

Medicare-Medicaid Integration: Essential Program Elements and Policy Recommendations for Integrated Care Programs for Dually Eligible Individuals

HMA conducted a multi-phased research initiative to increase enrollment in integrated care programs (ICPs) that meet dually eligible individuals' needs and preferences. Phase 1, ICP Enrollment examined the number of full benefit dually eligible (FBDE) individuals enrolled in ICPs. [Issue Brief #1](#). Phase 2, ICP Successes and Barriers summarized the features for success and the barriers encountered by ICPs. [Issue Brief #2](#). Phase 3, ICP Essential Elements identified the essential elements of and related policy recommendations for ICPs centered around, informed by, and made available to dually eligible individuals. [Issue Brief #3](#). This work was supported by Arnold Ventures.

Context for Essential Elements and Policy Recommendations

- + Most dually eligible individuals must navigate separate Medicare and Medicaid programs that are almost entirely siloed, operating under different policies and processes.
- + ICPs are a promising model to provide integrated services and supports to dually eligible individuals to enable them to achieve higher quality of life and preferred outcomes – to live independently and engage in their communities.
- + Federal and state policymakers have long been working to expand enrollment in ICPs; however, only 1 in 10 dually eligible individuals are enrolled.
- + To increase ICP enrollment and availability, policymakers need to partner with consumers to design programs that meet the diversity of dually eligible individuals' needs and preferences, and address health equity.
- + States need federal support to undertake the important and complex work of implementing and overseeing ICPs.
- + Informed by stakeholder interviews, HMA identified 10 essential elements and related state, federal and ICP policy recommendations for establishing and simplifying ICP programs consumers want to enroll in.

SEE APPENDIX A FOR POLICY RECOMMENDATIONS FOR THE ESSENTIAL ELEMENTS.

Definitions

Dually Eligible Individuals: When using the term dually eligible individuals, we are referencing Medicare-Medicaid full benefit dually eligible individuals (FBDEs), those who qualify for full Medicaid benefits. Dually eligible individuals have a range of chronic conditions and disabilities requiring both Medicare and Medicaid services, which makes integrated programs important to their lives.

Integrated Care Programs (ICPs): For this research, we defined ICPs as financing and care delivery organizing entities or programs that coordinate and integrate Medicare and Medicaid-covered services and supports for dually eligible individuals. They include the Centers for Medicare & Medicaid Services (CMS) Financial Alignment Initiative (FAI) capitated and fee-for-service models; the Program of All-Inclusive Care for the Elderly (PACE); Medicare Advantage (MA) Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs); Medicaid Managed Long-Term Service and Supports Program (MLTSS) managed care organizations and aligned MA dual eligible special needs plans (D-SNPs); and state-specific programs that may be proposed to CMS.

TEN ESSENTIAL ELEMENTS FOR ICPs

CATEGORY 1:

