



Other State Approaches to Integrating Medicare and Medicaid for Dually Eligible Beneficiaries: Implications for the New York State FIDA Demonstration

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About ICRC

- Established by CMS to advance integrated care models for Medicare-Medicaid enrollees
- ICRC provides technical assistance (TA) to states, coordinated by Mathematica Policy Research and the Center for Health Care Strategies
- Visit <http://www.integratedcareresourcecenter.com> for resources, including briefs and practical tools to help address implementation, design, and policy challenges
- Send additional questions to: ICRC@chcs.org

Agenda

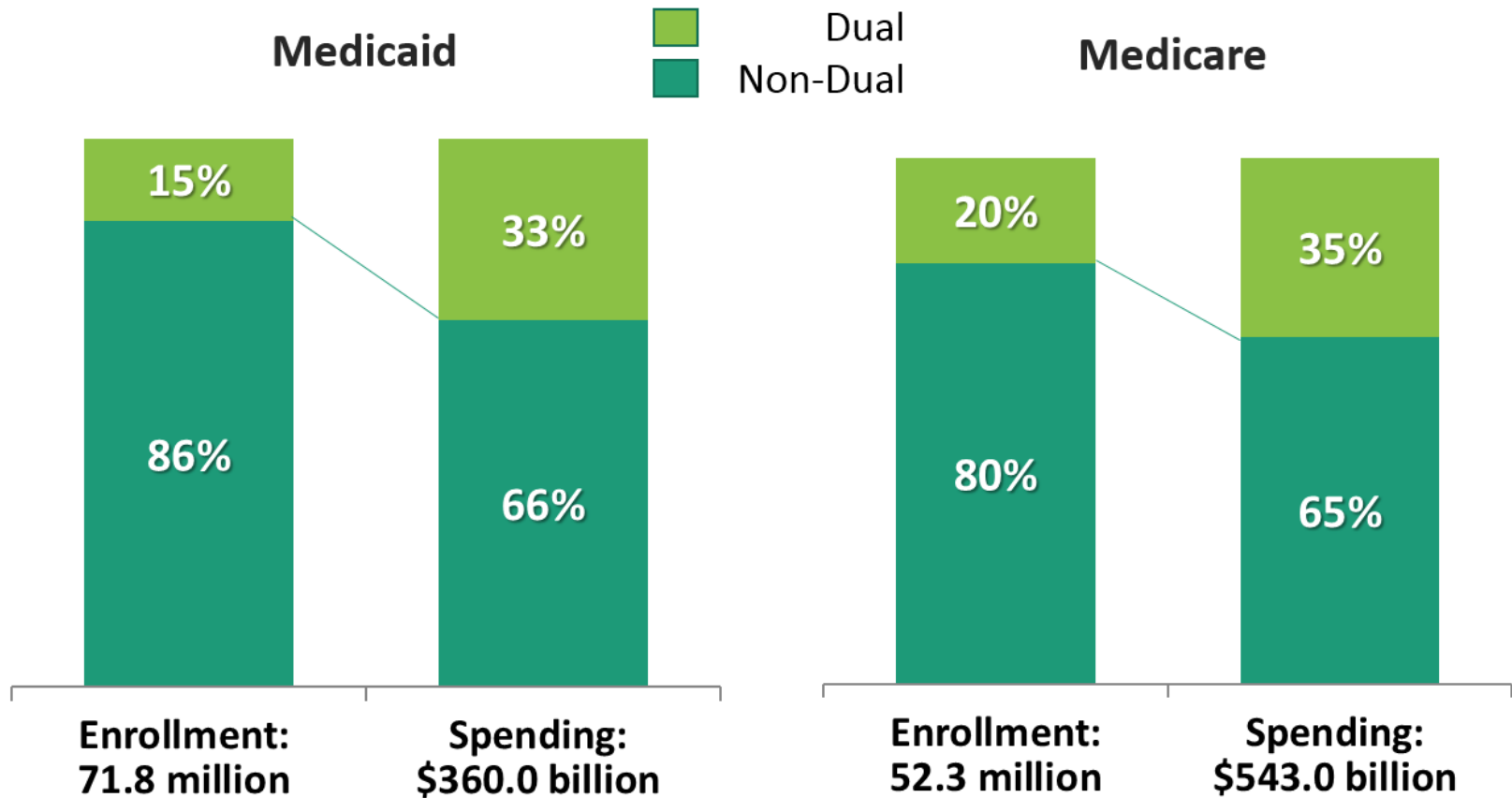
- Overview of the Medicare-Medicaid Enrollee Population
- Overview of Integrated Care Options
- Challenges and Options for New York State
- Appendix: Related Resources

