



2019 **ANNUAL  
MEETING**  
& EXHIBIT

October 27-30  
Toronto, Canada

## Session 101: Medicare Advantage and Managed Medicaid Long Term Care Benefits

[SOA Antitrust Compliance Guidelines](#)

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# Medicare Advantage and Managed Medicaid Long-Term Care Benefits

Session 101

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**Vince Bodnar**

**Sanjit Puri**

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October 29, 2019



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# Agenda

- Introductions
- Overview of Medicare and Medicaid and the LTC benefits they provide
- LTSS in Medicare Advantage
- Medicare Advantage and Managed Medicaid Long Term Care

# Introductions

**Bob Yee, FSA, MAAA**

Director, PwC

**Vince Bodnar, ASA, MAAA**

Partner & LTC Practice Leader, Oliver Wyman

**Sanjit Puri, MD, MBA, ASA, MAAA**

Senior Director, Optum Advisory Services

**Robert Eaton, FSA, MAAA**

Consulting Actuary, Milliman, Tampa FL

# OVERVIEW OF MEDICARE AND MEDICAID AND THE LTC BENEFITS THEY PROVIDE

OCTOBER 28, 2019

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Partner and Long Term Care Practice Leader  
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# Medicare program breakdown

Medicare covers 60.8 Million people in 2019 and cost \$701.8 Billion in fiscal year 2018<sup>1</sup>

Program	Description of LTC coverages	Enrollment
<b>Medicare – Part A</b>	<ul style="list-style-type: none"> <li>• Most Medicare LTC benefits come through here</li> <li>• Will cover LTC services when:               <ul style="list-style-type: none"> <li>• Following a hospitalization up to 100 days</li> <li>• Required to treat medical conditions – reviewed every 60 days</li> <li>• To prevent further decline due to medical conditions (e.g. Parkinson’s, ALS, MS, Alzheimer’s)</li> <li>• Hospice care</li> </ul> </li> </ul>	38.2 Million <sup>1</sup>
<b>Medicare – Part B</b>	<ul style="list-style-type: none"> <li>• Covers medically necessary services and preventive services</li> <li>• LTC services are not covered under part B</li> </ul>	38.2 Million <sup>1</sup>
<b>Medicare – Part C</b> Medicare Advantage Plans	<ul style="list-style-type: none"> <li>• Plans offered by private insurers that replace Medicare Part A and Part B coverages and expand covered services</li> <li>• 2019 plans now have the option to offer some LTC-related services</li> </ul>	21.9 Million <sup>1</sup>
<b>Medicare – Part D</b>	<ul style="list-style-type: none"> <li>• Drug coverage</li> </ul>	45.5 Million <sup>1</sup>
<b>Medigap / Medicare Supplemental Coverages</b>	<ul style="list-style-type: none"> <li>• 10 federally defined plans offered by private insurers to add to the benefits offered by Part A and B</li> <li>• LTC coverages operate the same as Part A</li> </ul>	13.1 Million <sup>2</sup>

<sup>1</sup> Data sourced from “CMS Fast Facts July 2019”. Split between Part A and Part B not available

<sup>2</sup> Data sourced from “State of Medigap 2018” – Dated June 2018 by the AHIP and reflects 2016 values

# Medigap/Medicare Supplemental Coverages

## 10 federally defined plans make up the Medigap program

	Medicare Supplement Insurance (Medigap) Plans									
<b>Benefits</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F*</b>	<b>G</b>	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>
Medicare Part A coins and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coins or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coins or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%		100%	100%	50%	75%		100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
Out-of-pocket limit in 2019**							\$5,560	\$2,780		

\* Plan F is also offered as a high-deductible plan by some insurance companies in some states. If you chose this option, this means you must pay for Medicare-covered cost (coinsurance, copayments, deductibles) up to the deductible amount of \$2,300 in 2019 before your policy pays anything.

\*\* For Plans K and I, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$185 in 2019), the Medigap plan pays 100% of covered services for the rest of the calendar year.

\*\*\* Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

# Medigap/Medicare Supplemental Coverages

## Changes happen regularly and in 2020 will impact the most popular plan

Historical Changes	Description
Changed plans	<ul style="list-style-type: none"> <li>Plans D and G have different benefits if you purchased prior to June 1, 2010</li> </ul>
Discontinued plans	<ul style="list-style-type: none"> <li>Plans are added or removed from time to time</li> <li>Plans E, H, I, and J are no longer sold</li> <li>If you are enrolled in a plan, you can continue to keep this coverage</li> </ul>
January 1, 2020 changes	<ul style="list-style-type: none"> <li>New Medigap policies are no longer allowed to cover the Part B deductible</li> <li>Plans C and F are being closed to new sales as of January 1, 2020 as a result                             <ul style="list-style-type: none"> <li>Plan F has historically been the most popular plan with over 50% of the annual enrollment<sup>1</sup></li> </ul> </li> </ul>

**Plans N and G have similar benefits to plan F and may pick up plan F enrollments**

<sup>1</sup> Data sourced from “State of Medigap 2018” – Dated June 2018 by the AHIP and reflects 2016 values

# Overview of Medicaid LTC coverages

Medicaid covers 76.5 Million people and cost an estimated \$580.9 Billion in fiscal year 2016<sup>1</sup>

Program	Description of LTC coverages	Enrollment <sup>2</sup>	Cost <sup>3</sup>
Medicaid	<ul style="list-style-type: none"> <li>• LTC benefits defined as Long Term Services and Support (“<b>LTSS</b>”)</li> <li>• Covers               <ul style="list-style-type: none"> <li>• Nursing home services</li> <li>• Home and community based services</li> <li>• Services that will help you remain in your home</li> </ul> </li> <li>• Additional programs being run to encourage states to improve care and reduce costs</li> <li>• Most programs encourage home and community based services</li> </ul>	5.2 Million receiving LTSS benefits 2013	\$167 Billion for LTSS benefits in fiscal year 2016

