



February 12, 2021

Jeffrey Zients
COVID-19 Response Coordinator
White House COVID-19 Response Team

RE: COVID-19 Vaccine Distribution Efforts and Concerns for the Dual Eligible Population

Sent via email: Jeffrey.d.zients@who.eop.gov

Dear Mr. Zients:

Arnold Ventures is a philanthropy dedicated to investing in evidence-based policy solutions that maximize opportunity and minimize injustice. Our work within the health care sector is driven by a recognition the system costs too much and it does not do a very good job taking care of people who have one chronic condition, let alone a complex array of conditions. Our work thus spans a wide array of issues including prescription drug prices, health care prices, low-value care, and complex care.

First, we want to thank you and the new Administration for beginning to develop a thoughtful and inclusive plan for disseminating and administering the COVID-19 vaccines. We recognize the competing priorities your team is facing and the challenges that many people and organizations are facing in distributing the vaccine to all people.

We write you today about a population that has been particularly hard hit by COVID-19, the dual eligible population or the people that are simultaneously enrolled in Medicare and Medicaid. Improving this population's coverage and care delivery system is the focus of our work in complex care. The Centers for Medicare and Medicaid Services (CMS) found that this population has been one of the hardest hit by the pandemic—they are more than three times as likely to be hospitalized as a result of COVID-19 than Medicare-only beneficiaries.¹ This is likely because people who get their coverage through Medicaid-Medicare have many of the characteristics that are deemed “high-risk” by the CDC—most notably, they are more likely to identify as non-white, more likely to live in a nursing home, and more likely to have multiple chronic conditions than the average Medicare beneficiary.²

Further endangering this population is the fragmented way that care is delivered, the vast majority of people who are simultaneously enrolled in Medicare and Medicaid have to navigate a complicated web of providers and systems, administered by two separate programs. The result is that we spend a disproportionate share of Medicare and Medicaid dollars on their coverage, yet they experience worse health outcomes than their peers—even outside of the context of COVID-19.³

One powerful way to improve care to this population is to use health plans or other similarly situated entities to deliver the full range of Medicare and Medicaid services. These entities can then be held

¹ The Centers for Medicare and Medicaid Services. [Preliminary Medicare COVID-19 Data Snapshot \(January 1- November 21, 2020\)](#). Accessed: February 11, 2021.

² The Medicare Payment Advisory Commission. [July 2020 Data Book, Section 4: Dual-eligible beneficiaries](#). July 17, 2020.

³ The Medicare Payment Advisory Commission. [July 2020 Data Book, Section 4: Dual-eligible beneficiaries](#). July 17, 2020.



accountable for cost and quality outcomes. Only about 10% of people that are dual eligible are enrolled in these fully integrated plans.⁴ However, many more dual eligible individuals are enrolled in plans that are not integrated and as a result, even unintegrated plans still play an important role in providing coverage to the dual eligible population. Given this reality, there are important steps the Administration could take today to empower and equip health plans to be partners in getting their members connected to vaccines to help stem the tide of the COVID-19 pandemic.

We submit this letter to identify a few key areas that hopefully can be used to support vaccination efforts recognizing today's landscape.

Populations hardest hit by COVID-19—including Black people and other racial and ethnic minorities, people with multiple chronic conditions, and people who live in nursing homes—are overrepresented in the dual eligible population.⁵ Consistent with CDC and state guidelines these individuals should be targeted for vaccination.

- The overlap between groups that have been particularly hard hit by this pandemic and dual eligibility is what is suspected to be driving increased hospitalization rates—dual eligible individuals are more than three times as likely to be hospitalized from COVID-19 than those with only Medicare coverage.⁶ As a result, dual eligibility status is one more indicator that public health officials can consider for targeting and the state agencies, insurers, providers that commonly care for this population can be asset in educating and facilitating vaccination.
- Complicating vaccination efforts, some of the dual eligible population is homebound and their ability to travel to outpatient centers to be vaccinated is limited. The need to keep some of the vaccines at very low temperatures complicates the ability of providers to vaccinate these individuals in their home. State agencies, plans, and providers serving the dual eligible population have experience overcoming these obstacles in their communities which will be essential in getting this population vaccinated and can be an asset to state and federal officials in thinking about solutions.

Allow entities at-risk for the dual eligible population to have access to the CDC's Vaccine Administration Management System (VAMS).

- Many health care entities want to assist with the vaccine rollout but cannot without the access to the necessary information. Health plans or other similarly situated entities can help find members that have not been vaccinated and remind them about their second dose. This should include all health plans that provide Medicare and/or Medicaid coverage (e.g., Medicare Advantage plans, Medicare-Medicaid demonstration plans, and Medicaid Long-Term Services and Supports (MLTSS) plans). CMS and states can assist with identifying these actors.

⁴ Centers for Medicare and Medicaid Services, Medicare-Medicaid Coordination Office. [Fact Sheet: People Dually Eligible for Medicare and Medicaid](#). March 2020.

⁵ The Medicare Payment Advisory Commission. [July 2020 Data Book, Section 4: Dual-eligible beneficiaries](#). July 17, 2020.

⁶ The Centers for Medicare and Medicaid Services. [Preliminary Medicare COVID-19 Data Snapshot \(January 1-November 21, 2020\)](#). Accessed: February 11, 2021.



- The safety-net health plans report that they do not have access to the VAMS today and *if* they get vaccination data from their states it is not frequent enough to be actionable (i.e., oftentimes they only receive it monthly or quarterly).
- The traditional way of notifying plans of health care encounters—claims—is also not timely and it does not include pertinent race or ethnicity information.

If access to VAMS as described above is not feasible, provide all health plans and similarly situated entities providing Medicaid coverage to dual eligible individuals with information about which of their members have received vaccines paid for by Medicare.

- When dual eligible individuals have a health plan for their Medicaid coverage (e.g., MLTSS plans) that is not the same as their Medicare coverage, the Medicaid plan does not have access to the Medicare COVID-19 vaccination claims information. Having access to this information will help with care management between Medicare and Medicaid plans where integration does not exist.
- Given that CMS is planning to inform Medicare Advantage plans on which of their members have received the vaccine, that same information should also be provided to all Medicaid plans serving dual eligible enrollees.

Provide information about effective strategies for how state/local agencies, health plans, and providers can help overcome vaccine hesitancy.

- There should be clear and consistent guidance about overcoming vaccine hesitancy that should be shared with plans and providers that serve dual eligible individuals given the disproportionate rates of hospitalizations that occur amongst this population.
- Plans report seeing substantial vaccine hesitancy on the part of members but also by front-line workers, including long-term services and support staff that they have in network. Many plans have long-standing relationships with their providers and can be helpful in educating staff of these facilities as well as another source of information for their members.

Arnold Ventures is prepared to assist with any additional information needed. Please contact Arielle Mir at amir@arnoldventures.org with any questions. Thank you again for your work and your consideration of the above.

Arielle Mir

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