Exploring Options for Integration

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Today's Speakers

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ADvancing States' Focus on Dual Eligibles

- Strategic direction from Board of Directors
  - First identified in 2019; continued in 2020
- Key priority area for the MLTSS Institute Advisory Council
  - Both MLTSS state leaders as well as health plan MLTSS executives agreed this was one of the most important issues facing LTSS programs

Approach

- Do not reinvent the wheel or duplicate existing materials
- Identify key barriers and address them
- Provide complementary assistance to ICRC's State Pathways to Integrated Care tool

Activities to Date

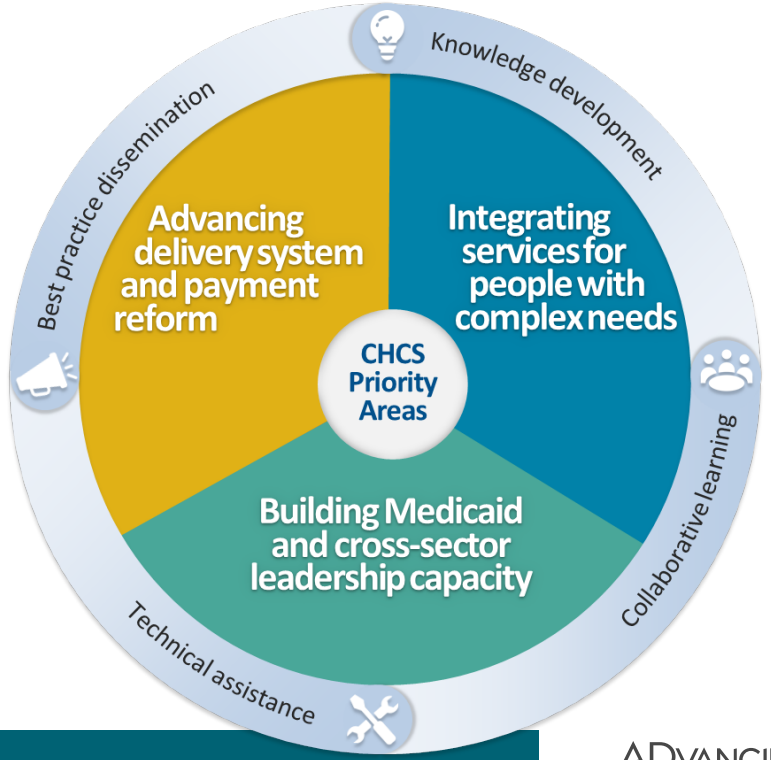
- Collaborate with CHCS on three issue briefs
- Topics identified and informed by focus group of adopter and non-adopter states as well as national health plans
- Two issue briefs released to date:
  - The Value of Pursuing Medicare-Medicaid Integration for Medicaid Agencies, November 2019
  - Starting from Square One: Considerations for States Exploring Medicare-Medicaid Integration, May 2020

The Value of Pursuing Medicare-Medicaid Integration for Medicaid Agencies

Michelle Herman Soper

About the Center for Health Care Strategies

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



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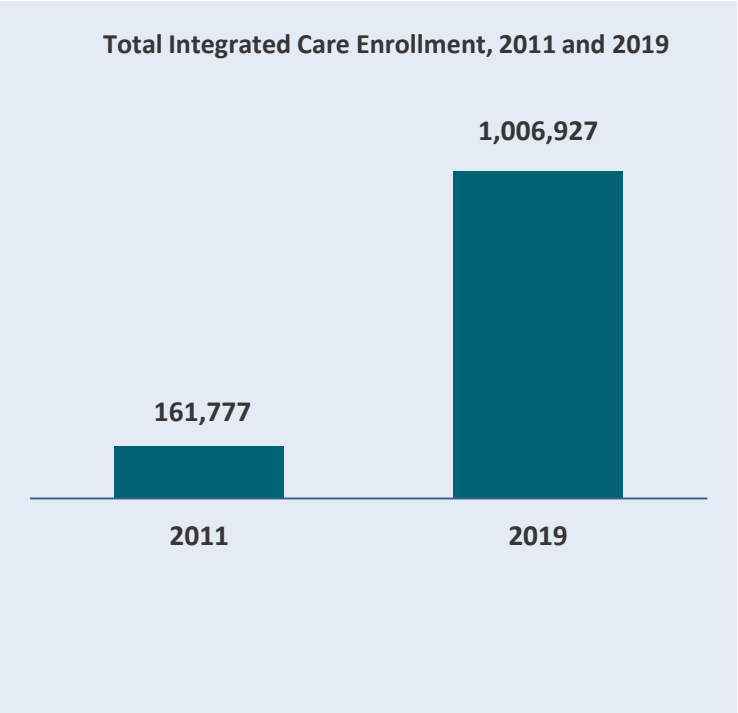
Why Integrate Care for Dually Eligible Beneficiaries?