<sup>1</sup> Data totals sourced from “2017 Actuarial Report on the Financial Outlook for Medicaid” – Released October 1, 2018

<sup>2</sup> Enrollment data sourced from “Medicaid Long-Term Services and Supports Beneficiaries in 2013” – Dated September 22, 2017

<sup>3</sup> LTSS Cost data sourced from “Medicaid Expenditures for Long-Term Services and Supports in FY 2016” – Dated May 2018

## Notable programs within Medicaid covering LTC services

Program	Description of Coverage	Enrollment <sup>1</sup>
Home and Community Based Services (“ <b>HCBS</b> ”)	<ul style="list-style-type: none"> <li>• Focus area within Medicaid</li> <li>• Total cost of \$82.7 Billion</li> <li>• “HCBS provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings.”</li> </ul>	4.6 Million <sup>1</sup>
Managed Long Term Services and Supports (“ <b>MLTSS</b> ”) Plans	<ul style="list-style-type: none"> <li>• Part of the HCBS family of programs</li> <li>• 24 State program to manage LTSS programs within the states</li> <li>• Consists of private managed care organizations (“<b>MCO</b>”) that take the risk for long term services and supports provided under Medicaid</li> </ul>	1.8 Million <sup>2</sup>
State specific programs	<ul style="list-style-type: none"> <li>• Area Agencies on Aging work with State Units on Aging to plan and develop service and support programs for that state’s needs</li> <li>• Medicaid programs to encourage HCBS usage at the state level include: <ul style="list-style-type: none"> <li>• Programs of All-Inclusive Care for the Elderly (“<b>PACE</b>”) (also has Medicare component)</li> <li>• Money Follows the Person (“<b>MFP</b>”)</li> <li>• Real Choice System Change Grants (“<b>RCSC</b>”)</li> <li>• The Balancing Incentive Program (“<b>BIP</b>”)</li> </ul> </li> </ul>	Unavailable

<sup>1</sup> Enrollment data sources cover 2017 services

<sup>2</sup> HCBS data from “Medicaid Home and Community-Based Services Enrollment and Spending” published April 4, 2019 by Kaiser Family Foundation

<sup>3</sup> MLTSS from “The Growth of Managed Long-Term Services and Support Programs: 2017 update” - Dated January 29, 2018

## Veterans have access to their own LTC support programs

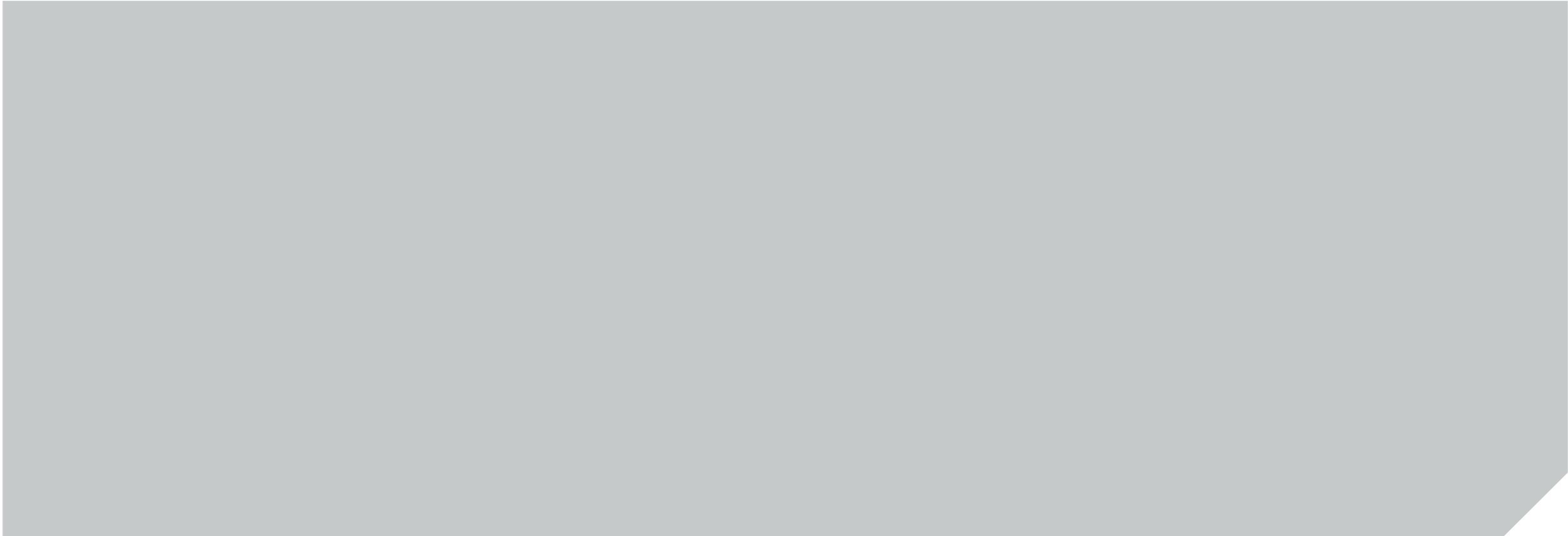
Program	Description of Coverage	Enrollment
VA Benefits	<ul style="list-style-type: none"><li>• Covers:<ul style="list-style-type: none"><li>• LTC costs for service-related disabilities</li><li>• Costs of necessary care for Veterans who cannot pay</li></ul></li><li>• Programs often make the veteran ineligible for Medicaid</li><li>• Two programs to help veterans stay in their home<ul style="list-style-type: none"><li>• The Housebound Aid and Attendance Allowance Program</li><li>• A Veteran Directed Care Program (“<b>VDC</b>”, Formerly VD-HCBS)</li></ul></li></ul>	Unknown

# LTSS in Medicare Advantage

New LTSS benefits in 2019 and beyond

Robert Eaton, FSA, MAAA

OCTOBER 2019



# Medicare Advantage LTSS

- April 2018: CMS expands the definition of 'primarily health related' (PHR)
- Provides examples of 9 supplemental benefits
- Some (home & bathroom mods, transportation, and OTC benefits) were not new to MA.

