



# Barriers to Integrated Care for Dually Eligible Beneficiaries



**Medicaid and CHIP Payment and Access Commission**

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# Reviewing where we are

- Policy questions
  1. For states already integrating care, what strategies could result in greater integration?
  2. What pathways are available to states that have not yet pursued integrated care, taking into account their individual circumstances?
  3. What factors present barriers to state integration efforts?
- Expert panels
  - September 2019: MMCO, Idaho and Washington
  - October 2019: beneficiary advocate, provider, and health plan

# Overview

- Enrollment challenges
- Limited state capacity on Medicare
- Options for overcoming key barriers to integrated care
- Next steps

# Enrollment Challenges

- Using automatic or passive enrollment for eligible individuals
- Differing guidelines in Medicare and Medicaid
- Role of brokers in directing dually eligible beneficiaries to non-integrated products

# Potential Policy Option

- Expand use of passive enrollment
  - Could passively enroll individuals already enrolled in Medicare Advantage (MA) into a Medicare-Medicaid Plan (MMP) under the same parent company
  - Could passively enroll individuals who have previously opted out of passive enrollment
  - Pro: increased enrollment
  - Con: limits on beneficiary choice

# Potential Policy Option

- Modify the narrower special enrollment period (SEP) for dually eligible beneficiaries
  - In April 2018, CMS limited the open-ended SEP to only three times per year; Financial Alignment Initiative (FAI) states opted out
  - Could allow beneficiaries to opt in at any time
  - Pros: increased state adoption of the narrower SEP and reduced plan switching
  - Cons: increased administrative burden on states and plans

# Potential Policy Option

- Align open enrollment periods
  - Currently, Medicare and Medicaid have different open enrollment periods; beneficiaries looking to enroll in both must do so at slightly different times
  - Could encourage or require states to align Medicaid open enrollment periods for dually eligible beneficiaries with MA; higher match for associated expenses?
  - Pro: less confusion for beneficiaries
  - Cons: decreased flexibility for states and increased administrative burden

# Potential Policy Option

- Discourage enrollment brokers from enrolling dually eligible beneficiaries into non-integrated products
  - Could consider whether CMS should clarify the role of private enrollment brokers in integrated products
  - Could impose penalties on brokers who enroll beneficiaries in a non-integrated product when an integrated one is available
  - Pro: increased enrollment in integrated products
  - Con: increased administrative burden to track enrollment in non-integrated products and impose penalties



# Limited State Capacity on Medicare

- Integrating care requires states to have Medicare expertise to design programs and develop D-SNP contracts
- Needed on an ongoing basis, not just at program launch
- State officials have cited in-house Medicare expertise as key to successful efforts
- Limited funding and competing priorities may prevent states from dedicating adequate resources to this area

# Potential Policy Option

- Grant program that would enable states to fund positions or develop existing staff
- Could be available to states that have not yet integrated care, states looking to enhance existing integrated care programs, or both
- Prior to the FAI, CMS granted 15 states up to \$1 million each to support upfront costs and infrastructure to design new delivery and payment models

# Next Steps

- Feedback on policy options
- January presentation on strategies to promote greater integration and pathways for states that have not yet pursued integrated care
- Development of draft recommendations



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