Overview of the Medicare-Medicaid Enrollee Population

Medicare-Medicaid Enrollees: A Diverse, High-Need Population

- 10.5 million Medicare-Medicaid enrollees in mid-2016
 - 1 in 5 Medicare enrollees and 1 in 7 Medicaid enrollees
 - 856,409 Medicare-Medicaid enrollees in New York State
 - 83% were receiving full Medicaid benefits
- More likely than Medicare- or Medicaid-only enrollees to have multiple, chronic health conditions
- Almost 50% use long-term supports and services (LTSS)
- About 40% are under age 65 and qualify due to a disability
- More than 40% of enrollees under age 65 have a behavioral health disorder

Medicare-Medicaid Enrollees Account for Disproportionate Enrollment and Spending (CY 2012 Data)



Overview of Integrated Care Options

Major Managed Care Options for Dually Eligible Beneficiaries

- Financial Alignment Initiative Capitated Demonstrations
 - Medicare-Medicaid Plans (MMPs) provide all (or almost all) Medicare and Medicaid benefits under a three-way contract with state and CMS
 - Called Fully Integrated Duals Advantage (FIDA) Plans in NY
 - Most integrated and coordinated option

Major Managed Care Options (Cont.)

- Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs)
 - Provide all Medicare benefits and provide or coordinate Medicaid benefits
 - Separate contracts with CMS and state
 - Linked in many states to “companion” Medicaid managed long-term supports and services (MLTSS) plans to provide coverage of Medicaid benefits
 - Medicare Advantage Fully Integrated Dual Eligible SNPs (FIDE SNPs)
 - A special CMS-designated category of D-SNPs that cover all or most Medicaid LTSS, behavioral health in some states, and other Medicaid benefits through companion Medicaid plans
 - May receive additional CMS Medicare payment through a frailty adjustment
 - Paired with Medicaid Advantage Plus (MAP) plans in NY
 - Most integrated D-SNP option

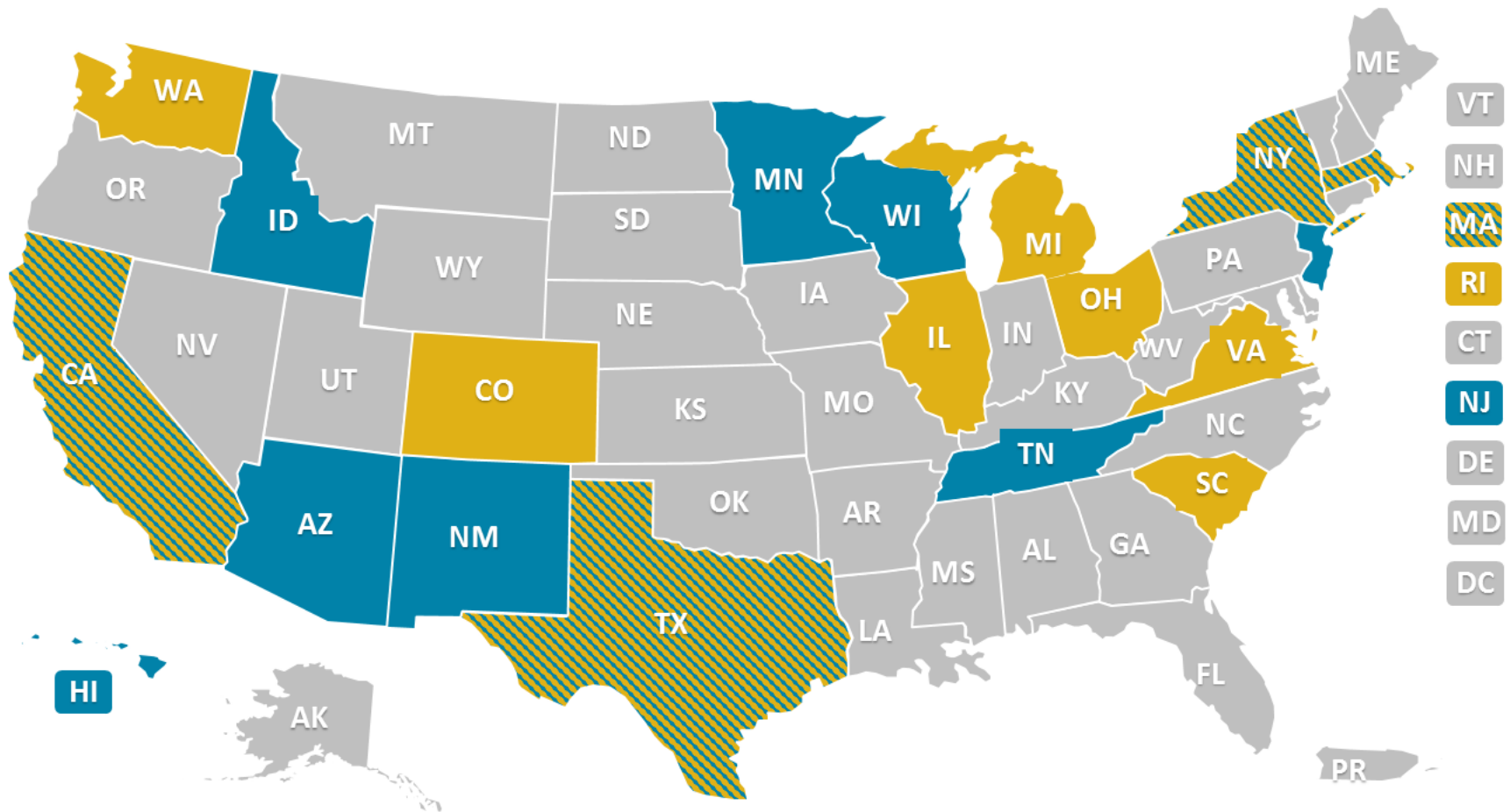
Major Managed Care Options (Cont.)