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## CMS April 27, 2018 'Primarily Health Related' Supplemental Benefits

Adult day care

Home-based palliative care

In-home support services

Support for caregivers

Medically-approved non-opioid pain management

Stand-alone memory fitness

Home & bathroom safety devices & mods

Transportation

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# Medicare Advantage LTSS

- Milliman collected data on filed CY2019 MA plan benefits

<b>2019 supplemental benefit</b>	<b>Count of plans</b>
<b>Adult day care services</b>	2
<b>Home-based palliative care</b>	8
<b>In-home support services</b>	60
<b>Support for caregivers (aka respite care)</b>	421
<b>Medically approved non-opioid pain management</b>	None found*
<b>Standalone memory fitness</b>	None found*
<b>* These benefits may potentially be offered as part of a larger package.</b>	

*LTSS services in Medicare Advantage Plans. Alcocer, Eaton, Laboy, February 12, 2019, <https://us.milliman.com/insight/2019/LTSS-services-in-Medicare-Advantage-Plans/>*

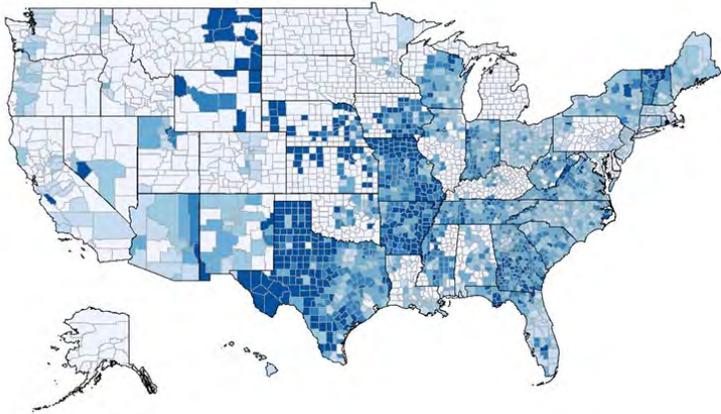
# Medicare Advantage LTSS

- MA plans offered other primarily health related benefits

New 2019 Benefit	Plan Count
Social worker line	91
Personal care/personal care services/personal home care	47
Vial of Life Program	10
Non-skilled home health	8
Activity tracker/fitness tracker	7
Supportive care	5
Restorative care benefit	4
Alzheimer/dementia bracelet: Wandering support service	3
Backup support for medical equipment	2
Housekeeping	1
Therapeutic massage	1

# Medicare Advantage LTSS

- Many SNPs offering new benefits



Network / Plan Type	Non-Special Needs Plans	Dual Eligible SNP	Chronic or Disabling Condition SNP	Institutional SNP	Total
HMO	340	62	25	6	433
LPPO	91	7	2	0	100
HMO-POS	18	3	0	0	21
PFFS	2	0	0	0	2
RPPO	11	4	6	0	21
<b>Total</b>	<b>462</b>	<b>76</b>	<b>33</b>	<b>6</b>	<b>577</b>

*Density of MA Plans With LTSS-Type Benefits: Plans Offering LTSS-Type Benefits per MA Member, Within Each County*

# Medicare Advantage LTSS - Risks

- LTC benefits traditionally sold on a guaranteed renewable, permanent chassis
- Benefits are custodial in nature, not medical
- Reputation risks for changing benefits annually
- Cost trend and incidence (IADL, ADL dependency)

# Medicare Advantage – CHRONIC Act

- January 2019 Advanced Notice Letter
- Expanding MA benefits in CY2020: ‘Special Supplemental Benefits for Chronically Ill’ (SSBCI)
- Non-PHR
- “reasonable expectation of improving or maintaining the health or overall function of the enrollee as it relates to the chronic disease”

# Medicare Advantage – CHRONIC Act

A chronically ill enrollee according to the Bipartisan Budget Act of 2018 is one who:

1. has one or more comorbid and medically complex chronic conditions that is life-threatening or significantly limits the overall health or function of the enrollee;
2. has a high risk of hospitalization or other adverse health outcomes; and
3. requires Requires intensive care coordination.



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**Session 101: Medicare Advantage and Managed  
Medicaid Long Term Care**

# Agenda

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- **Medicaid and MLTSS Overview**
  - History of Medicaid
  - Medicaid Today
  - MLTSS Prevalence
  
- **MLTSS Analytical Challenges for Health Plans**
  - Dual Rating Structures
  - Risk Adjustment
  - State Budgets
  - Premium Rate Adequacy
  
