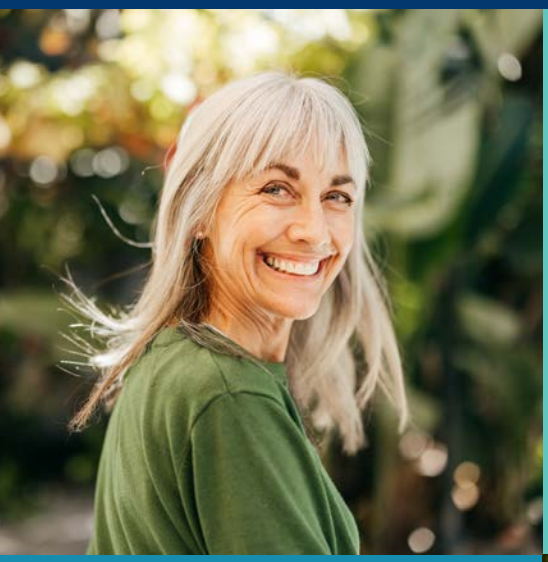
MAKING MEDICARE AND MEDICAID WORK BETTER TOGETHER

CLOSING GAPS IN BENEFITS AND SERVICES

MEDICARE RIGHTS CENTER
Getting Medicare right



This case study series aims to help policymakers, advocates, and beneficiaries better understand insurance navigation and access challenges faced by people with Medicare and Medicaid.

Each brief tells the story of a client who called the Medicare Rights Center's National Helpline for assistance. Briefs highlight common obstacles to coverage and care and provide possible solutions.

The two-part case study below explores common issues with unintegrated care for low-income individuals who are dually eligible for Medicare and Medicaid. In the context of this publication, integrated care refers to the coordination of Medicare and Medicaid benefits for dually eligible beneficiaries. Where integrated care exists, the task of coordination is most often assigned to private managed care plans and programs that pay for and deliver a person's Medicare and Medicaid services. But Medicare and Medicaid coverage is too often unintegrated or not successfully integrated, and the challenge of making two types of health insurance coverage work together falls to the beneficiary and their family/caregivers, providers, and community organizations. Thankfully, insurers can eliminate some of these challenges through program and plan designs that better coordinate and combine Medicare and Medicaid services and payments.

Integrated care is still a work in progress, results are varied, and there are significant lessons to be learned. For instance, major differences exist from plan to plan, with some plans offering integrated networks, benefit structures, and appeals, and others appearing to provide no substantially integrated benefits to their enrollees. At both the state and federal level, beneficiaries need tools and education to distinguish between integrated and nonintegrated plans and to understand why integrated plans are more likely to serve their needs. Protections must also be put in place to protect consumers from misleading marketing practices intended to entice duals into enrolling in minimally integrated plans, also known as "D-SNP lookalikes." These protections can include Special Enrollment Periods (SEPs) and heightened standards for integrated plans so there are fewer "less good" options. Strict limitations on marketing impropriety are especially important because disparities in benefit coordination and overall beneficiary experience in more integrated compared to less integrated products can be great even when the "perks" advertised are similar. States can require greater integration through plan contracts and should also work toward improving upon federal standards for integrated care so that all plans provide a meaningful minimum benefit.

UNINTEGRATED SUPPLEMENTAL BENEFITS:

