



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

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Prepared by the Integrated Care Resource Center  
for a  
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# Presenters

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# About ICRC

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- 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](mailto:ICRC@chcs.org)

# Agenda

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

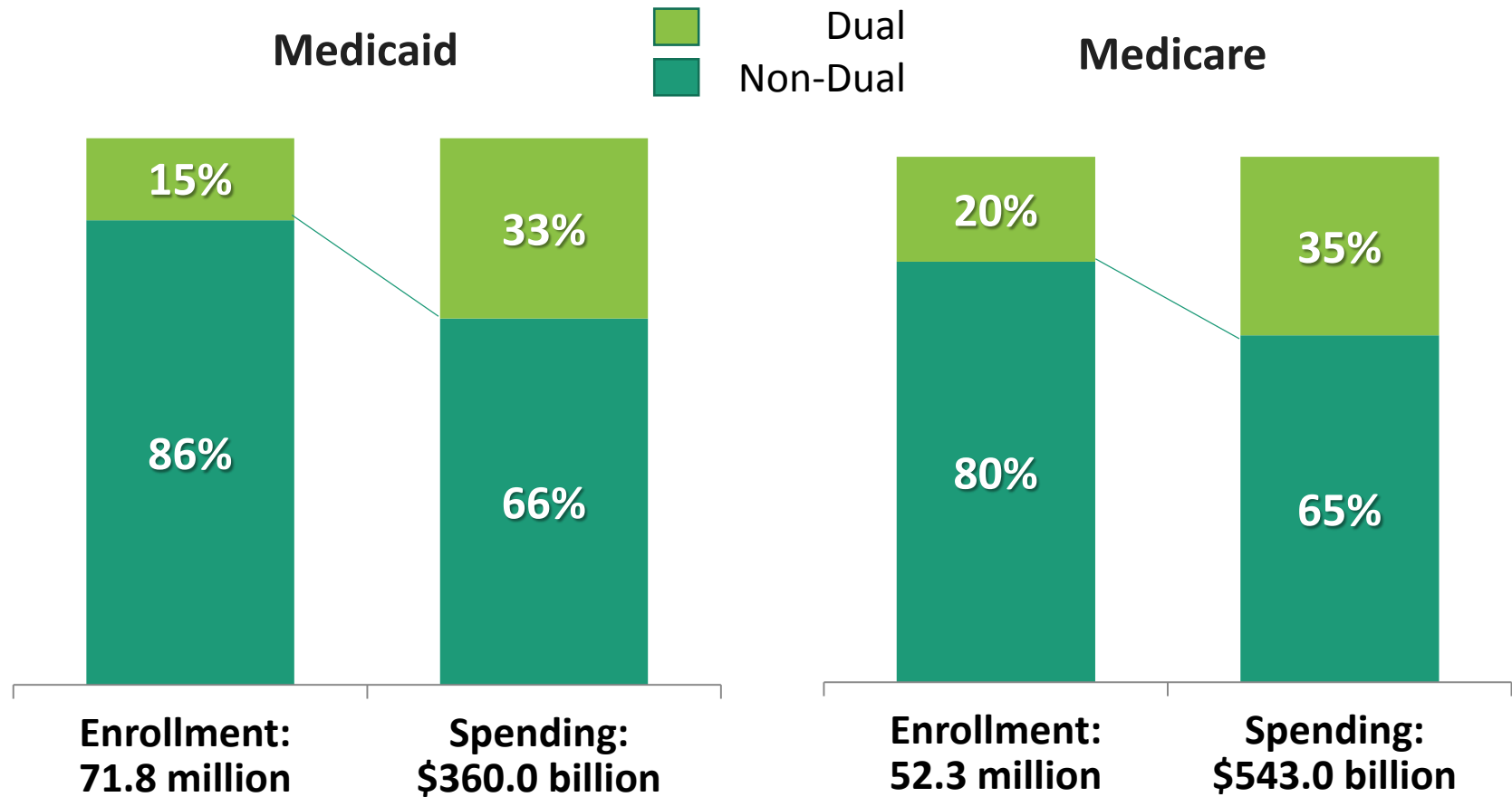
# Overview of the Medicare-Medicaid Enrollee Population

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

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- 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

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- Financial Alignment Initiative Capitated Demonstrations
  - o 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
  - o Most integrated and coordinated option

# Major Managed Care Options *(Cont.)*

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- 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.)*