- **Case Study**
  - Identify Drivers of Dual SNP Member Disenrollment

# History of Medicaid

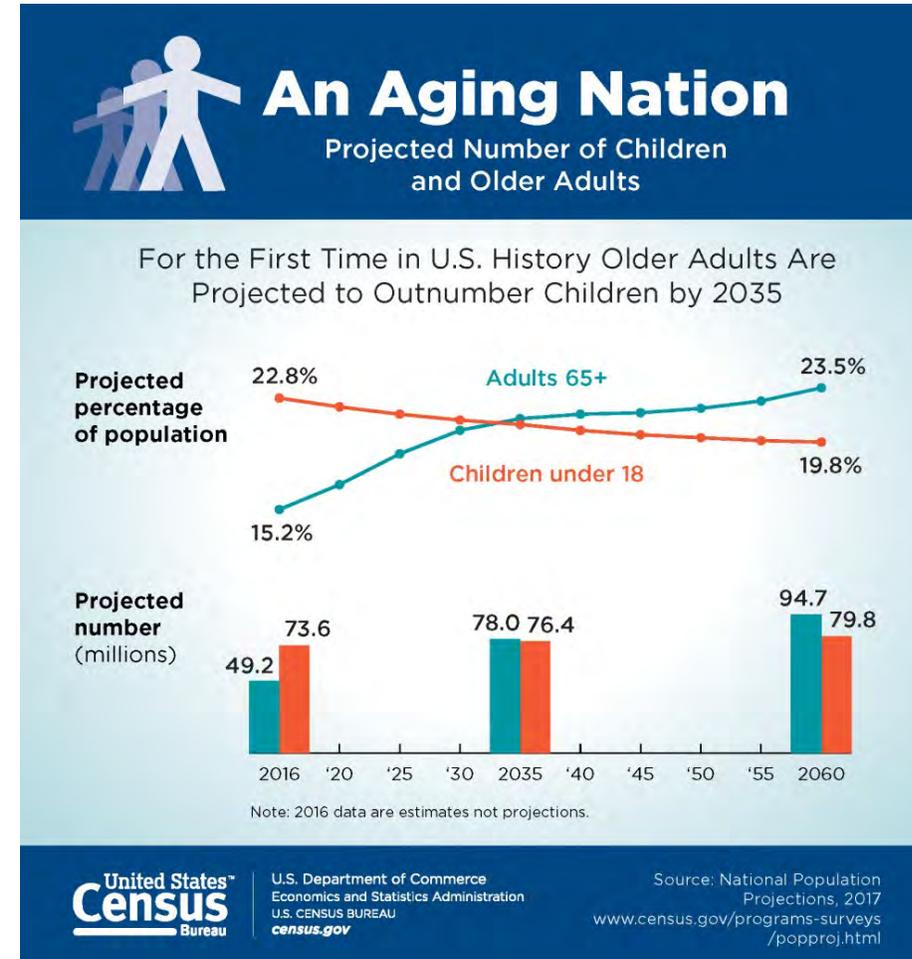
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- Authorized by Title XIX of the Social Security Act, Medicaid was signed into law in 1965 alongside Medicare
- Designed to provide health coverage for low-income members
- The Center for Medicaid and CHIP Services (CMCS) serves as the focal point for operations related to Medicaid
- Medicaid Services are provided through combined efforts of State and CMCS
- Federal sets core requirement on eligibility and benefits, States have the flexibility to define and administer the type of benefits
- Each state has the flexibility to administer the program, resulting in variations in Medicaid coverage across the country



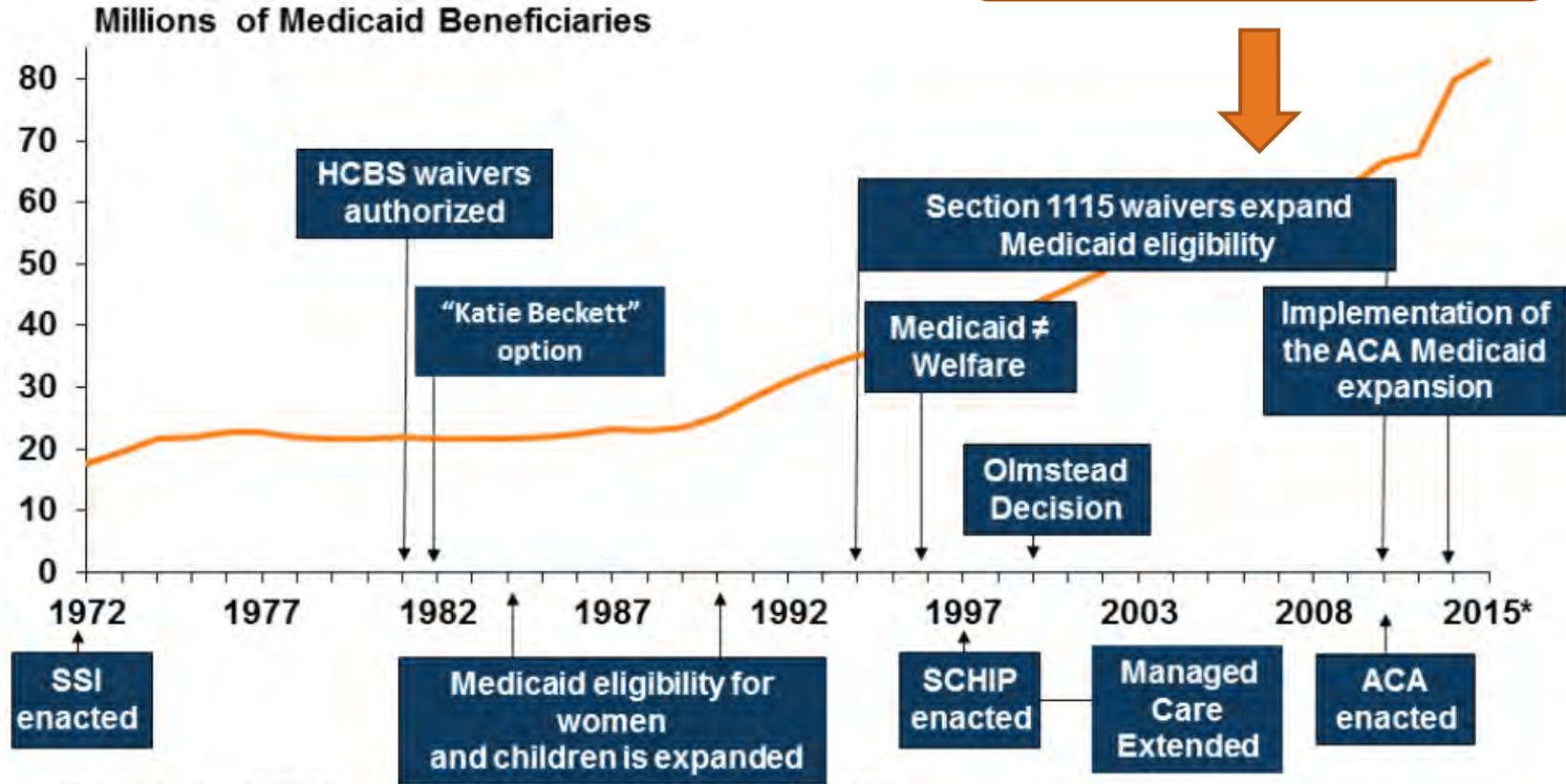
# Medicaid Today

- Medicaid covers 1 in 5 Americans
- 28% increase in enrollment from Pre-ACA
- Medicaid spending is \$581.9 billion in 2017, or 17% of total National Health Expenditure (projected to double over the next 10 years)
- State Medicaid agencies are the primary payers for over 60% of nursing home residents in United States
- MLTSS spending accounts for over 25% of Medicaid Spending in most states
- Challenge: Aging Nation resulting in doubling of Medicaid spending



