National
MLTSS
Health Plan Association

Advancing Integration for Dual-Eligible Beneficiaries:
Key Components

Today only 9 percent of fully dually eligible (Medicare-Medicaid) beneficiaries are enrolled in plans that integrate Medicare and Medicaid coverage. Yet, 80 percent of full dual eligible beneficiaries reside in the 24 states that have Medicaid managed LTSS (MLTSS) plans, and all but 3 of these states already offer integrated plans of one kind or another.

This proposal provides a few immediate statutory and regulatory steps that Congress and the Administration can take to enroll a larger share of the dually eligible population in integrated plans.

The biggest challenges are:

- Not every state offers integrated plans for its dual eligible population. We should consider what can be done to **encourage more states to offer MLTSS plans and, by extension, integrated plans**.
- The array of integrated plan options is an alphabet soup that confuses states and beneficiaries - (PACE, MMP, FIDE-SNP, HIDE-SNP, D-SNP) regulated under different US code sections - all with different but similar provisions. We should consider what can be done to **pull together a uniform regulatory structure for integrated plans and simplify choices.**
- When plans adopt integrated options, they are rarely able to enroll and retain more than a third of the eligible population in integrated plans due to churn and other options available. We should consider what can be done to **increase success in enrolling and retaining dual-eligible beneficiaries in integrated plans**.
- Some plan options match a Medicare (D-SNP) plan and a Medicaid (MLTSS) plan, but individuals enrolled in a Medicaid plan often remain in Original (FFS) Medicare or enroll in a D-SNP from a different company. We should consider what can be done to **improve beneficiary alignment so that more dually eligible beneficiaries are enrolled in the same company's Medicare and Medicaid plans**.

Initial actions to address these challenges are:

1. **Encourage State Adoption** - increase incentives for states to offer MLTSS plans and integrated plans by:
    a. Increasing shared savings – Revise rules governing rate-setting to enable states to share a substantial portion of the Medicare savings generated by investments in Medicaid and the operation of an integrated plan.
    b. Increasing the Medicaid FMAP – Increase the Medicaid FMAP for its share of fully-integrated plan payments to offset the higher administrative state burden of coordinating with Medicare.
    c. Encouraging states without MLTSS to start toward integration – Encourage states without MLTSS to encourage dually eligible beneficiary enrollment in a D-SNP with a state Medicaid contract meeting the CMS standard for integration.
    d. Funding technical assistance to states – Increase funding for technical assistance to better equip states to make the move to more integrated models.

2. **Ensure a Uniform Regulatory Framework** – rewrite Medicare and Medicaid rules for plans that integrate to establish consistent requirements and procedures to apply uniformly to all integrated models by:
    a. Creating a common statutory/regulatory framework – Modify existing rules for Medicare and Medicaid plans to create a uniform set of rules governing the different types of integrated plans and bring all integrated plans under a single regulatory authority.
    b. Tightening the definition of an integrated plan – Set a higher standard for coordination that a D-SNP must meet to be considered "integrated."
    c. Applying the three-way contract to all integrated plans – Require that all integrated plans sign a single contract with CMS and the state that is administered through regular three-way calls and meetings to simplify administration.
    d. Adopting uniform federal-state rate coordination – apply federal-state rate coordination to all integrated plans to enable greater state sharing of Medicare savings, and apply uniform risk adjustment method that better reflect needs of complex care populations.

3. **Leverage Options to Increase Enrollment** – Change enrollment rules for integrated plans to increase enrollment and retention of dually eligible beneficiaries in integrated plans by:
    a. Allowing passive enrollment for all integrated plans – allow states to adopt passive enrollment for highly- or fully-integrated plans. Enrollees opting out of an assigned plan should have the choice of another integrated plan.
    b. Limiting churn – limit the use of special enrollment periods in Medicare Advantage – allow an annual open enrollment, with dis-enrollment at any time for cause; and consider encouraging states to pursue MLTSS plan lock-in for 12 months.
    c. Funding education efforts – fund a more aggressive effort to measure and communicate the value of integration for dually eligible beneficiaries, especially to beneficiaries and physicians.

4. **Increase Alignment** – Amend the rules to improve beneficiary alignment in Medicare and Medicaid plans of the same organization by:
    a. Allowing states flexibility to align enrollment – provide authority for states to test ways to keep coverage aligned and encourage beneficiaries to remain in aligned models.
    b. Requiring notification to enrollees leaving aligned plans – advise dis-enrolling members of the consequences of losing alignment and recommend alternative integrated plan options.
    c. Requiring organizations with Medicaid contracts to offer companion Medicare plans – encourage states procuring MLTSS contracts to require bidders to also offer an aligned D-SNP; and amend Medicare rules to make it easier to set up an aligned D-SNP.
    d. Preventing "MA-only" plans from competing with integrated plans for dually eligible beneficiaries – restrict the ability of MA plans to market as dual-eligible ("look-alike") plans in areas served by plans that integrate Medicare and Medicaid benefits, and eliminate incentives for brokers to favor MA-only plans.