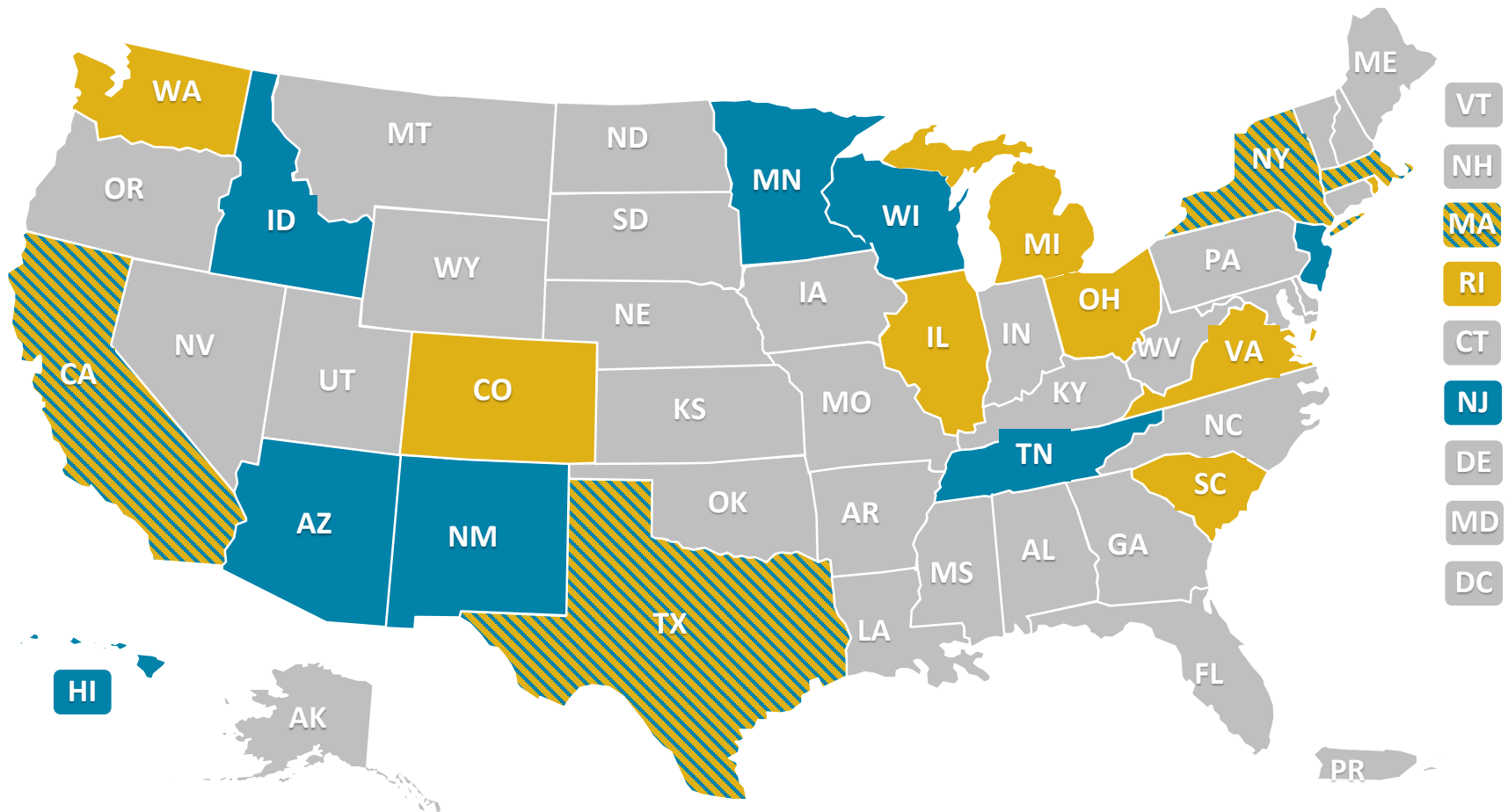
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- Programs of All-Inclusive Care for the Elderly (PACE)
  - o Provide all Medicare and Medicaid benefits through separate contracts with CMS and states
  - o Receive additional CMS Medicare payment through a frailty adjustment
  - o Most services provided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

# Growth in Integrated Care Enrollment

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

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

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

<sup>1</sup>MAP plans and FIDE SNPs are companion plans

<sup>2</sup>Does not include FIDE SNPs

<sup>3</sup>Includes 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

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- 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.)*

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- 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

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- 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

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- 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.)*

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- 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

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- AZ, HI, NJ, TN, and VA
  - o Require dually eligible beneficiaries to obtain their Medicaid benefits from Medicaid MLTSS plans
  - o 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
  - o Do not contract with any D-SNPs that do not operate companion Medicaid MLTSS plans
  - o Do not contract with any MLTSS plans that do not have companion D-SNPs

# Appendix: Related Resources

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## 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](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](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](http://www.integratedcareresourcecenter.com/PDFs/ICRC_Medicare_Basics_Updated_June_2017.pdf)

# Contact Information and Questions

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