WHITE PAPER

TRANSFORMING THE EXPERIENCE AND HEALTH MANAGEMENT OF DUAL ELIGIBLE POPULATION

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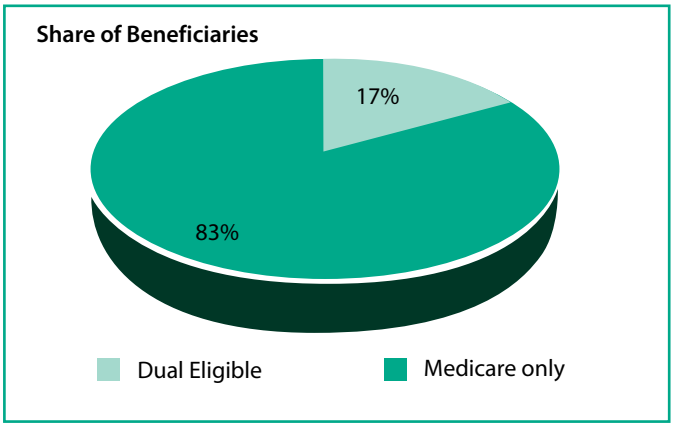
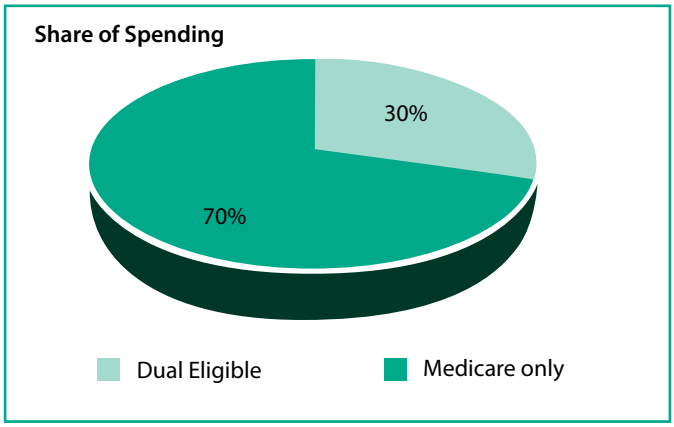
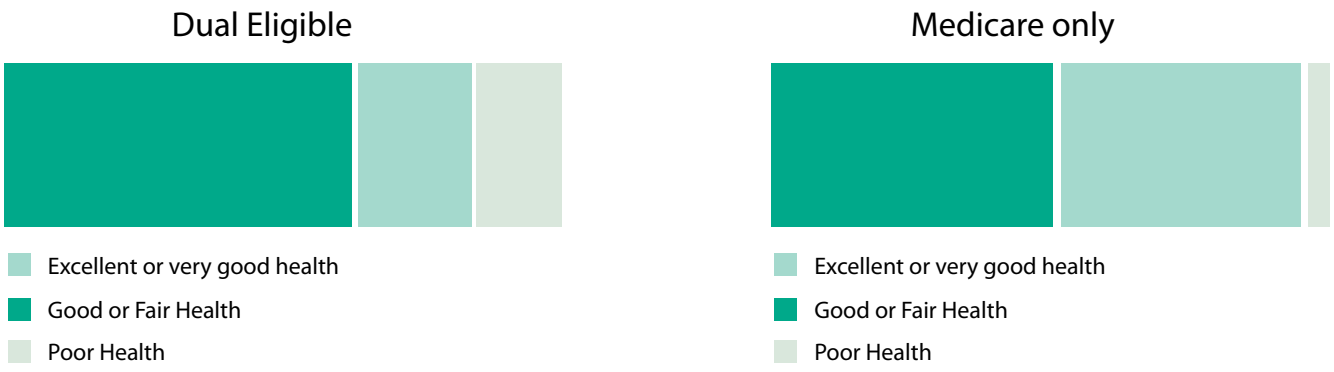
Dual Eligibles are individuals who qualify for both **Medicare**, a federal health program for disabled or aged over 65, and **Medicaid**, a state program for people falling under certain poverty level designation. Dual eligibles have poorer health outcomes compared with Medicare-only or Medicaid-only populations. They account for disproportionate spending, causing a burden on other programs; for instance, while the share of dual beneficiaries among the overall Medicare population is only 17%, the spending for duals stands at 30% of overall Medicare spending.

