



LONG-TERM
QUALITY ALLIANCE

Integrated Care for Individuals with Dual Eligibility

December 9, 2019
Kaiser Center for Total Health

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Exploring Opportunities to Advance Medicare-Medicaid Integrated Care

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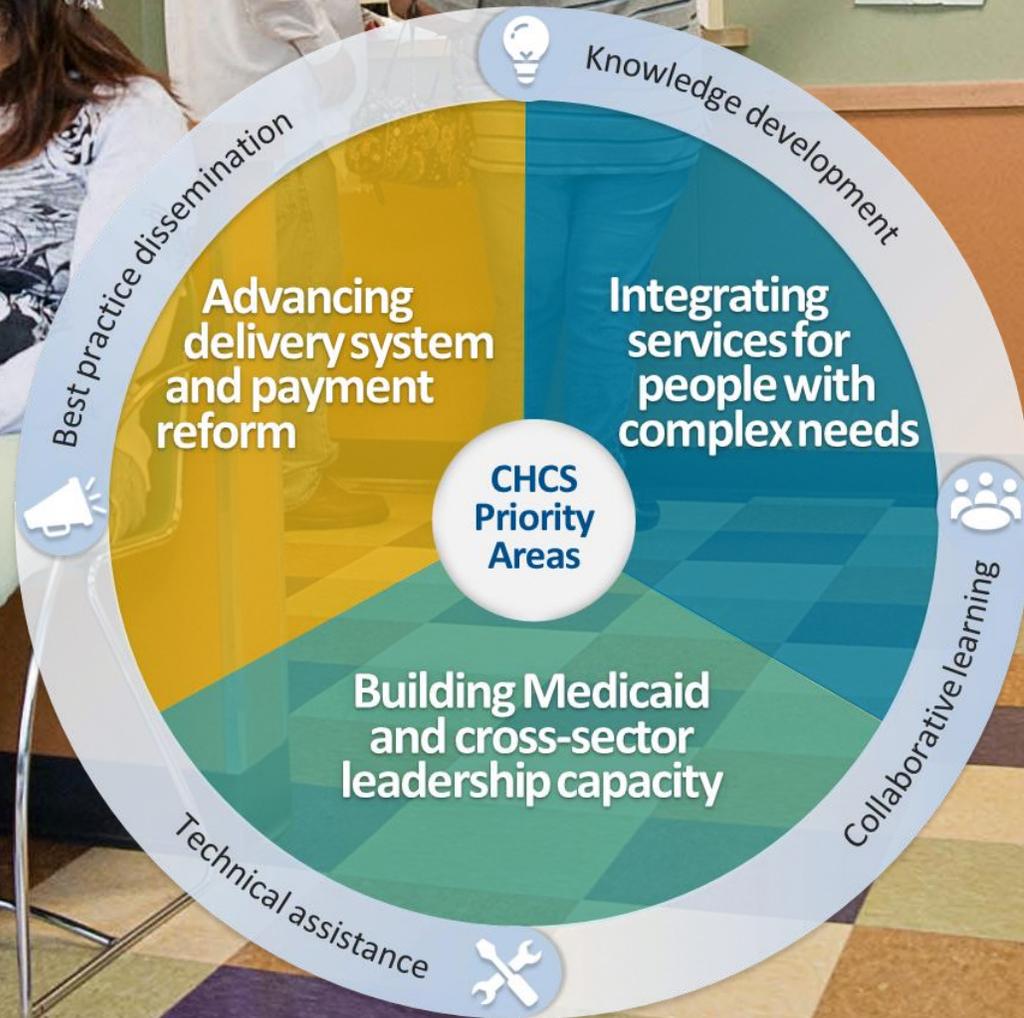
Exploring Opportunities to Advance Medicare-Medicaid Integrated Care

**LTQA Member Symposium:
Integrated Care for Individuals with Dual Eligibility**

**Michelle Herman Soper
Vice President of Integrated Care, Center for Health Care Strategies
December 9, 2019**

About the Center for Health Care Strategies

A nonprofit policy center dedicated to improving the health of low-income Americans



Federal Factors Encouraging Integrated Care

- New state demonstrations and opportunities for shared savings
- Balanced Budget Act of 2018
 - » D-SNP permanency
 - » New D-SNP integration standards
- Policies that promote aligned enrollment
- PACE

Three New Opportunities: April 24, 2019 State Medicaid Director Letter

#1: Capitated model Financial Alignment demonstration

- Current capitated states can request extensions and/or changes to existing, promising models (i.e., geographic scope)
- New states can work with CMS and stakeholders to explore testing new ideas under current framework

#2: Managed fee-for-service model Financial Alignment demonstration

- New states can explore a MFFS model demonstration, using an approach similar to WA's high-intensity intervention for high-risk beneficiaries

