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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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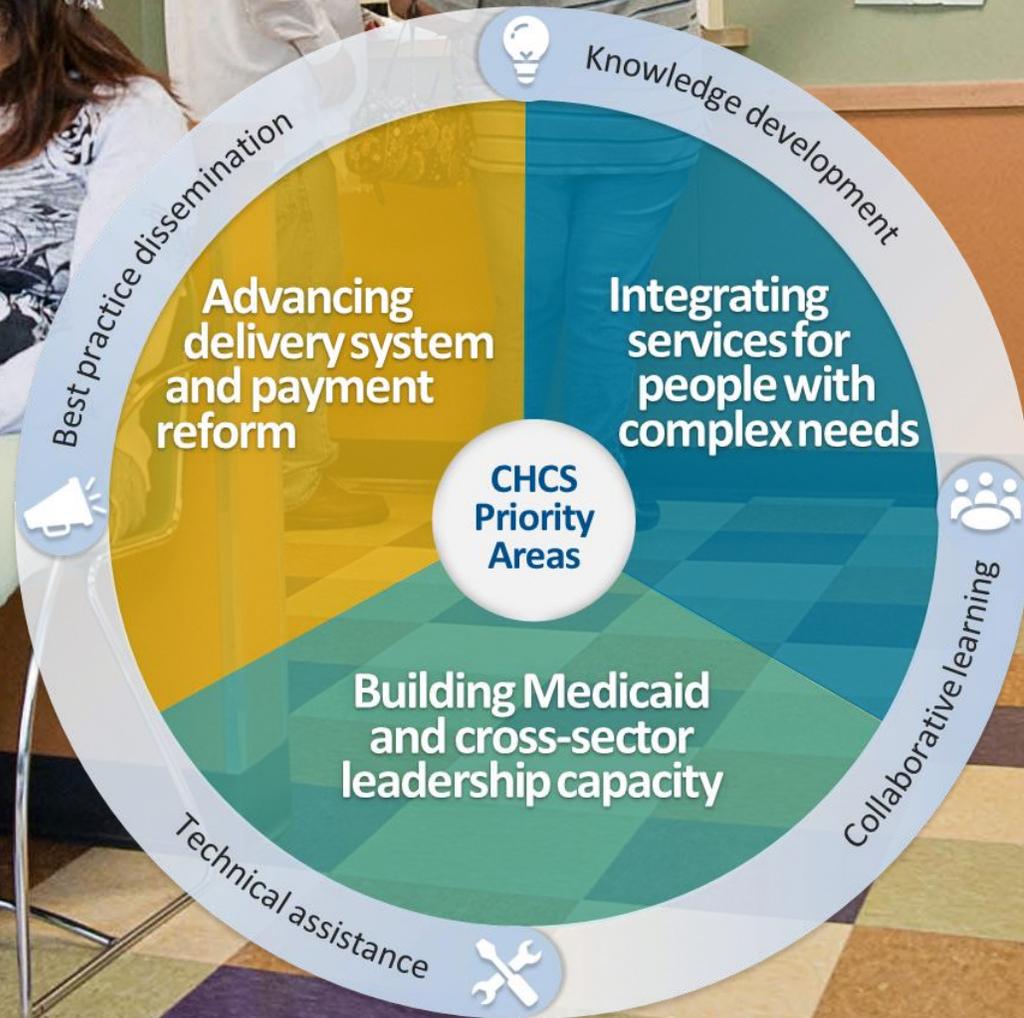
# *Exploring Opportunities to Advance Medicare-Medicaid Integrated Care*