Dual-eligible beneficiaries account for a disproportionate share of Medicare spending





Dual-eligible beneficiaries are more likely than non-dual-eligible beneficiaries to report being in poor health



Despite the higher spending per capita, the dual population still experiences high rates of chronic diseases and tends to have higher-than-average complex care needs. A large extent of which is a consequence of the social factors associated with this group – such as poor air quality, unhygienic living conditions, lack of nutritional food, etc.

Studies show dual eligibles who chose privately-run Medicare Advantage plans received better quality of care while costing their insurers less. This is mainly because duals enrolled in Medicare Advantage plans have higher use of preventive care services and screening procedures.

Duals - Plan Options

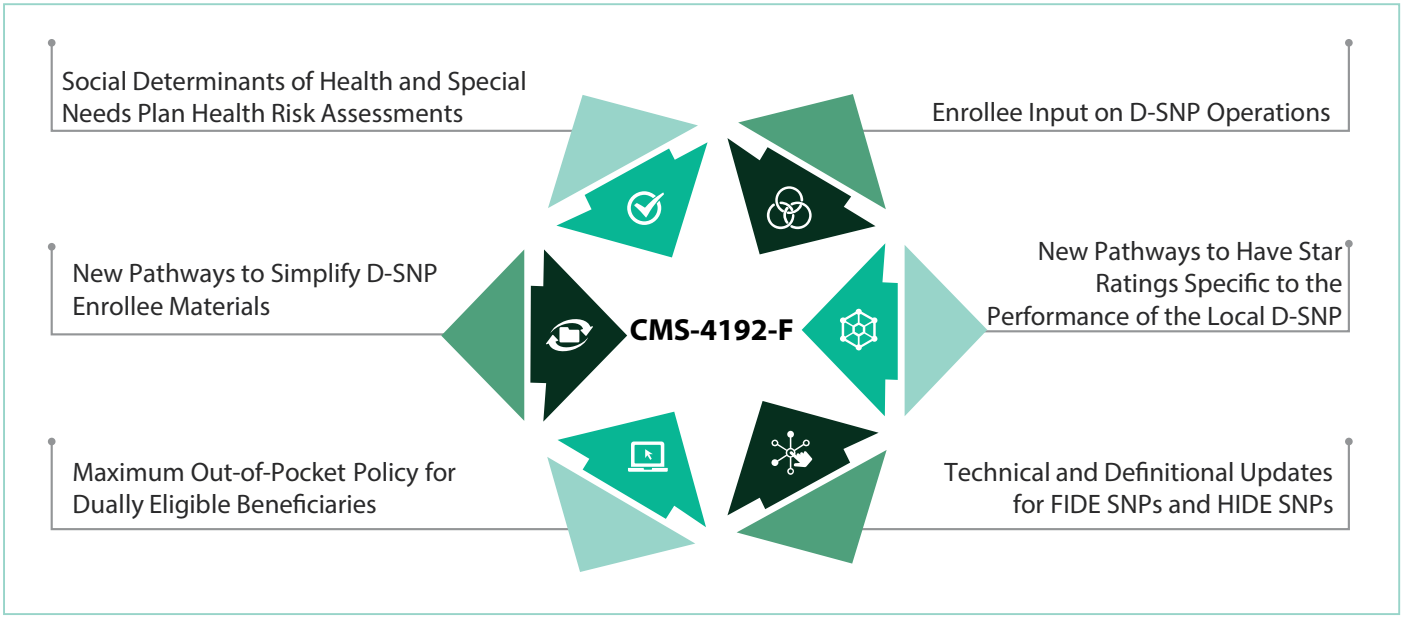
CMS has been striving hard to better serve duals and wants them to have full access to seamless, high-quality healthcare in a cost-effective way. The following paragraph lists some of the plans tailored for the dual population.

