HMA

Rural Health Equity for Dually Eligible Individuals:

Improving Access to Services and Integrated Care Programs

February 2, 2023

HMA Presenters

Ellen Breslin, MPP
Principal, HMA, Boston, MA
Samantha Di Paola, MHA, PMP
Consultant, HMA, New York, NY
Susan McGeehan, MGS, LSW
Senior Consultant, HMA, Minneapolis, MN

Panelists

Kevin Bennett, PhD
Director, SC Center for Rural & Primary Care
Dennis Heaphy, MDiv, MEd, MPH
Health Justice Policy Analyst,
Disability Policy Consortium (DPC), Boston, MA
Pamela Parker, MPA
Medicare-Medicaid Integration
Lead and Consultant, The SNP Alliance
Tallie Tolen, Bureau Chief
Long-Term Services and Supports,
Human Services Department,
Medicaid, New Mexico

The Health Equity & Access for Rural Dually Eligible Individuals (HEARD) Toolkit

https://www.healthmanagement.com/wp-content/uploads/RuralAccessToolkit_R6.pdf

Objectives

During this webinar, we will provide an overview of our recently-released HEARD Toolkit to improve access to integrated care for rural individuals with both Medicaid and Medicare coverage. We will also talk about the states that helped to shape the toolkit's actionable solutions. Next, we will invite our four esteemed panelists to engage in a dialogue around the rural challenges and solutions. Finally, we will turn to you to join in!

- ✓ Understand why the voices of rural dually eligible individuals must drive planning efforts to generate innovations and prioritize investments to advance independent living and recovery goals.
- ✓ Learn how experiences shared from New Mexico, North Dakota, and Tennessee can offer lessons.
- ✓ Explore eight actionable solutions for improving health and social outcomes among rural dually eligible individuals as outlined in the HEARD toolkit.
- ✓ Understand why community engagement and investment in rural capacity are essential to improving access to services and integrated care programs for rural dually eligible individuals.

Opening Remarks

Arielle Mir, MPA
Vice President of Health Care, Arnold Ventures

Improving Policy at the Intersection of Medicare and Medicaid
Commitment to Supporting Better Care
Complex Care | Arnold Ventures

Advancing Medicare-Medicaid Integration
Funding available through Arnold Ventures;
an initiative coordinated by The Center for Health Care Strategies (CHCS)
Advancing Medicare and Medicaid Integration - Advancing Medicare and Medicaid Integration (medicare-medicaid.org)

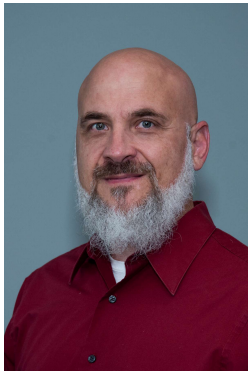
HMA Webinar Speakers

Ellen Breslin, MPP
Principal,
HMA, MA

Samantha Di Paola, MHA, PMP
Consultant,
HMA, NY

Susan McGeehan, MGS, LSW
Senior Consultant,
HMA, MN

Webinar Panelists



Kevin Bennett, PhD
Director, SC Center for Rural & Primary Care

Dennis Heaphy, MDiv, MEd, MPH
Health Justice Policy Analyst, Disability Policy Consortium (DPC) Boston, MA

Pamela Parker, MPA
Medicare-Medicaid Integration Lead and Consultant The SNP Alliance

Tallie P. Tolen
Bureau Chief, Long-Term Services and Supports, Human Services Department, Medicaid, New Mexico

Context

Image description: A woman sitting with folded hands in her lap. Her hands are wrinkled and resting on top of her black and white gingham apron, which she is wearing over her plaid skirt poking out below her knees. Her arms and hands and fingers are light brown. She is wearing a light green cable-knit sweater closed with a simple button.

