Show Me the Integration! Where We Are and What Lies Ahead for Duals Integration?

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A non-profit health policy resource center dedicated to advancing access, quality, and cost-effectiveness in publicly financed health care

- **Priorities:** (1) enhancing access to coverage and services; (2) integrating care for people with complex needs; (3) advancing quality and delivery system reform; and (4) building Medicaid leadership and capacity.

- **Provides:** technical assistance for stakeholders of publicly financed care, including states, health plans, providers, and consumer groups; and informs federal and state policymakers regarding payment and delivery system improvement.

- **Funding:** philanthropy and the U.S. Department of Health and Human Services.
## CHCS’ Current Projects to Support Medicare-Medicaid Integration

<table>
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<tr>
<th>Project</th>
<th>Description</th>
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<tr>
<td>Implementing New Systems of Integration for Dual Eligibles (INSIDE)</td>
<td>Brings together 16 states implementing programs of integrated care for group learning and innovation sharing</td>
<td>The Commonwealth Fund, The SCAN Foundation</td>
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<tr>
<td>Promoting Integrated Care for Dual Eligibles (PRIDE)</td>
<td>Convenes seven integrated health organizations to identify and test innovative strategies that enhance and integrate care for Medicare-Medicaid enrollees</td>
<td>The Commonwealth Fund</td>
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<tr>
<td>Integrated Care Resource Center (ICRC)</td>
<td>Provides technical assistance to states pursuing financial alignment demonstrations and other integrated care models at every level of design and implementation</td>
<td>Centers for Medicare &amp; Medicaid Services (CMS)</td>
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The Affordable Care Act (ACA) Created Unparalleled Opportunity to Advance Integration

- 2010: ACA establishes the Medicare-Medicaid Coordination Office (MMCO) in CMS
- 2011: MMCO articulates Medicare-Medicaid integration goals
- 2011: MMCO awards demonstration design grants, announces financial alignment demonstrations
- 2012: States submit demonstration proposals
- 2013-2014: States begin financial alignment demonstrations
Financial Alignment Demonstration States

**Capitated** CA, IL, MA, MI, MN, **NY, OH, RI,** *SC, TX, VA, WA

- Joint procurement of high-performing health plans
- Three-way contract: CMS, state, health plan
- Single set of rules for marketing, appeals, etc.
- Blended payment, built-in savings
- Voluntary, passive enrollment with opt-out provisions

**MFFS** CO, CT,* WA

- Fee-for-service providers (e.g., health homes or ACOs)
- Seamless access to necessary services
- Quality thresholds and savings targets

*As of October 2014 do not have signed Memorandums of Understanding with CMS.
**Minnesota signed an MOU with CMS to pursue a unique administrative alignment initiative with health plans.
Accomplishments to Date

- **12 Demonstration MOUs**: CA, CO, IL, MA, MI, MN, NY, OH, SC, TX, VA, WA
- **8 Implemented demonstrations**: CA, CO, IL, MA, MN, OH, VA, WA
- **5 Three-way contracts**: CA, MA, IL, OH, VA
- **2 MFFS Demonstration Final Agreements**: CO, WA
D-SNPs as a Platform for Integration

- D-SNPs must have contracts with states to facilitate coordination of Medicare and Medicaid services
  - Medicare Improvements for Patients and Providers Act ("MIPPA") contracts
- States are using D-SNP contracting to provide better linkages between Medicaid LTSS and Medicare primary/acute care services
- Some states were early leaders in D-SNP contracting
- At a minimum:
  - D-SNPs agree to provide or arrange for integrated and coordinated Medicare and Medicaid benefit package
  - State Medicaid Agency agrees to allow the D-SNP to serve and coordinate care for enrollees

Note: Section 164 of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 as amended by the Affordable Care Act of 2010 mandates that D-SNPs have such a contract by CY 2013 and each subsequent year to continue to operate as a D-SNP.
Key Activities to Advance Future Integration Efforts

- Negotiating new state-federal partnerships and building state oversight capacity
- Stratifying populations and engaging individuals in assessments and care planning
- Advancing administrative alignments
- Identifying state and health plan best practices
- Communicating with stakeholders post-implementation
- Implementing new enrollment processes, quality measures, and encounter reporting requirements
- Identifying opportunities for integration outside of the financial alignment initiative