TARGETING THE SERIOUS MENTAL ILLNESS POPULATION IN DUALLY ELIGIBLE MEDICARE/MEDICAID POPULATIONS

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President
Dual Eligible Population

35% of expenditures for both Medicare and Medicaid even though they are 20% and 15% of these populations, respectively

2016 Duals Expenditures
- Medicare = $235 billion
- Medicaid = $193 billion

Majority of duals have cognitive impairments

Source: https://www.kff.org/medicaid/issue-brief/medicaids-role-for-medicare-beneficiaries/
Mental Illness

Mental illness, also called mental health disorders, refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior.

Common Mental Health Disorders

• Depression
• Anxiety disorders
• Schizophrenia
• Eating disorders
• Addictive behaviors
Depression and Alzheimer’s Disease

Science not clear:
• Alzheimer’s disease may intensify a predisposition to depression
• Depression may increase the chances of developing Alzheimer's disease

Overlapping Symptoms:
• Memory problems
• Problems in concentration
• Social Withdrawal
• Sleep disturbance – too much or too little
• Lost of interest in once-enjoyable activities
Depression and AD:
- Depression dx more likely in AD patients due to caregiver reports and patient non-verbal cues
- If treated for depression, better able to cope with AD
- Depression usually less severe and sporadic in episodes
- Depression can lead to worsening of cognitive decline, increased problems with ADLs and dependence on caregivers

Common Depression Management Approaches:
- Antidepressant medication
- Support groups/counseling
- Increase social activities
- Physical Exercise

Also pillars of brain health
The GAP Memory Fitness-Brain Health Program

8 pillars
1. Stay active
2. Eat well
3. Sleep well
4. Exercise your brain
5. Connect with family and friends
6. Relax and reduce stress
7. Control risk factors
8. Get involved in research

Learn more at:
https://globalalzplatform.org/activ8yourbrain/

@Acti_v8YB
Beginning this year (2019), CMS allowed MA plans to offer supplemental benefits “that diagnoses, compensates for physical impediments, acts to ameliorate functional or psychological injuries or health conditions, or reduces avoidable emergency and healthcare utilization.”

The non-exhaustive list of benefits CMS will now permit includes:

- Adult Day Care
- Home Based Palliative Care
- In-Home Support Services (ADL assistance)
- Caregiver Support Services (i.e., personal care, respite care)
- Medically-approved Non-Opioid Pain Mgt (including therapeutic massage)
- **Memory Fitness Activities**
- Home Safety Device Modifications
- Non-Emergency Medical Transportation
- Over the Counter Drugs
• The composition of Memory Fitness Programs is evolving and in 2019 only a small number of plans implemented it, but subscription rate appears to be high.

• Often “Memory Fitness” is part of a wellness package that includes exercise (eg, Silver Sneakers or WalkADo) and online activities (eg, BrainHQ). Plans also regroup existing benefits, eg fitness club memberships, nutrition/cooking classes, group activity programs at their medical homes and call them a Memory Fitness program.

• Plans implement these programs to meet unmet needs of current members and to attract new members.

• In 2020, significant growth expected in plans offering Memory Fitness Programs.

• To date, no Memory Fitness programs include all “pillars” of memory fitness/brain health advanced by GAP.
The GAP Approach

- GAP is monitoring MA plans to determine those interested in, or expanding their current offerings, for Memory Fitness
- GAP will seek partnerships with MA and ACOs who want to learn more and/or connect with resources, such as free memory screens/research opportunities
- GAP will highlight via social media select MA plans with Memory Fitness offerings
NEW HCC Codes for Dementia

• Well-established HCC’s are diabetes, chronic obstructive pulmonary disease (COPD), chronic heart failure (CHF), and diabetes

• To factor into risk adjustment, a diagnosis must be based on clinical medical record documentation from a face-to-face encounter, documented at least once per year, and coded according to the ICD-10-CM guidelines

• **NEW for 2020 MA Plans:**
  HCC 51: dementia with complications
  HCC 52: dementia without complications
“Delays in diagnosing dementia may lead to suboptimal care, yet around half of those with dementia are undiagnosed.” (Age Ageing. 2015 Jul; 44(4): 642–647)

MA has a much higher percentage of minority beneficiaries than Medicare FFS

13% vs. 7% Hispanic | 11% vs. 9% African American

BH = brain health, MF = Memory Fitness, MCI = mild cognitive impairment

GAP Estimate: June, 2019
And the New Dementia HCCs Create Significant Environmental Changes

• Estimated Payments to MA Plans will generate energy for detecting, assessing, diagnosing and caring for dementia cases.
  – ~$6,000 /member/year (with complications)
  – ~$1,500/member/year (without complications)
  – ~$3-4 Billion of payments

• This change also creates stress on provider systems. Consensus is that most provider systems are not prepared for diagnosing and treating 2x more dementia and MCI cases.

• Planning, focus and state of the art innovation will be required.

Starting in 2020 MA Plans have – for the first time – a financial incentive and need to collaborate on the detection, assessment and diagnosis of dementia.
Impact of HCC 51/52 on Timely Detection, Assessment and Diagnosis

• Implementation Challenges
  – No “gold standard” for diagnosis of dementia
  – Multiple ICD 10 dx codes that indicate dementia
    • Memory loss (R41.1, R41.2, R41.3)
    • Unspecified dementia without behavioral disturbance (F03.90)
    • Unspecified dementia with behavioral disturbance (F03.91)
    • Alzheimer’s disease (G30.0, G30.1, G30.8, G30.9)
    • Dementia with Lewy bodies (G31.83)
    • Frontotemporal dementia (G31.09)
    • Vascular dementia (F01.50, F01.51)
  – Criteria for HCC 51 “with complications” are not yet available

• Provider Groups, especially those taking “full risk” will need to modernize their diagnostic technologies, care planning processes and add personnel, especially social workers.

• Guidance on tools/assessments needed to meet patient dx to qualify for HCC 51/52 may help MAO/ACOs. GAP is in process of collaborating with CMS to give MA ecosystem access to diagnostic and treatment experts.
Medicare Advantage Penetration by State (2018)

**National Average, 2018 = 34%**

**NOTE:** Includes cost plans, which comprise the majority of enrollment in MN, ND, and SD, as well as other Medicare Advantage plans. Excludes beneficiaries with unknown county addresses.

**SOURCE:** Kaiser Family Foundation analysis of CMS State/County Market Penetration Files, 2018.

June, 2019
Many GAP Sites Are In Important MA Markets

GAP believes the trends in MA present a unique opportunity to “partner” with MA plans and ACOs in markets with GAP-Net research centers to allow for MA patients to consider GAP memory centers and research opportunities as a care option.
Thank You!