Geographic Availability of Integrated Care Models for Dually Eligible Beneficiaries

Medicaid and CHIP Payment and Access Commission

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Overview

- Recent MACPAC work

- What we mean by integrated care

- Review of integrated care models

- Overview of maps: Analysis of geographic availability

- Key takeaways

Recent MACPAC Work

- Panel on federal and state integration efforts
- Panel on beneficiary, provider, and health plan perspectives
- Staff presentation on barriers to integrated care
- Work in last report cycle on:
  - Factors associated with enrollment in the Financial Alignment Initiative (FAI)
  - Evaluations of integrated care models
  - Care coordination standards

Work Ahead

- Chapter(s) for June report
- Specific recommendation language
- Rationale to support recommendations
- Discussion of other policy issues (potential recommendations for subsequent reports)
- Contextual information

What is Integrated Care?

- Designed to align the delivery, payment, and administration of Medicare and Medicaid services

- Can improve care for dually eligible beneficiaries and reduce spending arising from duplication of services or poor care coordination

- Promoting integrated care means:

  – increasing enrollment, and

  – making care as close to fully integrated as possible by coordinating primary and specialty acute care, behavioral health services, and long-term services and supports

Integrated Care Models

- CMS and states have adopted different models to achieve integration.
  - Medicare-Medicaid plans (MMPs) under the FAI
  - Medicare Advantage dual eligible special needs plans (D-SNPs) combined with managed long-term services and supports (MLTSS), including fully integrated dual eligible special needs plans (FIDE-SNPs)
  - Managed fee for service
  - Program of All-Inclusive Care for the Elderly (PACE)

Variation in Availability of Integrated Care Models

- Offerings vary for several reasons including state experience, population density, political considerations, and state capacity

- Discussions of integrated care often focus on variation in adoption across states
    - This can overlook geographic variation in the availability of these models within states

Count of Dually Eligible Beneficiaries by County, December 2018

Enrollment

■ ≥ 10,000

■ 5,000 - 9,999

■ 1,000 - 4,999

■ 0 - 999
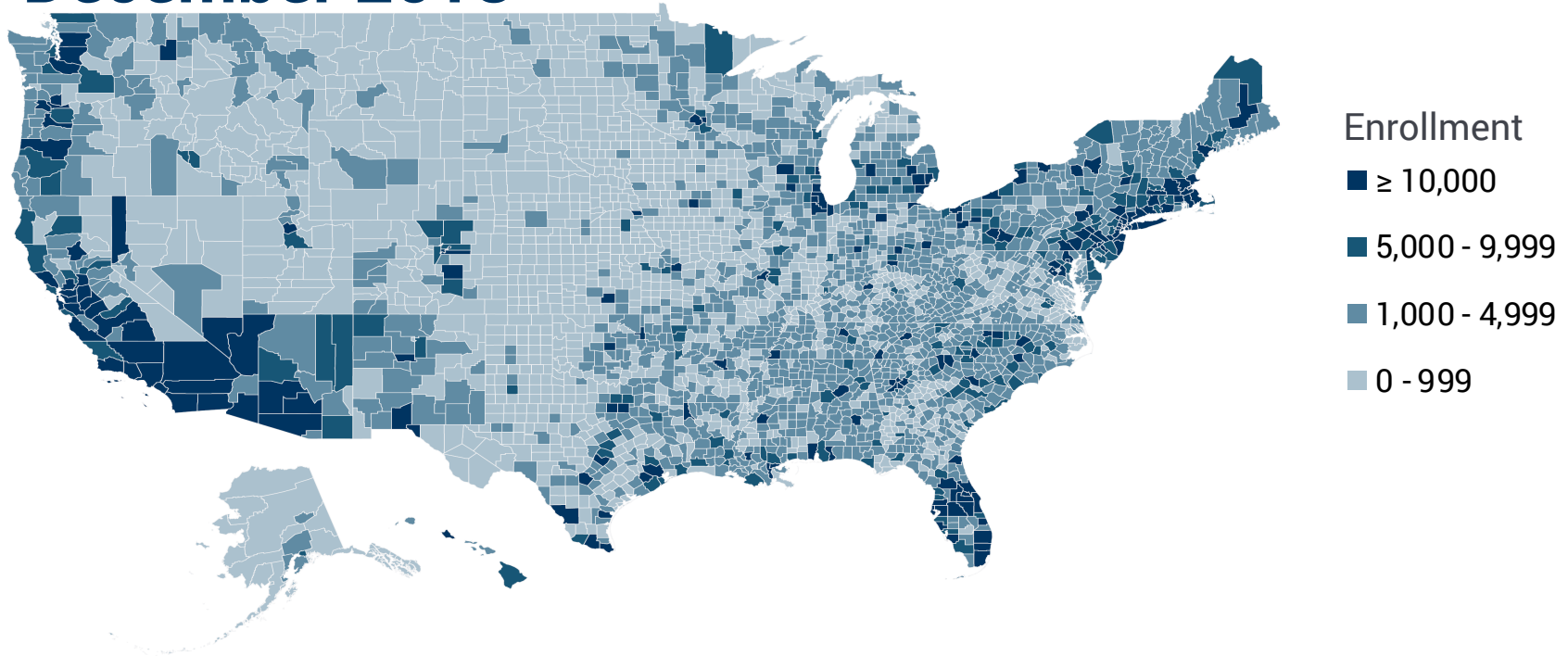
Note: These numbers represent counts of dually eligible beneficiaries enrolled in a given month. These point-in-time snapshots of enrollment are inherently lower than ever-enrolled numbers which include individuals enrolled at any time during the calendar year.
Source: MACPAC, 2020, analysis of CMS Quarterly Enrollment Snapshots by County as of December 2018.

