



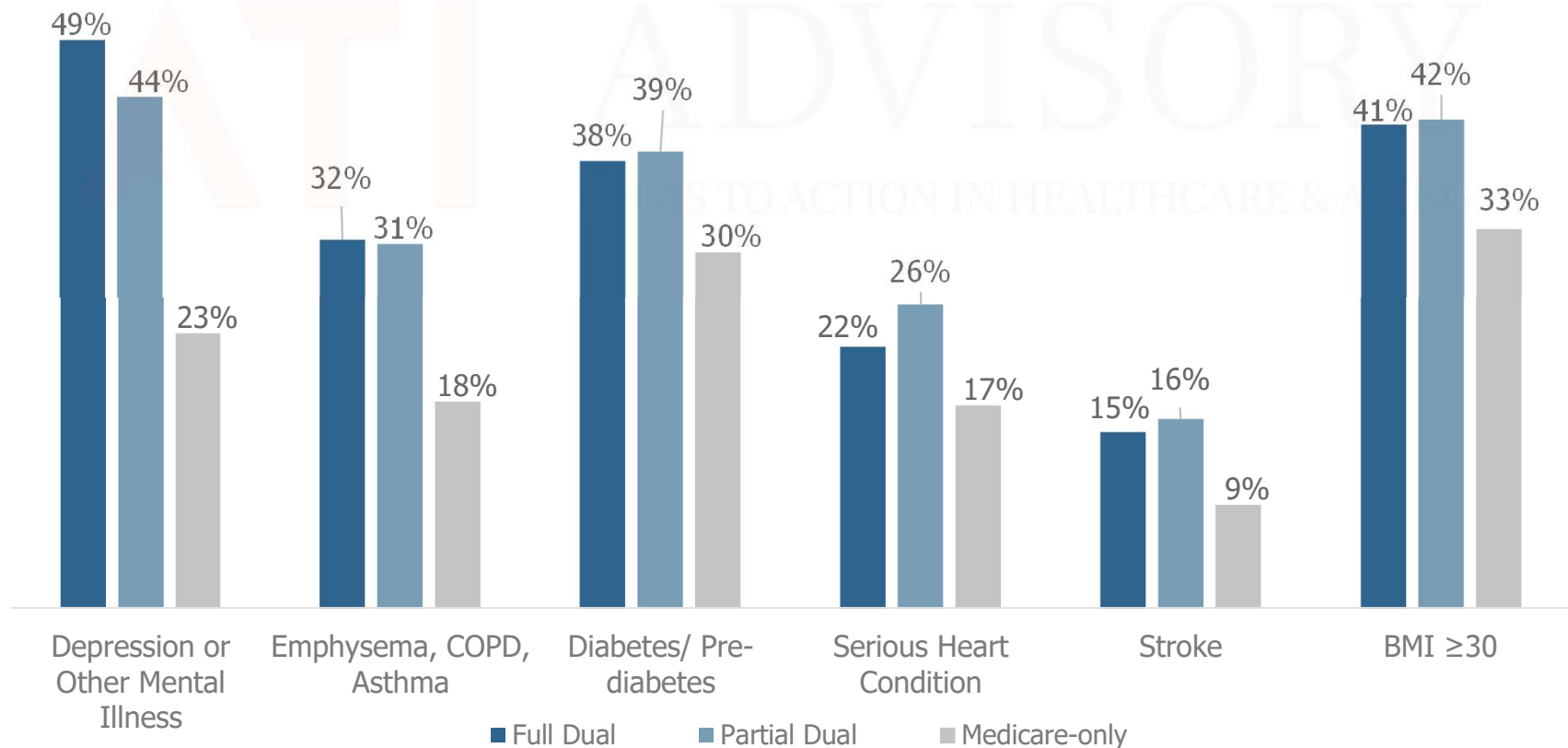
LTQA Coffee Hour: Advancing Medicare-Medicaid Integration During COVID-19

