Introduction

Altarum is a nonprofit organization that designs and implements solutions to improve the health of individuals with fewer financial resources and populations disenfranchised by the health care system.
<table>
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<tr>
<th>Our Expertise</th>
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<tbody>
<tr>
<td>Experts in publicly-funded health care serving customers across the health care continuum — patients, providers, community, payers, policymakers</td>
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<td>Specialize in Medicare, Medicaid, LTSS, and Dual-Eligible populations</td>
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<td>More than 300 employees nationwide including clinicians, IT professionals, data scientists, research and policy experts, communicators, and implementers</td>
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<td>Roots in health care dating back to the 1970s — and an established and trusted partner to states, federal agencies, and philanthropic organizations</td>
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Our State, Philanthropic, and Federal Customers
We Turn Policy Into Practice

- Applied Research and analytics to inform policy decisions
- Consulting and Technical Assistance to support policy implementation
- Practice transformation and hands on training for providers and practitioners
- Methods and tools to support reporting and measure impact
We work across the health ecosystem to improve care

Working directly with health care service providers to transform service delivery and performance through:
- Redesigning systems of care
- Supporting practice transformation
- Educating and training payers and providers
- Delivering technical assistance,
- Providing new tools
- Conducting applied research & evaluation-analytics

Enable the health ecosystem to operate at scale and be interoperable across silos and stakeholders by:
- Developing & implementing IT systems (especially public health IT)
- Modernizing existing systems and processes
- Developing interoperability standards
- Building solutions to support other programmatic work

Working directly with Public Health Agencies, HRSA, CDC, and other key stakeholders to advance public health programs by:
- Applying research and evaluation methods to assess impact of programs
- Supporting program implementation improvement of performance through technical assistance & training
- Applying data analytics to enhance programs
- Providing expert marketing and communications support to share outcomes, practice and policy recommendations and guidance to policymakers, stakeholders, and the public

Integrating bi-directionally between the public health sector and those who deliver health-related services (e.g., providers, payers, CBOs) to “connect the dots”:
- Ensuring flow of information and insights
- Streamlining processes and reducing redundancy to improve effectiveness and efficiency for individuals and for organizations
- Promoting accountability for shared outcomes and integrated action across the sectors
Public Health Emergency (PHE) Unwinding Support. We are supporting the Kentucky Department for Medicaid Services to successfully unwind PHE flexibilities. Services include:

- Project management
- Stakeholder engagement
- Policy and data analysis
- Eligibility and enrollment vendor coordination
- Waiver and State Plan Amendment submission to CMS

Reducing Opioid Use Disorders Among New Mothers. We integrated opioid use screening and referrals across Community Health Centers and WIC agencies in central Texas, focusing on improving postpartum access and outcomes for underserved women during the “fourth trimester,” the year following delivery. Results included:

- 89% of providers reported that they intended to change practices based on trainings
- 78% of providers reported increased knowledge of opioid-related screenings, interventions, and community referral options
Our Impact – Example Projects

▲ **Michigan’s Regional Extension Center for Health IT.** Funded by ONC and Michigan Medicaid, we supported 4,000+ Medicaid providers with Stages 1-3 of Meaningful Use, bringing over $81 million in incentive payments to Michigan practices and improving care for over 4 million patients.

▲ **Behavioral Health Integration in Rural Michigan.** Helped rural primary care physicians integrate behavioral health (BH) screening, treatment, and follow-up into their practices and connected those physicians with a BH telehealth network. Results included:
  ▲ 2.5X increase in screening rates and improved PHQ-9 scores
  ▲ 1.5X increase in follow-up visits with a BH specialist
  ▲ Nearly 2X increase in clinical confidence to treat BH issues
  ▲ Nearly 1.5X increase in clinician knowledge and comfort prescribing medications

▲ **Oral Health Integration – Dental Registry and Referral Tool.** Our SmileConnect tool integrates technology and provider education to support care coordination and closed-loop referrals across care settings. Our program led to:
  ▲ 500% increase in the number of children on Medicaid that received completed dental screenings
  ▲ 70%-90% increase in preventive oral health services
Advancements in Dual Integration: A Bigger Toolbox for States
Altarum Medicare-Medicaid Services for States (AMMS)