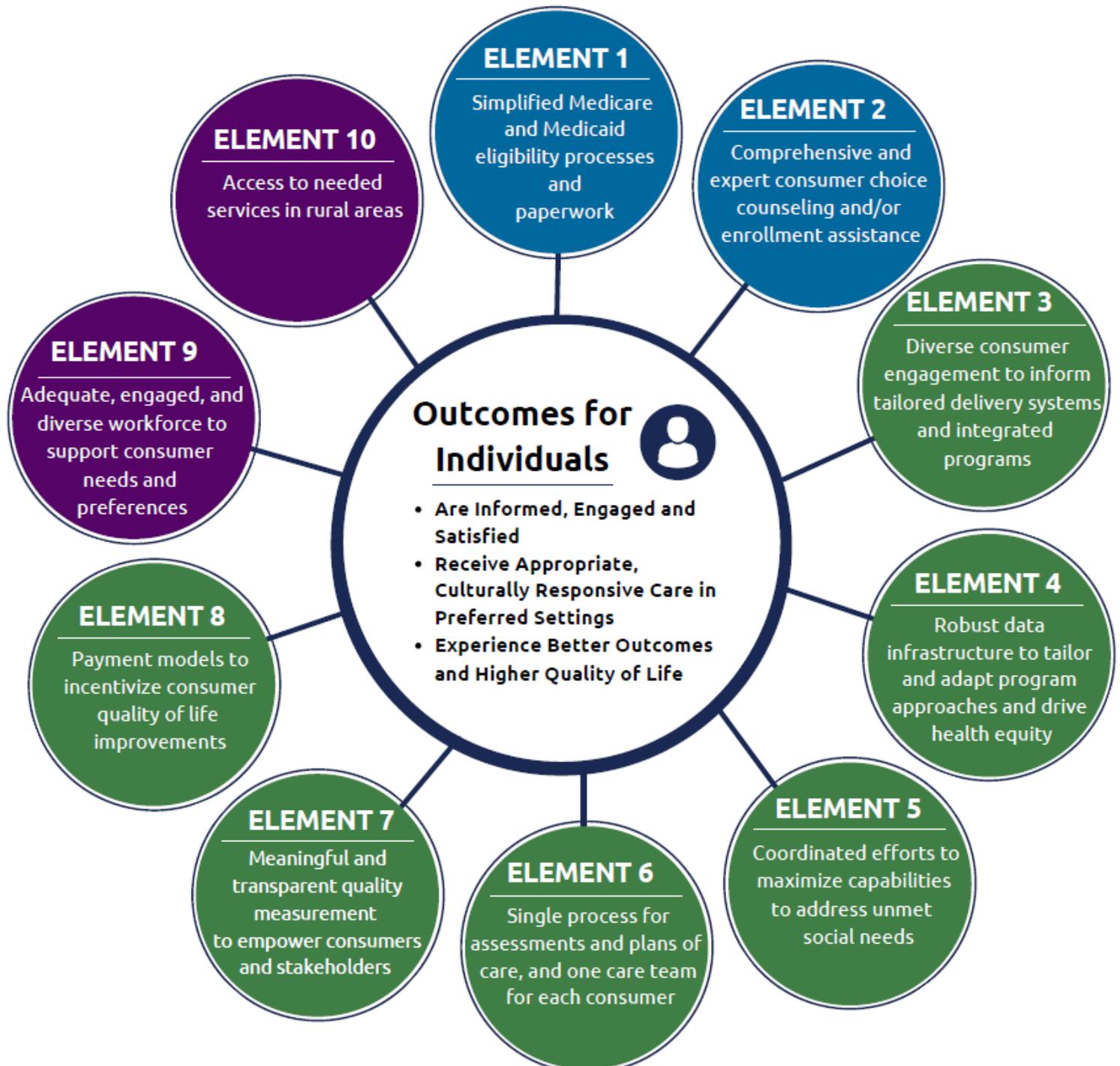
Elements for Eligibility and Enrollment into ICPs

CATEGORY 2:

Elements for Delivery of Care and Supports in ICPs

CATEGORY 3:

