



Achieving Integrated Care: Policy Challenges and Opportunities

Medicaid and CHIP Payment and Access Commission
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MACPAC Work on Integrated Care

- Themes guiding our work
 - Increasing enrollment in integrated models
 - Making integrated products more widely available
 - Promoting greater integration in existing products
- Developing a body of work on integrated care
 - Input from experts and data analysis
 - Report chapters
 - Recommendations

Demographics and Spending, 2019

- 12.3 million dually eligible beneficiaries in 2019; 71 percent eligible for full Medicaid benefits
- Primarily female and age 65 and older; 48 percent are beneficiaries of racial or ethnic minority groups; 37.5 percent qualified for Medicare based on a disability
- Dually eligible beneficiaries account for a disproportionate share of spending in Medicaid and Medicare relative to their share of enrollment

MACPAC Recommendations

- In our June 2020 report to Congress, MACPAC recommended increasing the availability of and enrollment in integrated models by:
 - creating an exception to the special enrollment period for dually eligible beneficiaries who are eligible for Medicare-Medicaid plans to allow enrollment on a continuous (monthly) basis, and
 - providing additional federal funds to enhance state capacity to develop expertise in Medicare and to implement integrated care models.

Integration via D-SNPs

- Focus on Medicare Advantage dual eligible special needs plans (D-SNPs) affiliated with Medicaid managed care plans
 - D-SNPs have higher enrollment (about 3 million) and more availability than other models (present in 43 states)
 - Three types of D-SNPs: coordination-only, highly integrated, and fully integrated
- June 2021 report to Congress focused on state strategies for contracting with D-SNPs

Roundtable on Integrated Care

- Over two half days of discussion, we gathered insights from roundtable participants to understand factors affecting state decisions on integrated care and how the federal government can support states
 - 36 states have coordination-only D-SNPs, 15 states have HIDE SNPs, 12 states have FIDE SNPs
 - 29 states enroll dually eligible beneficiaries in Medicaid managed care
- State staff from Delaware, Kansas, Louisiana, Maine, Mississippi, Missouri, North Carolina, and Washington participated
- Other participants included policy experts from CMS Medicare-Medicaid Coordination Office and MACPAC commissioners

Roundtable: Major Takeaways

- Federal support for states is needed to overcome barriers to integration
- Focus on beneficiary experience
- Providing all benefits by one managed care plan does not necessarily lead to more coordination of care or improved experience
- Exploring integrated care options outside of managed care could enable states to reach beneficiaries in fee for service

Themes from the Roundtable

- Key factors for state adoption of integrated care
 - Enrolling dually eligible beneficiaries in Medicaid managed care
- Factors inhibiting state progress
 - Lack of state capacity including limited Medicare knowledge
- State actions to address barriers to integration
 - Identify staff to lead integration efforts
- Federal support for states to advance integration
 - Technical assistance; short or long-term funding

Current Policy Options Under Consideration

- Make additional federal financing available to states that want to advance integrated care (reinforcing our June 2020 recommendation)
- Require that states develop a strategy to integrate care
- Require that states establish an ombudsman for integrated care programs

MACPAC Resources

- June 2020 report to Congress
 - [Chapter 1](#) – Integrating Care for Dually Eligible Beneficiaries: Background and Context
 - [Chapter 2](#) – Integrating Care for Dually Eligible Beneficiaries: Policy Issues and Options
- June 2021 report to Congress
 - [Chapter 6](#) – Improving Integration for Dually Eligible Beneficiaries: Strategies for State Contracts with Dual Eligible Special Needs Plans
- [Data Book](#): Beneficiaries Dually Eligible for Medicare and Medicaid (update forthcoming)



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