- What are the current challenges?
  - Complex care needs
  - More than 90 percent receive fragmented care
  - High utilization; high costs
- What are ideal outcomes?
  - Streamlined, coordinated care with improved care experience
  - Higher utilization of preventive and community based care
  - Reduced costs

Integrated Care Landscape

Current Models

- Financial Alignment Initiative (FAI) Demonstrations
- Dual Eligible Special Needs Plans (D-SNPs)
- Programs of All-inclusive Care for the Elderly (PACE)



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Early Promising Findings

- Improved beneficiary experience, health outcomes and quality of life
- Increased program efficiencies
- Improved Medicaid program administration and management

Self-Reported Satisfaction

- Beneficiary satisfaction is high; tends to steadily improve as programs mature
  - CAHPS survey of enrollees in capitated FAI demonstrations
  - Example from Minnesota D-SNPs: Comparison to non-integrated programs

Improved Care Coordination

- High degree of satisfaction with care coordination
  - CAHPS results
  - Example from Ohio: Improvements in care coordination processes in FAI demonstrations

Improved Health Outcomes

- Improved health outcomes are often achieved through better management of Medicare-covered primary or acute care services
  - Some HEDIS improvements in FAI demonstrations
  - Example from Tennessee D-SNPs: Positive health and social outcomes

Cost Savings

- Washington State's managed fee-for-service model has generated millions of dollars in Medicare savings
  - As of November 2018, WA received more than $36 million in interim performance payments from CMS
- Mixed results from capitated FAI demonstrations
- Example from Massachusetts: Health plan savings over time

Improvements in Long-Term Services and Supports Utilization

- Integrated care programs promote rebalancing to community-based care
- Several states link integration implementation to rebalancing achievements
- Example from Ohio: Rebalancing savings generated through integration

Program Administration Impacts

- Integrated care infrastructure can support Medicaid program administration and management
  - Increased access and capacity to use Medicare data
  - Joint program oversight with CMS
  - Streamlining of beneficiary, provider and health plan experience

Conclusions

- Evidence is emerging despite some data limitations
  - It takes time for programs to generate positive results and for beneficiaries to reap the benefits
- Continued focus on data collection and analysis is critical to continue to make the case
- Consensus from states: "*These programs are worth it, and you get back what you put in*."

Considerations for States Exploring Medicare-Medicaid Integration

Nancy Archibald

What Are Your Policy Goals?

Potential policy goals could include:

- Improving health outcomes for dually eligible populations
- Improving beneficiary experience of care
- Reducing the use of institutional long-term care setting
- Bending the cost curve for dually eligible individuals

What Are the Characteristics and Needs of the State's Dually Eligible Population?

- What does the state's dually eligible population look like?
- How are dually eligible individuals in the state currently covered under Medicare and Medicaid?
- Which Medicaid services are carved-in/carved out of Medicaid managed care contracts?
- Does the state allow D-SNPs to provide any Medicaid-covered services?

What is the State's Health Care Landscape?

- Does the state have Medicaid managed care?
- What is the state's Medicare Advantage penetration?
- What types of Medicare Advantage plans are available?
- Are Medicare accountable care organizations or other value-based initiatives operating in the state?
- How willing are providers/provider organizations to engage in an integrated care effort?

