumer focus groups and interviews

# Consumer Priorities

## Factors that impact consumers' decisions

- Ability to continue seeing their providers
- Opportunity to make an informed decision
- Opportunity to speak with a knowledgeable person
- Potential to receive additional or supplemental benefits

# Key Research Questions

1. What factors are associated with enrollment in the FAI and which appear to be most important to dually eligible individuals?
2. What best practices could policymakers, health plans and other stakeholders employ to improve enrollment?

# Findings

1. Limited provider networks prevent access to care
2. Consumers don't have enough information
3. Passive enrollment leads to care disruption
4. Consumers don't have a single information source
5. Consumer priorities aren't successfully taken into account in plan design

# Recommendations

## Improved provider access

The federal government should enact policies to help dually-eligible individuals maintain access to their providers, such as requiring:

1. state to evaluate opt out rates due to provider access issues
2. plans to address provider access issues before they can participate in ongoing passive enrollment, and
3. require a one-year continuity of care period for managed care integrated care plans.

# Recommendations

## More accessible materials

The federal government should issue new content requirements and accessibility standards designed to improve the passive enrollment notice and other informational material for dually eligible individuals.

# Recommendations

## **Marketing that reflects consumer priorities**

States and health plans should market the benefits of integrated care plans that dually-eligible individuals have identified as important to them.

# Recommendations

## Resource hub

The federal government should create a resource hub in which a dually-eligible individual can receive clear, comprehensive information about their integrated care options and speak with a trusted expert.

## Designated Enrollment Assister

States should designate certain community-based organizations to serve as an enrollment assister

# Resources

# Options for finding plans

- There is no consolidated search tool
- Often necessary to use multiple resources to narrow down available plan options
- Always call plans and confirm any information found online
- Available websites:
  - Medicare Plan Finder
  - Medicare PACE-specific plan finder
  - Centers for Medicare & Medicaid Services (CMS) FAI webpage

# Plan Finder

- <https://www.medicare.gov/plan-compare/>
- May be used as starting point when searching for D-SNPs, but there are limitations
  - Limited ability to filter for D-SNPs or D-SNPs that include long-term care coverage from other types of SNPs
  - Difficult to tell available plans apart or understand differences in what each plan covers
  - Plan eligibility requirements are not included

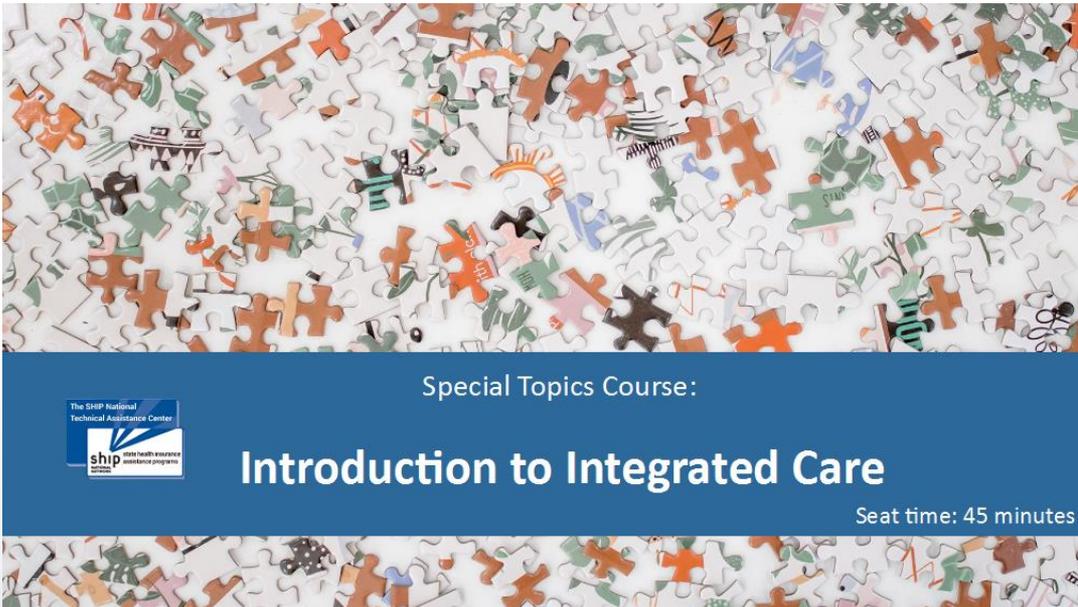
# PACE plan finder

- <https://www.medicare.gov/pace/>
- Specific portal to search for PACE plans
- Individuals should contact plan directly to learn whether they are eligible to enroll and for more information about coverage

# CMS Financial Alignment Initiative (FAI) webpage

- <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/FinancialModelstoSupportStatesEffortsinCareCoordination>
- Information from CMS about state demonstrations
- Most pages include links to MMP-specific ombudsman programs or fact sheets for beneficiary audiences

# Coming soon: Introduction to Integrated Care online course



- Developed by SHIPTA Center in collaboration with Medicare Rights Center and ADvancing States
  - Available through Online Counselor Certification and Training (OCCT) tool
  - Self-paced and interactive
- 
- Reviews integrated care options and provides case examples
  - Launches later in August 2021

# Integrated care toolkit

- <https://ncoa.org/article/integrated-care-for-people-with-medicare-and-medicaid>
- Developed by Medicare Rights Center and NCOA
  - Chart of coverage options
  - FAQ & primer
  - PowerPoint for training staff/volunteers
  - Consumer questions to ask fact sheet

# My Care, My Choice

- [www.mycaremychoice.org](http://www.mycaremychoice.org)
- Developed by SCAN Foundation for California
- Digital decision support tool for counselors with links to available plans in area
- Under expansion by NCOA for Ohio (2021), then Michigan and Illinois



# Questions? Contact us

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