January 23, 2020

FAI Demonstrations by State, December 2019
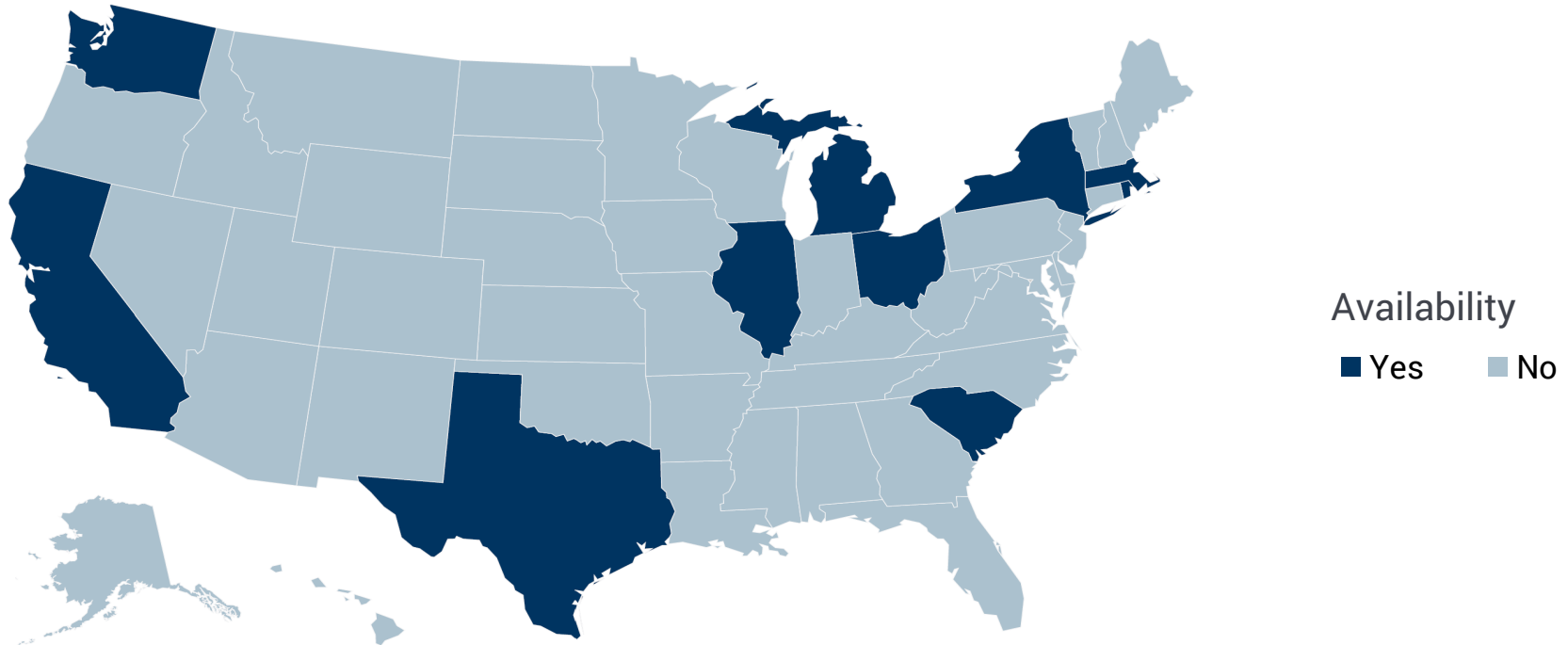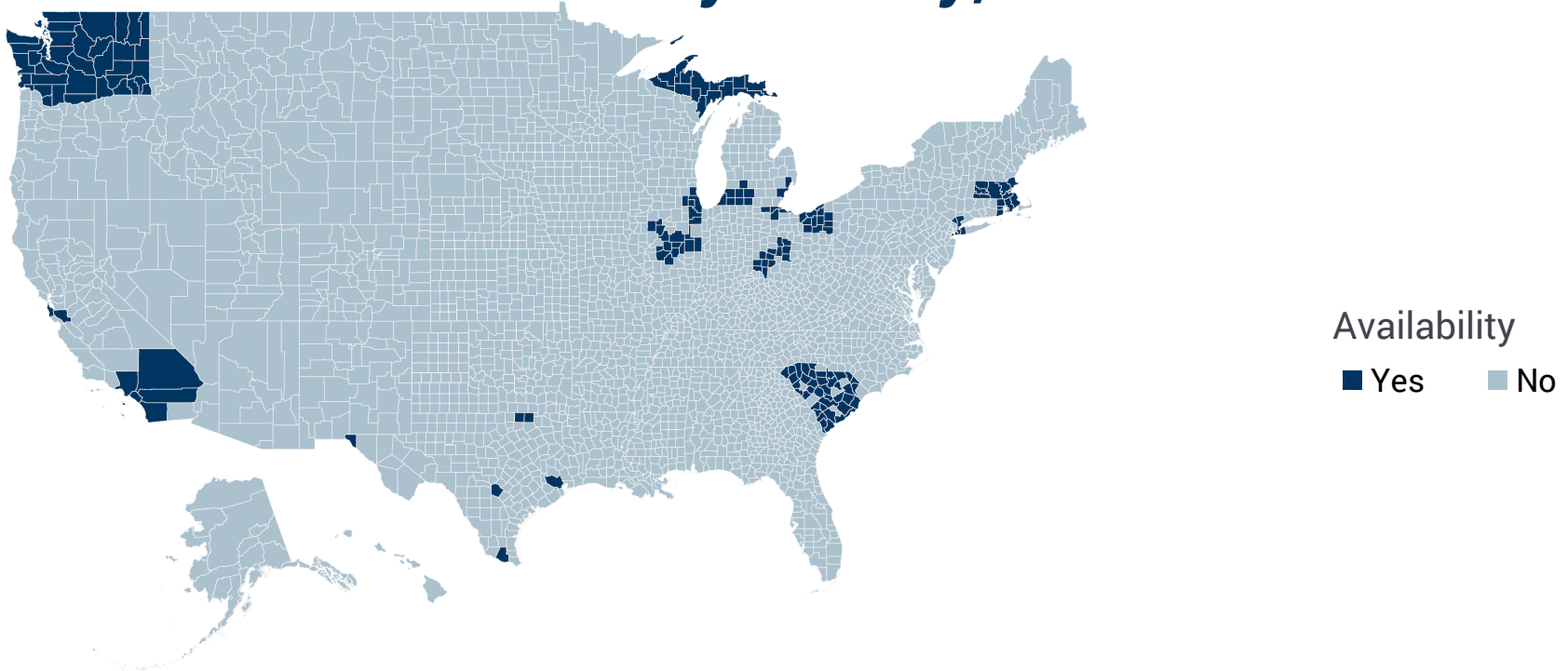

Availability
■ Yes   ■ No

Note: One state, Minnesota, is operating a demonstration outside the capitated or managed FFS models and is focused on administrative alignment. Because Minnesota's demonstration is not designed to result in any new enrollment, it is not included here.
Source: MACPAC, 2020, analysis of CMS Monthly Enrollment in Medicare-Medicaid Plans, compiled by the Integrated Care Resource Center, December 2019, and State of Washington, December 2019.

