

April 13, 2023

Integrating Care for Dually Eligible Beneficiaries: Different Delivery Mechanisms Provide Varying Levels of Integration

Review of draft chapter for June report

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Medicaid and CHIP Payment and Access Commission



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Overview

- Developing an integration strategy
- Integrating care in fee for service (FFS)
- Integrating care through managed care arrangements
- Centers for Medicare & Medicaid Services (CMS) sunsets Medicare-Medicaid Plans (MMPs)
- Beneficiary experiences in integrated care

Developing an Integration Strategy

- In June 2022, the Commission recommended that all states be required to develop a strategy to integrate Medicaid and Medicare coverage for full-benefit dually eligible beneficiaries, with federal support
- Several pieces of legislation have been proposed:
 - Advancing Integration in Medicare and Medicaid (AIM) Act (S.4264)
 - Supporting States in Integrating Care Act of 2022 (S.4273)
 - Supporting Care for Dual Eligibles Act (S.3630)
- This chapter describes the different delivery mechanisms states use to provide Medicaid coverage to dually eligible beneficiaries and opportunities for integration

Integrating Care in FFS States

FFS States Have Tools to Integrate Care

- Although use of managed care by dually eligible beneficiaries is growing, most still receive coverage of their Medicaid services through FFS
 - About half of states do not enroll this population in Medicaid managed care
- The level of integration possible under different tools varies:
 - Primary care case management
 - Managed fee for service
 - Contracting directly with a Medicare Advantage dual eligible special needs plan (D-SNP) to cover Medicaid benefits

Insights from State FFS Panel

- In September, the Commission heard from state officials representing the District of Columbia, Maine, and Washington
- Our panelists shared federal levers that helped their states to begin integrating care under FFS, as well as challenges that other states looking to do so may face
 - Financing
 - State capacity
 - Consumer choice
- The District of Columbia is ultimately working to transition from FFS to Medicaid managed care for its dually eligible population

Integrating Care Through Managed Care Arrangements

Medicare-Medicaid Plans and Dual Eligible Special Needs Plans

- There are two primary models for integrating care through managed care arrangements: MMPs under the Financial Alignment Initiative, and D-SNPs
- MMPs cover all Medicare and Medicaid benefits through a single entity under a three-way contract between the plan, the state, and CMS
- Different types of D-SNPs offer varying levels of integration
 - Coordination-only (CO D-SNP): meets the minimum requirements for coordination of Medicaid benefits
 - Highly integrated dual eligible special needs plan (HIDE SNP): covers some Medicaid benefits including LTSS or behavioral health
 - Fully integrated dual eligible special needs plan (FIDE SNP): covers all Medicaid benefits, with exceptions for carve-outs allowed through 2024
- D-SNPs are widely available and serve the greatest number of beneficiaries



A Changing Integrated Care Landscape

CMS Sunsets the MMP Model

- In May 2022, CMS published a final rule that will sunset the MMP model by the end of 2025. States were encouraged to transition MMP enrollees to aligned D-SNPs
- In December, we presented updates on initial state plans and developed a monitoring framework, which focused on:
 - Procurement
 - Stakeholder engagement
 - Information technology systems
 - Enrollment processes
- We will be returning to the Commission with additional updates

Leveraging State Medicaid Agency Contracts (SMACs)

- In its June 2021 report to Congress, the Commission described how states could maximize integration in their D-SNPs through their SMAC
- States can include provisions in their D-SNP contract to require higher levels of integration than the minimum statutory requirements under the Medicare Improvement for Patients and Providers Act (MIPPA) of 2008 (P.L. 110-275)
 - For example, all states can require D-SNPs to use specific or enhanced care coordination methods
- While there are limitations to this contracting authority, opportunities exist to increase coordination of Medicaid and Medicare coverage under FFS

Beneficiary Experiences in Integrated Care

- In March, the Commission heard findings from a focus group study that solicited perspectives on dually eligible beneficiary experience in integrated care models
- Key themes:
 - Enrollment experiences
 - Access to providers
 - Care coordination
 - Coverage of additional benefits
 - Experiences resolving issues with health plans
 - Overall satisfaction with integrated care

Next Steps

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- The Commission remains focused on identifying options for integrated care across delivery systems so that all states can design an integrated care strategy for their dually eligible beneficiaries
- We welcome Commissioner feedback on next steps in our ongoing work to advance integrated care

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