AMMS helps states:

▲ Create solutions to **improve dually eligible individuals’ quality and experience of care and services** in their preferred living setting
▲ Realize **Medicaid cost efficiencies** and **potential savings** by addressing cost-shifting between Medicare and Medicaid and maximizing Medicare service coverage

AMMS fills the gaps in state knowledge, capacity, and expertise:

▲ Provide services by **leaders with national expertise in Medicare-Medicaid integration and Medicaid LTSS** program policy and administration
▲ **Meet states where they are** along the continuum of dual integration
▲ Assess current situations and offer **phased-in approaches**
▲ Help states to gain and **expand in-house capacity**
▲ **Share multi-state experiences** across participating states to learn what works best in different circumstances
State Levers for Oversight of D-SNPs

- Nationally, **more dually eligible individuals are enrolling** in Medicare Advantage (MA) Dual Eligible Special Needs Plans (D-SNPs)
  - **22% increase in national D-SNP enrollment** from October 2021 to October 2022
  - **253% increase in Ohio D-SNP enrollment** from 2018 to 2022

- States can **leverage State Medicaid Agency Contracts (SMACs)** (which all D-SNPs must have to do business in a state) to drive enhanced care for dually eligible individuals and cost efficiencies

- **SMAC provisions can further states goals** and may include requirements in numerous areas, including:
  - Model of care (health risk assessment, person-centered care plan, and integrated care team)
  - Data, quality, and financial reporting
  - Alternative payment models
  - Supplemental benefit coverage

Source: Monthly Enrollment by Contract/Plan/State/County | CMS
New D-SNP Tools for States

The CMS final rule for Contract Year 2023 Medicare Advantage and Part D programs strengthened regulatory provisions to enhance dually eligible individuals’ experiences with D-SNPs, as well as states’ ability to see and monitor quality ratings at the D-SNP level.

The rule strengthened:

- Regulatory provisions to enhance dually eligible individual experiences with D-SNPs:
  - Establish and maintain enrollee advisory committees
  - Social Determinants of Health questions in SNP health risk assessments
  - New pathways to simplify D-SNP enrollee materials
  - Simplified appeals and grievance processes

- States’ ability to require contracts at the local D-SNP level for certain plans:
  - Allows for Medicare quality ratings (Star ratings)
  - Allows for determination of medical loss ratios and other financial data
  - States gain access to CMS’ health plan management system and CMS D-SNP audits and findings

- Service area provisions – requires D-SNP’s with specific designations (e.g., HIDE/FIDE) to have a service area that matches the affiliated Medicaid Managed Care footprint
Other Significant Rule Updates

▲ Ends MyCare Ohio Medicare-Medicaid Plans (MMPs) by December 2025
  ▲ States must end use of MMPs by December 2023 or submit a transition plan to CMS and
    then may operate MMPs through December 2025

▲ Updates maximum out-of-pocket policy for dually eligible beneficiaries

▲ Makes technical and definitional updates for FIDE SNPs and HIDE SNPs

▲ Requires MA plan demonstration of network adequacy at time of application to CMS
Timeline for D-SNP and Dually Eligible Individual Provisions

2022
- State transition plan submission to CMS for converting MMPs to integrated D-SNPs due by October 1

2023
- Maximum out-of-pocket calculation change in effect
- D-SNP enrollee advisory committee in place
- Minimal service carve-outs for HIDE and FIDE SNPs in effect
- MMPs sunsetted in states that have not submitted transition plan to CMS

2024
- All SNP HRAs must include SDOH questions in HRAs, including housing, food, and transportation
- States may pursue D-SNP-only contracts

2025
- Revised HIDE SNP and FIDE SNP definitions in effect
- All MMPs transitioned to integrated D-SNPs by December 31st
Thank You