January 23, 2020

FAI Demonstrations by County, December 2019



Availability
■ Yes   ■ No

Note: One state, Minnesota, is operating a demonstration outside the capitated or managed FFS models and is focused on administrative alignment. Because Minnesota's demonstration is not designed to result in any new enrollment, it is not included here.
Source: MACPAC, 2020, analysis of CMS Monthly Enrollment in Medicare-Medicaid Plans, compiled by the Integrated Care Resource Center, December 2019, and State of Washington, December 2019.

January 23, 2020

Availability of MLTSS Programs by County, 2020
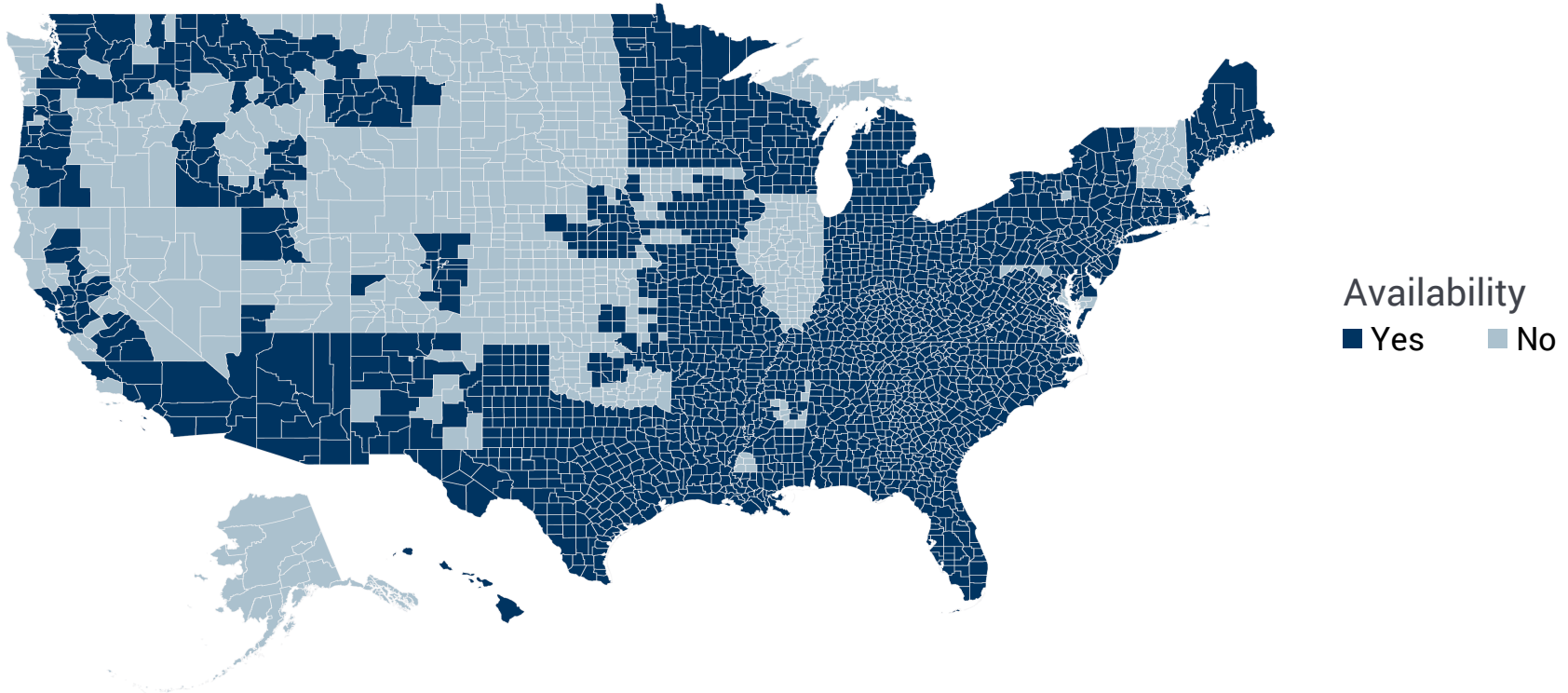

