



Draft Recommendations to Raise the Bar on Integrated Care

— Medicaid and CHIP Payment and Access Commission

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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

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.



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