# Medicaid Evolution

Managed Long Term Services and Supports (MLTSS) Waivers



NOTE: Data are missing for 1999, 2012 and 2013. Data for 2014 and 2015 are projections.  
 SOURCES: 1972-1998: Unduplicated, ever-enrolled counts as reported in the 2000 House Ways and Means Committee Green Book <http://www.gpo.gov/fdsys/search/page/details.action?granuleId=&packageId=GPO-CPRT-106WPRT61710>.  
 2000-2011: KCMU and Urban Institute estimates based on unduplicated, ever-enrolled data from FFY 2000-2011 MSIS.  
 2014-2015: Unduplicated, ever-enrolled counts as reported in the March 2015 CBO baseline.



# Medicaid MLTSS Definitions

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- Managed Long-Term Services and Supports (MLTSS):
  - Arrangements between state Medicaid programs and providers
  - Providers receive **capitated payments** for long-term care services and supports (LTSS)
  - Services are provided to individuals requiring **Nursing Home Level of Care**
- State Goals for MLTSS Programs
  - Improved participant outcomes and quality of care
  - Increased access to HCBS
  - Improved care coordination
  - Improved efficiency
  - Increased consumer choice

# Medicaid MLTSS Program Forms

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- Medicaid MLTSS Stand Alone Program
- Partnership with CMS to integrate with Medicare and Medicaid (including LTSS) benefits:
  - Included within Medicaid Managed Care capitation rates
  - Capitated Financial Alignment Demonstration (dual demonstration)
  - Medicare Advantage Fully Integrated Dual Special Needs Plans (FIDE SNP)
  - Program for All-Inclusive Care for the Elderly (PACE)

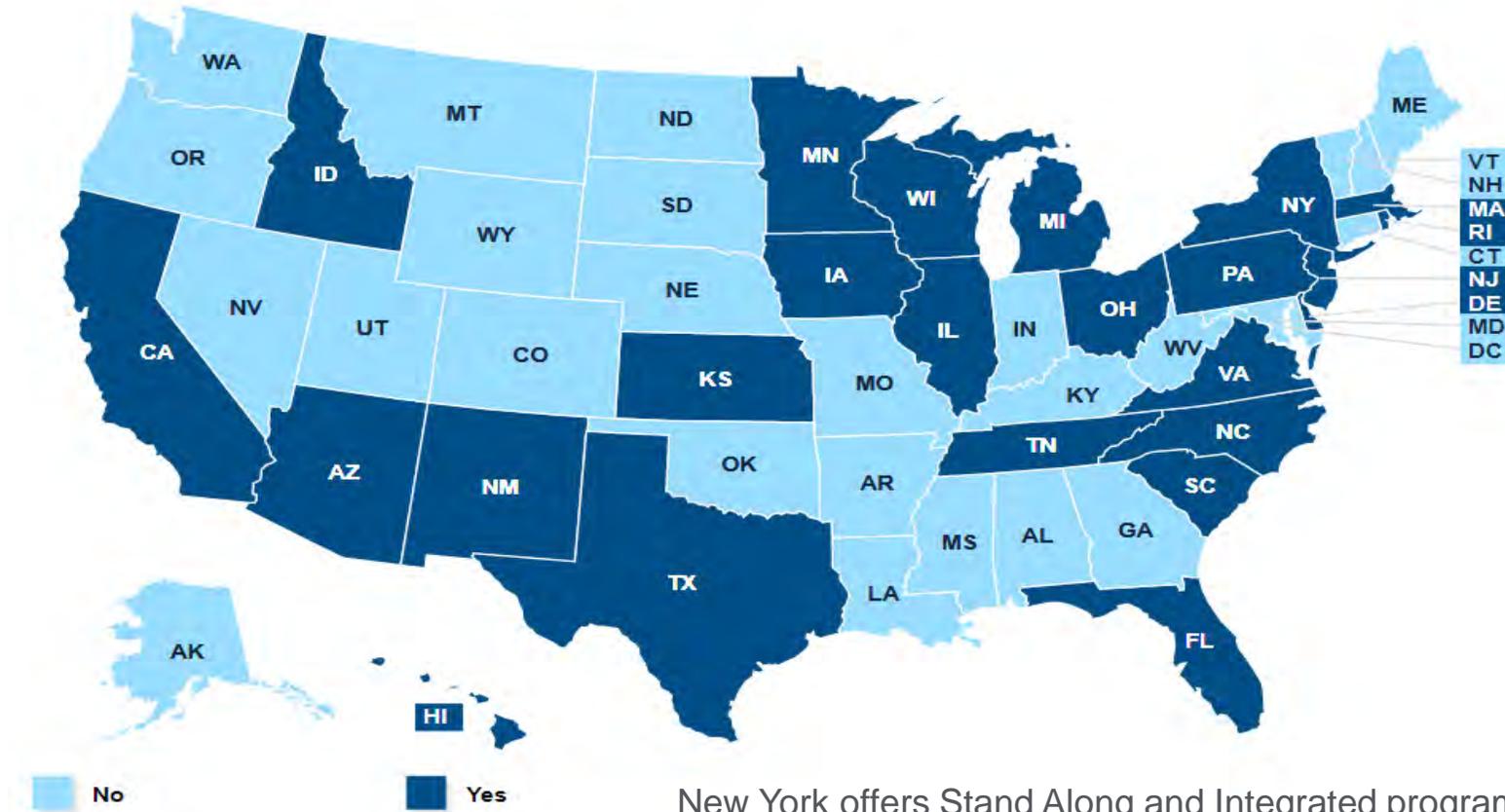
# Medicaid MLTSS Prevalence

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## MLTSS Program Focuses on Frail Population

