Achieving Integrated Care: Policy Challenges and Opportunities

Medicaid and CHIP Payment and Access Commission
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MACPAC Work on Integrated Care

• Themes guiding our work
  – Increasing enrollment in integrated models
  – Making integrated products more widely available
  – Promoting greater integration in existing products

• Developing a body of work on integrated care
  – Input from experts and data analysis
  – Report chapters
  – Recommendations
Demographics and Spending, 2019

- 12.3 million dually eligible beneficiaries in 2019; 71 percent eligible for full Medicaid benefits
- Primarily female and age 65 and older; 48 percent are beneficiaries of racial or ethnic minority groups; 37.5 percent qualified for Medicare based on a disability
- Dually eligible beneficiaries account for a disproportionate share of spending in Medicaid and Medicare relative to their share of enrollment
MACPAC Recommendations

• In our June 2020 report to Congress, MACPAC recommended increasing the availability of and enrollment in integrated models by:
  – creating an exception to the special enrollment period for dually eligible beneficiaries who are eligible for Medicare-Medicaid plans to allow enrollment on a continuous (monthly) basis, and
  – providing additional federal funds to enhance state capacity to develop expertise in Medicare and to implement integrated care models.
Integration via D-SNPs

• Focus on Medicare Advantage dual eligible special needs plans (D-SNPs) affiliated with Medicaid managed care plans
  – D-SNPs have higher enrollment (about 3 million) and more availability than other models (present in 43 states)
  – Three types of D-SNPs: coordination-only, highly integrated, and fully integrated

• June 2021 report to Congress focused on state strategies for contracting with D-SNPs
Roundtable on Integrated Care

- Over two half days of discussion, we gathered insights from roundtable participants to understand factors affecting state decisions on integrated care and how the federal government can support states
  - 36 states have coordination-only D-SNPs, 15 states have HIDE SNPs, 12 states have FIDE SNPs
  - 29 states enroll dually eligible beneficiaries in Medicaid managed care
- State staff from Delaware, Kansas, Louisiana, Maine, Mississippi, Missouri, North Carolina, and Washington participated
- Other participants included policy experts from CMS Medicare-Medicaid Coordination Office and MACPAC commissioners
Roundtable: Major Takeaways

• Federal support for states is needed to overcome barriers to integration
• Focus on beneficiary experience
• Providing all benefits by one managed care plan does not necessarily lead to more coordination of care or improved experience
• Exploring integrated care options outside of managed care could enable states to reach beneficiaries in fee for service
Themes from the Roundtable

- Key factors for state adoption of integrated care
  - Enrolling dually eligible beneficiaries in Medicaid managed care
- Factors inhibiting state progress
  - Lack of state capacity including limited Medicare knowledge
- State actions to address barriers to integration
  - Identify staff to lead integration efforts
- Federal support for states to advance integration
  - Technical assistance; short or long-term funding
Current Policy Options Under Consideration

• Make additional federal financing available to states that want to advance integrated care (reinforcing our June 2020 recommendation)
• Require that states develop a strategy to integrate care
• Require that states establish an ombudsman for integrated care programs
MACPAC Resources

• June 2020 report to Congress
  – Chapter 1 – Integrating Care for Dually Eligible Beneficiaries: Background and Context
  – Chapter 2 – Integrating Care for Dually Eligible Beneficiaries: Policy Issues and Options

• June 2021 report to Congress
  – Chapter 6 – Improving Integration for Dually Eligible Beneficiaries: Strategies for State Contracts with Dual Eligible Special Needs Plans

• Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid (update forthcoming)
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