Availability
■ Yes   ■ No
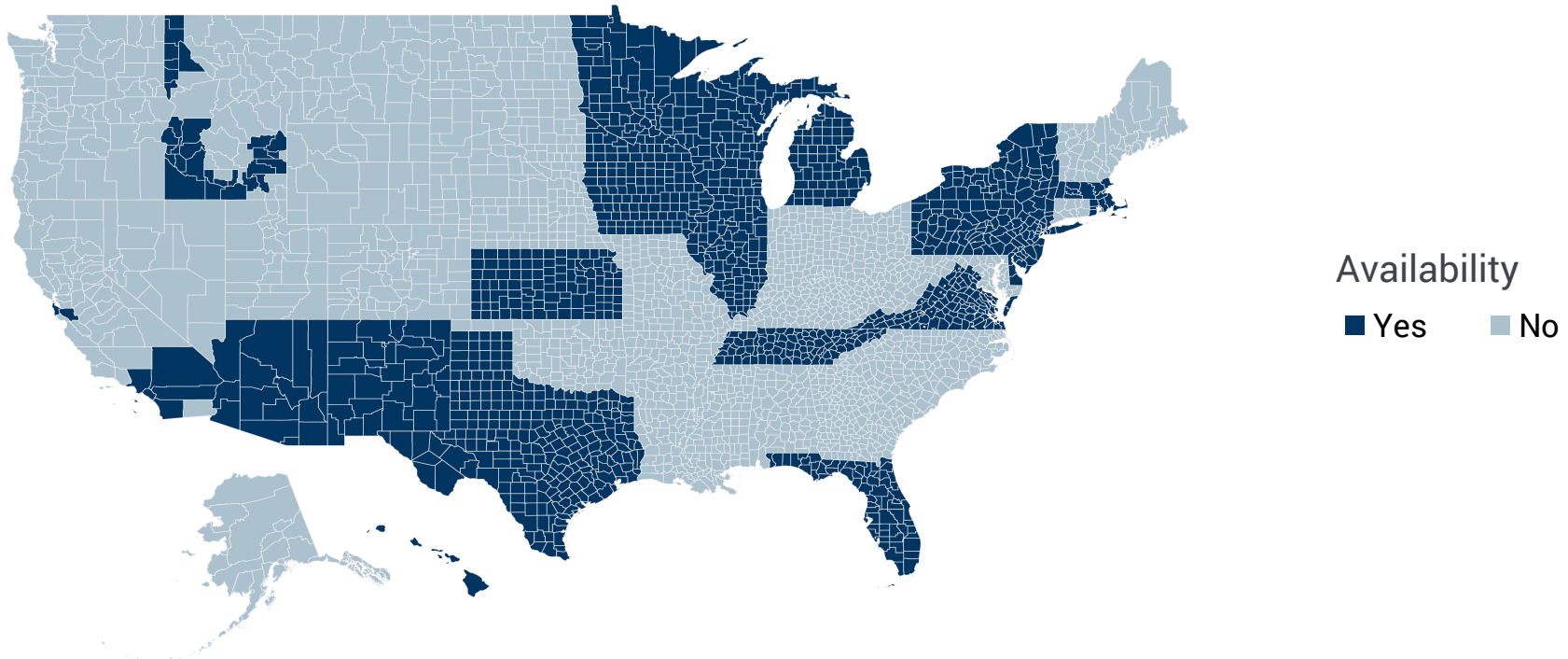
Note: The MLTSS program in North Carolina is not included because it currently only includes certain services for individuals with intellectual or developmental disabilities. Map does not include Ohio and South Carolina which only operate MLTSS through the FAI.
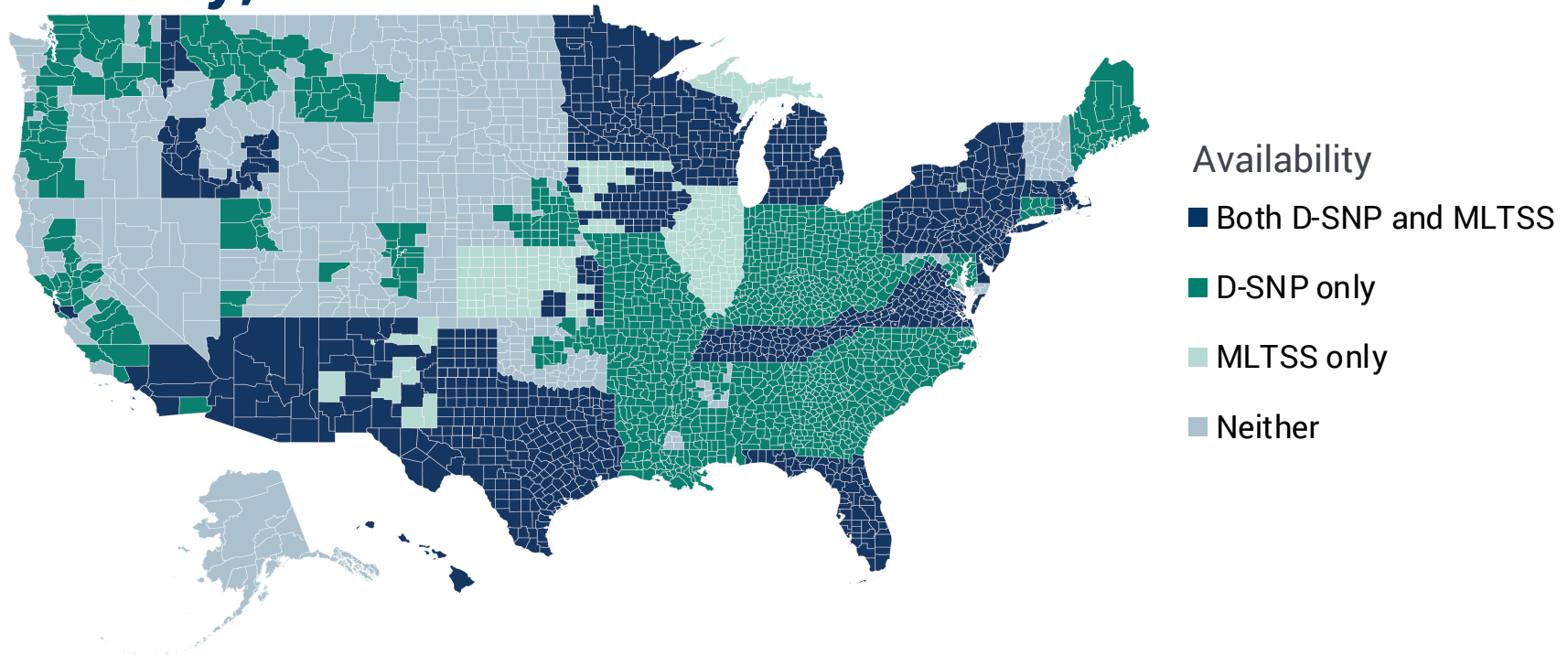**Source:** MACPAC, 2020, analysis of ADvancing States 2019, Lewis et al. 2018, and state websites.

January 23, 2020

Availability of D-SNPs by County, 2020

Availability
■ Yes   ■ No

January 23, 2020

Availability of MLTSS Programs and D-SNPs by County, 2020

Availability

- ■ Both D-SNP and MLTSS
- ■ D-SNP only
- ■ MLTSS only
- ■ Neither

Notes: The MLTSS program in North Carolina is not included because it currently only covers certain services for individuals with intellectual or developmental disabilities. Map does not include Ohio and South Carolina which only operate MLTSS through the FAI.
Source: MACPAC, 2020, analysis of Medicare Advantage special needs plan landscape file for 2020, ADvancing States 2019, Lewis et al. 2018, and state websites.

Key Takeaways

- Best opportunities to integrate care currently where MLTSS and D-SNPs are both available or active FAI model

- Even in states that have implemented integrated care programs, they may not be available statewide

- States may need to pursue a combination of approaches for more dually eligible beneficiaries to have access to an integrated care option

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