- 2004 – 8 states had at least one implemented MLTSS program
- 2012 – 16 states had implemented 19 programs
- 2017 – 22 states had implemented MLTSS programs, including
  - Programs that make capitated payments to contractor primarily for MLTSS
  - Programs that make capitated payments to contractor for all or most Medicaid Services
  - Fully integrated Medicare – Medicaid programs that include all Medicaid and Medicare services
- Exclusion: Programs focused exclusively on mental health and substance abuse

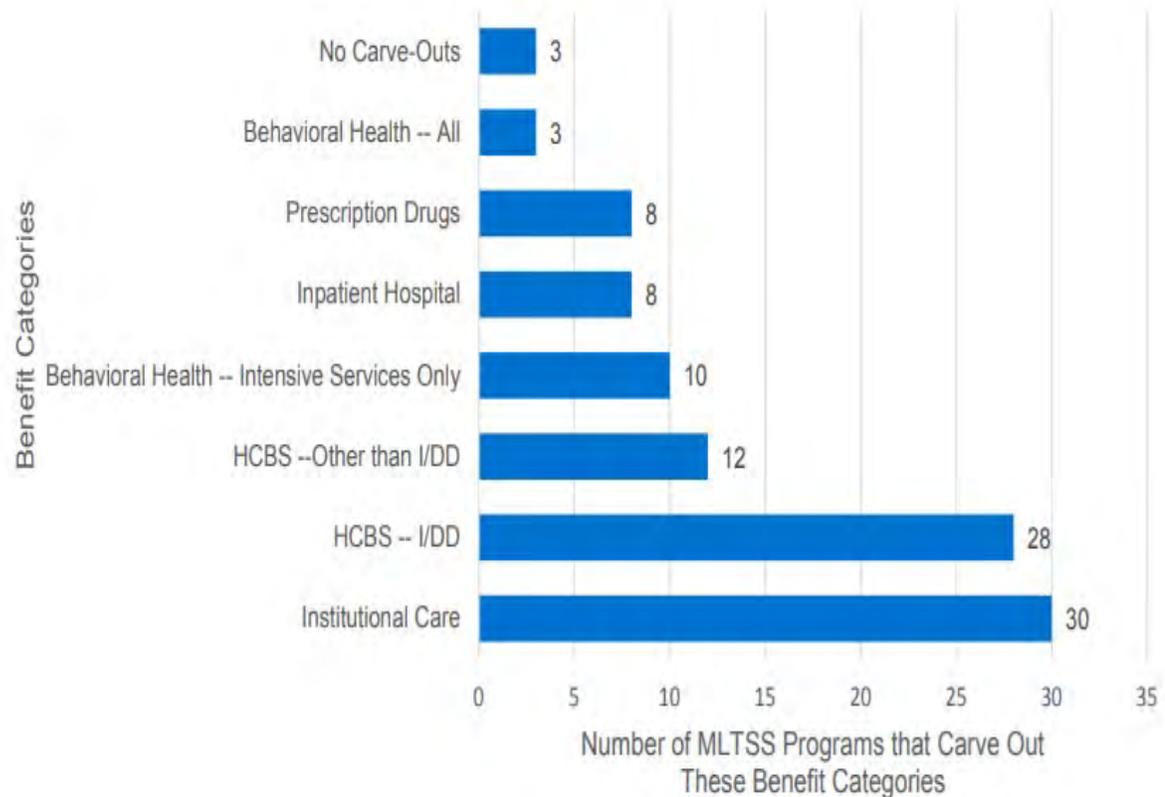
# 2017 Medicaid MLTSS Map



New York offers Stand Alone and Integrated programs  
Massachusetts only offers Integrated program  
Texas offers MLTSS through the Star Plus Managed Care program

# MLTSS Program Benefits and Exclusions

- Only 3 MLTSS programs covered all Medicaid covered benefits within managed care capitation rate
- All other programs at least carved out  $\geq 1$  benefit



# Section 1115 MLTSS Waiver

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## Purpose of Waivers:

- Waiver allows States to use Federal Medicaid and CHIP funds in ways that are not otherwise allowed under Federal rule
- Waivers reflect priorities identified by states and CMS

## MLTSS Waiver:

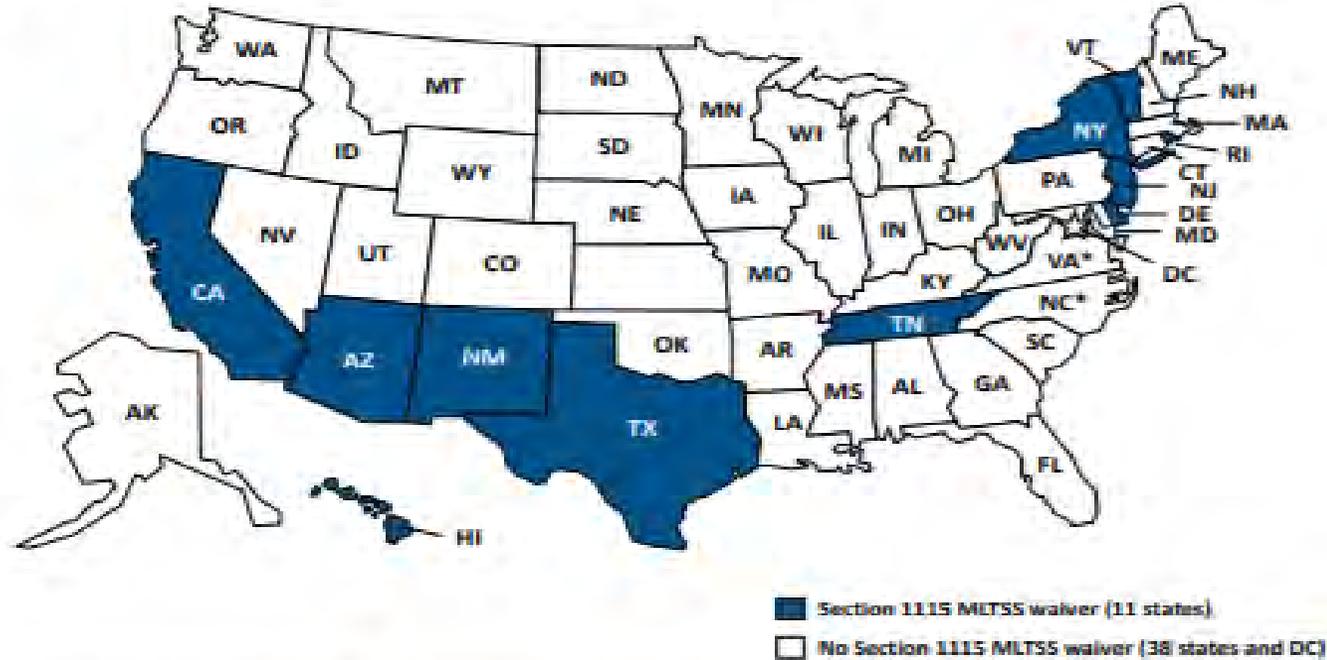
- Medicaid fills a gap by covering long-term services and supports that are largely unavailable through private insurance or Medicare
- Services traditionally have been financed on a fee-for-service basis
- More states are adopting capitated Medicaid MLTSS programs using this waiver