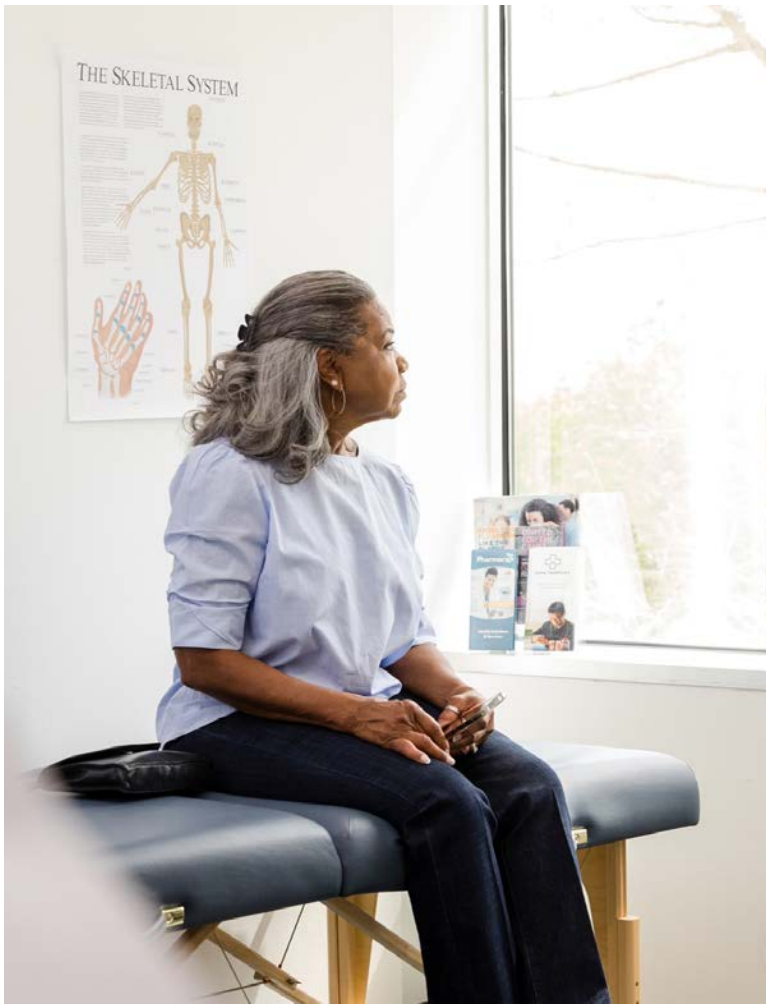
Mrs. W's Patchwork of Coverage from Multiple Plans Results in Less Access to Needed Services

Mrs. W is a 68-year-old dually eligible individual who called the Medicare Rights Center's National Helpline because she was having trouble accessing her health insurance transportation benefits. Mrs. W has chronic pain and needs to see her doctor once every month for pain management-related care. Because of her medical conditions, Mrs. W requires transportation to and from her doctor's appointments.

Previously, Mrs. W was enrolled in Original Medicare, and her transportation services were covered by her Medicaid managed long-term care (MLTC) plan. But she had to manage appointments that were unrelated to her long-term care services directly and sometimes struggled to make arrangements with the transportation provider (Original Medicare typically does not cover non-emergency transportation services). However, after being told that a Medicare Advantage Plan might better serve her needs by covering her transportation services directly and would also offer additional benefits—called supplemental benefits—she decided to enroll in a coordination-only (CO) Dual-eligible Special Needs Plan (D-SNP) and stay enrolled in her MLTC plan.

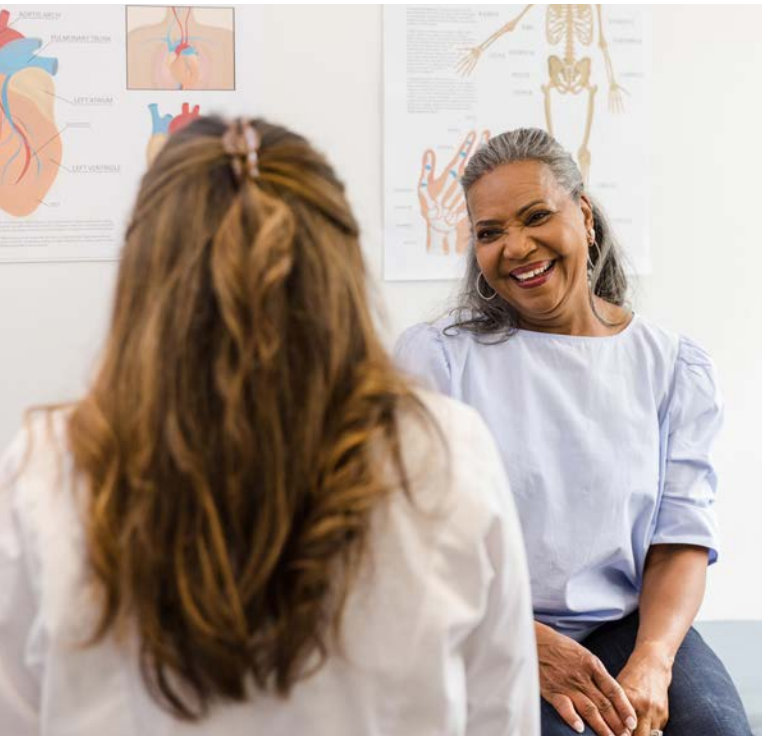
Coordination-only plans are one of several different kinds of D-SNPs. Each offers a different experience depending on the level of integration. Typically, CO D-SNP integration is minimal.