Elements to Support Critical Consumer Access in ICPs



Appendix A. Ten Essential Elements for ICPs and Policy Recommendations

ESSENTIAL ELEMENTS AND POLICY RECOMMENDATIONS	
CATEGORY 1: ELEMENTS FOR ELIGIBILITY AND ENROLLMENT INTO ICPs	
1	Simplified Medicare and Medicaid eligibility processes and paperwork
Federal	<ul style="list-style-type: none"> ✓ Create a library of simplified, easy to read, culturally responsive and disability and linguistically-accessible Medicaid eligibility forms available through a state self-service portal.
State	<ul style="list-style-type: none"> ✓ Conduct targeted outreach to Medicaid enrollees three months prior to turning age 65 to support individuals with Medicaid eligibility redeterminations and coordinate with Medicare eligibility processes. ✓ Send ICPs serving individuals under age 65 “turning 65” reports to identify enrollees turning 65 every six months.
ICP	<ul style="list-style-type: none"> ✓ Conduct targeted outreach to individuals in the turning 65 report to provide support for maintaining eligibility.
2	Comprehensive and expert consumer choice counseling and/or enrollment assistance
Federal	<ul style="list-style-type: none"> ✓ Develop standardized base training for State Health Insurance Programs (SHIPs) which simplify explanations of ICP options for consumers and empowers choice. ✓ Establish a national dually eligible individual help line and online resource center to answer questions about available ICP programs.
State	<ul style="list-style-type: none"> ✓ Augment the federal base training program with state specific ICP enrollment options to train SHIPs and other state selected entities providing choice counseling and enrollment assistance.
CATEGORY 2: ELEMENTS FOR DELIVERY OF CARE AND SUPPORTS IN ICPs	
3	Diverse consumer input to inform tailored delivery systems and integrated programs
Federal	<ul style="list-style-type: none"> ✓ Provide support to state Medicaid programs to establish a permanent consumer-led implementation council to provide consumers (and family members and guardians) with an active role in designing, implementing, overseeing, and refining ICPs. Consumers should reflect the diverse dually eligible population. Other participating stakeholders would include providers, community-based organizations (CBOs) and ICP entities. ✓ Develop a consumer-informed toolkit for developing, operationalizing, and measuring the effectiveness of consumer-led implementation councils. ✓ Provide resources to convene effective consumer-led implementation councils. ✓ Collaborate with state Medicaid programs to identify best practices for using program funding to compensate consumers for sharing expertise to inform ICPs.
State	<ul style="list-style-type: none"> ✓ Using the federal toolkit, create consumer-led implementation councils for ICPs. ✓ Provide on-the-ground assistance for planning and convening consumer-led implementation council meetings.
ICP	<ul style="list-style-type: none"> ✓ Participate in the consumer-led implementation council and provide the council with supporting information and data as needed. ✓ Convene consumer advisory councils and provide training to consumers to ensure meaningful participation, applicable to some but not all ICPs.
4	Robust data infrastructure to tailor and adapt program approaches and drive health equity
Federal	<ul style="list-style-type: none"> ✓ Publish annual state-specific chart packs on dual eligible individuals that share information on eligibility, service use, and costs, based on combined Medicare-Medicaid data files.
State	<ul style="list-style-type: none"> ✓ Establish a data infrastructure with the capacity to support data collection and sharing, analytics and evaluation, including health disparity measurements.