# Section 1115 MLTSS Waiver Cont.

## 11 States by 2015

Figure 1

### States with Medicaid Section 1115 Capitated MLTSS Waivers, 2016



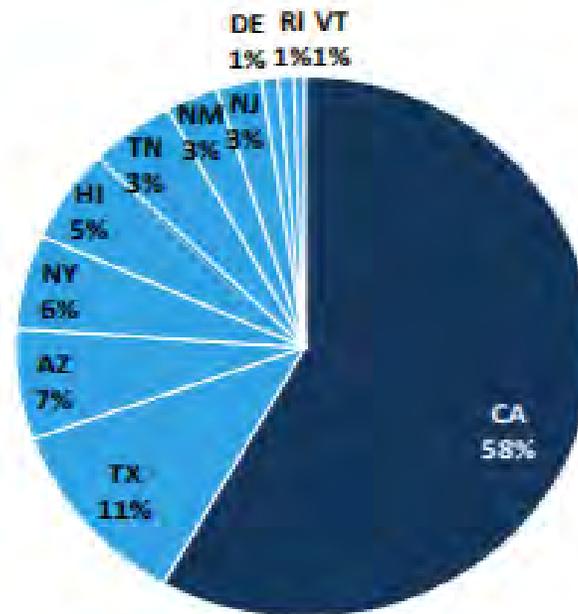
NOTE: Some states are implementing MLTSS through another authority.  
SOURCE: KFF analysis of [waiver special terms and conditions](#).



# Section 1115 MLTSS Enrollment as of 2015

Figure 2

## Medicaid Section 1115 MLTSS Waiver Enrollment By State, 2015



Total Enrollment = 880,000

NOTES: Enrollment totals reflect beneficiaries using LTSS. Totals may not sum due to rounding.  
SOURCE: KFF survey of Section 1115 capitated MLTSS waivers (2016).



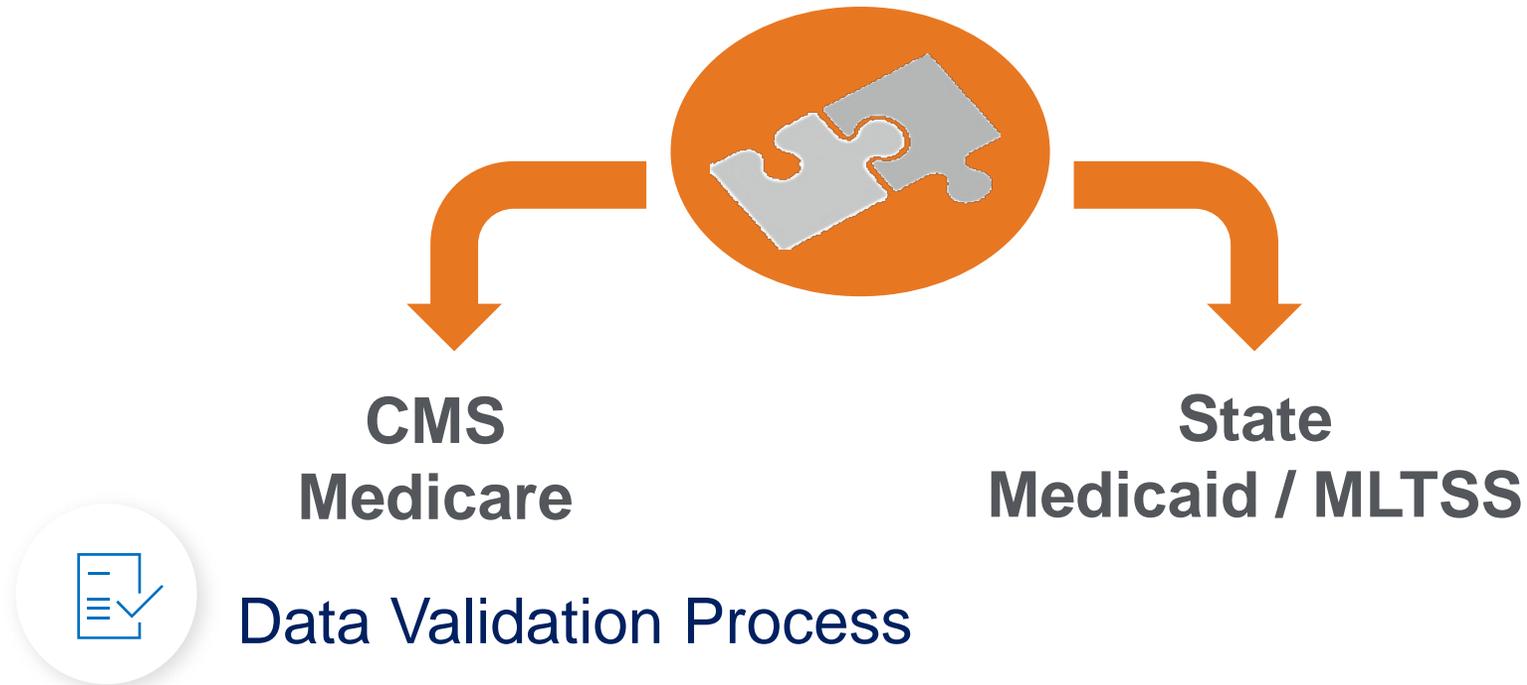
# MLTSS Analytical Challenges for Health Plans

