Altarum Overview

www.altarum.org

ALTARUM

SOLUTIONS TO ADVANCE HEALTH

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.

ALTARUM

SOLUTIONS TO ADVANCE HEALTH

Our Expertise

Experts in publicly-funded health care serving customers across the health care continuum — patients, providers, community, payers, policymakers

Specialize in Medicare, Medicaid, LTSS, and Dual-Eligible populations

More than 300 employees nationwide including clinicians, IT professionals, data scientists, research and policy experts, communicators, and implementers

Roots in health care dating back to the 1970s — and an established and trusted partner to states, federal agencies, and philanthropic organizations

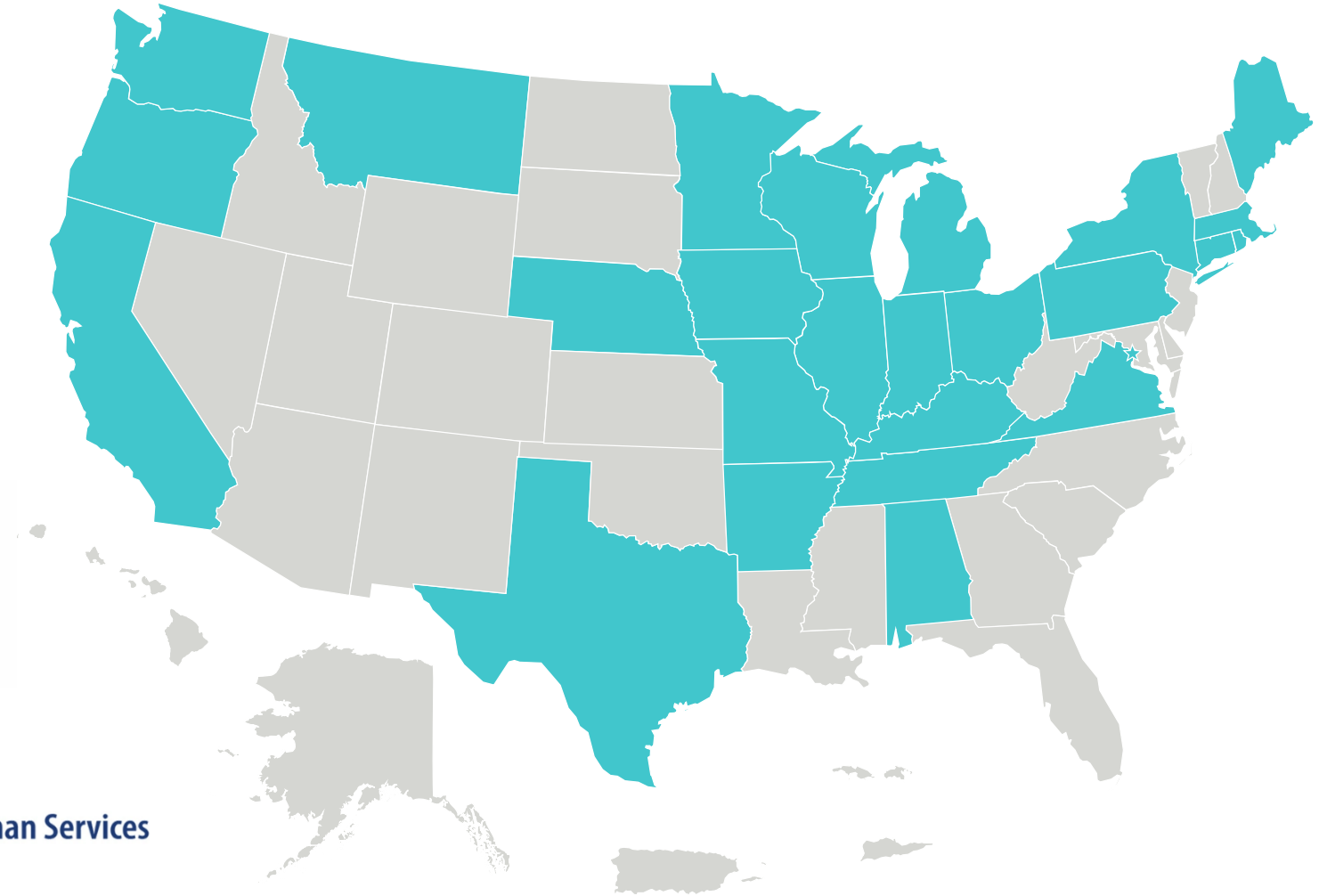
Our State, Philanthropic, and Federal Customers

