Dear Stakeholders:

Arnold Ventures seeks to address some of the most pressing policy challenges facing our country. Our work within the health care sector is driven by a belief that our current system costs too much and struggles to adequately provide care for people with one condition, let alone a complex array of conditions.

There is no population for whom this is truer than those who are dually eligible for Medicare and Medicaid. Dual-eligible individuals account for a disproportionate share of Medicare and Medicaid spending, yet the outcomes we get for these dollars are poor. Dual-eligible individuals are more likely to have inpatient stays, visit emergency rooms, and use nursing homes than their Medicare-only counterparts. That is why in July 2019, we launched the Complex Care initiative, which focuses on funding research, technical assistance, and policy solutions aimed at improving the systems that deliver care to this vulnerable population.

Our work aims to accomplish three policy objectives:

1. to increase the availability of models that fully integrate Medicare and Medicaid;
2. to increase enrollment in fully-integrated coverage options; and
3. to ensure that dual-eligible individuals receive services that lead to better consumer experiences, higher quality of care, and reduced health care costs.

In an effort to address the second of these policy objectives, the Complex Care team launched a project to promote constructive consumer involvement in integrated managed care policy development and enrollment. Through this RFI, we are seeking information that will further our understanding of these issues and ensure the policy positions we advance to state and federal decisionmakers, are inclusive of the approaches that matter most to consumers.

This consumer engagement project is just one of many efforts underway at Arnold Ventures aimed at building deeper relationships with the consumer community. Through new relationships and deepened existing ones, we hope to create more opportunities to enhance our understanding of the issues facing dual-eligible individuals, exchange ideas, and consider solutions. We anticipate that more fluid and frequent dialogue with the consumer community will be helpful in informing future program development needs, refining our public policy positioning and, ultimately, influencing the direction of our strategic agenda and future grantmaking activities. An integral component of the dialogue we seek to have with consumers includes their experience with methods and practices that have been effective in the effort to advance equity and inclusion among people of color, and others, who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. We hope that you recognize in this effort our genuine commitment to centering consumer voices and ensuring that they are heard.
In order to accomplish this goal, we have planned a two-pronged information gathering approach. In the first phase of this project, we conducted an extensive literature review and a small number of targeted interviews to inform our engagement process. We have developed an understanding of the government procurement and contracting process with managed care entities to provide integrated care, as well as their approach to determining plan readiness to launch integrated care products. We have gleaned information about approaches taken to date to make consumers aware of integrated care offerings and the varied approaches states have employed to enroll consumers in integrated managed care. Lastly, we have examined an array of initiatives implemented to engage consumers in the care planning process and plan program development and ongoing activities.

Through this RFI, we aim to delve further to understand more of what consumers and their advocates believe will work best in each of these areas to inform our policy positions. In this phase of the project, we are seeking to hear from disability and elder consumer advocacy organizations, both local and national, who represent dual-eligible consumers. We are also seeking responses from thought leaders and organizations who provide technical assistance to integrated health plans across the country. In either case, we encourage your response to draw from the consumer experience and to include approaches that can be taken to advance equity and inclusion.

We also plan to directly solicit information from consumers about their lived experience. We hope that you will serve as resources for connecting Arnold Ventures with consumers and encouraging those who are interested to share their thoughts and experience with us.

Please feel free to share this RFI with other consumer advocacy groups with whom you are in contact. We also ask that you share any data available to substantiate perspectives shared in your responses (e.g., consumer survey results, focus group outcomes, etc.). Please submit your RFI response to complexcare@arnoldventures.org no later than September 16, 2021.

For anyone interested in responding who is unable to do so in writing, we offer the opportunity of a telephonic interview to respond to the questions. To request this accommodation, please contact complexcare@arnoldventures.org for scheduling.

We are very appreciative of your time in completing this RFI. Thank you for your interest and be assured that we will be in contact with you as our work progresses. Your input is invaluable.

Arielle Mir
Vice President, Healthcare (Complex Care)
Request for Information: Understanding the Dual-Eligible Experience

Please share a brief statement about your/your organization's interest in this topic and your/your organization's core competencies, including populations served/represented.

Questions:

Section 1: Consumer awareness of integrated managed care

1. In your experience, do dual-eligible individuals understand what it means to be enrolled in an integrated managed care plan as differentiated from managed care generally and/or fee for service? Please share specific examples based on your experience of approaches that have been taken to ensure that consumers are well informed about the benefits of integrated managed care options and/or that their potential concerns about the risks of enrollment in such options are assuaged.

