Overview

- Duals data book update
- Background
- Context for recommendation
- Recommendation 1: Integrated care strategy
- Recommendation 2: Additional federal funding
- Next steps
Duals Data Book Update

- Joint effort between MACPAC and MedPAC
- Exhibits have been updated with CY 2019 data; prior version used data from CY 2013
- Will be posted on our website
- Compiles Medicaid and Medicare data on dually eligible beneficiaries in several areas, including:
  - Overview of enrollment and spending
  - Characteristics of dually eligible beneficiaries
  - Eligibility pathways, managed care use, and continuity of care
  - Medicaid and Medicare spending by LTSS use
- Most tables are limited to the FFS population

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Background

• 12.3 million individuals were dually eligible for Medicaid and Medicare in 2020
• Most (71 percent) were eligible for full Medicaid benefits
• However, only about 10 percent of dually eligible beneficiaries were enrolled in integrated care models in 2019
Context for Recommendations

- States are at different stages of integrating Medicaid and Medicare coverage
- We propose an incremental approach that starts with an integrated care strategy
- We also propose federal funding be provided to support states in developing their strategies
Long-Term Vision

• Full integration should be the eventual goal of an integrated strategy, including:
  • a single set of benefits under a single entity;
  • a single set of marketing materials;
  • a single enrollment card;
  • the use of care coordinators;
  • aligned financing; and
  • consumer protections such as an ombudsman and an integrated appeals and grievance process
Draft Recommendation 1: Integrated Care Strategy

Congress should authorize the Secretary of the Department of Health and Human Services to require that all states develop a strategy to integrate Medicaid and Medicare coverage for full-benefit dually eligible beneficiaries within a certain timeframe with a plan to review and update the strategy [every three to five years]. The strategy should include the following high-level components: integration approach, eligibility and benefits covered, enrollment strategy, beneficiary protections, data strategy, and quality measurement.
Integrated Care Strategy

- Goal: the majority of full-benefit dually eligible beneficiaries will eventually be enrolled in a fully integrated plan
  - Fully integrated dual-eligible special needs plan (FIDE SNP) or managed fee-for-service
- States would have two years to develop their strategy
- States would update their strategy [every three to five years] or until they have reached a high level of integration
High-Level Components of an Integrated Care Strategy

• Integration approach
• Eligibility and benefits covered
• Enrollment strategy
• Beneficiary protections
• Data strategy
• Quality measurement
High-Level Components of an Integrated Care Strategy

• Integration approach
  – FFS or managed care approach through D-SNPs
  – CMS should provide examples of potential approaches

• Eligibility and benefits covered
  – Specify how coverage will be tailored to different subpopulations
  – Specify which Medicaid benefits will be covered by the integrated plan
  – Consider Medicare Advantage supplemental benefits

• Enrollment strategy
  – Describe use of any automated enrollment strategies or exclusively aligned enrollment
  – Describe outreach to beneficiaries, providers, and other stakeholders
High-Level Components of an Integrated Care Strategy

• Beneficiary protections
  – Ombudsman program
  – Unified appeals and grievance process
  – Care coordination
  – Beneficiary advisory mechanism

• Data strategy
  – Use of Medicare data and data-sharing arrangements with D-SNPs
  – Improve collection of demographic data

• Quality measurement
  – How to measure quality of care
  – Based on model of care (MOC) required for every SNP
Draft Recommendation 2: Additional Federal Funding

Congress should provide additional federal funding to support states in developing a strategy to integrate Medicaid and Medicare coverage for full-benefit dually eligible beneficiaries.
Additional Federal Funding

• Reinforce MACPAC’s June 2020 recommendation
• Link funding to the development of an integrated care strategy
• Recognize the need to build capacity
• Could be provided through a grant program or through an enhanced federal medical assistance percentage (FMAP)
Next Steps

• Commissioner feedback on the draft recommendations and high-level components of an integrated care strategy
• April meeting
  – Review draft chapter
  – Vote on recommendations
Draft Recommendations

1. **Integrated care strategy**: Congress should authorize the Secretary of the Department of Health and Human Services to require that all states develop a strategy to integrate Medicaid and Medicare coverage for full-benefit dually eligible beneficiaries within a certain timeframe with a plan to review and update the strategy [every three to five years]. The strategy should include the following high-level components: integration approach, eligibility and benefits covered, enrollment strategy, beneficiary protections, data strategy, and quality measurement.

2. **Additional funding**: Congress should provide additional federal funding to support states in developing a strategy to integrate Medicaid and Medicare coverage for full-benefit dually eligible beneficiaries.
Draft Recommendations to Raise the Bar on Integrated Care

Medicaid and CHIP Payment and Access Commission

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