Exploring Options for Integration

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Today’s Speakers

Camille Dobson
Deputy Executive Director
ADvancing States

Michelle Herman-Soper
Vice-President of Integrated Care
Center for Health Care Strategies

Nancy Archibald
Senior Program Officer
Center for Health Care Strategies

Katherine Rogers
Program Manager, LTC Operations,
District of Columbia Department of Health Care Finance
ADvancing States’ Focus on Dual Eligibles

• Strategic direction from Board of Directors
  – First identified in 2019; continued in 2020

• Key priority area for the MLTSS Institute Advisory Council
  – Both MLTSS state leaders as well as health plan MLTSS executives agreed this was one of the most important issues facing LTSS programs
Approach

• Do not reinvent the wheel or duplicate existing materials
• Identify key barriers and address them
• Provide complementary assistance to ICRC’s State Pathways to Integrated Care tool
Activities to Date

• Collaborate with CHCS on three issue briefs
• Topics identified and informed by focus group of adopter and non-adopter states as well as national health plans
• Two issue briefs released to date:
  – The Value of Pursuing Medicare-Medicaid Integration for Medicaid Agencies, November 2019
  – Starting from Square One: Considerations for States Exploring Medicare-Medicaid Integration, May 2020
The Value of Pursuing Medicare-Medicaid Integration for Medicaid Agencies

Michelle Herman Soper
About the Center for Health Care Strategies

A nonprofit policy center dedicated to improving the health of low-income Americans
Why Integrate Care for Dually Eligible Beneficiaries?

• What are the current challenges?
  – Complex care needs
  – More than 90 percent receive fragmented care
  – High utilization; high costs

• What are ideal outcomes?
  – Streamlined, coordinated care with improved care experience
  – Higher utilization of preventive and community based care
  – Reduced costs
Integrated Care Landscape

Current Models

- Financial Alignment Initiative (FAI) Demonstrations
- Dual Eligible Special Needs Plans (D-SNPs)
- Programs of All-inclusive Care for the Elderly (PACE)

![Total Integrated Care Enrollment, 2011 and 2019](chart.png)
Early Promising Findings

• Improved beneficiary experience, health outcomes and quality of life

• Increased program efficiencies

• Improved Medicaid program administration and management
Self-Reported Satisfaction

• Beneficiary satisfaction is high; tends to steadily improve as programs mature
  – CAHPS survey of enrollees in capitated FAI demonstrations
  – Example from Minnesota D-SNPs: Comparison to non-integrated programs
Improved Care Coordination

• High degree of satisfaction with care coordination
  – CAHPS results
  – Example from Ohio: Improvements in care coordination processes in FAI demonstrations
Improved Health Outcomes

• Improved health outcomes are often achieved through better management of Medicare-covered primary or acute care services
  – Some HEDIS improvements in FAI demonstrations
  – Example from Tennessee D-SNPs: Positive health and social outcomes
Cost Savings

• Washington State’s managed fee-for-service model has generated millions of dollars in Medicare savings
  – As of November 2018, WA received more than $36 million in interim performance payments from CMS
• Mixed results from capitated FAI demonstrations
• Example from Massachusetts: Health plan savings over time
Improvements in Long-Term Services and Supports Utilization

• Integrated care programs promote rebalancing to community-based care
• Several states link integration implementation to rebalancing achievements
• Example from Ohio: Rebalancing savings generated through integration
Program Administration Impacts

• Integrated care infrastructure can support Medicaid program administration and management
  – Increased access and capacity to use Medicare data
  – Joint program oversight with CMS
  – Streamlining of beneficiary, provider and health plan experience
Conclusions

• Evidence is emerging despite some data limitations
  – It takes time for programs to generate positive results and for beneficiaries to reap the benefits
• Continued focus on data collection and analysis is critical to continue to make the case
• Consensus from states: “These programs are worth it, and you get back what you put in.”
Considerations for States Exploring Medicare-Medicaid Integration

Nancy Archibald
What Are Your Policy Goals?

