MACPAC

Integrated Care: Evaluations and Work Plan

Medicaid and CHIP Payment and Access Commission

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Overview

- Review integrated care model types
- Recap recent work on integrated care
- Report on key findings from inventory of evaluations of integrated care models
- Discuss possible areas for future work

Integrated Care Models

- Designed to align the delivery, payment, and administration of Medicare and Medicaid services to improve care for dually eligible beneficiaries and reduce costs
- Three primary models:
  - Financial Alignment Initiative (FAI)
  - Medicare Advantage dual eligible special needs plans (D-SNPs), including fully integrated dual eligible special needs plans (FIDE-SNPs)
  - Program of All-Inclusive Care for the Elderly (PACE)

Recent Commission Work

- January – reviewed results of Mathematica study on factors influencing enrollment in FAI
- March – reviewed results of HMA study on care coordination standards

Evaluation Inventory

Purpose and Methodology

- Limited body of evidence examining the effects of integrated care on Medicaid and Medicare spending and beneficiary outcomes
- Understanding the successes, challenges, and outcomes of integrated care models can help inform future policy
- SHADAC compiled an inventory of existing peer-reviewed evaluations and grey literature to assess the status of research on integrated care models

Financial Alignment Initiative

- Identified 20 evaluations of the FAI
- Key findings
  - Evidence of decreased emergency department use and hospitalizations, with mixed effects on other services
  - Beneficiaries reported varying experiences with care coordinators
  - Some analyses estimate savings to Medicare but do not include changes to Medicaid spending due to a lack of data

Dual Eligible Special Needs Plans

- Identified nine evaluations of the D-SNP model; none examine FIDE-SNPs
- Key findings
  - Care coordination had mixed effects on health outcomes
  - Evidence of reductions in hospitalizations, readmissions, and nursing facility admissions
  - D-SNPs were associated with a decrease in Medicare spending per person; however these studies do not include effects on Medicaid spending

Program of All-Inclusive Care for the Elderly

- Identified 12 evaluations of PACE
- Key findings
  - PACE was associated with reduced risk of hospitalization and higher use of preventive care, but findings on nursing facility use varied
  - Mixed findings on the effect of PACE on Medicaid and Medicare spending

Summary Findings Across Models

- Evaluations generally found a decrease in hospitalizations and readmissions
- For other services including emergency department use, nursing facility use, and for beneficiary experience, outcomes varied across studies
- Several evaluations estimated changes in Medicare spending
  - However, due to lack of data, most evaluations could not look at changes in Medicaid spending

Gaps and Limitations

- Difficult to draw definitive conclusions about the effectiveness of models given:
  - relatively few evaluations per model
  - findings across evaluations may reflect differences in methodology, populations, or comparison groups
  - research is limited regarding D-SNP alignment with MLTSS programs
  - evaluations are not available for all states participating in the FAI

Need for Additional Research

- To inform policy, more research is needed:
  - to evaluate outcomes for particular populations, such as those under age 65, age 65 and older, and individuals with certain chronic conditions
  - on the effects of integrated care models on Medicaid spending, particularly for the FAI and D-SNP models
  - on how state design decisions affect outcomes
  - to compare the effectiveness of different models

Future MACPAC Work

Potential Areas for Future Work

- Based on the results of contract work this past year and Commissioners' discussions, staff identified the following areas for future work:
  - What enrollment mechanisms are available to states? Why are states using (or not using) these mechanisms?
  - To what extent do brokers influence or facilitate enrollment in integrated care models?
  - What is known about how CMS, states, and health plans communicate with beneficiaries and providers to promote integrated care? What challenges exist?
  - Is managed fee for service an attractive alternative for states that have not yet pursued integrated care?

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