



Establishing a Unified Program for Dually Eligible Beneficiaries: Design Considerations

Medicaid and CHIP Payment and Access Commission

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Overview

- Background on existing integrated care models
- Key design considerations for a unified program, with examples drawn from two stakeholder proposals
 - Eligibility
 - Beneficiary protections and enrollment
 - Benefits
 - Delivery system and model of care
 - Administration
 - Financing
- Next steps

Existing integrated care models

- Medicare-Medicaid Plans (MMPs)
- Dual eligible special needs plans (D-SNPs) aligned with managed long-term services and supports (MLTSS)
- Managed fee for service
- Program of All-Inclusive Care for the Elderly (PACE)

Proposals for fully integrated systems

- Throughout the chapter, examples are drawn from two publicly available proposals
 - Bipartisan Policy Center (BPC)
 - Develops a fully integrated option, building on the current structure, with a federal fallback
 - Dual Eligible Coalition
 - Establishes an entirely new program

Eligibility considerations

- Limiting eligibility to full-benefit dually eligible beneficiaries
- Continuous eligibility for Medicaid
- Population carve-outs
- Maintenance of effort

Beneficiary protections and enrollment considerations

- Beneficiary choice
- Access to existing providers
- Enrollment processes
- Appeals and grievances

Benefits considerations

- Uniform benefit package
- Medicaid benefit carve-outs

Delivery system and model of care considerations

- Managed care
- Provider participation
- Model of care

Administration considerations

- Federal oversight
- State option to participate

Financing considerations

- Federal and state shares of financing
- Shared savings for states
- Risk mitigation
- Establishing spending levels

Next steps

- Incorporate feedback from Commissioners and external reviewers for publication in MACPAC's March 2021 report to Congress



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