- ✓ We are here today, because the public health crisis is growing more acute in rural America – and this crisis is disproportionately impacting individuals with both Medicaid and Medicare, also referred to as dually eligible individuals.
- ✓ The rural health crisis is an equity concern. affecting all rural residents including dually eligible individuals, as U.S. rural-urban age-adjusted gap in mortality or death rates double and triple.
  - ✓ 1 in 5 or 21% of dually eligible individuals live in rural areas, (at least 2.6 million)
  - ✓ This translates into …
  - ✓ 1 in 20 or 5% of the total rural population, (assuming 60 million rural residents)
- ✓ Given the population size of dually eligible individuals in rural areas, they are at risk of falling through the cracks of the public health crisis.
  - ✓ They have a range of chronic conditions and disabilities and high needs.
  - ✓ They are affected by discrimination resulting from the intersectionality of poverty, race, and/or disability – and in this case, geography.
  - ✓ They lack adequate access to services including HCBS and integrated care programs to address their whole persons needs.
- ✓ This is a perfect storm for this population – we have an imperative to address this storm and raise rural and our own voices. That is why we created the toolkit. We now look forward to introducing you to our stakeholder states to advance the dialogue.

The Facts About Our Roundtable States

Symbols:

> Greater than the national average

< Lower than the national average

State level of integration:

- No-DSNPs = 5
- Minimal = 25
- Low = 3
- Moderate = 9
- High = 4
- Full = 5

Fast Fact	New Mexico	North Dakota	Tennessee	United States
State Landscape				
✓ Total US Population or State Population, CY 2022, (in 1,000s)	2,095	760, smallest roundtable state	6,922, largest roundtable state	328,073
✓ Rural Population as a Percent of Total US or State Population, April 2010	23% > U.S. avg.	34% > U.S. avg.	50% > U.S. avg., and highest % rural for roundtable states	19% (U.S. average)
✓ Primary Care Health Professional Shortage Areas (HPSAs), Percent of Need Met, June 30, 2022	38.78% < U.S. avg., which means greater shortages	32.05% < U.S. avg., which means greater shortages	63.55% > U.S. avg., which means lower shortages	47.15% (U.S. average)
Status of Dually Eligible Individuals' Access to Integrated Care Programs and HCBS				
✓ Metric: Enrollment in integrated care programs ✓ Percent of Full-Benefit Dual-Eligible (FBDEs) Population Enrolled in an Integrated Care Program, using HMA's definition, data from CY 2019	Low enrollment 0.6% < U.S. avg.	Low enrollment 1.9% < U.S. avg., highest of all the states but still low; enrollment rate is driven by the PACE program	Low enrollment 1.3% < U.S. avg.	8.6% (U.S. average) Headline: < 1 in 10 persons!
✓ Metric: Medicaid and Medicare program alignment ✓ State Level of Integration, using MACPAC's D-SNP platform, published in 2022	Moderate level of integration	No D-SNPs, no integration; low considering PACE	High level of integration	30 states have No-DSNPs or minimal integration. See box above.
✓ Metric: Rebalancing Spending => More on HCBS ✓ Medicaid Home and Community-Based Services as a Percentage of Medicaid Long-Term Services and Supports, FY 2019	75.5% > U.S. avg. NM has high rebalancing, spending more than 75% of its LTSS expenditures on HCBS over institutional care	Low rebalancing 43.6% < U.S. avg.	Low rebalancing 49.2% < U.S. avg.	58.6% (U.S. average)

Key Takeaways: Dually Eligibles' Access to HCBS and Integration

NEW MEXICO

- ✓ **Enrollment in and access to integrated care: (1) Low enrollment in integrated care programs, (2) In terms of Medicaid & Medicare program design, the state has a moderate level of integration**
- ✓ **HCBS Access: High LTSS rebalancing based on HCBS spend**

NORTH DAKOTA

- ✓ **Enrollment in and access to integrated care: (1) Low enrollment in integrated care programs, (2) In terms of Medicaid & Medicare program design, the state has low to no integration**
- ✓ **HCBS Access: Low LTSS rebalancing based on HCBS spend**

TENNESSEE

- ✓ **Enrollment in and access to integrated care: (1) Low enrollment in integrated care programs, (2)) In terms of Medicaid & Medicare program design, the state has high integration**
- ✓ **HCBS Access: Low LTSS rebalancing based on HCBS spend**

The Toolkit's Three Organizing Domains

DOMAIN 1
Rural Community Planning

- ✓ To strengthen the rural community's ability to optimize its assets, reduce racial and geographic disparities, support rural and indigenous cultures, account for rural realities such as small populations and distance, and invest in transportation.

