

**Idaho Medicaid Note:** Below are the questions Idaho Medicaid submitted to the Centers for Medicare and Medicaid Services (CMS) about the financial model guidance. Many other states submitted similar questions. CMS responded to the questions it currently has answers for, and as the initiative moves forward, will continue to respond and update answers to states' questions. Idaho Medicaid will update this document when it receives updated responses from CMS.

## Dual Eligible Financial Models Guidance

### Medicaid agency questions

- 1. Has or will CMS proactively conduct outreach to plans to determine interest in and/or readiness to pursue these models? Is CMMI/Duals office otherwise hearing from plans?**
- 2. Will CMS agree to use current managed care plans contracted by states without requiring a joint procurement?** Many states have mandatory managed care programs with MCOs already procured through a competitive bid process. Many of these contracts have multi-year terms and allow states to include additional groups, such as dual eligibles, into existing programs and contracts.
- 3. If CMS agrees to use current MCOs and all parties agree, could CMS easily be added as a third-party to the current MCO contracts, assuming CMS would not have a large number of contract amendments?**
- 4. What type of financial incentives will CMS make available to states to pursue an integrated approach?** Savings that result from lower nursing home use require costly state investments and take a longer time to realize. States are challenged to commit the necessary resources to start integrated programs in the current budget environment
- 5. Please clarify the method and mechanism through which states will share in the savings their integrated care investment generates for the Medicare program.**
- 6. If states and CMS agree to pursue the demonstration, how will CMS facilitate state acquisition of accurate utilization and cost data for actuaries to begin the rate process? Will CMS agree to a data sharing agreement?** Currently states are challenged with receiving this data in a timely manner and special programs are often required to be able receive, store and use the data.
- 7. Will CMS consider the administrative cost to states of managing these programs? Are there any financial incentives to cover these costs?** We assume that states will be taking the lead responsibility to manage MCO and PCCM contracts, monitor contractor performance and conduct primary program oversight.
- 8. Will CMS craft a set of unique governing rules for integrated models so integrated models do not need to meet the requirements and operate within the confines of**

**all existing applicable governing rules? How flexible will CMS be regarding modifying regulations and policies that may impede full integration of governing rules?** The Medicare and Medicaid program designs are highly complex and different. States and CMS will need to address these and other critical areas of program differences: 1) Service and Care Management 2) Enrollment and Disenrollment, 3) Marketing, 4) Network Composition, 5) Coverage Determinations, and 6) Complaints, Grievances and Appeals.

9. **Will CMS consider developing consolidated regulations for integrated Medicare and Medicaid programs – specifically around issues such as marketing, enrollment, notices, coverage determinations, and grievances and appeals?** We understand combined rules would contain no lesser or fewer consumer protections than the separate Medicare and Medicaid requirements.
10. **How will CMS provide a method and mechanism through which states can access Medicare utilization and enrollment data in an easy and real-time electronic fashion?**
11. **What states have access to a level of data that will be sufficient for them to use with their actuaries for rate setting purposes?**
12. **How will CMS provide real-time access to Medicare enrollment information?** To the extent that federal law permits dual eligibles to change their Medicare coverage any given month, integrated programs must have regular and real-time access to current Medicare enrollment data.
13. **How much flexibility will states have to waive Medicare and Medicaid requirements and standard forms?** Will CMS develop a process where states that are pursuing integrated programs can receive expeditious review of 1915 waivers and, likewise, through which managed care plans can receive expeditious review for eligibility as Medicare Advantage plans (exclusively for the purpose of integrated program participation).
14. **Will CMS require an independent enrollment broker for all plan enrollments to address concerns about plan marketing activities and to ensure informed decision-making.** Would CMS and the states be able to fund an independent enrollment broker to complete both Medicare and Medicaid enrollments and if so, could this be done concurrently?
15. **How will CMS make current demonstration information available so states and the public will be able to understand what has been tried and current results? Will CMS be able to share expected or actual quality and efficiency outcomes and success of cost goals and measures?** CMS has noted it will have a transparent and inclusive process through which state integrated efforts are developed, approved, and evaluated. There is currently a lack of information in the public domain about how existing programs have been proposed and implemented and program outcomes.

**16. Will CMS develop policy permitting flexibility in benefit design for integrated models similar to the flexible PACE program scope of benefits?** Given that PACE providers receive capitated payments and are at risk for nursing facility care, these PACE providers have broad latitude to decide what items or services to cover in an effort to promote independence and deter decline. PACE providers can provide items or services outside the scope of Medicare and Medicaid covered services and we propose that integrated models be authorized and encouraged to do the same.

**17. How does CMS envision MCO monitoring and oversight? Will the states and CMS share monitoring responsibilities or will one or the other party perform as the lead in MCO oversight?**