



Review of Medicare-Medicaid Coordination Office (MMCO) Report to Congress

Medicaid and CHIP Payment and Access Commission
Katie Weider

Background

- MMCO is charged with improving care and reducing costs for dually eligible beneficiaries, and rationalizing administration between Medicaid and Medicare.
- MMCO report to Congress highlights initiatives and makes recommendations that may affect Medicaid and relate to Commission work.
 - The Financial Alignment Initiative
 - Issues relating to the Medicare Savings Programs (MSPs)
 - Aligning appeals processes and review of Dual-Eligible Special Needs Plans (D-SNPs) marketing materials

Progress of the Financial Alignment Initiative

- 14 programs across 13 states.
 - Virginia ending demonstration in December 2017.
- Approximately 450,000 enrollees.
- Intended to last 3 years; CMS has offered a 2 year extension.
- 61 plans participating in capitated model.
 - 6 plans have dropped out.

Evaluation of the Financial Alignment Initiative

- Mixed methods, external evaluation of the program.
- 2 evaluation reports are publicly available.
- CMS found that the WA demonstration reduced Medicare spending.
- No data available on Medicaid utilization or spending.

MACPAC Work Related to the Financial Alignment Initiative

- Focus groups with beneficiaries enrolled in the demonstration.
- Issue brief and state specific fact sheets on the overall design of the capitated models.
- Conducting an analysis of dually eligible beneficiaries' enrollment in Medicaid and Medicare plans.

Areas for Potential Comment

- Supporting the concept of integrated care for dually eligible beneficiaries.
- Suggesting the need for complementary strategies to integrate care for dually eligible beneficiaries.
- Re-affirming the Commission's concerns on the completeness and timeliness of Medicaid administrative data.
- Stressing the importance of timely delivery of the evaluation reports.
- Highlighting our continued monitoring of the Financial Alignment Initiative.

Medicare Savings Programs

- MMCO published a study on the effects of state lesser-of payment policies on access to care for dually eligible beneficiaries.
- MMCO recommends aligning MSP income and asset definitions with those under the Part D Low Income Subsidy (LIS) program.

MACPAC Work Related to MSPs

- March 2013 report chapter documented lesser-of payment policies.
- March 2015 report chapter with analysis of the effects of lesser-of payment policies on access to care for dually eligible beneficiaries.
- Currently conducting an analysis of the number and characteristics of individuals eligible but not enrolled in the MSPs.

Areas for Potential Comment

- Highlight the Commission's current work to determine the number and characteristics of individuals eligible but not enrolled in the MSPs.
- State the Commission's continued interest in fostering increased enrollment in the MSPs.

Aligning Appeals Processes and Review of D-SNP Marketing Materials

- MMCO recommends establishing an integrated appeals process for dually eligible beneficiaries.
- MMCO recommends coordinating the review of D-SNP marketing materials for dually eligible beneficiaries.

Next Steps

- Incorporate Commission feedback into a comment letter to MMCO.
- Conduct expert roundtable on barriers and opportunities to integrate Medicare and Medicaid for dually eligible beneficiaries.



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