Allison Rizer

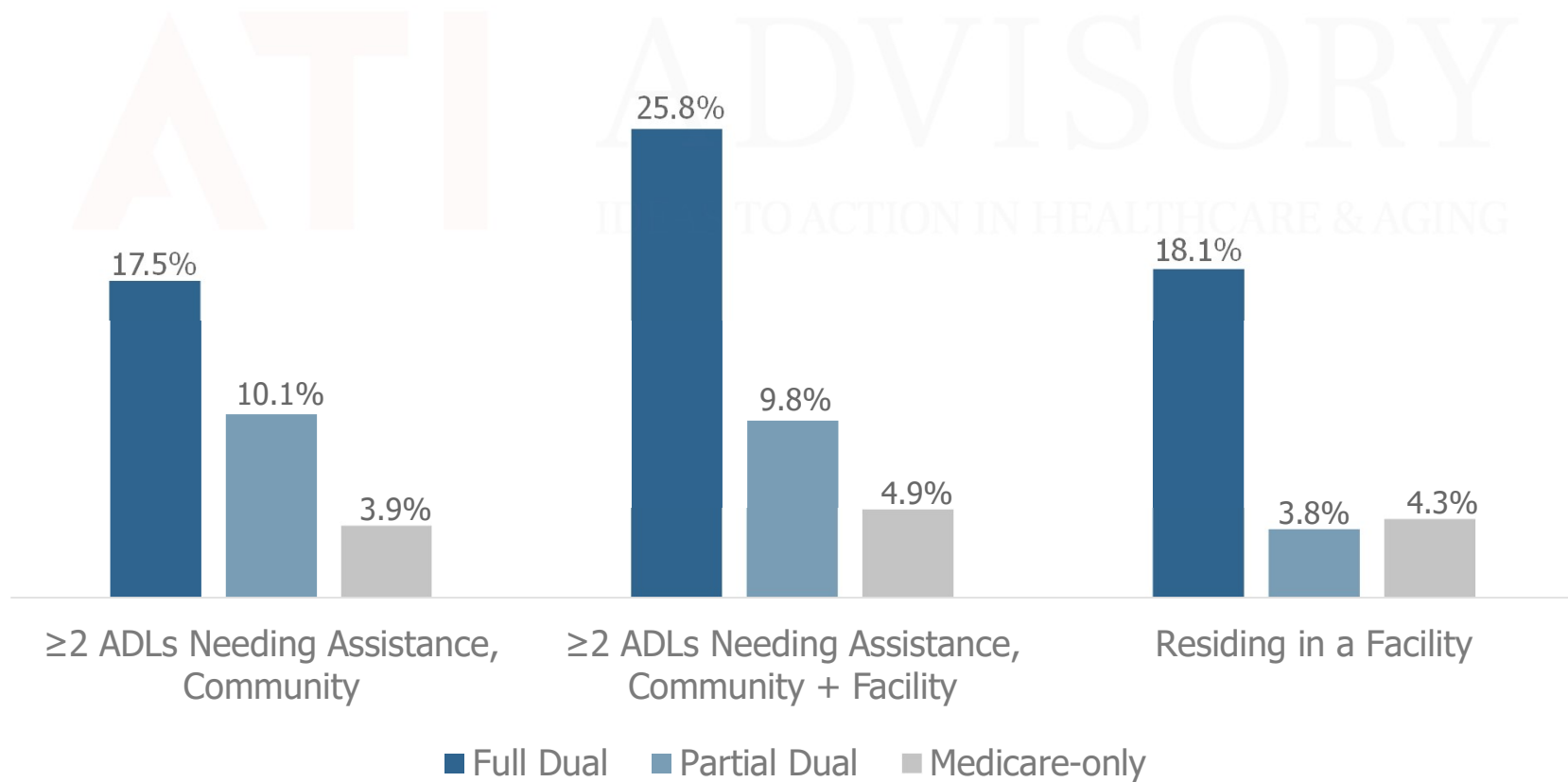
November 17, 2020

Risk Factors and Outcomes Contributing to High Rates of Adverse COVID-19 Outcomes

