Achieving Integrated Care: Policy Challenges and Opportunities

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National MLTSS Health Plan Association
About the MLTSS Association

The National MLTSS Health Plan Association is a national trade association of the leading managed care organizations that deliver high-value, quality managed long-term services and supports for state Medicaid programs and beneficiaries.
Where Member Plans Provide Coverage

*Integrated plans include Medicare-Medicaid plans (MMPs) operated under the Financial Alignment Initiative and Fully Integrated Dual-Eligible Special Needs Plans (FIDE-SNPs)
Why Integration Matters

• 75% of LTSS recipients are also dually eligible for both Medicare and Medicaid
  • Rebalancing efforts should work in tandem with efforts to advance integration

• 10% of full dually eligible beneficiaries are enrolled in integrated plans

• Dually eligible beneficiaries have significant health needs and costs that are 2x those of non-dually eligible Medicare beneficiaries
80% of Dual Eligible Beneficiaries Live in One of the 24 States with an MLTSS Program

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Priority Areas for Integration

1) Create a Seamless Experience and Reduce Consumer Burden by Streamlining Enrollment Processes for Integrated Care Products

2) Increase Stakeholder Awareness of the Benefits of Integration

3) Advance State Capacity to Operate Integrated Care Products

4) Simplify State Options by Creating an Even Playing Field for Integrated Care Products

5) Improve Care Coordination for Dually-Eligible Members by Supporting MLTSS Plan Access to Medicare Data
**Priority 1: Create a Seamless Experience and Reduce Consumer Burden by Streamlining Enrollment Processes for Integrated Care Products**

**Challenges**
- Current enrollment processes result in beneficiary confusion and fragmentation as beneficiaries must navigate two separate programs and enrollment processes.
- Ultimately, beneficiaries must be enrolled in integrated products for the benefits of integration to be realized.

**Potential Solutions**

*Short-Term:*
- Create a new special enrollment period for beneficiaries to enroll into an integrated care product on a continuous (monthly) basis*
- Expand the current scope of default enrollment

*Long-Term:*
- Expand the current scope of passive enrollment

*This proposal is operational in nature and does not require legislative action. However, a legislative mandate may help to accelerate regulatory efforts.*

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**Priority 2: Increase Stakeholder Awareness of the Benefits of Integration**

**Challenges**
- Low beneficiary and provider understanding of integrated care products
- Lack of consistent source of information that enables beneficiaries to weigh their options

**Potential Solutions**

*Short-Term:*
- Develop national and state-level tools for beneficiaries and other stakeholders to help beneficiaries navigate the integrated care market

*Long-Term:*
- Update Medicare Plan Finder to include information on integrated care products*

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Priority 3: Advance State Capacity to Operate Integrated Care Products

Challenge

• Administrative complexity of integrated care products contributes to a lack of state adoption of these products
• Limited staff expertise of the Medicare program within applicable State agencies

Potential Solutions

Short-Term:

• Provide MMCO with funding to establish a grant program for states to build their capacity to design/implement integrated care programs

Long-Term:

• Provide states with an increased FMAP to operate/improve integrated care programs
**Priority 4: Simplify State Options by Creating an Even Playing Field for Integrated Care Products**

**Challenges**
- Various integrated products are regulated under different statutory authorities and contain variations in basic programmatic features such as payment, enrollment, and marketing.
- Unintended incentives for states, plans, and providers to operate one product over the other despite serving the same general population.

**Potential Solutions**

*Short-Term:*
- Expand MMCO’s authority over integrated care products.

*Long-Term:*
- Uniformly apply frailty adjuster to all highly integrated products.
Priority 5: Improve Care Coordination for Dually-Eligible Members by Supporting MLTSS Plan Access to Medicare Data

Challenge

• Fundamental system constraints between Medicare and Medicaid programs limit MLTSS plans’ and providers’ access to primary care provider and other medical utilization data

• Access to Medicare data would allow MLTSS plans to better respond to and coordinate beneficiaries’ medical and non-medical needs

Potential Solutions

Short-Term:

• Develop a database with Medicare data for all dually-eligible beneficiaries that MLTSS plans can access for their members*

• Add standard elements to 834 Benefit Enrollment and Maintenance Files across states to facilitate coordination for dually-eligible beneficiaries*

*This proposal is operational in nature and does not require legislative action. However, a legislative mandate may help to accelerate regulatory efforts.
What Steps Can States Take Now?

• Leverage existing Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) D-SNP contracting authorities
• Maximize D-SNPs’ use of default enrollment authority
• Use American Rescue Plan Act of 2021 (ARPA) funds to bolster care coordination for dually eligible beneficiaries, including strengthening data-sharing capacity within state infrastructure
• Consider adding standard elements (e.g., Medicare program enrollment, Medicare contract number) to 834 Benefit Enrollment and Maintenance Files
Thank you! Questions?

For more details on the Association’s policy proposals to advance integrated care, please visit our website.