A **Medicare-Medicaid Plan** (MMP) provides coordinated Medicare and Medicaid benefits for duals, and it is one of the highly integrated models that allow for easier enrollment and disenrollment options. States can provide integrated care by extending SNP or Special Need Plans that are designed for Medicare Advantage. These plans are often called as D-SNPs (Dual Special Need Plan) and are further classified as regular D-SNP, FIDE-SNP, and HIDE-SNP. **Fully Integrated Dual Eligible (FIDE) Special Needs Plans** offer Medicare and Medicaid benefits to duals under a single organization that holds both Medicare and Medicaid contracts. A **Highly Integrated Dual Eligible (HIDE) Special Needs Plan** has a higher degree of integration compared with a regular D-SNP and the latter has the least integration among the three. Some states also combine D-SNP with Medicaid's MLTSS (Managed Long-Term Services and Support).

Medicare Advantage and Part D Final Rule

CMS has recommended modifications for D-SNPs in the **Medicare Advantage and Part D Final Rule (CMS-4192-F)** which is set to come into effect in 2023. It intends to improve consumer protections, reduce disparities, improve health equity, and, most importantly, bring clarity to existing programs. In the changes outlined by the rule, the following are some duals' specific directions that will impact the way existing plans work.

CMS reinforces states' efforts by providing technical support and guidance as states implement new technologies for the transition into a dual-eligible special needs plan model. The agency could also push the existing Medicare-Medicaid plan demonstration termination deadlines past 2023 to give states more time to transition.



As per the rule, all Medicare cost-sharing needs to be covered, and FIDE-SNPs and State Medicare agencies will make capitation payments for the Medicaid coverage of Medicare Advantage plans. This means that providers can file a single claim to FIDE SNP for all applicable payments.

'Exclusively Aligned Enrollment' for FIDE-DSNP will ensure not only streamlined enrollment but also a unified appeals and grievances process. All SNPs include information regarding housing stability, food security, and transportation in their HRA, and this information can aid SNPs in benefit configuration and developing customized plans. The guideline on star ratings helps to track and evaluate the performance of D-SNP separately.

Duals Management – Key Challenges

Administrative challenges – States have separate agencies serving duals with behavioral illness, elderly services, and long-term support and they offer home or community-based services. Data from these agencies are not accurate and pose challenges. Similarly, Medicare programs also suffer from inaccurate or incomplete data, especially from claims and encounters.

Enrollment challenges – States are encouraged to enroll members in passive enrollment to ensure continuity of coverages but determining eligibility for the health plans is not an easy task.

Integration challenges – Lack of access to Medicare data or the internal capacity to link Medicare and Medicaid data for individual beneficiaries can make it difficult to coordinate all Medicare and Medicaid services.

Fragmented data – One critical issue faced while managing the dual population is fragmented care. Dual eligibles are prone to utilize care from various care providers and organizations, thus a lack of collaboration between them can result in higher than necessary costs and overheads

Technology for Conquering Integration Hurdles and Transforming the Dual Population Experience