Section 2: Enrollment of dual-eligible individuals in integrated managed care

1. What approaches/tools have you seen work most effectively for educating consumers on what it means to be enrolled in an integrated model?
2. How might federal/state government ensure that dual-eligible beneficiaries have a good understanding of the value of integrated care and the specific options available to them in their locality?
3. What approaches to integrated managed care enrollment (voluntary enrollment, default enrollment, passive enrollment) have you observed in your involvement with consumers? Which approaches have most effectively facilitated a smooth enrollment experience for consumers, and why? What adjustments would you advise to facilitate better outcomes for consumers in understanding the enrollment process?
4. In your experience, what process works best for educating consumers about the enrollment process and how to select a plan (e.g., state enrollment brokers, SHIP program responsibility, health plan responsibility as part of its outreach/marketing efforts, provider support, community engagement, etc.)?
5. Are you familiar with any best practices on education and outreach to dual-eligibles with limited English proficiency? If so, what are they? Conversely, what are some lessons learned?
6. Regardless of “who” performs the education functions, what are the essential features/components of an enrollment approach/process to ensure that consumers have the information they need to make informed decisions about enrolling in integrated managed care? Are there particular approaches to navigational support that should be implemented to promote consumers’ understanding of their options?
7. In your experience, what matters most to consumers in making a decision on whether to enroll in a managed care option and how often are those priority areas addressed during the enrollment education process?
Questions:

Section 3: Government’s role in selecting contactors to deliver integrated care and assessing health plans’ readiness to launch integrated products. When it comes to ensuring the best experience and outcomes for consumers:

1. What areas are important to assess in determining a plan’s readiness to deliver integrated care?
2. What core competencies should governmental agencies assess and require to be present in order for integrated managed care plan organizations to receive a contract (e.g., disability and cultural competency, person-centered care management approach, etc.)?
3. What training should be required as a pre-condition of launching an integrated product? Please be as specific as possible both about who should be trained, on what topics, and with what frequency. Please also comment on whether and how those who have been trained could be held accountable for the content they have learned.
4. What role should federal and state government agencies play to ensure integrated care programs are designed with a health equity framework? What are they key considerations?

Section 4: The role of consumers in integrated managed care

1. In your experience, do consumers have meaningful input into their personal care planning process in integrated managed care programs? Are consumers aware of how to participate in their own care planning and if so, do they feel empowered to do so?
   a. What are the factors that may prevent an individual from participating in their care planning process?
2. Are there approaches that integrated managed care plans can undertake to promote more meaningful consumer involvement in care planning and to enhance the overall care planning experience for consumers? From your perspective, what is the most important component of a health plan’s engagement with consumers? What are the elements that make a relationship between consumer and plan staff successful?
3. How do dual-eligible individuals of color experience integrated managed care programs?
4. Are there unique considerations in the care coordination/care planning process that program designers should be aware of for dually eligible individuals of color, those with LTSS needs and/or behavioral health needs?
5. There have been a variety of approaches taken by health plans to engage consumers in program design and ongoing operations of integrated care products. In your experience, please describe approaches that have been most successful and impactful (e.g., a specific state or health plan’s approach to creating/conducting a Consumer Advisory Council, etc.).
6. What role should the federal and state government have in promoting meaningful consumer engagement in integrated health plan operations?

(continued next page)
Questions:

Section 5: Contractual requirements and consumer protections for integrated managed care products

1. Where they exist, are consumers aware of resources such as State or Plan Ombudsman to assist them in their relationship with integrated managed care plans? Are there approaches you would advise for making information about these resources more accessible?

2. Do you have experience with Ombudsman roles to assist consumers in mediating conflicts that arise during their enrollment in integrated managed care? Have they been impactful in mediating conflicts and/or assisting consumers with grievances? Do you have recommendations for ways to improve upon what exists today in order to better support consumers?

3. What are essential consumer protections that need to be incorporated into the offering of integrated managed care products? Are there particular methods and practices to be employed by integrated health plans that you would recommend for advancing equity for people of color and others who have been historically underserved or marginalized?

4. What is the continuity of care experience like for consumers? Do continuity of care provisions work to ensure that consumers’ care is not disrupted upon enrollment?

General Comments:

Please share additional information, or data, regarding improving enrollment into integrated care and opportunities to strengthen integrated managed care program offerings to best address consumers’ needs.