



March 2021

Policy Criteria for Evaluation of Legislative Proposals - Integrated Programs for Dually Eligible Beneficiaries

The SNP Alliance is a national, non-profit leadership association addressing the needs of high-risk and high-cost populations through specialized managed care, representing 26 special needs plan (SNP) and Medicare-Medicaid demonstration plan (MMP) sponsors. SNP Alliance members serve over 2 million enrollees dually eligible for both Medicare and Medicaid. Dually eligible beneficiaries are generally in poorer health and have health costs twice as high as traditional Medicare beneficiaries. The lack of coordination between the two separately run programs leaves many dually eligible beneficiaries struggling to navigate a complex maze of fragmented and uncoordinated benefits, resulting in lower quality and inefficient care. Growing evidence and expert consensus indicates that further integration of the two programs can improve quality of care, consumer satisfaction and efficient management of costs. SNP Alliance members have years of experience and expertise in providing and advocating for integration of Medicare and Medicaid services for this population.

Congress created additional integration requirements through the Bi-Partisan Budget Act of 2018 in order to improve coordination between the Centers for Medicare and Medicaid Services (CMS), SNPs exclusively serving dually eligible members (DSNPs) and state Medicaid agencies. While DSNPs are embracing their leading role in implementing these changes, obstacles such as limited state resources and operational misalignments remain. Many dually eligible beneficiaries still end up enrolled in two different and unconnected plans for Medicare and Medicaid or do not have an integrated option available in their service areas. Stakeholders have been working to develop stronger integration models to further remedy these problems. The SNP Alliance, based on its long experience in sponsoring integrated programs, offers the following set of criteria and principles which we believe should be considered by policy makers in evaluation of these proposals. We welcome input and collaboration with others for further refinement as policy proposals evolve.

Program Administration

- **Builds on existing Congressional mandates for integration and state/plan investments in integrated SNP and MMP plan infrastructures.**
- Establishes a national program for serving dually eligible beneficiaries to be administered through a **federal/state partnership.**
- Consolidates **federal administrative and regulatory authority for all Medicare and Medicaid benefits and services for dually eligible beneficiaries under an office reporting directly to the CMS Administrator.**
- **Supports integrated models of care** for improved clinical capabilities and service delivery for adults with functional and/or cognitive disabilities, complex chronic care needs, and serious chronic conditions across primary, acute, long term services and supports and behavioral health benefits.
- Strengthens integration by **aligning beneficiary enrollment** into the same plan or plans under the same sponsor (parent company) for both Medicare and Medicaid.
- **Aligns and simplifies** federal and state standards, **roles and responsibilities** for financing, regulatory authorities, policy, oversight, and joint contract management and communications to eliminate conflicts and duplication.
- Provides for **servicing the full spectrum of beneficiaries dually eligible** for Medicare and Medicaid including those with full benefits and partial benefits.

- **Allows for a reasonable period of transition time** while retaining the goal of full integration nation-wide for beneficiaries with dual eligibility.

Program Financing

- **Aligns federal/state/plan/provider/beneficiary financing and shared savings.**
- **Aligns risk adjustment and payment methods** to better reflect high-risk and high-cost subpopulations.
- **Eliminates incentives for cost shifting** between Medicare and Medicaid and among participating plans, and network providers.
- Maintains **parity with Medicare provider rates** to retain **network viability**.
- Improves quality **for same cost and/or reduced costs without lowering quality**.
- Provides federal **financial support for building state dual integration capabilities** with provision of grants, enhanced FMAP or other funding to support capacity.

Benefits and Services

- Includes a **combined set of benefits and services** for both Medicare and Medicaid.
- **Protects national Medicare benefit requirements** for all enrollees.
- Maintains access to **supplemental benefits commensurate with** those offered to **other Medicare beneficiaries**.
- Provides for **state variation while retaining national minimum benefits** for plans operating across state lines for a full range of primary, acute, long-term care and behavioral health services.
- **Aligns incentives** for delivery designs for providers **serving defined complex needs populations** through supporting integrated care network development, contracting support and alignment of meaningful models of care across settings.
- **Supports use of interdisciplinary care teams** for managing care of high-risk beneficiaries.
- Supports **person centered care plans** and care planning processes including family and **caregiver involvement**.
- Modifies, aligns and streamlines **performance metrics appropriate for high risk and chronic care populations** across plans and providers, with opportunities for health promotion and value-based designs to improve total quality and cost performance.
- **Aligns network standards** that maintain access to a broad network and choice of Medicare and Medicaid providers reflecting specific needs of complex populations with recognition of roles of NMET and telehealth.
- Enables **collaboration with other community service providers** funded by federal and state government, e.g. VA, OAA, HUD, CBOs, etc.

Consumer Protections

- Promotes and ensures continuation of **strong consumer protections**.
- Simplifies access to benefits and services through **streamlined CMS standards for integrated member materials** with joint federal state review, integrated member services and call centers and related operational mechanisms.
- Supports **meaningful involvement of consumer advisory groups** in program management at state and plan levels.
- **Integrates benefit determinations and grievances and appeals**.
- Provides access and **funding for Ombudsman programs**.
- Improves access to **independent consumer education and choice counseling** and enhanced Medicare Plan Finder information.