Do Stakeholders Support Integration?

- Is there significant internal support for new programs or efforts, particularly from Agency leadership?
- Are external stakeholders open to considering and collaborating on the design of an integrated care program?
- How will initial integration efforts be funded and then sustained?

What Is the Internal Capacity to Support Integration Efforts?

- Is the state Medicaid agency implementing other initiatives that are taking up bandwidth?
- Is there staff capacity to design and implement the integrated care effort? Or does the state have access to a contractor that can serve as a staff extender?
- Does the state have the needed data analytic capacity and information technology infrastructure?

What Is the State's Approach to Integration?

- What is the scale of the effort the state is willing/able to undertake?
- How would an incremental approach to integration impact beneficiaries and providers?
- Are there strengths of the existing system that should be maintained in a new program?
- Is it possible to use existing Medicaid platforms to support integration efforts?

What Your Answers Tell You

Larger-Scale Efforts

- Health plans experienced in both Medicare and LTSS service delivery
- Providers experienced with managed care
- Clear executive/legislative direction to advance integration and/or strong stakeholder support
- Internal staff capacity and resources to design, launch, and sustain a new program

- Few health plans or providers with whom you can partner
- Limited stakeholder support for large-scale change
- Multiple other initiatives that are taking up bandwidth
- Few internal staffing resources

Smaller-Scale Efforts

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Examples of Smaller-Scale Efforts

- Supporting beneficiary enrollment in Medicare Savings Programs and Extra Help
- Promoting beneficiary enrollment into integrated care models that already exist in the state (e.g., PACE, aligned D-SNPs and Medicaid managed care plans)
- Facilitating development of new PACE organizations for older adults
- Adding requirements to existing D-SNP contracts that increase integration or alignment
- Providing training and resources to Medicaid waiver case managers in order to help them understand and coordinate with Medicare benefits
- Aligning D-SNPs with existing Medicaid managed care organizations to the extent that the state enrolls dually eligible beneficiaries in Medicaid managed care

Examples of Larger-Scale Efforts

- Developing Medicaid health home programs
- Creating MLTSS programs that are aligned with D-SNPs
- Directly capitating Medicaid benefits to create HIDE SNPs or FIDE SNPs
- Developing demonstrations under the Financial Alignment Initiative or new state-specific demonstration models

Reactor: Katherine Rogers

Discussion

- Why did DHCF decide to pursue new program options to better integrate care for duals?
- What interim and final policy goals are you trying to achieve?
- What policy or environmental factors enabled DHCF's integration efforts? What factors created challenges?

MLTSS Institute Resources

- Soper, M, Kruse, A., and Dobson, C. “The Value of Pursuing Medicare-Medicaid Integration for Medicaid Agencies.” MLTSS Institute, November 2019.
  - http://www.advancingstates.org/hcbs/article/value-pursuing-medicare-medicaid-integration-medicaid-agencies
- Archibald, N., Soper, M., and Dobson, C. “Starting from Square One: Considerations for States Exploring Medicare-Medicaid Integration.” MLTSS Institute, May 2020.
  - http://www.advancingstates.org/hcbs/article/starting-square-one-considerations-states-exploring-medicare-medicaid-integration

ICRC Resources

- Request ICRC State TA: ICRC@chcs.org
- ICRC. “State Pathways to Integrated Care.” May 2019.
  - https://www.integratedcareresourcecenter.com/resource/state-pathways-integrated-care
- ICRC. “Using Medicare Data to Support Integrated Care for Dually Eligible Beneficiaries.” May 2019.
  - https://www.integratedcareresourcecenter.com/webinar/using-medicare-data-support-integrated-care-dually-eligible-beneficiaries
- ICRC. “How States Can Better Understand their Dually Eligible Beneficiaries: A Guide to Using CMS Data Resources.” November 2018.
  - https://www.integratedcareresourcecenter.com/resource/how-states-can-better-understand-their-dually-eligible-beneficiaries-guide-using-cms-data-0

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Questions?