Two different entities administer the enrollee's Medicare and Medicaid benefits. Depending on the plan, the beneficiary experience may not feel much different from being in Original Medicare with separate Medicaid coverage. However, the D-SNP's marketing materials promised Mrs. W a more seamless experience. She was also assured that the CO D-SNP would begin covering her non-emergency medical transportation with less work from her.



Soon after the new coverage took effect, however, problems arose. First, her D-SNP questioned the distance she traveled each month to her doctor's office and requested that she fill out a form providing justification for the transportation services. Though Mrs. W explained that the transportation services were medically necessary because her condition prevents her from driving, Mrs. W's D-SNP denied coverage for her transportation. Mrs. W was suddenly put in a difficult position. She supported herself on a limited income, and the cost of using a ride-sharing service would be extremely burdensome. Driving to her appointments was a safety risk. Although appealing was an option, the process for doing so was not clear. Mrs. W felt that the only option left to her was to forgo critical pain management care.

When Mrs. W called Medicare Rights, her counselor started by contacting the Medicare Advantage D-SNP and the Medicaid MLTC plan. These plans, each operated by a different company, had separate rules for transportation coverage and contracted with different transportation vendors to provide benefits.



As a result of complicated D-SNP supplemental benefit rules, while Mrs. W's MLTC plan had provided transportation services when she was enrolled in Original Medicare, it could not do so when she was enrolled in the D-SNP. The D-SNP said that she did not meet their criteria for supplemental benefit, and that they were not responsible for her Medicaid transportation benefit. In fact, though the CO D-SNP promised more seamless coverage, it was no more integrated with regard to Mrs. W's transportation services than her previous arrangement and seemed to cause even more problems than Mrs. W had previously experienced.

The Medicare Rights counselor explained to Mrs. W that it is easy to be confused about D-SNPs. Some provided limited coordination between Medicare and Medicaid benefits while others were more fully integrated. Supplemental benefits that mirror services covered by Medicaid often make this even more complicated. The counselor also noted that appealing is difficult because the standards for qualifying for supplemental benefits are set by the D-SNP, not by Medicare.

Mrs. W's counselor told her that the type of unified experience she had been looking for may be available through another D-SNP option offered by the same company as her MLTC plan. This other D-SNP was a different type of D-SNP and was more truly integrated. The new plan would directly provide all Medicare, Medicaid, and long-term care benefits, including her transportation benefit.

Mrs. W was interested in exploring this option since she was unaware of the different types of D-SNPs and had not previously heard about the option of having one unified plan, though it sounded like what she had hoped the first D-SNP would achieve.

INTEGRATED BENEFITS:

Mr. L's Enrollment in a Fully Integrated Plan Simplifies Access to Timely Medicare- and Medicaid-Covered Services

Mr. L is a 77-year-old beneficiary who called the Medicare Rights Center's National Helpline because he was having trouble accessing his health insurance transportation benefits. His Medicare Advantage Plan offered non-emergency medical transportation as a supplemental benefit, and Mr. L had signed up for the plan because he is wheelchair-bound and needed transportation to and from his regular doctor's visits. Mr. L also has Medicaid, but he has found the Medicaid transportation services unreliable and had hoped that the private plan's benefit would be "better."

Despite meeting the requirements for coverage, Mr. L was unable to use his transportation benefit. This was because the plan's transportation vendor only accommodated individuals who could get into the vehicle independently and have their wheelchair stored in the trunk. Because Mr. L could not walk into the vehicle on his own, he had been unable to schedule needed transportation.

A Medicare Rights counselor contacted Mr. L's health plan to file a grievance. The counsellor explained that the plan was responsible for ensuring that members have access to supplemental benefits for which they are eligible. However, the plan representative on the phone denied the grievance request.

They insisted that any complaints be filed with the transportation company, even though the Medicare Advantage Plan has the responsibility to ensure that their contracted providers fulfill their obligations.

The counsellor filed a complaint against the plan with Medicare using the 1-800-MEDICARE helpline. Afterwards, the counsellor suggested that Mr. L explore other plan and coverage options to improve his access to needed services. To reduce the chance that he would encounter network restrictions that impacted his ability to see providers he currently uses, the counsellor started by exploring Dual-eligible Special Needs Plans with networks that included his current providers and preferred hospitals.

Because transportation services were particularly important for Mr. L, and he did not prefer the company that contracted directly with the local Medicaid agency, the counselor focused on D-SNPs that had aligned Medicaid plans, and that managed transportation benefits themselves. Alignment is when the Medicare Advantage D-SNP and the Medicaid Managed Care Organization (MCO) that a person is enrolled in are offered by the same company, its parent company, or an entity that is owned and controlled by the parent company. In a D-SNP with an aligned Medicaid MCO, Mr. L's transportation would be handled by the same company, using transportation vendors who have to meet Medicaid and company standards.