#3: State-specific models

- States may propose to test new state-developed models
- Interested in flexible, accountable, and person-centered concepts that:
 - Address social determinants of health
 - May include value-based payment reform methodologies
 - Include robust stakeholder engagement
 - Promote beneficiary empowerment and independence
 - Increase access to coordinated and high-quality care
 - Reduce expenditures
 - Preserve access to all covered Medicare benefits, cost-sharing protections and choice of provider

New D-SNP Integration Standards

D-SNPs must meet at least one of the following criteria effective CY 2021:

- 1) Cover Medicaid behavioral health services and/or LTSS to be either:
 - » A Fully Integrated Dual Eligible SNP (FIDE SNP), or
 - » A Highly Integrated Dual Eligible SNP (HIDE SNP) or
- 2) Notify state and/or its designee(s) of Medicare hospital and skilled nursing facility (SNF) admissions for group of high-risk enrollees to improve coordination during transitions of care

Sources: CMS. "Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021." *Federal Register*, April 16, 2019, pp.15710-15718 and 42 *CFR* 422.107(d) p. 15828. Available at: <https://www.govinfo.gov/content/pkg/FR-2019-04-16/pdf/2019-06822.pdf>; Bipartisan Budget Act of 2018 (P.L. 115-123). Section 50311: Providing Continued Access to Medicare Advantage Special Needs Plans for Vulnerable Populations. Available at: <https://www.congress.gov/115/bills/hr1892/BILLS-115hr1892enr.pdf>

Current CHCS Projects Advancing Integrated Care

- **Integrated Care Resource Center (ICRC):** Provides technical assistance (TA) to states pursuing FAI demonstrations, D-SNP-based, and other integration models in partnership with Mathematica (Centers for Medicare & Medicaid Services)
- **Promoting Integrated Care for Dual Eligibles:** Works with nine integrated health plans to identify and disseminate successful strategies for integrating care for dually eligible members (The Commonwealth Fund)
- **Better Care Playbook:** Developing an online resource center of the latest evidence-based and promising approaches to improve care for people with complex needs, including dually eligible beneficiaries (Six Foundation Collaborative)
- Partnership with **ADvancing States:** Producing three issue briefs in partnership with ADvancing states on: (1) the value of pursuing Medicare-Medicaid integration to Medicaid agencies (*released Nov 20*); (2) state considerations for embarking on a new integration initiative; and (3) using data to manage dually eligible beneficiaries
- Planning new work in 2020 to examine factors for states' integration success and opportunities to help states in various stages move forward

Key Factors for State Success—And Needed Supports

- State capacity
- Marketplace
- Political will and policy landscape
- ROI

Considerations for States Advancing Models or New to Integrated Care

- What's worked and why?
- Where do we start? What is the most realistic (and incremental) way forward?
 - » Understanding our duals population
 - » Assessing the current D-SNP market
 - » Examining ways to increase D-SNP and Medicaid coordination
- How can information sharing with D-SNPs support Medicaid care management goals?
- How can we promote aligned enrollment?
- Are providers on board?

ADVANCING
STATES



ADvancing States Dual Eligible and Medicare Project

Damon Terzaghi
Senior Director
ADvancing States

ADvancing States Overview

- National Association that represents state agencies providing LTSS and other services and supports to Older Adults and People with Disabilities
 - 56 members (50 states, DC, 5 territories)
 - Previously known as NASUAD until August 27, 2019
- Led by a board of directors comprised of state agency officials
- Provides direct technical assistance, research, regulatory and policy analysis to states
- Facilitates state-to-state information sharing via teleconferences/webinars, e-mail surveys, policy committees, and national conferences
- Educates and advocates for state agency interests in front of Congress and the Federal Government

ADvancing States Medicare/Duals Project

- In December 2018, the ADvancing States board directed the Association to:
 - Increase the membership’s knowledge of Medicare; and
 - Support members as they engage in Medicare alignment.
- 2019 Project Includes:
 - Series of webinars on select Medicare issues;
 - Three papers on Medicare & Dual Eligibles:
 - Case for Integration;
 - Considerations for Planning;
 - Available Data & Potential Uses.

Paper One: The Value of Integration

- Highlights the value of integrated care for state Medicaid agencies
- Key Findings:
 - Improved beneficiary experience, health outcomes and quality of life due to improved service coordination;
 - Increased program efficiencies due to aligned financial incentives to provide person-centered care; and
 - Improved Medicaid program administration and management due to better access to Medicare data and increased capacity manage the population.

Examples of Barriers to Integration

- State Capacity:
 - State employment (FTEs) has been static or declined over the past decade despite increased demands;
 - Medicaid administration requires different knowledge/skillset than Medicare integration;
 - IT infrastructure (or lack thereof) may not have capacity to handle Medicare data;
 - Not many individuals understand both systems (and a lot are at consulting firms!)
- Plan and provider willingness to participate;
- Financial incentives for integration, if any, require states to assume front-end risk & CMS to receive majority of reward.



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