



SNP Alliance Position Statement

MARCH 2018

Integrated Care: What's Next?

As of February 2018, 90% of all states have D-SNP contracts, with nearly 2.2 million dually eligible beneficiaries served. Over 400,000 beneficiaries were served by Medicare-Medicaid Plans. Combined, this represents nearly 25% of our nation's 10.8 million dually eligible beneficiaries.

Over the years, various policy leaders have advanced proposals to fully integrate Medicare and Medicaid for duals. Some have included efforts to move program authority to the federal government, while others sought to move overall authority to states. Others have suggested more of a hybrid approach.

In crafting a next-stage pathway for integration, the SNP Alliance suggests the starting point must be to define the primary goals and key principles for the endgame of integration, and to prioritize next-stage interventions to optimize our changes for this vision to be fully realized.

Goals for Dual Integration

We believe, for dual beneficiaries, integration should:

- Simplify access to benefits and services.
- Improve the experience of receiving care.
- Improve a person's health and well-being.

For state and federal governments, integration should:

- Bend the per capita cost curve.
- Reduce administrative costs and cost shifting.
- Achieve better results.

For specialized managed care plans, integration should:

- Eliminate duplication and conflicts in policy.
- Eliminate impediments to specialization.
- Empower plans to transform how care is provided.
- Improve the health and well-being of plan members.

Endgame Vision for Dual Integration

1. **Fully aligned financing, policy direction and oversight.** All program policy and oversight functions are managed through a federal/state partnership with aligned federal-state authority, roles, responsibilities, and financing.
2. **Single set of benefits and services.** Eligible beneficiaries access a fully integrated set of benefits and services that include medical, behavioral health, and long-term services and supports (LTSS).
3. **Single source of access.** Eligible beneficiaries are enrolled in the same plan for all benefits and services.

They receive a single set of integrated materials that describe a single set of benefit and service that can be accessed through a single source, using a single enrollment card, and integrated benefit determination.

4. **SNPs/MMPs as program integrators.** SNPs/MMPs are responsible for administering the full spectrum of Medicare and Medicaid benefits and services for defined subgroups, living within defined service areas.
5. **Strong consumer protections.** Beneficiaries are fully informed of their options, rights, and opportunities, with ample time and support in making enrollment decisions and safeguards for high-risk/high-need beneficiaries. Appeals and grievance procedures for the spectrum of benefits and services are fully aligned.
6. **'All in' risk-adjusted, capitated financing.** Plans are paid using population-based and risk-adjusted, capitated payment methods that encompass all federal and state funds and fully account for risk factors associated with targeted subgroups. All payer, plan, provider, and beneficiary stakeholders have aligned incentives.
7. **Empowered interdisciplinary care teams(s) for high-risk subgroups.** High-risk enrollees work with a single primary care/care manager and aligned interdisciplinary care team to access benefits and services as they evolve over time and across care settings.
8. **Aligned integrated care delivery systems and Models of Care.** Primary, acute and pharmacy services are integrated with behavioral health and/or LTSS using a common, individual care plan, supported by integrated information system capabilities, simplified care transitions and aligned policies and procedures.
9. **Integrated, appropriate, parsimonious performance evaluation.** All reporting and quality oversight is fully aligned, using simplified and meaningful measures and methods appropriate for those served.

Next-Stage Priorities

1. Work with states and plans to successfully establish new processes and program requirements for provisions outlined in the Bipartisan Budget Act of 2018.
2. Fully align FIDESNP and MMP provisions.
3. Fully account for social determinants of health in MA payment and performance measurement.
4. SNPs should work with affiliated providers to advance integrated, specialized care among related providers for defined population segments, as a person's care needs evolve over time and across settings.