



# Special Needs — — Plan Alliance

**Medicare-Medicaid Integration Alliance (MMIA)**

**04/15/2024**

# Speakers

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- **Facilitator: Mike Cheek**, President & CEO, SNP Alliance
- **Amy Abdnor**, Director, Health Care, Arnold Ventures Topic Ventures
- **Hannah Diamond**, Policy Advocate, Justice in Aging
- **Michelle Sternthal**, PhD, Director of Government Affairs, Community Catalyst

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# SNP Alliance Discussion

April 15, 2024



# Agenda

- MMIA Overview
- Beneficiary advocate perspectives

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# Medicare-Medicaid Integration Alliance Overview



## Why MMIA?

- Desire to advance federal policy solutions in particular that advance Medicare-Medicaid integration
- Organizations working on this issue from various vantage points but no where to meaningfully collaborate
- Importance of making the beneficiary perspective central to the policy discussions

# Organizing Principles

- Every person who is dually eligible should have access to meaningfully integrated coverage
- People who are dually eligible should be provided resources to ensure informed decision-making and enrollment in coverage should be easy
- Integrated coverage must be held accountable for meeting people's needs and goals

# Tactics

- Ensure policymakers are informed about the challenges people who are dual eligible experience when care is not meaningfully integrated today
- Provide policymakers with ideas about how to fix today's broken system and respond to their proposed changes
- Actively work to advance solutions that are aligned with our organizing principles



# Alliance Opportunities

- Help ensure the centrality of the beneficiary voice
- Ability to benefit from shared expertise while maintaining autonomy
- Power of collective voices and strange bedfellows towards issue elevation, policy discussions, and advocacy efforts
- Each organization can lean into its strengths

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# **JUSTICE IN AGING**

**FIGHTING SENIOR POVERTY THROUGH LAW**

## Who we are

- Advocacy organization with the mission of improving the lives of low-income older adults
- Use the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources
- We focus on populations who have been historically marginalized and excluded from justice. People dually eligible for Medicare and Medicaid have been a priority population since our founding in 1972

# How we go about the work

- Model of change
  - Advocate at the state level to advance policy solutions (targeted efforts in CA and NJ)
  - Advocate at the federal level to advance policy solutions
  - Provide TA to advocates across the country
    - Run the National Center for Law and Elder Rights
- Duals Education Campaign
  - Providing educational resources specific to D-SNPs to our national audience
  - Providing targeted TA to ten states to improve integrated care through D-SNPs
  - Building the capacity of federal advocates, specifically aging and disability partners, to engage in administrative and legislative opportunities related to D-SNPs

# **JUSTICE IN AGING**

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## **Priorities**

- Integrated models must:
  - **Safeguard consumer choice and enable informed decision-making about enrollment options**
    - Limited Complexity of Choice Landscape
    - Limit D-SNP Look-Alikes
    - Regulate Brokers
    - Safeguard and Uphold Consumer Choice

# **JUSTICE IN AGING**

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## **Priorities**

- Integrated models must:
  - **Offer a robust set of benefits and supports that advance integration between Medicare and Medicaid**
    - Provide all Medicare and Medicaid Required Benefits
    - Increase Adequacy of Underlying Services in Medicare and Medicaid
      - Supplemental benefits should supplement, not supplant, existing benefits
  - Offer Robust Care Coordination

# JUSTICE IN AGING

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## Priorities

- Integrated models must:
  - **Provide strong consumer protections**
    - Preserve and Incorporate all Existing Medicare and Medicaid Protections
    - Protect Members from Cost-Sharing
    - Implement Continuous Enrollment
    - Ensure Member Communications are Clear, Timely, and Accessible
    - Provide Enrollees with Effective and Unified Appeals and Grievance Procedures
    - Robust Provider Networks
    - Care Continuity Periods During Transitions
    - Fully Fund Ombud Services
    - Establish and Sustain Consumer Advisory Groups