Digital Transformation

- **Connected Care Ecosystem for Members** – Aligned enrollment makes it possible for duals to enroll with the same organization for both D-SNP and Medicaid and is known to have a positive member enrollment experience. Technology can be a huge enabler for aligned enrollment with secure and easier interchange mechanisms like FHIR. FHIR - the golden standard of healthcare interoperability can make data interchange seamless and reduce complexity.
- **Personalization** – It is essential to focus on the personalized member experience of dual eligibles and that should begin from the point of plan selection and enrollment. Health plans can simplify the dual enrollment process with the help of AI technologies for Dual Eligible identification, focusing on personalized plan recommendations along with SDOH-centric benefits. This population could be looking for more support regarding preventive screenings, home health, and transportation needs. Real-time personalized interactions can help build a complete persona that can further assist with improved touchpoints and service experience of members.
- **Service Efficiency Through Workflow Automations** – Member complaints, appeals, and grievances are very important to track and resolve for dual eligibles to reduce member abrasions. An intuitive redressal system is essential for effective management of member complaints and technology and can help in creating automated workflow management systems that can intake cases from different means, provide tracking and help resolve problems quickly.

Strategic Data Management

Making better use of data is integral to a high-functional healthcare ecosystem, and the complex nature of duals' business necessities a well-defined data strategy. Centers for Medicare & Medicaid Services (CMS) in its latest data management strategy emphasizes two key aspects:

1. Enterprise Data Environment

   Effectively securing and managing enterprise data is accomplished by implementing consistent data management methods including data governance, architecture, quality, and security. **Integrated Data Repository** (IDR) and **Master Data Management** (MDM) are two data management frameworks that organize data management capabilities, data governance, and data user support services. IDR offers a state-of-the-art data warehousing system with business intelligence, reporting capabilities, data extraction, and mapping tools. MDM produces a single, trusted, integrated master version of the overlapping, redundant, and inconsistent data from various source systems. This is highly valuable in a duals' data environment where maintaining a golden dataset is the biggest challenge.

2. Enterprise Data Lake

   CMS **Enterprise Data Lake** (EDL) Initiative helps to bring all CMS data assets into a commonly shared data store hosted in the cloud. This will provide a cost-effective, managed, and centralized source of data that organizations can access without requiring data movement or replication. This data democratization is key to an efficient and matured duals' data strategy to eliminate timing issues due to data movement that are one of the major detrimental factors in dual implementations.

Care Management Focus

An effective high-touch care management program helps improve patients' health and cuts down healthcare spending substantially. With the duals' population, the importance of care management increases as they are more prone to healthcare needs and report poor health outcomes compared to others. Using technology, **disease-specific programs** can be rolled-out, **medication follow-ups** can be enabled, and **timely assessments** can be made, which can all significantly help in improving member wellness and reducing claim spending. Also, preventive care models with efficient health screening should be targeted at high-risk populations to decrease the burden of disease.

After the pandemic, the use of **telehealth** services has increased and nearly 53% of dual-eligible patients used telehealth in 2020. Even though face-to-face contact is essential to care management success, telehealth can augment patient-case manager interactions for populations with complex health needs and/or chronic conditions. Advancing telehealth beyond the COVID-19 Act of 2022 was passed recently that extends telehealth flexibilities under Medicare that were initially authorized during the public health emergency of COVID-19. Hence health plans can now adopt advanced telemedicine services and not just limit to audio-only telehealth.

Environmental factors and lifestyle choices are important health determinants of the duals population. Given the socio-economic conditions of this population, plans should focus on improving the quality of life. Plans are now offering **expanded supplementary benefits** that improve living conditions which have an impact on the overall health. Such benefits including meal, food and produce, non-medical transportation, pest control, structural home modifications etc. have become a differentiating plan design factor in recent times.

Recommendation

The important aspect of the CMS rule is to bring in the integration elements of MMP into D-SNP plans thereby trying to emulate the success of MMP plans. While this seems to work on paper, there will be operational hurdles while trying to implement changes to existing plans. This is where technology will play a crucial role and help organizations cover ample ground in the near future. Making solutions that can integrate with existing systems is vital and interoperability will be a huge game-changer.

About the Author

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Vigirdhan is a healthcare consultant with a vast experience in Payer and Provider area and is specialized in helping institutions streamline care through IT. He understands the role of IT in bringing down operational impediments in healthcare and relishes challenges in the areas of interoperability, regulatory compliance and value-based healthcare.

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