MACPAC

Analysis of Care Coordination Requirements in Integrated Care Models

Medicaid and CHIP Payment and Access Commission

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Overview

- Integrated care models for dually eligible beneficiaries
- Care coordination
- Results of research conducted by Health Management Associates (HMA)
- Questions for further discussion

Integrated Care Models

- Aim to improve care for beneficiaries and reduce costs
- States may pursue one or more of the following:
  - Financial Alignment Initiative
  - Managed long-term services and supports (MLTSS) programs aligned with Medicare Advantage dual eligible special needs plans (D-SNPs)
  - Fully integrated dual eligible special needs plans (FIDE-SNPs)
  - Program of All-Inclusive Care for the Elderly (PACE)
  - Managed fee for service

Care Coordination

- Given that many dually eligible beneficiaries have complex medical needs, care management is an important part of integrated care models
  - Managing care transitions
  - Coordinating Medicare and Medicaid benefits
  - Reducing poor outcomes such as avoidable hospitalization
  - Connecting beneficiaries to services to address social determinants of health (SDOH)

State Standards for Integrated Care Models

- States include standards for care coordination in contracts with managed care organizations (MCOs)
- Past research has examined care coordination standards in FAI, FIDE-SNP, and MLTSS contracts
- Given that states' focus on aligning D-SNPs with MLTSS programs is more recent, there is less information on those contracts

Purpose and Methodology

- To understand care coordination requirements for models operated by MCOs
  - FAI demonstrations
  - MLTSS aligned with D-SNPs
  - FIDE-SNPs
- Activities:
  - Catalog contract requirements
  - Summarize stakeholder experiences
  - Highlight emerging state practices for and challenges to care coordination
  - Identify differences and similarities across integrated models

Contracts Reviewed

Integrated care model	State contracts reviewed
Financial Alignment Initiative (FAI)	California, Illinois, Massachusetts, Michigan, New York, Ohio, Rhode Island, South Carolina, Tennessee, Texas, and Virginia
Managed long-term services and supports (MLTSS) aligned with dual eligible special needs plans (D-SNPs)	Arizona, Florida, Hawaii, Tennessee, Texas, and Virginia
Fully integrated dual eligible special needs plans (FIDE-SNPs)	Arizona, California, Florida, Idaho, Massachusetts, Minnesota, New Jersey, New York, Tennessee, and Wisconsin

Notes: New York has two capitated FAI demonstrations. Separate MLTSS and D-SNP contracts were reviewed for Arizona, Florida, Tennessee, Texas, and Virginia, for a total of 11 contracts for that model. Hawaii's contract combined both MLTSS and D-SNP provisions.

Contract Elements Reviewed

- Qualifications and training of care coordinators
- Care coordinator caseload ratios
- Involvement of caregivers
- Use of subcontractors and functions
- Health risk assessments (HRAs)
- Individualized care plans
- Interdisciplinary care teams
- SDOH
- Management of care transitions
- Data and information systems
- Stakeholder engagement

Key Findings from Contract Review

- Some states have more detailed contract coordination requirements in both D-SNP and MLTSS contracts
- Most contracts require care coordinator involvement in care transitions
- Contracts often include requirements for information technology, data sharing, and reporting
- Contracts do not typically specify requirements for care coordinator training

Key Findings from Contract Review, Continued

- Most HRAs in MLTSS+D-SNP programs are not specifically tailored to dually eligible beneficiaries
- A number of FIDE-SNP contracts require using an integrated Medicare and Medicaid HRA
- Many contracts refer to the inclusion of family and other caregivers
- Contracts vary in their specificity regarding how to incorporate SDOH in care planning

Stakeholder Interviews

- Centers for Medicare & Medicaid Services
- Medicaid officials from two states (Tennessee and Virginia)
- Three health plan associations, with total participation of seven plans
- Two medical directors from integrated managed care organizations
- Two consumer advocacy organizations
- Two representatives from home and community-based services (HCBS) provider organizations

Key Themes from Stakeholder Interviews

- Importance of locating and engaging beneficiaries
- Focus on management of care transitions in all integrated care models
- Plans prefer more flexibility in contract standards
- Technology solutions have potential to support care coordination in real time
- Incorporation of SDOH in care planning is evolving

Key Themes from Stakeholder Interviews: Challenges

- Difficulty engaging primary care providers
- Challenges coordinating across MLTSS and D-SNPs
- Strained nursing facility and care coordinator relationships
- Concern among consumer advocates about level of collaboration
- HCBS providers feel underutilized

Questions for Further Consideration

- What is the right balance between contract prescriptiveness and giving plans flexibility to innovate?
- How will care coordination practices continue to evolve?
- How can we overcome challenges in assessing care coordination approaches?

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