



Integrated Care for Dually Eligible Beneficiaries

Decisions on recommendations to be included in June Report to Congress



Medicaid and CHIP Payment and Access Commission

Kirstin Blom and Kristal Vardaman

Overview

- Review draft recommendations
- Review policy options for further development
- Next steps

Draft Recommendations

Summary

- Exception to the special enrollment period for dually eligible beneficiaries in MMPs
- Enhancing state capacity on Medicare
- Enhancing state capacity to implement non-capitated models

Exception to the Special Enrollment Period for Dually Eligible Beneficiaries in MMPs

- Certain Medicare Advantage enrollees qualify for special enrollment periods (SEPs) which enable them to change coverage outside of the annual enrollment period; dually eligible beneficiaries are one of those groups and prior to January 1, 2019, they were allowed to make changes monthly
- For 2019, CMS changed the SEP from monthly to three times per year; this change affected MA plans and MMPs
- All states with MMPs opted out of this change

Draft Recommendation 1

- The Centers for Medicare & Medicaid Services should issue subregulatory guidance to create an exception to the special enrollment period for dually eligible beneficiaries eligible for Medicare-Medicaid plans (MMPs). This exception would allow such individuals to enroll on a continuous (monthly) basis. For purposes of switching plans or disenrolling under the special enrollment period, MMP enrollees should be treated the same as all other dually eligible beneficiaries.

Enhancing State Capacity on Medicare

- States interested in integrating care need substantial expertise in Medicare. For example, states may set parameters for D-SNPs through contracts, but designing a contract requires expertise in Medicare Advantage eligibility rules, benefits, and processes.
- Additional federal funding, in the form of a higher FMAP or a grant, could support state efforts to integrate care.

Draft Recommendation 2

- To improve integration of care for dually eligible beneficiaries, Congress should provide additional federal funding to defray state costs associated with developing expertise in Medicare Advantage related to eligibility, benefits, and administrative processes.

Enhancing State Capacity to Implement Non-Capitated Models

- States interested in establishing new integrated care programs may not have sufficient resources for planning or implementation. States must make upfront investments to design programs and build infrastructure.
- States have many competing priorities and limited resources. It may be difficult for states to dedicate existing staff to a new integrated care model when staff time is committed to other Medicaid initiatives.
- Additional federal funding, in the form of a higher FMAP or a grant, could support state efforts to integrate care.

Draft Recommendation 3

- Congress should provide additional federal funds to enhance state capacity to implement integrated care for dually eligible beneficiaries and defray state costs associated with developing non-capitated models.

Policy Options for Further Development

Increasing Enrollment in Integrated Care

- Default enrollment into D-SNPs of Medicaid managed care enrollees who become newly eligible for Medicare
- Enrollment broker incentives to steer dually eligible beneficiaries toward integrated products

Making Integrated Products Available to More Beneficiaries

- Increasing state use of MIPPA authority
- Strengthening MMPs
- Addressing differences in network adequacy standards between Medicare and Medicaid

Promoting Greater Integration in Existing Products

- Limit enrollment in D-SNPs to full-benefit dually eligible
- States only contract with D-SNPs whose parent organization also offers an MLTSS plan
- Require D-SNP look-alike plans to meet D-SNP requirements

Establishing a New Federal Program

- Some policymakers are exploring whether a new federal program for dually eligible beneficiaries could solve the issues of fragmented care and high costs associated with this population.

Summary of Policy Options for Future Work

Increasing enrollment	Making integrated products more widely available	Promoting greater integration among existing products	New federal program
1. Enrollment broker incentives [B] 2. Default enrollment into D-SNPs [A]	3. Strengthening MMPs (e.g. permanent authority, frailty adjuster) [C] 4. State use of MIPPA authority [A] 5. Different network adequacy standards [C]	6. Limit D-SNP enrollment to full-benefit dually eligible [C] 7. States only contract with D-SNPs whose parent organization also offers MLTSS [C] 8. Require D-SNP look-alikes to meet D-SNP requirements [C]	9. Establish a new federal program where coverage is provided by a single entity [C]

Notes: D-SNP is dual eligible special needs plan. MIPPA is Medicare Improvements for Patients and Providers Act of 2008. MLTSS is Managed Long-Term Services and Supports. MMP is Medicare-Medicaid plan. A = close to draft recommendation. B = more work is needed. C = early stages of development.

Next Steps

- Based on Commissioner feedback today, staff will refine the draft recommendation language to be voted on at the April meeting
- Also at the April meeting, staff will present draft chapters on integrated care



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