ESSENTIAL ELEMENTS AND POLICY RECOMMENDATIONS	
ICP	<ul style="list-style-type: none"> ✓ Collect a specified list of data including race and ethnicity and social assessment data at the ICP level, supported by data collection systems that incorporate data from CBOs.
5	Coordinated efforts to maximize capabilities to address unmet social needs
Federal	<ul style="list-style-type: none"> ✓ Define a federal minimum data set for social risk factor collection by ICPs through use of ICD-10-CM Z codes and individual needs assessments.
State	<ul style="list-style-type: none"> ✓ Identify social risk factors beyond the federal minimum data set for ICPs to assess and incorporate into person-centered care plans. ✓ Develop social risk adjustment models using social risk factors to advance payment accuracy and quality as a complement and/or enhancement to the federal approach.
ICP	<ul style="list-style-type: none"> ✓ Collect and submit social risk factor data to comply with federal and state data set requirements. ✓ Use individual assessment information to make appropriate referrals for services, and document service provision and outcomes. ✓ Partner with CBOs to identify and facilitate addressing unmet social needs.
6	Single process for assessments and plans of care, and one care team for each consumer
Federal	<ul style="list-style-type: none"> ✓ Document and share successful ICP approaches for developing and overseeing single processes for assessment and plans of care, and one interdisciplinary care team.
State	<ul style="list-style-type: none"> ✓ Extend existing ICP requirements to all ICPs that one ICP care coordinator conduct assessments and create a single person-centered care plan with the individual. ✓ Extend existing ICP requirement to all ICPs that ICPs have a single interdisciplinary care team for all Medicare and Medicaid services and supports which includes the consumer's self-identified key HCBS provider. ✓ Review and approve ICP training programs for care coordinators on the diverse characteristics, needs, and preferences of dually eligible individuals and subpopulations, and on operationalizing the independent living philosophy and recovery principles.
ICP	<ul style="list-style-type: none"> ✓ Submit training program curriculum for care coordinators to the state for approval. ✓ Have one care coordinator conduct assessments and create a single person-centered care plan covering all Medicare and Medicaid services and supports for enrollees. ✓ Have a single interdisciplinary care team, which may include peer support workers and disability advocates, as desired by individuals.
7	Meaningful and transparent quality measurement to empower consumers and stakeholders
Federal	<ul style="list-style-type: none"> ✓ Develop a set of ICP quality indicators in partnership with consumers to build upon the current Medicare and state-specific Medicaid measurement sets.
State	<ul style="list-style-type: none"> ✓ Incorporate state ICP quality indicators developed in partnership with the consumer-led implementation council. ✓ Develop ICP quality indicator reporting templates in partnership with the consumer-led implementation council.
ICP	<ul style="list-style-type: none"> ✓ Collect and report federal and state quality indicators to the state using reporting templates.
8	Payment models to incentivize consumer quality of life improvements
Federal	<ul style="list-style-type: none"> ✓ In partnership with a national consumer and provider expert panel, develop a community first ICP VBP toolkit to improve consumer quality of life and outcomes, as well as advance ICP essential elements.
State	<ul style="list-style-type: none"> ✓ Develop, in partnership with the consumer-led implementation council, ICP VBP plan requirements to improve consumer quality of life and to advance ICP essential elements. ✓ Review and approve ICP VBP plans. ✓ Make all ICP VBP plans transparent to stakeholders by publishing plans to the state's Medicaid website.

ESSENTIAL ELEMENTS AND POLICY RECOMMENDATIONS	
ICP	<ul style="list-style-type: none"> ✓ Develop and submit ICP VBP plan to the consumer-led implementation council for review and then to the state for approval.
CATEGORY 3: ELEMENTS TO SUPPORT CRITICAL CONSUMER ACCESS IN ICPs	
9	Adequate, engaged, and diverse workforce to support consumer needs and preferences
Federal	<ul style="list-style-type: none"> ✓ Provide technical assistance to states and ICPs, through CMS and the Administration for Community Living (ACL), to improve workforce recruitment and retention by establishing clearer role definitions, best practices, and guidelines for determining sufficient living wages, and developing a meaningful career ladder. ✓ Develop base training for ICP medical and non-medical providers on the diverse characteristics, needs, and preferences of dually eligible individuals and subpopulations, and on independent living and recovery principles.
State	<ul style="list-style-type: none"> ✓ Add state-specific training requirements to federal base training as identified in partnership with the consumer-led implementation council. ✓ Define qualified family caregivers to whom ICPs must provide supports, education, coaching, respite and, in some instances, compensation for services provided.
ICP	<ul style="list-style-type: none"> ✓ Conduct specialized recruitment for a diverse workforce with experience with dually eligible subpopulations, including peer support workers and people with lived experience of disability. ✓ Train providers, including health, behavioral health, and LTSS direct care workers, using the base training created by CMS and any state-specific additional training elements.
10	Access to needed services in rural areas
Federal	<ul style="list-style-type: none"> ✓ Provide support to state Medicaid agencies for consumer-run implementation council workgroups made up of diverse stakeholders to address access issues in rural areas. ✓ Review and modify regulatory requirements impeding access in rural areas for the Medicare program and Medicaid program.
State	<ul style="list-style-type: none"> ✓ Review and approve ICP innovation plans to expand access to services and supports in rural areas. ✓ Review and modify regulatory requirements impeding access in rural areas for the Medicaid program.
ICP	<ul style="list-style-type: none"> ✓ Work with the state to collaboratively close gaps in access to care and services in rural areas. ✓ Develop and submit innovation plans incorporating asset-based provider networks to expand rural access.