- Programs of All-Inclusive Care for the Elderly (PACE)
 - Provide all Medicare and Medicaid benefits through separate contracts with CMS and states
 - Receive additional CMS Medicare payment through a frailty adjustment
 - Most services provided through PACE centers

Growth in Integrated Care Enrollment

Integration Platform	Enrollment		States
	June 2011	June 2017	
Financial Alignment Initiative Demonstrations	0	397,697	10 states <i>Capitated: CA, IL, MA, MI, NY, OH, RI, SC, TX, VA</i>
D-SNPs	1,036,712	1,997,869	41 states, DC and PR <i>Two-thirds of enrollment in 11 states: (FL, NY, TX, CA, PA, TN, AZ, GA, AL, MA, MN)</i>
FIDE-SNPs	0	144,207	8 states <i>AZ, CA, ID, MA, MN, NJ, NY, WI</i>
PACE	20,792	38,879	32 states

States at the Forefront of Integration in 2017



KEY



Integrated D-SNP*



Financial Alignment Demonstration



Both Financial Alignment Demonstration and Integrated D-SNPs

* These states have aligned D-SNP/MLTSS plans and/or FIDE-SNPs as of mid-2017.

Managed Care Options for Dually Eligible Beneficiaries in NYS FIDA Demonstration Area

Plan Type	May 2017 Enrollment
FIDA Plans (MMPs)	5,166
Medicaid Advantage Plus ¹	7,402
FIDE SNPs ¹	7,087
D-SNPs ²	203,470
PACE	3,132
Non-SNP Medicare Advantage ³	302,018
Partial Capitation MLTC ³	152,442

Notes: FIDA demonstration area includes Bronx, Kings, Queens, New York, Richmond, Nassau, Suffolk and Westchester Counties.

¹MAP plans and FIDE SNPs are companion plans

²Does not include FIDE SNPs

³Includes non-dually eligible enrollees

Sources: May 2017: CMS Monthly Enrollment by CPSC; CMS SNP Comprehensive Report; CMS Monthly Enrollment by Plan; New York Medicaid Managed Care Enrollment Reports.

Challenges and Options for New York State

Major Integrated Care Challenges for States and Health Plans Nationally

- For Medicaid health plans and state staff
 - Developing needed expertise in Medicare and Medicare Advantage
- For Medicare Advantage plans
 - Developing needed expertise in each state's Medicaid program
 - LTSS presents special challenges; programs vary by state and services are not covered by Medicare

Major Integrated Care Challenges (Cont.)