DOMAIN 2
Workforce Capacity

- ✓ To increase access to direct care workers, community health workers, and providers for dually eligible individuals living in rural areas.

DOMAIN 3
Social Determinants of Health Needs

- ✓ To address the SDOH needs and/or HRSNs of dually eligible individuals living in rural communities, prioritizing social isolation and loneliness, food, and housing.

- ✓ SDOH = social determinants of need
- ✓ HRSNs = health-related social needs

Eight Actionable Solutions & Many More

DOMAIN 1
Rural Community Planning

- ✓ Create a Comprehensive Access and Rural Equity (CARE) Plan
- ✓ Create a Rural-Specific Databook Focused on Rural Dually Eligible Individuals
- ✓ Leverage D-SNP Care Coordination Requirements

DOMAIN 2
Workforce Capacity

- ✓ Expand Medicaid Coverage for Community Health Workers and Other Services
- ✓ Close Medicaid and Medicare Provider Network Gaps
- ✓ Align Medicaid and Medicare Provider Networks

DOMAIN 3
Social Determinants of Health Needs

- ✓ Improve Identification and Sharing of Community Resources to Address Social Isolation
- ✓ Prioritize Food and Housing Needs

Panelist Discussion

- ✓ **Let's talk about the toolkit.**
  - ✓ Which solutions most resonate with you, and why?
  - ✓ Which solutions should policymakers immediately pursue?
- ✓ **Let's talk about the realities on the ground.**
  - ✓ How can we best support rural communities?
  - ✓ What can we do to address the direct care workforce crisis?
  - ✓ Why is integrated care so important to dually eligible individuals?
  - ✓ What role can plans play to increase access to services and integrated care?
  - ✓ What role can federal & state policymakers play to help rural communities?

Improving access to services, care coordination, and integrated care programs for dually eligible individuals in rural areas will require a dedicated effort across the federal, state, and local governments. We should not tolerate disparities between this country's rural and urban areas. CMS's commitment to advance rural health equity gives us hope that dually eligible individuals in rural areas will not fall through the cracks of the larger public health crisis.

image description: A young girl with black hair, slightly pulled back. She has brown eyes, light brown skin, rosy cheeks, and a happy face. She is wishing on a dandelion and blowing off the seeds with her breath into the air. She is wearing a peach-colored sweater.

Time Permitting - Audience Q & A

HMA Authors & Key Contributors to the HEARD Toolkit	Webinar Panelists
Ellen Breslin, MPP *Principal, HMA, Boston, MA* *ebreslin@healthmanagement.com*	Kevin Bennett, PhD *South Carolina Center for Rural and Primary Care* *kevin.bennett@uscmed.sc.edu*
Samantha Di Paola, *Consultant, HMA, NYC, NY* *sdipaola@healthmanagement.com*	Dennis Heaphy, MDiv, MEd, MPH *Disability Policy Consortium (DPC), Boston, MA* dheaphy@dpcma.org
Susan McGeehan *Senior Consultant, HMA, Minneapolis, MN* *smcgeehan@healthmanagement.com*	Pamela Parker *The SNP Alliance* pparker2@comcast.net
Rebecca Kellenberg, MPP *Principal, Montana* *rkellenberg@healthmanagement.com*	Tallie Tolen *New Mexico Medicaid* *tallie.tolen@hsd.nm.gov*
Andrea Maresca, MPH *Principal, Washington DC* amaresca@healthmanagement.com	

Resources

The Health Equity & Access for Rural Dually Eligible Individuals (HEARD) Toolkit: Raising Rural Voices from New Mexico, North Dakota, and Tennessee to Create Action

Link to the HEARD Toolkit:

RuralAccessToolkit_R6.pdf (healthmanagement.com)

Link to Health Affairs article:

https://www.healthaffairs.org/content/forefront/national-agenda-advance-health-equity-and-access-integrated-care-dually-eligible

Link to HMA's 2019-2021 three issue briefs on dually eligible individuals:

HMA briefs on Medicare-Medicaid integration - Health Management Associates