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Medicare-Medicaid Plan Demonstration Transition Updates and Monitoring

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Medicaid and CHIP Payment and Access Commission



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Overview

- Background
- Centers for Medicare & Medicaid Services (CMS) rulemaking
- Updates from interviews with MMP states



Background on Medicare-Medicaid Plans (MMPs)

- Three demonstration models available: capitated, managed fee for service, and an alternative model
 - Nine states have capitated Medicare-Medicaid Plans (MMPs)
- MMPs featured a three-way contract that allowed for passive enrollment, integrated member materials, and the distribution of shared savings to states
- After about a decade, evaluations of the demonstrations found
 - Enrollment was lower than expected
 - Outcomes were mixed
 - No MMPs realized savings to Medicare or Medicaid
- The MMPs had high ratings from beneficiaries and other stakeholders

Background on D-SNPs

- Dual eligible special needs plans (D-SNPs) are a type of Medicare Advantage plan designed for dually eligible beneficiaries
 - Varying levels of integration, including highly integrated dual eligible special needs plans (HIDE SNPs) and fully integrated dual eligible special needs plans (FIDE SNPs)
- D-SNPs are present in 46 states and the District of Columbia and enroll more than 3 million beneficiaries
- Made permanent in 2018, recent rulemaking and guidance have made greater levels of integration in D-SNPs possible
- D-SNPs are required to have contracts with the state Medicaid agency, which states can leverage to increase integration

CMS Rulemaking

May 2022

Increasing Integration in D-SNPs

- In March, the Commission commented in support of the rule's move toward greater integration
- The rule includes regulatory changes that increase D-SNP integration, in part by adopting elements of the MMP
 - Expanded requirements for integrated appeals and grievance processes
 - Service area alignment for FIDE SNPs and HIDE SNPs with their companion Medicaid plans

Transitioning MMPs to D-SNPs

- States must transition their MMPs by the end of calendar year 2025
- States intending to transition their MMPs into integrated D-SNPs were required to submit transition plans to CMS by October 1, which included how they will
 - maximize integration throughout the transition
 - sustain the ombudsman program without federal funding
 - engage stakeholders
- States were also asked to identify policy and operational steps needed to achieve these goals
- Some elements of the MMPs will not transfer to integrated D-SNPs

Updates from Interviews with MMP States

Updates from Interviews with MMP States

- States are in the early stages of planning for the transition
- Ongoing federal technical assistance is well received
- States plan on a smooth transition for beneficiaries
- Some MMP features, particularly shared savings, will not transfer to D-SNPs

Framework for Monitoring

- Stakeholder engagement
- Medicaid managed care procurement
- Systems changes
- Enrollment processes

Next Steps

- States anticipate completing initial rounds of stakeholder engagement in the spring of 2023
- Review publicly released transition plans
 - So far, two states have published the plans submitted to CMS
- We will stay apprised of state actions on procurement and plans for enrolling eligible beneficiaries as they take shape

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