



Integration of Care for Dually Eligible Beneficiaries: New Analyses

Medicaid and CHIP Payment and Access Commission

Kirstin Blom and Ashley Semanskee

January 29, 2021

www.macpac.gov

 [@macpacgov](https://twitter.com/macpacgov)

Overview

- Findings and opportunities for policy changes from two contracts
 - Role of Medicare agents and brokers in assisting dually eligible beneficiaries with coverage choices
 - Opportunities for states to maximize their dual eligible special needs plan (D-SNP) contracting authorities
- Commissioner discussion and next steps

Role of Medicare agents and brokers

Background

- Stakeholders are concerned that Medicare agents and brokers steer dually eligible individuals away from integrated plans
- Medicare agents and brokers are not permitted to sell Medicare-Medicaid plans (MMPs) and are not compensated for enrollments

Analytic Work

- Examined the role of Medicare agents and brokers in enrolling dually eligible beneficiaries into MMPs and D-SNPs
 - HMA conducted interviews in California, Florida, Idaho, New Jersey, New York, Ohio, and Texas.
 - Interviewees included beneficiary advocates, federal and state officials, Medicaid enrollment brokers, Medicare Advantage plans, Medicaid managed care plans, and Medicare agents and brokers.

Key Findings

- Medicare agents and brokers are increasingly interested in marketing and selling D-SNPs.
- Views were mixed on the value added by Medicare agents and brokers.
- Dually eligible beneficiaries often lack access to a single, impartial source of information that can help them compare all available coverage options.

Sources for Enrollment Advice

- Dually eligible individuals receive information on their coverage options from:
 - Medicaid enrollment brokers
 - Medicare agents and brokers
 - State Health Insurance Assistance Programs (SHIPs)

Conclusion and Next Steps

- Dually eligible individuals lack access to independent, impartial advisors.
- Future work could explore whether there are ways to improve coordination between Medicare agents and brokers and Medicaid enrollment brokers in the hopes that this would improve enrollment in integrated plans.

Contracting strategies states can use to integrate care through D-SNPs

Background

- D-SNPs must at least coordinate Medicaid benefits; states can leverage their contracting authority under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) to go beyond the minimum requirements
- In 2020, 42 states contracted with D-SNPs but fewer than 10 states used contracting strategies

Analytic work

- Identify ways states can maximize their existing authority to promote integration and enrollment in D-SNPs
 - Mathematica interviewed stakeholders in 5 states: California, DC, Idaho, Indiana, and Virginia
 - Interviewed federal and state officials, health plan representatives, and beneficiary advocates
 - Focused on 10 specific contracting strategies

State contracting strategies

- Strategies all states can use
- Strategies for states that enroll dually eligible beneficiaries in Medicaid managed care

Contracting strategies all states can use

Contracting strategy	Example states
1. Restricting D-SNP enrollment to full-benefit dually eligible	AZ, HI, ID, MA, MN, NJ (PA and VA require separate plans for partial-benefit enrollees)
2. Providing capitated payments directly to D-SNPs for Medicaid-covered services	AL, FL, and ID
3. Requiring D-SNPs to operate with exclusively aligned enrollment	ID, MA, MN, and NJ
4. Requiring D-SNPs to use state-specific or enhanced care coordination methods	ID, MA, MN, NJ, TN, and VA
5. Requiring D-SNPs to send data or reports to the state for oversight purposes	AZ, MA, MN, NJ, NM, OR, TN, and VA
6. Requiring state review of D-SNP marketing materials and other communications that relate to delivery of Medicaid benefits	ID, MA, MN, NJ, TN, and WI

Source: Mathematica

January 29, 2021

Contracting strategies for states that enroll dually eligible beneficiaries in Medicaid managed care

Contracting strategy	Example states
7. Selectively contracting with D-SNPs that offer Medicaid managed care plans (or vice versa)	AZ, HI, ID, MA, MN, NJ, TN, and VA
8. Requiring complete service area alignment between D-SNPs and affiliated Medicaid managed care plans	AZ and NJ
9. Automatic assignment of dually eligible into a Medicaid managed care plan aligned with their D-SNP during the annual enrollment period	AZ (on a limited basis)
10. Allow or require D-SNPs to use default enrollment into D-SNPs with the same parent company as their Medicaid managed care plan	AZ, PA, OR, TN, and VA

Opportunities for changes in state policy

- States could require D-SNPs to enroll full-benefit and partial-benefit dually eligible beneficiaries in separate plan benefit packages
- States could review Medicaid information in D-SNP materials
- States could require D-SNPs to use specific care coordination methods

Opportunities for changes in state policy, continued

- States could allow D-SNPs to default enroll newly dually eligible Medicaid enrollees into the D-SNP that is affiliated with their Medicaid managed care plan
- States could minimize Medicaid benefit carve-outs
- CMS could encourage states to align Medicaid managed care open enrollment periods with Medicare

Opportunities for changes in Medicare policy

- CMS could require eligible beneficiaries to enroll in D-SNPs
- CMS could develop a waiver process for D-SNPs that cannot meet network adequacy requirements in certain areas of a state

Next steps

- Identify policy changes of interest that staff can develop into draft recommendations
- Discuss draft recommendations at March 2021 Commission meeting
- Vote on recommendations at April 2021 Commission meeting



Integration of Care for Dually Eligible Beneficiaries: New Analyses

Medicaid and CHIP Payment and Access Commission

Kirstin Blom and Ashley Semanskee

January 29, 2021

www.macpac.gov

 [@macpacgov](https://twitter.com/macpacgov)