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# Community Catalyst





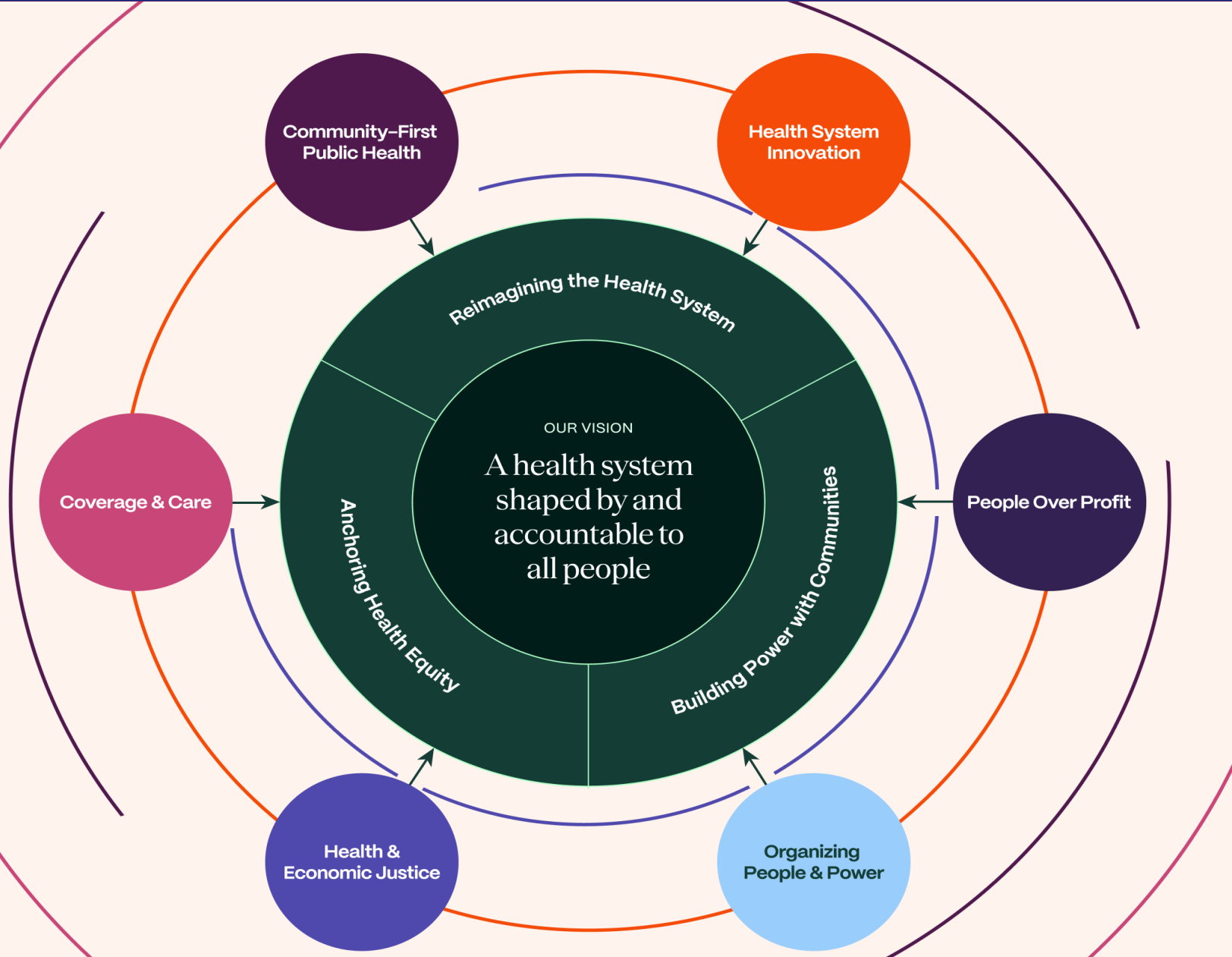


We're a national organization dedicated to building the power of people to create a health system rooted in race equity and health justice and a society where health is a right for all. Together with partners, we're building a powerful, united movement with a shared vision of and strategy for a health system accountable to all people.

**300+ partner organizations at the local and state level**

**45+ states where we do our work**

**9 states where we've incubated health advocacy organizations**



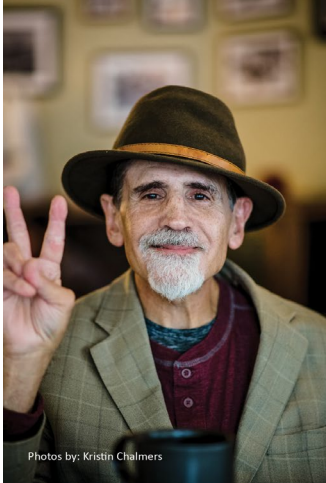
Through our core initiatives, we are building a powerful, united movement rooted in race equity and health justice.



In 2015, Community Catalyst established the **Center for Community Engagement in Health Innovation** to ensure that innovative change in the health system works for and is accountable to the people who most need it, particularly those with complex health needs, people with disabilities, and older adults.

Underlying premise: beneficiaries, communities and families are instrumental to improving the health care system

# Integrated Care: What Matters to Dually Eligible Individuals



Photos by: Kristin Chalmers

## Don

I am: “Free, Creative, Adapting, Affordable, Compensating”

“I had a stroke due to a dissection of my carotid artery after a bike accident in 2002. What matters is being in control of my health, being the one who decides along with my caregiver what’s best for me, not being told what I need.”

healthinnovation.org



healthinnovation.org

## Crystal

I am: “Creative, Energetic, Passionate, Activist”

“What matters most to me is being able to live independently and actively and raise my daughter in the community; having access to health care I need at home versus being stuck in facilities for weeks and months at a time. I have a very complex medical situation, so accessing health care that understands my needs and meets them is critical.”



Photos by: Kristin Chalmers

## Sherman

I am: “Active, An Advocate, Someone Who Cares About People”

“Having Medicare and Medicaid is big. It really matters because it pays for bills that I couldn’t otherwise afford, especially at my age. When you can’t afford insurance, you can’t afford health.”

healthinnovation.org



Photos by: Kristin Chalmers

## Lois

I am: “Kind, Someone Who Tries to Behave Myself, Outspoken, a Pain in the Ass”

“Because I have Medicare and Medicaid, even though I’ve had medical problems, I haven’t got a care, because everything I need is covered and I’ve had very good care for everything I need and am able to keep living here in my apartment.”

healthinnovation.org



## Integrated Models Must:

- Engage beneficiaries, their families, and their caregivers in model design, implementation, and oversight.
- Be accompanied by person-centered and accessible choice counseling which facilitates informed beneficiary choice and access to unbiased information about integrated plans.
- Provide meaningful benefits to beneficiaries:
  - Continuity of care with providers
  - Tangible supplemental benefits, such as cost-sharing, dental coverage, vision coverage, transportation, and durable medical equipment
  - Care coordination and navigation

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**Thank You!**





# THANK YOU

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Visit us on our website at [snpalliance.org](http://snpalliance.org)!