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

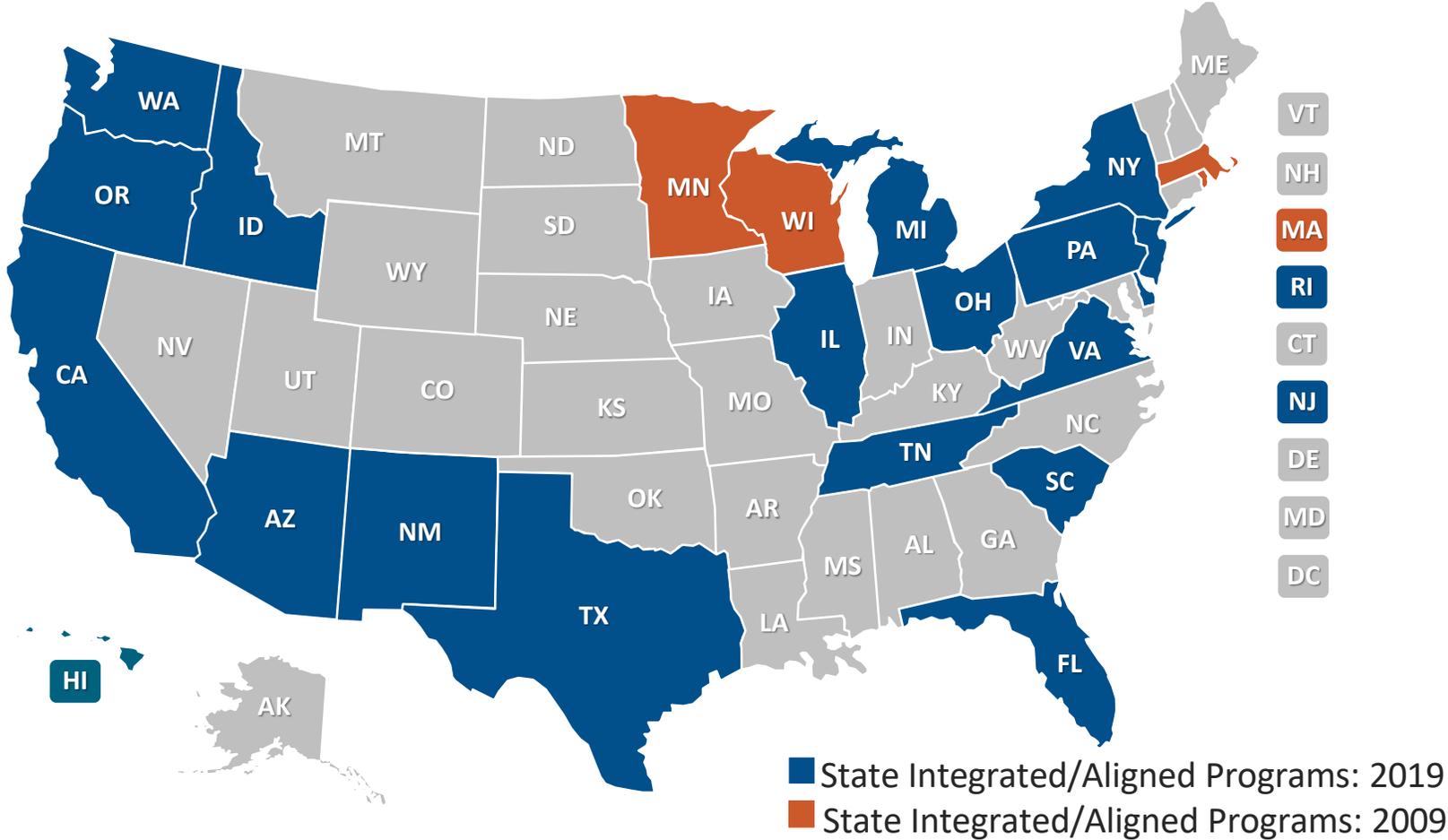
**Michelle Herman Soper  
Vice President of Integrated Care, Center for Health Care Strategies  
December 9, 2019**

# About the Center for Health Care Strategies

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



# Significant Growth in Integrated Care Programs for Dually Eligible Beneficiaries



**Note:** MA, WI, and MN are still integrated in 2019. NC was considered integrated/aligned in 2009, but the NC Medicare Health Care Quality Demo ended in 2011.

# 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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