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

HRSA
Maternal & Child Health

THE AMERICAN ACADEMY OF PEDIATRICS



KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

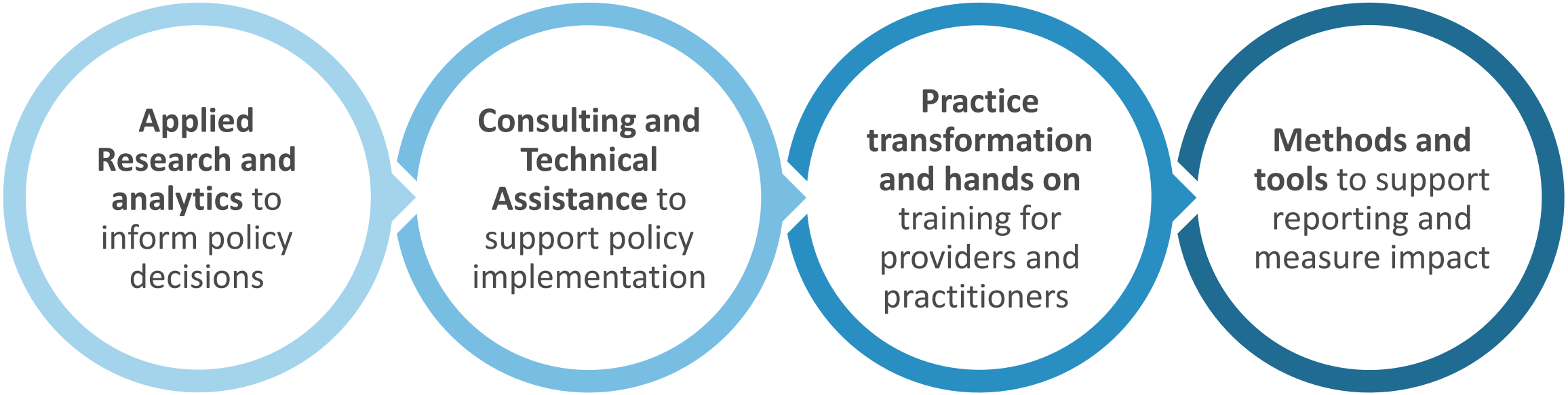
TN Department of Health

MAINE SNAP-Ed
Healthy Eating on a Budget

TEXAS Health and Human Services

SAMHSA
Substance Abuse and Mental Health Services Administration

We Turn Policy Into Practice



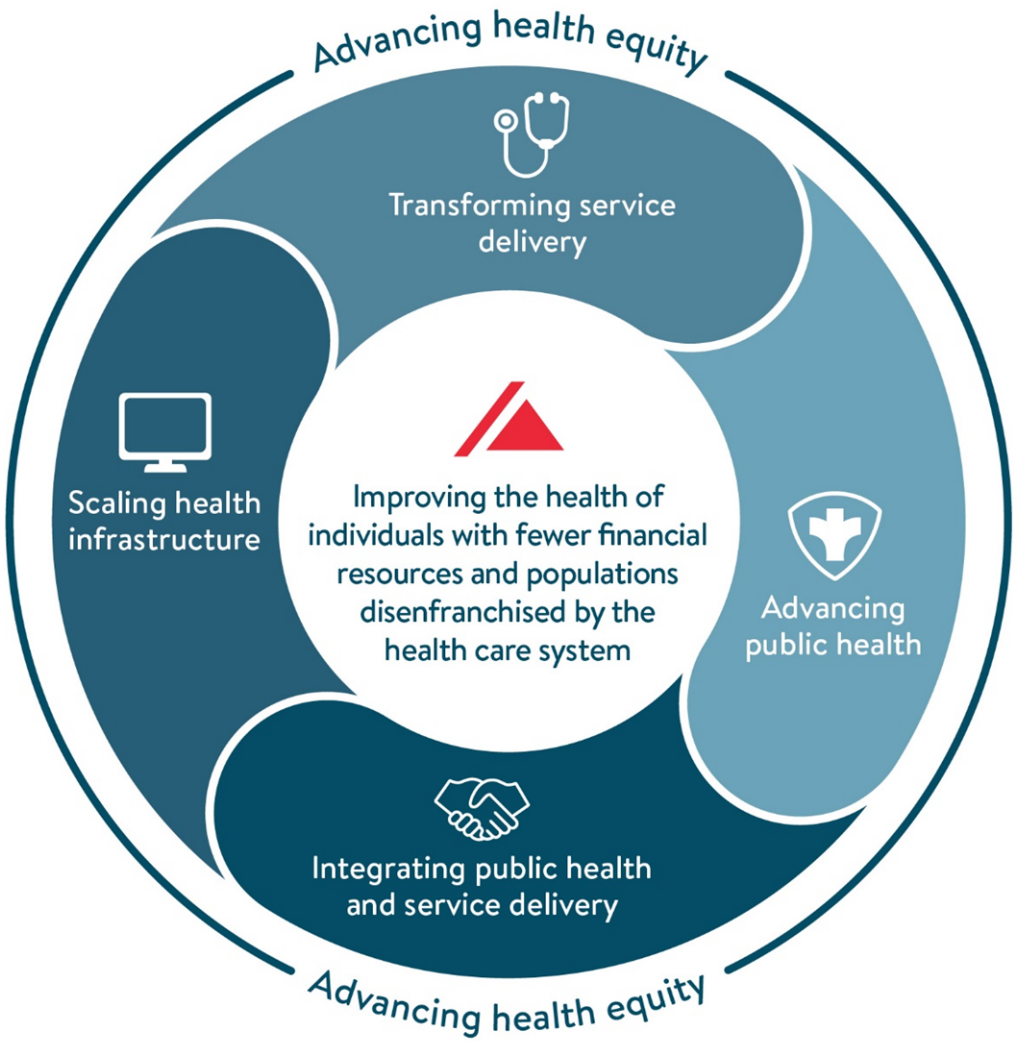
We work across the health ecosystem to improve care

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**

Our Impact – Example Projects

- **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

AMMS brings exceptional national dual eligible and LTSS policy and program administration expertise and works with states and their unique characteristics, environments, populations, and stakeholders.