This protects him from errors that can arise when beneficiaries have separate Medicare Advantage supplemental benefits and Medicaid benefits, with different costs, coverage rules, and vendors.

Key Policy Recommendations

Dually eligible individuals must regularly navigate differences in their Medicare and Medicaid insurance. When Medicare Advantage Plans offer supplemental benefits—such as vision, dental, or transportation—that are also covered by an individual's Medicaid insurance, obstacles can arise.

These obstacles are the result of differences in cost, coverage rules, and other requirements between different plans. But, as we see in Mrs. W's and Mr. L's cases, certain integrated plans align Medicare and Medicaid benefits, making it simpler for beneficiaries to obtain needed care. The following recommendations would help states and the federal government achieve the promise of truly integrated care for dually eligible individuals, particularly with regard to supplemental benefits and other services that may be otherwise treated differently under Medicare and Medicaid rules:

KEY RECOMMENDATION

Plan Finder Updates

While Medicare's Plan Finder lists integrated care options, plans are categorized only as D-SNPs—without reference to the level of integration. CMS should update Plan Finder to designate plans as Coordination-only (CO), Highly Integrated Dual-Eligible (HIDE) SNPs, or Fully Integrated Dual-Eligible (FIDE) SNPs.

KEY RECOMMENDATION

Improvements to Medicare Advantage Benefits Marketing

Beneficiaries, especially dual-eligibles, often enroll in a plan because it covers additional benefits that Original Medicare does not, only to face problems accessing these benefits. Marketing messages need to be clearer, and plans held more accountable for incidents when beneficiaries feel misled, even unintentionally.

KEY RECOMMENDATION

Greater Product Clarity

It is difficult to tell if a plan is fully, partially, or not integrated at all. Plan names are generic, and tools that exist to help consumers make decisions, like Medicare's Plan Finder, do not include actionable information about Medicaid benefits. The Centers for Medicare & Medicaid Services (CMS) should ensure that D-SNP plan integration is easily communicable, whether through naming conventions, Plan Finder improvements, or detailed plan materials.

KEY RECOMMENDATION

Improvements to Evidence of Coverage (EOC)

D-SNPs should be required to include specific information about accessing supplemental benefits that overlap with Medicaid benefits in the EOC and other plan documents. This would reduce confusion about how these benefits interact for plan enrollees and the advocates who support them.

KEY RECOMMENDATION

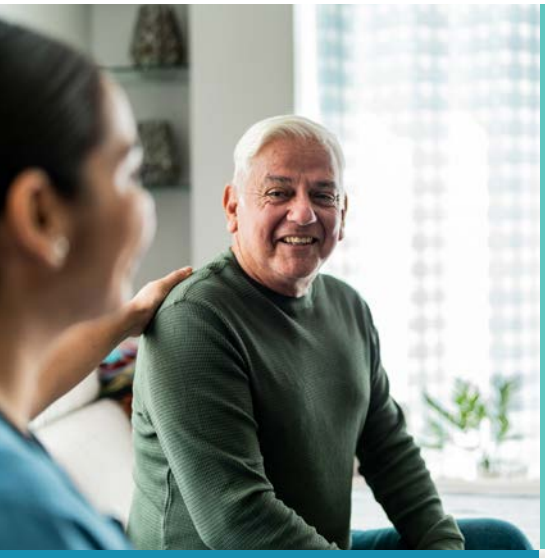
Greater Supplemental Benefits Oversight

CMS should investigate and track denials and barriers related to supplemental benefits. In both cases highlighted here, it was more expedient for the beneficiary to access needed transportation benefits through Medicaid, circumventing the supplementary benefits advertised and ostensibly offered by the Medicare Advantage Plan. Active oversight is required to ensure that the benefits that MA Plans are paid to provide are actually being delivered.

KEY RECOMMENDATION

Expanded Beneficiary and Provider Education

Dually eligible individuals and their providers need educational resources that explain Medicare and Medicaid, Medicare Advantage Plans, D-SNPs, and integrated options. They are otherwise more likely to make mistakes in plan selection and while trying to access benefits. States should work together with CMS to develop and promote new educational resources and/or improve existing ones. Increased meaningful education will better prepare providers for advising their patients when problems arise.



www.medicarerights.org

800-333-4114

266 W. 37th St. 3rd Floor
New York, NY 10018

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