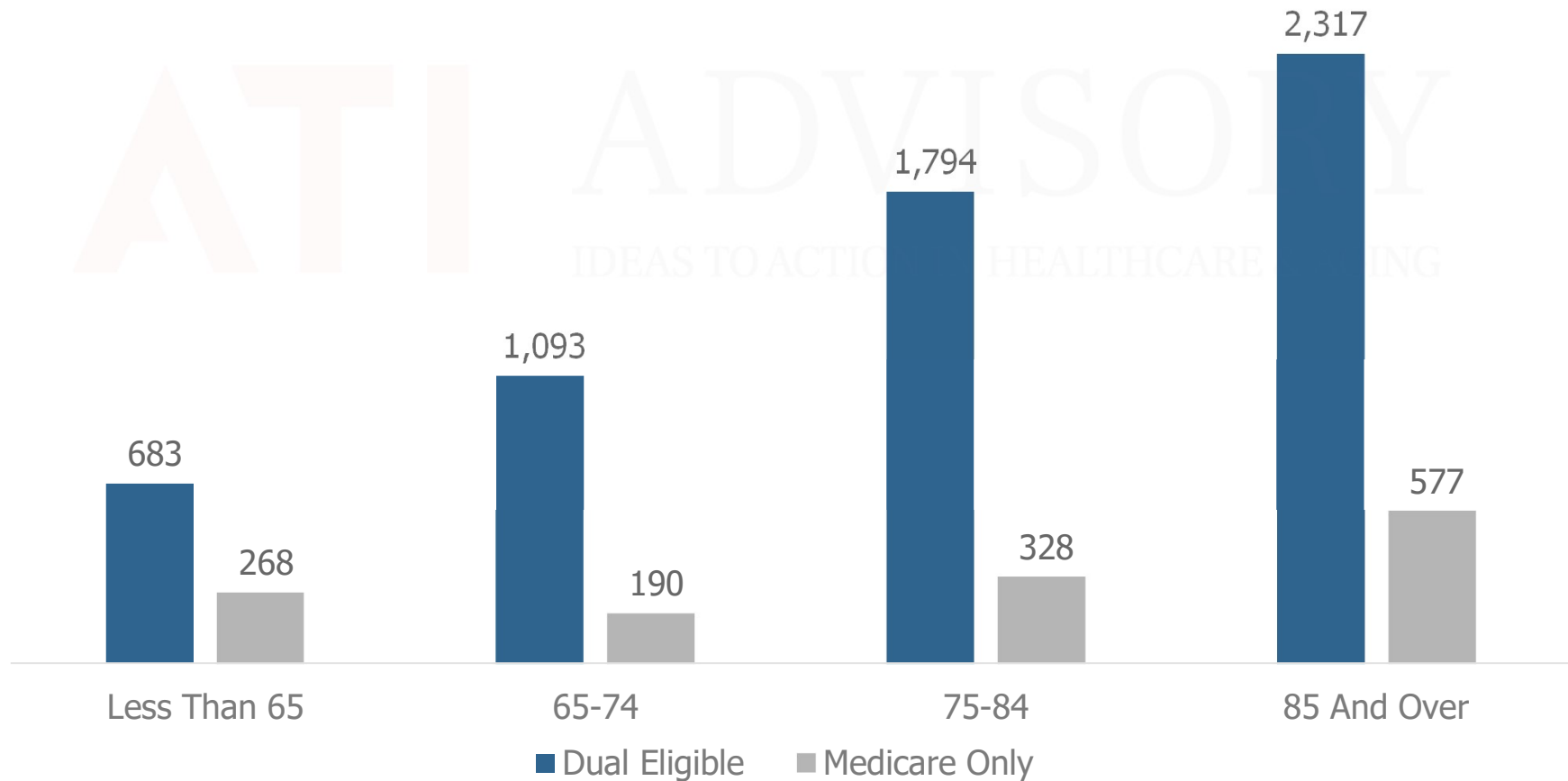
Dual Eligibles Have a High Prevalence of Chronic Conditions That Are Risk Factors for COVID-19



