



# Medicaid/Medicare Integration: Opportunities for States & Dual Eligibles

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# Medicaid/Medicare Integration



- States increasingly interested in integration of acute, long term, and behavioral services for dual eligibles
- Integration of administrative requirements, service delivery, and financing
- Medi-Medi demo states: Massachusetts, Minnesota, Wisconsin
- New models: New York, New Mexico, Washington, Florida
- Potential of Special Needs Plans (SNPs) created in the Medicare Modernization Act (MMA)

# Integrated Care Program (ICP)



- 2-year Initiative - Launched December 2005
- 5 Grantee States: Florida, Minnesota, New Mexico, New York, Washington
- Objectives:
  - Provide technical assistance and training for the development and implementation of integrated care programs;
  - Facilitate and/or support the planning for state contracting with Medicare Advantage Special Needs Plans (SNPs); and
  - Move the market toward fully integrated care by increasing awareness and buy-in, fostering innovation, evaluating models of integrated care, and disseminating best practices.

# State ICP Profiles



State	Program Name	Population		Benefits		
		Seniors	PWD	Acute	LTC	BH
<b>Florida</b>	Senior Care	✓ 60+		✓	✓	
<b>Minnesota</b>	MN Senior Health Options (MSHO) MN Disability Health Options (MnDHO)	MSHO ✓	MnDHO ✓	✓	✓	
<b>New Mexico</b>	Coordinated Long Term Care	✓	✓	✓	✓	
<b>New York</b>	Medicaid Advantage	✓	✓	✓		✓
	Managed LTC/ Integrated Care Program	✓ NHC	✓ NHC	✓	✓	✓
<b>Washington</b>	Medicare Medicaid Integration Program	✓		✓	✓	✓ to be added

# State ICP Profiles (cont'd)



State	Geography		Enrollment		Contract with Special Needs Plans (SNPs)	
	Pilot	Statewide	Mand	Vol	Currently	Planned
<b>Florida</b>	✓ 2 areas		✓ 1 pilot area	✓ 1 pilot area		✓
<b>Minnesota</b>		✓		✓	✓	
<b>New Mexico</b>	✓		TBD			✓
<b>New York</b>		✓		✓	Med Adv ✓	✓
<b>Washington</b>	✓			✓	✓	

# Why Are States Interested?



- Improve coordination of care via enhanced care management, preventive services
- Achieve virtual integration of administration, financing, and benefits via Medicaid contract with a SNP
- Utilize portion of Medicare rates to fund non-institutional LTC and supportive services
- Incorporate consumer direction
- Increase number and duration of duals being served in their homes and communities
- Establish accountability for delivery, coordination, and management of quality care to high-risk dual eligibles

# Challenges



- Encouraging Enrollment: Mandatory vs. voluntary
- Developing LTC Rates: How to use MDS (nursing facility), OASIS (home health), measures of functional status, HCBS services, etc.
- Cost Shifting: Financial misalignment between Medicare and Medicaid
- Building 3-Way Relationships: Effective, timely communication among state, CMS, plans
- Maintaining Focus: Superior care models and delivery for specialized populations
- Understanding Medicare World: Regulatory expertise; access to capital for Medicaid plans
- Future of SNPs

# ICP Focus Areas



- Administrative Simplification
  - Enrollment/Eligibility
  - Marketing
  - Monitoring & Reporting
  - Grievances & Appeals
- Rate Setting/Risk Adjustment
- Performance Measures

# Early Results



- Solid partnership with CMS; cross-agency commitment to address administrative barriers to integration
  - Examples: Integrated marketing material model documents; joint enrollment form; model marketing material review process
- Rate setting and risk adjustment checklist for states; model contract language
- Recommended performance domains (e.g. care coordination, behavioral health, transitions) and measures within each domain

# Questions??