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- Dual Rating Structures
  - Challenges associated with information from Federal and State
- Risk Adjustment
  - Each state has its own risk adjustment model
  - Models are non transparent
- State Budgets
  - Budgets are limited resulting in benefit changes year over year
- Premium Rate Adequacy
  - CMS Final Rule impact on rate setting
  - Rate transparency

# Dual Rating Structures

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- Ensure appropriate data exchange between plan and federal/state entities
- Validate revenue / risk scores (if applicable)
- Accurate encounter data submissions

# MLTSS Risk Adjustment

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## CLINICAL ASSESSMENT BASED

- Ensuring members are assigned to appropriate rate cells (Nursing Home Certifiable vs. Community)
- Rate cell membership reconciliations
- Member mix impact



## MEMBER ASSESSMENTS / DIAGNOSIS BASED

- Risk adjustment model based on subjective member assessment data.
- Budget-Neutrality / zero-sum game
- Provider risk sharing reporting

# Additional Challenges

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- State budget
  - Carve in/ out benefits
  - Carve in / out populations
- Premium rate adequacy
  - CMS Final Rule
  - Transparency
  - Actuarial soundness



# Analytical Considerations



## Segment population into homogenous risk cohorts

- i.e. based on different plan of care, trends and care management



## Predictive Analytics

- MLTSS data excellent target for predictive analytics
- Can study
  - Drivers of profitability
  - Predict member chronic conditions etc.



## Rate Adequacy

- Develop experience reporting by risk cohorts / rate cells
- Ensure components of premium rates are adequate (CMS Final Rule):
  - Risk Adjustment
  - Program changes etc.

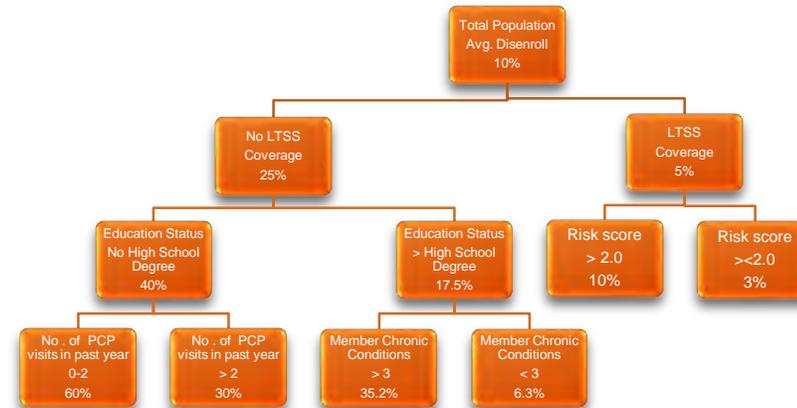
# Case Study Discussion

Identify drivers for Dual SNP disenrollment for a national carrier operating in the MLTSS space

## Data Mining Process

1. Identify the problem (i.e. high MLR, high disenrollment rates etc.)
2. **Data discovery:** Gather explanatory variables from various sources (demographic, utilization, social determinants etc.)
3. Determine Target/Dependent variable (voluntary disenrollment)
4. Profile data (distribution analysis, correlations)
5. Determine final variables for Model
6. Execute supervised decision tree model
7. Score test data
8. Make recommendations

## Supervised Disenrollment Decision Tree (Illustrative Purposes Only)



## RESULTS

4.1%

Year-over-year overall  
improvement in Disenrollments

# Team Bios- Examples

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**Steve Prasad**  
Director  
Payer Actuarial Consulting  
**Optum**

Steve Prasad is a Director in Optum's Payer Actuarial Consulting team. He has more than 13 years of experience in various Actuarial analytical roles. In his current role as a Senior team member in the Medicaid/MLTSS Practice, he manages all Actuarial aspects of client relationships. Steve's expertise lies in Medicaid/MLTSS, Predictive Analytics, population risk stratification, risk profiling and data mining for the dual eligible marketplace.

Prior to joining Optum, Steve led an effort to build an extensive analytical reporting platform, including the use of advanced analytics, for a large regional health plan.

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Steve has both a bachelor's degree in mathematics and an masters degree in Actuarial Science from Boston University.

**Sanjit Puri, ASA, MAAA**  
Senior Director  
Payer Actuarial Consulting  
**Optum**

Sanjit Puri is a Senior Director in Optum's Payer Actuarial Consulting team. He has more than 15 years of industry experience working with payers, providers, and employers. Sanjit led the teams that completed the desk review of CY2006 – Cy2018 Medicare Advantage (MA) and Part-D plans on behalf of CMS. Most recently Sanjit was responsible in developing FY2018 budget estimates for various plans offered under Private Sector Care (TRICARE) including developing PMPM cost estimates. Sanjit also led the actuarial review of Medicaid Managed Care Capitation rates, the review of PACE program capitation rates and HCBS rate filings on behalf of CMS and has reviewed the ACA filings on behalf of Commonwealth of Virginia, New Jersey Department of Banking and Insurance and the State of Colorado. Sanjit was the chief actuary responsible for the development, completion and signing of the GASB45 reports for Post-Retirement Medical Benefits for the New York School Districts.

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Sanjit is an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries. In addition, he is a Physician by background.

Thank you.



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