Michael Monson, President and CEO
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Altarum Medicare-Medicaid Services (AMMS) for States

Helping States Build Better Programs for Dually Eligible Individuals

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<tr>
<th>We Assess and Partner With States</th>
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<td>Meeting them where they are along the continuum of dual integration expertise and programming—we assess current situations and offer phased-in approaches to integration to achieve person-centered care</td>
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<th>We Enhance and Build State Capacity</th>
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<td>Improving coordination and integration across the two programs to improve individuals’ experience of care and quality of life, address cost shifting between the two programs, and ensure Medicare is maximized as primary payer of services and supports</td>
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<th>We provide Policy and Program Administration Services</th>
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<td>From national experts and tailored to the needs of each state and their dually eligible populations, including: Strategy and Program Design Administration and Operations Communications</td>
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AMMS Service Areas and Examples

**Strategy and Program Design**
- Identify paths to improve care coordination and integration to support person-centered care and program efficiencies
- Conduct environmental scan and data analysis of dual eligible population
- Assess Medicare market environment
- Develop strategies and design for integrated D-SNP models
- Develop strategies and design for integrated managed fee-for-service models

**Administration and Operations**
- Partner to implement initiatives and strengthen state policy and administrative capacity
- Provide project and program management
- Conduct data analysis and performance analytics including the development of appropriate quality metrics
- Develop purchasing strategies alongside state actuaries and staff
- Draft, oversee, and operationalize State Medicaid agency contracts with D-SNPs
- Guide and advise on IT integration

**Communications**
- Develop comprehensive internal and external stakeholder communication plans
- Conduct stakeholder/consumer engagement meetings and regional forums
- Liaise with CMS and state legislators
- Manage workgroups and relationships (e.g., interagency, cross-departmental, provider, and consumer)
Increase in D-SNPs and D-SNP Enrollment, 2006-2023
## New Opportunities for States: 3 Key Final Rule Provisions

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<th>CMS Final Rule Provision</th>
<th>What it Means for States:</th>
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| 1. Requirement That All D-SNPs Establish And Maintain One Or More Enrollee Advisory Committees For Each State In Which The D-SNP Is Offered And That D-SNPs Consult With These Advisory Committees On Various Issues, Including Ways To Improve Health Equity For Underserved Populations | ▲ Partnership opportunity to address health equity at the state and local community levels  
▲ States may partner with D-SNPs and local community-based groups in recruiting representative advisory committee membership and acting on input received from these committees  
▲ **SMACs may require** D-SNPs to collaborate with each other and the state on activities resulting from committee input and recommendations |
| 2. Inclusion Of One Or More Questions From A List Of Screening Instruments Specified In Sub-Regulatory Guidance On Housing Stability, Food Security, And Access To Transportation As Part Of D-SNP Health Risk Assessments | ▲ Including information gathered in an individual’s plan of care will support D-SNPs’ ability to address SDOH or make referrals for services  
▲ D-SNPs can partner with states on improving access to resources, tracking referrals, and outcomes  
▲ **SMACs may require** that D-SNPs in the state participate in a state workgroup with other partners to use aggregated information to systemically improve access to needed housing, food, and transportation |
| 3. Pathway To Allow States With Certain D-SNP Integrated Care Programs To Require That MA Organizations Establish A Contract That Only Includes One Or More D-SNPs | ▲ Provides states a stronger vantage point to determine high- and low-performing D-SNPs  
▲ Allows for Medicare Star ratings that reflect the D-SNPs’ local performance  
▲ Allows for determination of medical loss ratios and other financial data at the D-SNP-level  
▲ States gain access to CMS’s Health Plan Management System and involvement in coordination of CMS D-SNP audits and audit findings  
▲ D-SNPs with these contracts must use integrated plan materials and notices to enrollees that include both Medicaid and Medicare information  
▲ **SMACs may require** access to D-SNP-level data to support evaluation of specific state quality, financial and other requirements to operate in the state |

Source: https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-contract-year-2023-policy-and-technical-changes-to-the-medicare-advantage-and

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