

# Achieving Integrated Care: Policy Challenges and Opportunities

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**Christina Wu**  
**Research and Policy Director**  
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National  
MLTSS  
Health Plan Association

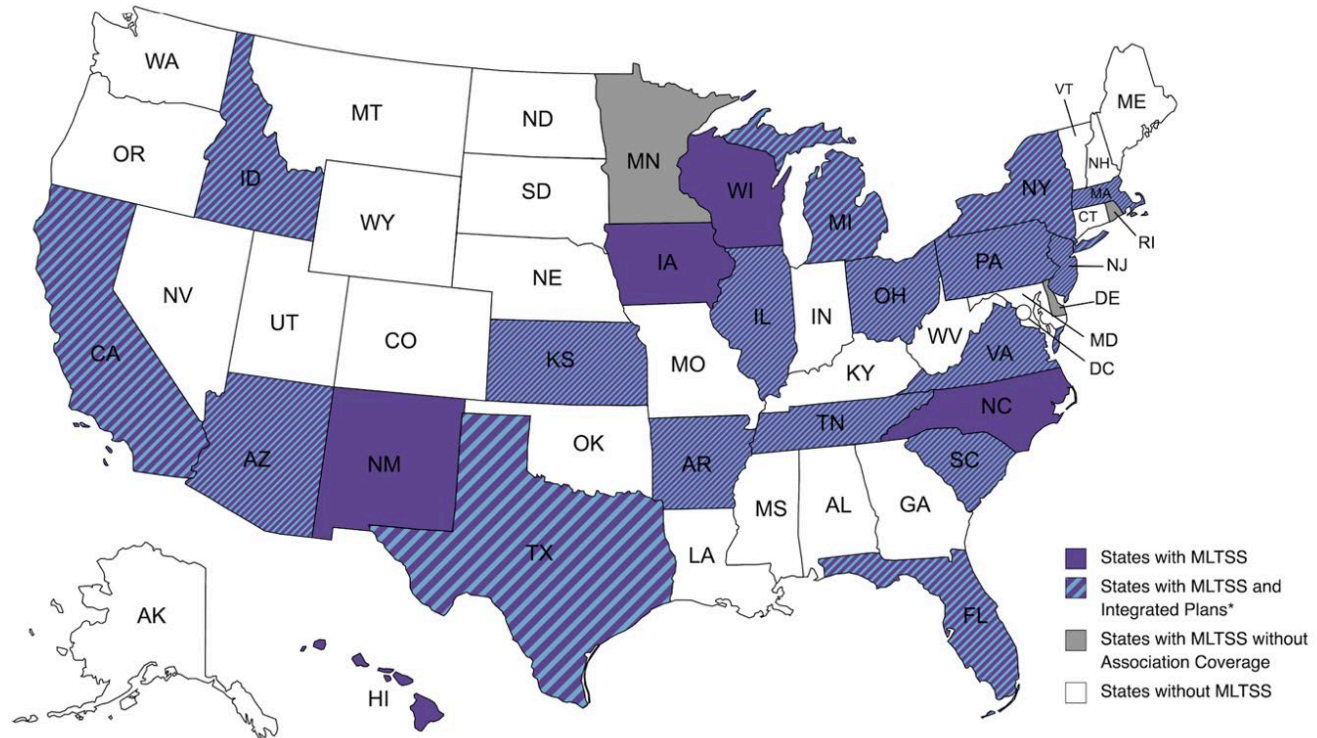
# About the MLTSS Association

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.



UPMC Community HealthChoices

# Where Member Plans Provide Coverage

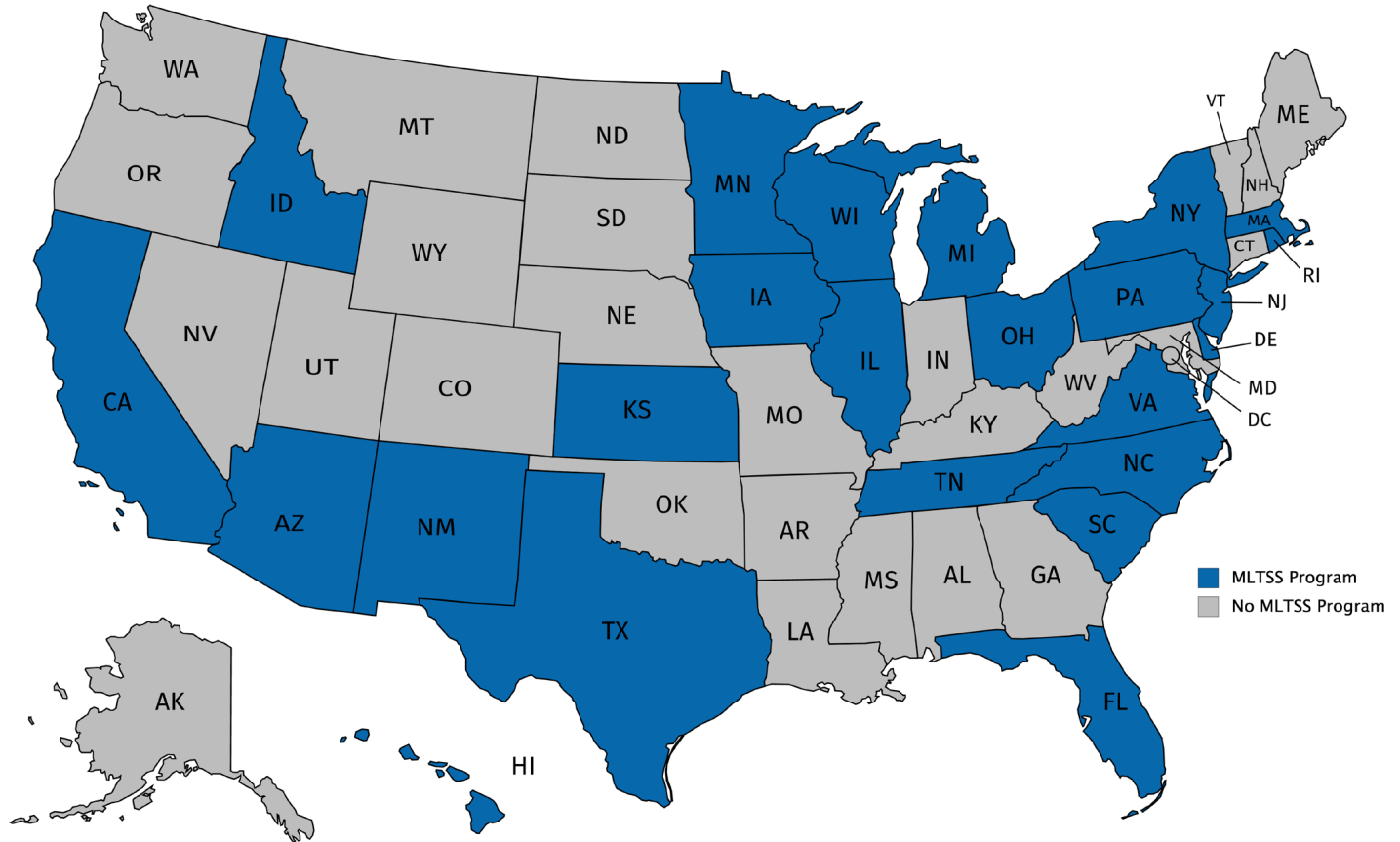


\*Integrated plans include Medicare-Medicaid plans (MMPs) operated under the Financial Alignment Initiative and Fully Integrated Dual-Eligible Special Needs Plans (FIDE-SNPs)

# 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



# 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.*



## 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\*

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





## 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](#).*