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.

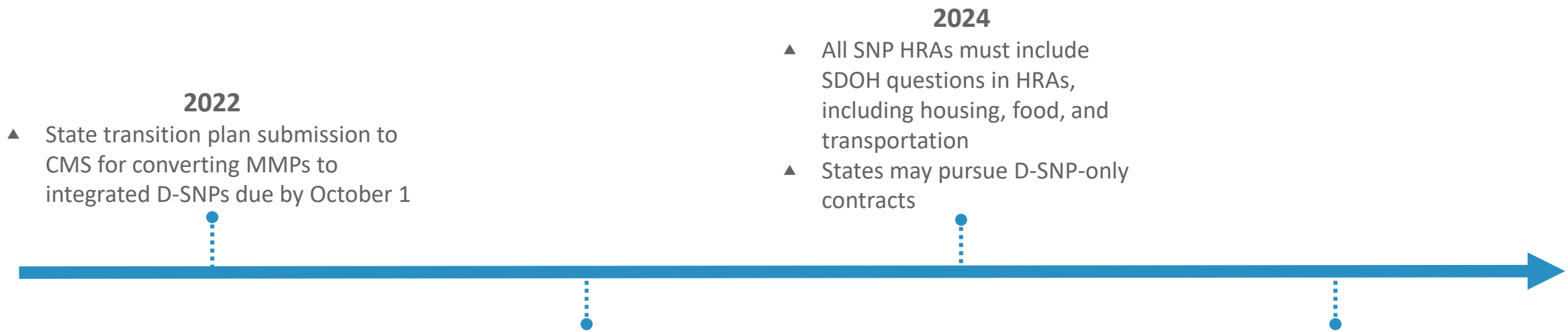
The rule strengthened:

- 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

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SOLUTIONS TO ADVANCE HEALTH

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Appendix

Altarum Medicare-Medicaid Services (AMMS) for States

Helping States Build Better Programs for Dually Eligible Individuals

We Assess and Partner With States

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

We Enhance and Build State Capacity

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

We provide Policy *and* Program Administration Services

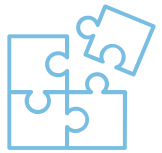
From national experts and tailored to the needs of each state and their dually eligible populations, including:

Strategy and Program Design

Administration and Operations

Communications

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

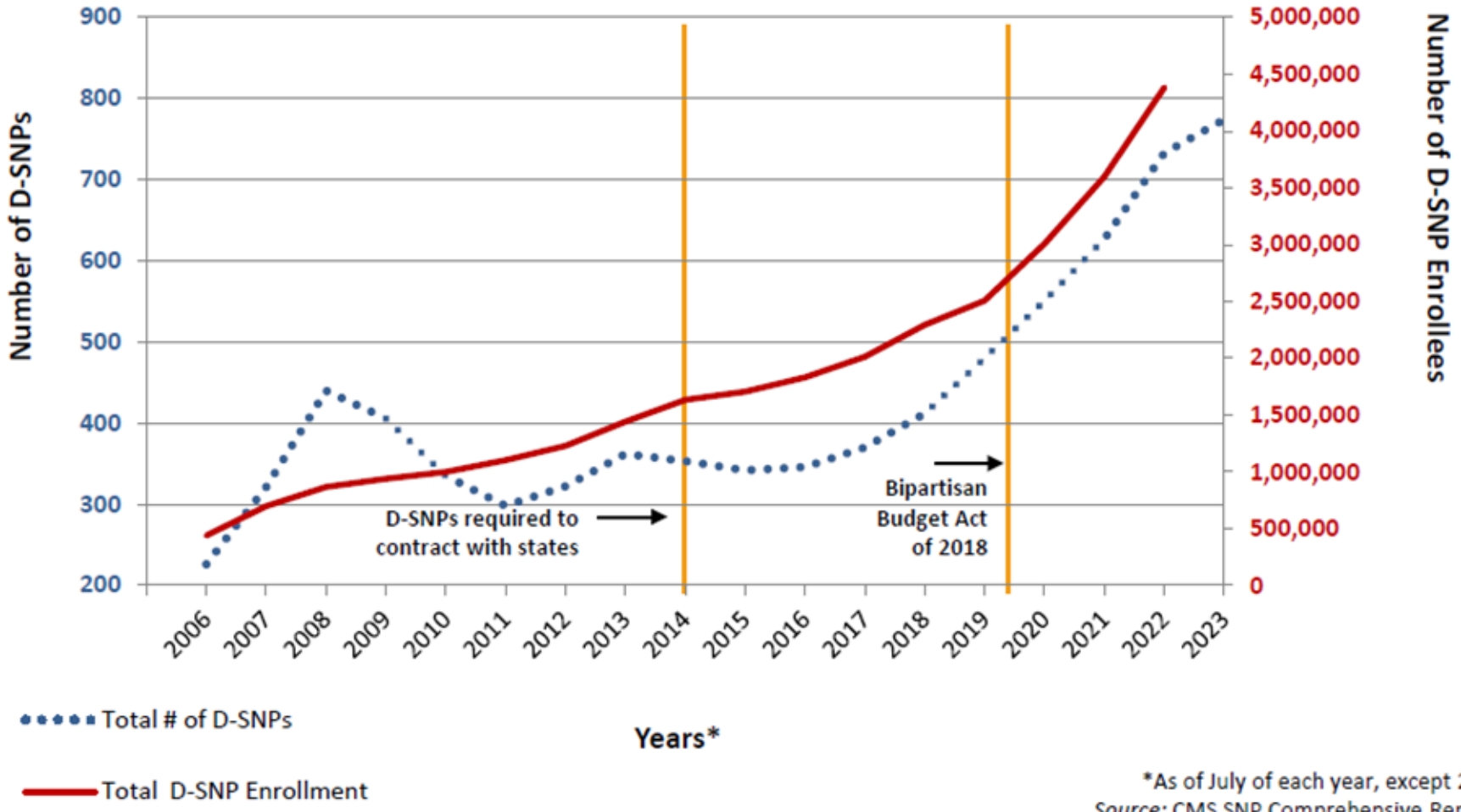
Administration and Operations

- 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



*As of July of each year, except 2023

Source: CMS SNP Comprehensive Reports

Source: Integrated Care Resource Center (ICRC)

New Opportunities for States: 3 Key Final Rule Provisions

CMS Final Rule Provision	What it Means for States:
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-SNP's 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