Potential policy goals could include:

• Improving health outcomes for dually eligible populations
• Improving beneficiary experience of care
• Reducing the use of institutional long-term care setting
• Bending the cost curve for dually eligible individuals
What Are the Characteristics and Needs of the State’s Dually Eligible Population?

• What does the state’s dually eligible population look like?

• How are dually eligible individuals in the state currently covered under Medicare and Medicaid?

• Which Medicaid services are carved-in/carved out of Medicaid managed care contracts?

• Does the state allow D-SNPs to provide any Medicaid-covered services?
What is the State’s Health Care Landscape?

• Does the state have Medicaid managed care?
• What is the state’s Medicare Advantage penetration?
• What types of Medicare Advantage plans are available?
• Are Medicare accountable care organizations or other value-based initiatives operating in the state?
• How willing are providers/provider organizations to engage in an integrated care effort?
Do Stakeholders Support Integration?

• Is there significant internal support for new programs or efforts, particularly from Agency leadership?

• Are external stakeholders open to considering and collaborating on the design of an integrated care program?

• How will initial integration efforts be funded and then sustained?
What Is the Internal Capacity to Support Integration Efforts?

• Is the state Medicaid agency implementing other initiatives that are taking up bandwidth?

• Is there staff capacity to design and implement the integrated care effort? Or does the state have access to a contractor that can serve as a staff extender?

• Does the state have the needed data analytic capacity and information technology infrastructure?
What Is the State’s Approach to Integration?

- What is the scale of the effort the state is willing/able to undertake?

- How would an incremental approach to integration impact beneficiaries and providers?

- Are there strengths of the existing system that should be maintained in a new program?

- Is it possible to use existing Medicaid platforms to support integration efforts?
What Your Answers Tell You

Health plans experienced in both Medicare and LTSS service delivery
Providers experienced with managed care
Clear executive/legislative direction to advance integration and/or strong stakeholder support
Internal staff capacity and resources to design, launch, and sustain a new program

Few health plans or providers with whom you can partner
Limited stakeholder support for large-scale change
Multiple other initiatives that are taking up bandwidth
Few internal staffing resources

Larger-Scale Efforts

Smaller-Scale Efforts
Examples of Smaller-Scale Efforts

• Supporting beneficiary enrollment in Medicare Savings Programs and Extra Help
• Promoting beneficiary enrollment into integrated care models that already exist in the state (e.g., PACE, aligned D-SNPs and Medicaid managed care plans)
• Facilitating development of new PACE organizations for older adults
• Adding requirements to existing D-SNP contracts that increase integration or alignment
• Providing training and resources to Medicaid waiver case managers in order to help them understand and coordinate with Medicare benefits
• Aligning D-SNPs with existing Medicaid managed care organizations to the extent that the state enrolls dually eligible beneficiaries in Medicaid managed care
Examples of Larger-Scale Efforts

- Developing Medicaid health home programs
- Creating MLTSS programs that are aligned with D-SNPs
- Directly capitating Medicaid benefits to create HIDE SNPs or FIDE SNPs
- Developing demonstrations under the Financial Alignment Initiative or new state-specific demonstration models
Reactor: Katherine Rogers
Discussion

• Why did DHCF decide to pursue new program options to better integrate care for duals?
• What interim and final policy goals are you trying to achieve?
• What policy or environmental factors enabled DHCF’s integration efforts? What factors created challenges?
MLTSS Institute Resources


ICRC Resources

• Request ICRC State TA: ICRC@chcs.org

• ICRC. “State Pathways to Integrated Care.” May 2019.


Contact Information

• Michelle Herman Soper
  – msoper@chcs.org

• Nancy Archibald
  – narchibald@chcs.org

• Katherine Rogers
  – Katherine.rogers@dc.gov
Questions?