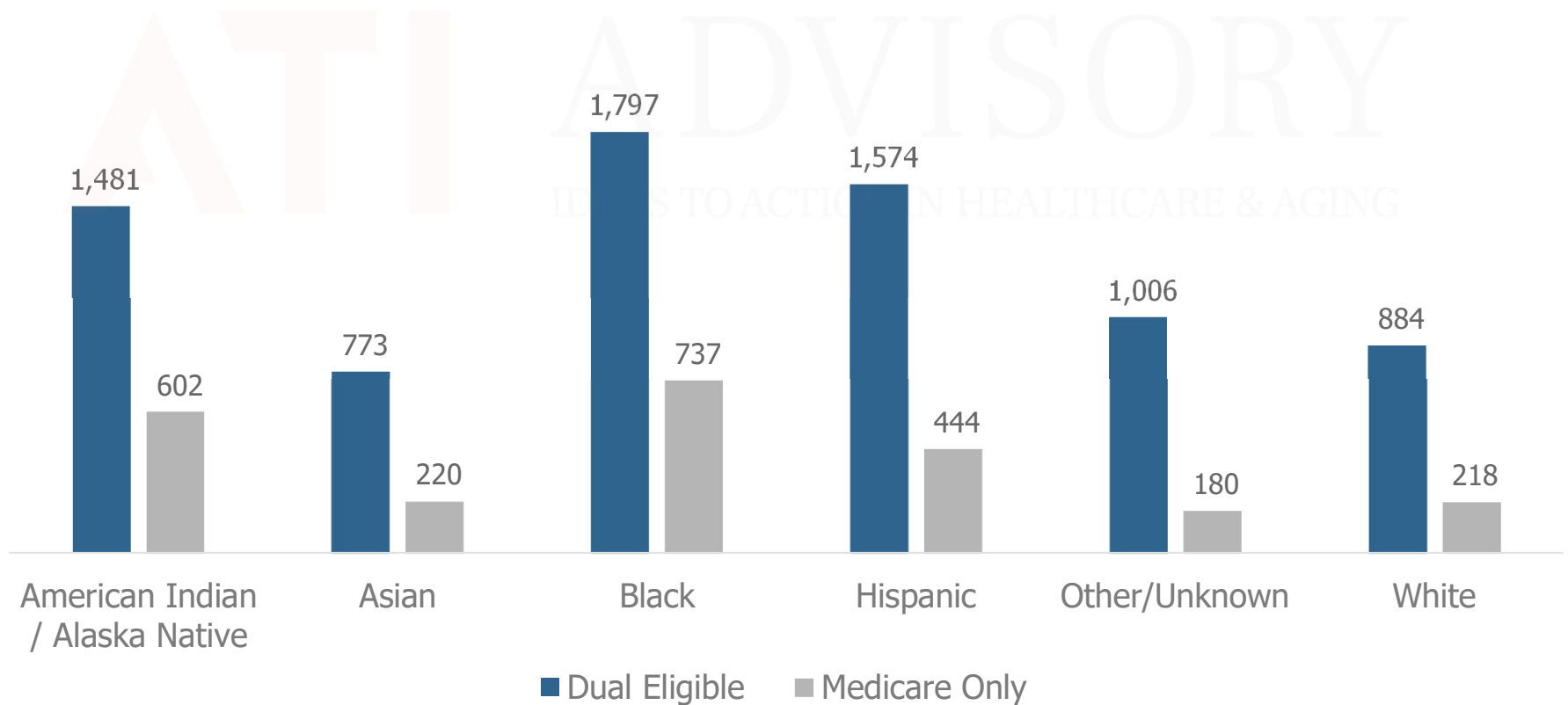
Dual Eligibles Are Likely To have High Levels of Frailty and LTSS Needs



Medicare COVID-19 Hospitalizations per 100,000 by Age Cohort



Medicare COVID-19 Hospitalizations per 100,000 by Race



Policy and Related Opportunities to Address Dis-Integration of Medicare and Medicaid

Issues Specific to COVID-19



Redundant face-to-face requirements and misalignment in telehealth policy



Acute/inpatient services and post-acute discharges paid by Medicare, with limited visibility to Medicaid



Institutional biases in Medicaid



Declining state revenue coupled with increasing Medicaid enrollment



Shorter-term Opportunities

Understand the Medicare Advantage environment

- As an example, Alabama pays MA plans (including non-DSNPs) a premium to cover duals' cost-share liability

Implement/leverage a DSNP program

- MIPPA/SMAC requirements (single ID card, benefit design, model of care, service capitation, data sharing)

Pursue FAI authority

- Opportunities to test novel approaches on a DSNP (or other Medicare program, including FFS), like VBC, ISNP integration

Additional Approaches (some longer term)

- Maximize the use of HCBS
- Deploy sensible enrollment policies
- Consolidate Medicaid benefits into a single program

Questions?

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