- For states
 - Designing programs that fit with each state's history, context, and Medicaid and Medicare delivery systems
 - Working with health plans to implement integrated programs that attract and retain enrollees
 - Enrollment in health plans for Medicare services is always voluntary
 - Monitoring and reporting on health plan performance and quality to encourage continuing improvement
- For integrated health plans
 - Demonstrating to enrollees and potential enrollees that integrated plans are better for enrollees than non-integrated plans or Medicare FFS
 - Delivering on the promise of integrated care
 - Better coordination, information exchange, access, enrollee satisfaction, and outcomes

Special Challenges in States With Both Financial Alignment Capitated Model Demonstrations and D-SNPs/FIDE SNPs

- All capitated financial alignment demonstration states have some D-SNPs
 - CA, MA, NY, and TX have FIDE SNPs and/or D-SNPs that cover Medicaid LTSS in companion plans
- How can states provide beneficiaries with meaningful and informed choices when MMPs and D-SNPs/FIDE SNPs operate in the same geographic area?
- How can states work with plans and other stakeholders to improve integrated care options over time?
- How can states with limited staff and other resources oversee multiple integrated care models effectively and work to improve them over time?

Some Examples of How Other Demonstration States Deal With D-SNPs

- In general, D-SNPs and MMPs are allowed to co-exist in the same geographic areas
 - Dually eligible beneficiaries in D-SNPs are not “passively enrolled” into MMPs (unless the MMP and the D-SNP are operated by the same company), but they may choose to disenroll from a D-SNP and enroll in an MMP
- California
 - CA has the most detailed formal policy
 - <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCD/APLsandPolicyLetters/APL2014/APL14-007.pdf>
 - Starting in CY 2015 and continuing throughout the dual demonstration, D-SNPs affiliated with MMPs that operate in dual demonstration service areas are not allowed to enroll beneficiaries eligible for the dual demonstration
 - If the D-SNP also operates an MMP in the county, D-SNP enrollees who are eligible are “crosswalked” into the MMP

Some Examples From Other Demonstration States *(Cont.)*

- Massachusetts
 - FIDE SNPs cover only age 65 and over in long-standing Senior Care Options program
 - MMPs serve only dually eligible beneficiaries under age 65
- Illinois
 - State plans to stop contracting with D-SNPs for CY 2018 and thereafter and focus on MMPs
 - Three D-SNPs are currently operating in IL with a total of about 10,000 enrollees
 - Seven MMPs currently have a total of about 50,000 enrollees
- Texas
 - MMPs and aligned D-SNP-Medicaid MLTSS (STAR+PLUS) plans operate in many of the same geographic areas
 - About 40,000 enrollees in five MMPs in mid-2017
 - About 22,000 enrollees in four aligned D-SNP/STAR+PLUS plans were receiving their Medicare and Medicaid benefits from the same plan in mid-2016
 - Four plans (Amerigroup, Centene, Molina, and United) operate both aligned D-SNPs and MMPs, although not necessarily in the same geographic areas

Some Examples From Non-Demonstration States

- AZ, HI, NJ, TN, and VA
 - Require dually eligible beneficiaries to obtain their Medicaid benefits from Medicaid MLTSS plans
 - Require Medicaid MLTSS plans and D-SNPs to operate companion plans that enable dually eligible beneficiaries to obtain their Medicare and Medicaid benefits from plans operated by the same entity in the same geographic area
 - Do not contract with any D-SNPs that do not operate companion Medicaid MLTSS plans
 - Do not contract with any MLTSS plans that do not have companion D-SNPs

Appendix: Related Resources

Websites

- Integrated Care Resource Center
 - <http://www.integratedcareresourcecenter.com>
- CMS Medicare-Medicaid Coordination Office
 - <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/index.html>
- CMS Monthly Enrollment Reports
 - <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDEnrolData/index.html>

Resources

- Integrated Care Resource Center. “State Contracting with Medicare Advantage Dual Eligible Special Needs Plans: Issues and Options.” November 2016.
http://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_Issues_Options.pdf,
- Medicare Payment Advisory Commission (MedPAC) and Medicaid and CHIP Payment and Access Commission (MACPAC). “Beneficiaries Dually Eligible for Medicare and Medicaid: Data Book.” January 2017.
http://medpac.gov/docs/default-source/publications/jan17_medpac_macpac_dualsdatabook.pdf?sfvrsn=0
- Integrated Care Resource Center. “Medicare Basics: An Overview for States Seeking to Integrate Care for Medicare-Medicaid Enrollees.” Updated June 2017.
http://www.integratedcareresourcecenter.com/PDFs/ICRC_Medicare_Basics_Updated_June_2017.pdf

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