

Integrated Care Work Plan and Further Discussion

Medicaid and CHIP Payment and Access Commission

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Background

- During the last meeting cycle, we reported on the results from three contracted research projects on integrated care models:
 - Analysis of factors affecting enrollment in the Financial Alignment Initiative
 - Analysis of care coordination requirements in integrated care models
 - Compilation of evaluations of integrated care models
- Final products published on MACPAC website



Work Plan for 2019-2020 Cycle

- Focuses on options for further integrating care, taking into account new federal guidance and changes in the Medicare Advantage (MA) market
 - New requirements aimed at increased integration through dual-eligible special needs plans (D-SNPs)
 - Emergence of D-SNP look alike plans and institutional special needs plans (I-SNPs)
 - Increased flexibility for MA plans to offer nonmedical supplemental benefits



Policy Questions

- For states already integrating care, what strategies could result in greater integration?
- What pathways are available to states that have not yet pursued integrated care, taking into account their individual circumstances?
- What factors present barriers to state integration efforts?



Analytic Plan

- Staff will undertake qualitative and quantitative analyses to inform answers to the policy questions and the Commission's deliberations, including:
 - Contract work with RTI and CHCS to investigate MA market effects on integrated care
 - Internal work on strategies resulting in greater integration, pathways to integrate care for states that have not yet done so, and barriers
 - Panels of state and federal officials, health plans, beneficiary advocates, and providers to discuss integrated care efforts



Next Steps

- October panel of stakeholder perspectives
 - Inviting representatives from health plan, beneficiary advocacy organization, and provider group
- Analysis of strategies to achieve greater integration
- Present results of RTI and CHCS contracted work on MA market's effect on integrated care programs





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